

N311 Care Plan #1: SD  
Lakeview College of Nursing  
Kimberly Sanchez

**Demographics (5 points)**

<b>Date of Admission</b> 11/30/17	<b>Patient Initials</b> SD	<b>Age</b> 79	<b>Gender</b> F
<b>Race/Ethnicity</b> White	<b>Occupation</b> Custodian	<b>Marital Status</b> Divorced	<b>Allergies</b> Demerol
<b>Code Status</b> DNR	<b>Height</b> 64.5 inches	<b>Religion</b> Not Gathered	<b>Weight</b> 156.6 lb

**Medical History (5 Points)**

**Past Medical History: Cerebral Infarction, Major Depressive Disorder, Chronic Kidney Disorder (stage 2), Dysthymic Disorder, Bipolar Disorder, Essential Hypertension, Type 2 Diabetes Mellitus, Hyperuricemia, Mixed Lipidemia, Dysphagia (oropharyngeal), Contracture (right hand), Mild Cognitive Impairment, Hemiplegia & Hemiparesis following Unspecified Cerebrovascular Disease**

**Past Surgical History: Hysterectomy**

**Family History: N/A**

**Social History (tobacco/alcohol/drugs): none**

**Admission Assessment**

**Chief Complaint (2 points): Right Sided Weakness**

**History of present Illness (10 points):**The patient (Pt) SD (female) suffered a stroke 13 years ago but was admitted to Pleasant Meadows 4 years ago. She complained of weakness and stated that she was experiencing it “on my right side”. When asked how often she experiences this weakness, she stated, “all the time”. Along with her weakness, she seemed unable to move her right arm. When asked questions at times the patient would seem confused and also exhibited impaired memory. The patient also presented with a speech impairment but seemed to stem from an inability to recall words. She does not do anything

**to relieve her symptoms. When asked if she had seen or was seeing a medical professional for her problems, she stated that she saw a physical therapist “every day” and was prescribed medications. When asked about the medications she was taking, she could not remember.**

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points): Cerebral Infarction**

**Secondary Diagnosis (if applicable): Major Depressive Disorder**

### **Pathophysiology of the Disease**

Cerebral Infarctions are the death of brain tissue. They are one of the potential consequences of ischemic strokes, which is impaired blood flow to the brain. The impairment can happen one of two ways: via embolus or thrombus. A thrombus is the result of a blood clot that impedes blood flow through the veins, where as an embolus is a small mass that travels through blood vessels and has the potential to impede blood flow (Capriotti, 2020, p.806). The masses that cause emboli can be blood clots, air bubbles, or fat deposits. When either the thrombus or embolus cause blood flow blockage for too long they cause ischemia, the inadequate perfusion of an organ which in this case would happen to be the brain, which also results in hypoxia the reduction of oxygen to tissue. An ischemic stroke is an event that most commonly involves the internal carotid arteries and middle cerebral arteries (Capriotti, 2020, p.806). A clot will travel through the carotid and become lodged in the middle cerebral artery resulting in ischemia.

Common signs and symptoms associated with cerebral infarctions are slurred speech, paralysis in the extremities or facial paralysis, impaired vision in one or both eyes, headaches, and or trouble walking. If one suspects a stroke, they are advised to look out for FAST- changes in the face, arms, speech, and time. A cerebral infarction is a time sensitive event where every minute counts. The faster a patient can seek medical attention, the more they increase their likelihood of survival and minimizing brain damage (Mayo, 2021).

There are several diagnostic tests that can be performed to assess whether or not a patient (Pt) has suffered a cerebral infarction, these include: a physical exam, blood tests, computerized tomography (CT) scan, magnetic resonance imaging (MRI), carotid ultrasound, and an echocardiogram (Mayo, 2021). A physical exam with expected findings for the presence of a

stroke will include an assessment of the patient's heart sounds, an elevated blood pressure, and a neurological exam to assess the status of the nervous system. Blood tests will check how quickly a Pt's blood clots, elevated sugar levels, and a positive presence of infection. A computerized tomography (CT) scan will use an injected, "dye into [the] bloodstream to view blood vessels in [the] neck and brain in greater detail" to confirm the presence of a stroke (Mayo, 2021).

