N311 Care Plan #2

Lakeview College of Nursing

Bailey Pierce

Demographics (5 points)

Date of Admission 6.11.15	**Patient Initials** J.T	**Age** 90+	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Housewife	**Marital Status** Widowed	**Allergies** No Known Allergies
Code Status DNR, Comfort Focused **in the event of Covid diagnosis, pt to remain DNR comfort forcused	**Height** 5'1"	**Weight** 94.3 lbs	

Medical History (5 Points)

Past Medical History: Covid-19, facial weakness following unspecified cerebrovascular disease, Alzheimer's disease (unspecified), Difficulty in walking (not elsewhere specified), Unspecified lack of coordination, Muscle weakness (generalized), Dysphagia (oropharyngeal phase), Peripheral vascular disease (unspecified), Gastritis (unspecified, w/o bleeding), Unsteadiness on feet, unspecified abnormalities of gait/mobility, Diaphragmatic Hernia (w/o obstruction or gangrene), Major depressive disorder (single episode, unspecified), Barrett's esophagus (w/o dysplasia), unspecified hemorrhoids, Age related osteoporosis w/o current pathological fracture, Unspecified dementia w/o behavioral disturbance, Essential (primary) hypertension, Unspecified Atrial Fibrillation, Malignant neoplasm of cecum, Hyperlipidemia (unspecified), Constipation (unspecified), Dermatitis (unspecified), Fall from bed (subsequent encounter), Other fall from one level to another (subsequent encounter), Weakness, Encounter for therapeutic drug level monitoring

Past Surgical History: R Hemicolectomy, Hysterectomy, Cataract removal, Upper Dentition Removed, Lower Posterior Dentition Removed

Family History: Unable to obtain. Pt was unsure. No family history found in Pt's records.

Social History (tobacco/alcohol/drugs): Pt reports no usage of tobacco, alcohol, or drugs.

Admission Assessment

Chief Complaint (2 points): "Pain All Over, especially my feet."

History of present Illness (10 points): Pt reports "pain all over, especially my feet." Pain has been present for "awhile now, but it's not too bad. Achy". Pain occurs non-consistently and is mild, "1-2" out of 10. Sitting too long exacerbates the pain. Pt reports taking medicine and lying down to ease the pain. Pts states taking medication for "awhile".

Primary Diagnosis

Primary Diagnosis on Admission (3 points):. Cerebrovascular Disease

Secondary Diagnosis (if applicable): Recurring Falls

Pathophysiology of the Disease, APA format (20 points):

Cerebrovascular disease (CVD) is the most common cause of neurological disorders. CVD affects the circulatory system of the brain. This includes cerebral ischemia and cerebral hemorrhage, the most common type of stroke. Both cause permanent neurological loss and death of brain cells (Capriotti, 2020, pp.801). Strokes are in the top 5 leasing causes of death in the United states and the number one cause of disability. In 2017, a total of 146,383 deaths were related to stroke (Kraft, 2019). CVD most commonly affects those ages 65 and up, with African Americans risk being about twice that of Caucasians (Capriotti, 2020, pp.801).

Ischemic strokes are the direct result of a thrombus that moves into a cerebral artery and blocks blood flow to the tissues of the brain which leads to death of those tissues. The arteries most commonly occluded are the internal carotid and middle cerebral arteries. The middle cerebral artery supplies more than 80% of blood to the brain. Most common causes of ischemic strokes are arteriosclerosis of cerebral artery, atrial fibrillation, and carotid stenosis (Capriotti, 2020, pp.806).

Hemorrhagic strokes are the outcome of a cerebral artery rupture. This ceases blood flow to the brain tissues. Like ischemic strokes, the middle cerebral artery is the most common cause of a hemorrhagic stroke. After rupturing, blood continues to flow into the tissues and becomes condensed. This causes edema and ischemia to the surrounding tissues. A large cerebral hemorrhage produces a hematoma or large clot (Capriotti, 2020, pp.811). This triggers an immune response and macrophages swarm the area and phagocytize the hemorrhagic and ischemic area leading to scar tissue.

The middle cerebral artery is the leading cause of both hemorrhagic and ischemic strokes. This artery supplies blood to sensory and motor cortex of the brain in both hemispheres and speech center. In strokes involving the right hemisphere, patients will present with sensory and neurological loss. Stroke involvement of the left hemisphere affect sensory, motor, and speech. Stroke manifestations are usually one sided. This included hemiparesis (weakness on one side of the body) or hemiplegia (paralysis; complete loss of function to one side of the body), incoherent speech, loss of feeling in extremities, facial droop, and weakness. (Capriotti, 2020, pp.812).