Magnetic resonance imaging (MRI) also uses a dye to view the brain but it adds waves and magnets to create a detailed view of the brain; an MRI can give a definitive diagnosis by viewing, "the arteries and veins and highlight blood flow" (Mayo, 2021). A carotid ultrasound is like a normal ultrasound that creates detailed images of the internal structure, this being the carotid, and will reveal the presence of "fatty deposits (plaques) and blood flow in [the] carotid arteries" (Mayo, 2021). Echocardiograms also use soundwaves (echo) to create pictures of the heart (cardio) using a machine (gram), it is used to find the source of the, "clots in [the] heart that may have traveled from [the] heart to [the] brain and caused [the] stroke" (Mayo, 2021).

Once a stroke and cerebral infarction are positively identified, they receive immediate treatment. Treatment includes emergency IV medication such as a recombinant tissue plasminogen activator (tPA) and is given within the first three hours of the stroke (Mayo, 2021). Treatment will also include emergency endovascular procedures, where the tPA is given directly to the brain, or performing surgery by removing the clot with a sent retriever (Mayo, 2021).

Known risk factors that could increase one's likelihood of provoking a stroke include hypertension, obesity, diabetes, genetic factors, and smoking. Complications that often follow a stroke include an extended life of their original symptoms: paralysis, memory loss or confusion, difficulty talking or swallowing, and a new complication- emotional problems such as depression (Mayo, 2021).

After the patient has survived the stroke and cerebral infarction, they will most likely experience cognitive defects and need to undergo some kind of rehabilitative therapy. Physical therapy is often added to their recovery plan due to the paralysis experienced as a result of the stroke to try and regain some mobility. Speech therapy is also a possible rehabilitative measure.

The signs and symptoms that were visible in the patient that show that she suffered a cerebral infarction in the past were dysphagia (oropharyngeal), contracture of the right hand, a mild cognitive impairment, hemiplegia and hemiparesis following the unspecified cerebrovascular disease. The hemiplegia in her past medical history is consistent with her chief complaint of right sided weakness on February 10<sup>th</sup> 2021. Since the patient is in a long term care facility and her stroke was quite some time ago, it did not detail what kind of tests she underwent to diagnose her cerebral infarction and what treatment option was used. Although not specified in the chart, the patient mentioned that she went to physical therapy “everyday”. The patient’s secondary diagnosis is major depressive disorder, she also suffers from bipolar disorder- both can be classified as “emotional” problems, an expected long-term complication of cerebral infarctions. The patient is has a history of hypertension and has Type 2 Diabetes Mellitus, both known risk factors for strokes.

### References

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F. A. Davis Company.

*Stroke - Symptoms and causes and treatments.* (2021, February 9). Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113>

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.2-5.4	3.78	n/a	Possibility of anemia (Cleveland Clinic, 2020)
Hgb	12.0-16.0	11.1	n/a	Possibility of anemia (Cleveland Clinic, 2020)
Hct	37.0-47.0	34.9	n/a	Possibility of anemia (Cleveland Clinic, 2020)
Platelets	130-700	137	n/a	
WBC	4.8-10.8	6.0	n/a	
Neutrophils	1.5-7.6	4.0	n/a	
Lymphocytes	1.4-4.4	1.3	n/a	Diabetes can lead to low lymphocytes (NIH, 2002)
Monocytes	0.0-0.8	0.3	n/a	
Eosinophils	0.1-0.6	0.4	n/a	
Bands	<10%	n/a	n/a	

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
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Na-	135-148	141	n/a	
K+	3.3-5.3	4.7	n/a	
Cl-	99-111	105	n/a	
CO2	23-29	n/a	n/a	
Glucose	70-110	160	n/a	
BUN	5-25	26	n/a	Elevated BUN is indicative of kidney issues- the Pt has a history of chronic Kidney Disease (Healthwise Staff, 2019)
Creatinine	0.5-1.4	1.4	n/a	
Albumin	3.4-5.0	n/a	n/a	
Calcium	8.5-10.5	9.7	n/a	
Mag	1.7-2.2	n/a	n/a	
Phosphate	2.8-4.5	n/a	n/a	
Bilirubin	0.0-1.0	n/a	n/a	
Alk Phos	0.73-2.45	n/a	n/a	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear Yellow	Clear Yellow	n/a	
pH	5.0-8.0	n/a	n/a	
Specific Gravity	1.00-1.030	n/a	n/a	
Glucose	0.50	n/a	n/a	

<b>Protein</b>	<b>Neg-20</b>	<b>n/a</b>	<b>n/a</b>	
<b>Ketones</b>	<b>Neg</b>	<b>n/a</b>	<b>n/a</b>	
<b>WBC</b>	<b>0-5</b>	<b>n/a</b>	<b>n/a</b>	
<b>RBC</b>	<b>0-2</b>	<b>n/a</b>	<b>n/a</b>	
<b>Leukoesterase</b>	<b>Neg-25</b>	<b>n/a</b>	<b>n/a</b>	

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>No Growth</b>	<b>n/a</b>	<b>n/a</b>	
<b>Blood Culture</b>	<b>No Growth</b>	<b>Normal</b>	<b>n/a</b>	
<b>Sputum Culture</b>	<b>No Growth</b>	<b>n/a</b>	<b>n/a</b>	
<b>Stool Culture</b>	<b>No Growth</b>	<b>Normal</b>	<b>n/a</b>	

**Lab Correlations Reference (APA):**

**None other aside from the Pleasant Meadows Lab values**

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**No other diagnostic tests were performed.**

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/ Generic</b>	<b>benadryl diphenhy- dramine</b>	<b>lexapro escitaloprá m oxalate</b>	<b>MiraLAX (polyethylen e glycol 3350)</b>	<b>allopurinol</b>	<b>lisinopril</b>
<b>Dose</b>	<b>25mg</b>	<b>15mg</b>	<b>17g</b>	<b>100mg</b>	<b>20mg</b>
<b>Frequency</b>	<b>PRN</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>
<b>Route</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>
<b>Classification</b>	<b>Antihistamine</b>	<b>Antidepress ant</b>	<b>Osmotically -Acting Laxatives</b>	<b>antigout</b>	<b>antihyperte nsive</b>
<b>Mechanism of Action</b>	<b>Binds to central and peripheral H1 receptors to prevent binding.</b>	<b>Inhibits reuptake of serotonin and increases the amount of serotonin available in the nerve synapses</b>	<b>osmotic effect of polyethylene glycol 3350, causing water retention in the colon and produces a watery stool.</b>	<b>Inhibits uric acid production by inhibiting xanthine oxidase .</b>	<b>May reduce blood pressure by inhibiting conversion of Angiotensin I to Angiotensin II, a potent vasoconstric tor.</b>
<b>Reason Client Taking</b>	<b>Itching</b>	<b>Depression</b>	<b>Constipatio n</b>	<b>Hyperuri- cemia</b>	<b>Primary HTN</b>
<b>Contraindica tions (2)</b>	<b>Breastfeeding; Hypersensitivi ty to diphenhydra mine</b>	<b>Concomitan t therapy with pimozide; Hypersensiti vity to citalopram</b>	<b>polyethylene glycol hypersensiti vity; toxic colitis</b>	<b>Hypersensit ivity to allopurinol or its components ; Presence of HLA- B*5801 genotype</b>	<b>Concurrent aliskiren use in Pts with diabetes; Angioedema</b>

<b>Side Effects/ Adverse Reactions (2)</b>	<b>Arrhythmias; Hemolytic Anemia; Thrombocyto penia</b>	<b>GI bleeding; Neuroleptic malignant syndrome; seizures</b>	<b>Nausea; Bloating; Cramping; Gas</b>	<b>Renal failure; Leukopenia ; Aplastic anemia</b>	<b>Arrhythmia s; Hypotension ; Acute renal failure</b>
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**Medications Reference (APA):**

Dabaja A, Dabaja A, Abbas M. Polyethylene Glycol. [Updated 2020 Oct 20]. In: StatPearls

[Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK557652/>

Jones & Bartlett Learning (Ed.). (2021). *2021 Nurse's Drug Handbook* (Twentieth). Jones & Bartlett Learning, LLC.