The American Stroke Association (ASA) promotes stroke recognition by using the acronym F.A.S.T. which stands for facial drooping, arm weakness, speech difficulty, and time to call 911 (Kraft, 2019). A CT scan or MRI should be performed as soon as a stroke is suspected

to determine the type of stroke the patient is experiencing. Treatment of ischemic strokes varies from that of a hemorrhagic stroke. Iv thrombolysis is used to dissolve the clot and allow for reperfusion. Ideally, this treatment would begin 3.5-4 hours after onset of symptoms. Removal of the clot (thrombectomy) and aspirin therapy may also be used. Patients are typically prescribed an anticoagulant such as warfarin to prevent future ischemic strokes. In hemorrhagic strokes, importance falls on blood pressure reduction. Doing so can reduce the size of the hematoma formed. IV mannitol is used if significant edema to pull excess fluid from the brain cells thus decreasing edema. Patients prognosis varies based on the size of the hemorrhage.

J.T. was admitted 6.11.15 with left sided facial droop and weakness. On 6.5.15, a CT without contrast was performed after patient was believed to have been having a stroke. Cerebral atrophy noted with no signs of hemorrhage or hematoma.

No signs of facial droop were noted today. Patient has generalized weakness, but no other neurological deficits present.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology* (second ed.). F. A. Davis Company.

Kraft, S. (2019, August 2). *What to know about cerebrovascular disease*. Medical News Today. https://www.medicalnewstoday.com/articles/184601

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	Male: 4.7-6.1 Female: 4.2-5.4	4.56	4.28	
Hgb	Male:14-18 g/dL Female: 12-16 g/dL	15.2	13.4	
Hct	Male: 40-52% Female: 36-47%	44.5	41	
Platelets	150-400 x 10^9/L	225	325	
WBC	5-10 x 10^9/ L	10.0	10.8	Increased WBC can be indicative of an infection. (Conor, 2021)
Neutrophils	55-70%	65	60	
Lymphocytes	20-40%	26	29	
Monocytes	2-8%	9	9	Increased monocytes can be indicative of a viral infection. (Conor, 2021)
Eosinophils	1-4%	1	1	
Bands	0.5-1%			

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
Na-	136-145 mEq/L	130	137	Decreased Na+ levels can be related to diarrhea and dietary deficiency. (Conor, 2021)
K+	3.5-5 mEq/L	4.0	4.2	
Cl-	98-106 mEq/L	98	104	
CO2	23-30 mEq/L	25	26.5	
Glucose	74-106 mg/dL	121	103	Increased glucose levels can be linked to an acute stress response. (Conor, 2021)
BUN	10-20 mg/dL	16	25	Elevated BUN levels can be the result of dehydration or kidney damage. (Conor, 2021)
Creatinine	0.5-1.1 mg/dL	.9	.9	
Albumin	3.5-5 g/dL	3.8	4.2	
Calcium	9-10.5 mg/dL	9.2	9.1	
Mag	1.3-2.1 mEq/L	*	*	
Phosphate	3-4.5 mg/dL	*	*	
Bilirubin	0.3-1 mg/dL	1.7	neg	Elevated Bilirubin levels can be linked to resolution of a large hematoma. (Conor, 2021)
Alk Phos	30-120 U/L	74	81	

***Labs not drawn**

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, Amber/ Yellow	Yellow, Clear	Yellow, Turbid	Turbid urine can be linked to kidney stones and UTIs. (Conor,

				2021)
pH	**4.6-8 Average: 6**	**7.0**	**6.5**	
Specific Gravity	**1.005-1.03**	**1.006**	**1.017**	
Glucose	**50-300 mg/day**	**Neg**	**Normal**	
Protein	**0-8 mg/dL**	**Neg**	**20mg/dL**	**High protein levels can be indicative of dehydration. (Conor, 2021)**
Ketones	**negative**			
WBC	**0-4 per low-power field Negative for cast**	**0-5**	**100+**	**High WBC levels can be related to urinary tract infections. (Conor, 2021)**
RBC	**Less than or equal to 2 Negative for cast**	**Neg**	**11-25**	**High RBC levels can be related to urinary tract infections. (Conor, 2021)**
Leukoesterase	**negative**	**small**	**500**	**Leukoesterase present can be indicative of a urinary tract infection. (Conor, 2021).**

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

Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Explanation of