Assessment

Physical Exam (18 points)

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>A/o x 3                   No signs of distress                  Clean &amp; well groomed</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Pink, mostly normal, some erythema                  Dry                  Warm                  X3                  Rash on left arm                  No bruises                  No wounds                  15                  No drains</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Symmetrical, centered                  No drainage                  Sclera white; moist                  No drainage                  Pink Gums, moist mucosa</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>                  S1, S2, S3, S4, murmur etc.  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b></p>	<p>.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds:</b> Location, character</p>	<p>.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b></p>	<p>.</p>

<p><b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b></p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p><b>Fall Score: 70</b></p> <p><b>wheelchair</b>  <b>yes</b></p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b></p>	<p><b>PERL</b></p>

<b>Sensory: LOC:</b>	
<b>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion &amp; what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</b>	

**Vital Signs, 1 set (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>8:30</b>	<b>77</b>	<b>115/42</b>	<b>14</b>	<b>97.7</b>	<b>94</b>

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>8:30</b>	<b>NRS</b>	<b>n/a</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>240mL</b>	<b>Incontinent x1</b>

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Impaired mobility related to stroke as evidence by right sided weakness</b></p>	<p><b>The Pt was unable move around independently and had limited use of her right leg and arm</b></p>	<p><b>1.assisted ambulation and ambulate as need</b></p> <p><b>2.use assisted devices and friction socks</b></p>	<p><b>The patient was 2 person assisted transferred from bed to chair and chair to wheelchair for her bath. This minimized the risk of her falling and causing an injury.</b></p>
<p><b>2. Impaired memory related to stroke as evidence by inability to recall detail</b></p>	<p><b>Was not able to recall what she had for breakfast, religion, and other details</b></p>	<p><b>1. keep distractions at a minimum</b></p> <p><b>2.Give Pt ample time to respond</b></p>	<p><b>The tv volume was lowered to allow for concentration and the patient was given all the time necessary to recall detail</b></p>

**Other References (APA):**

**Concept Map (20 Points)**

**Subjective Data**



**Nursing Diagnosis/Outcomes**

1. **Impaired mobility related to stroke as evidence by right sided weakness**  
Weakness on my right side that is experienced "all the time"

**Goal: The patient was 2 no pain, no pain medication assisted transferred from bed to chair and chair to wheelchair for her bath. This minimized the risk of her falling and causing an injury.**  
sees a physical therapist "everyday"

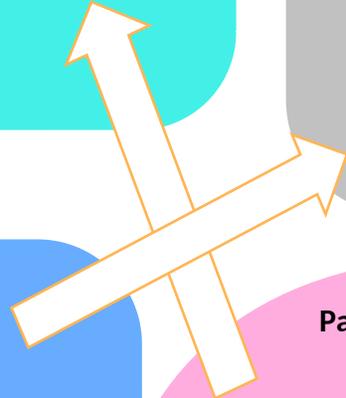
**Outcome: was successfully transferred and ambulated**

2. **Impaired memory related to stroke as evidence by inability to recall detail**

**Goal: The tv volume was lowered to allow for concentration and the patient was given all the time necessary to recall detail.**

**Outcome: paint was able to deliver more detail**

**Objective Data**



**Patient Information**

**Nursing Interventions**

**For: "Impaired mobility related to stroke as evidence by right sided weakness"**  
Pain, Medical History: Coronary Artery Disease, Myocardial Infarction, Major Depressive Disorder, Chronic Kidney Disease (stage 2), Dysrhythmia, Bipolar Disorder, Essential Hypertension, Type 2 Diabetes Mellitus, Hyperuricemia, Mild Lipidemia, Dysphagia (oropharyngeal), Contracture

- 1. assisted ambulation (and 2. as needed)
- 2. use assisted devices and friction socks

**For: "Impaired memory related to stroke as evidence by inability to recall detail"**  
Hemiparesis following Unspecified Cerebrovascular Disease

- 1. keep distractions at a minimum
  - 2. Give Pt ample time to respond
- Allergies: Demerol  
 Confused, difficult to hear, impaired memory  
 pain scale of 0-10  
 Rash on left arm





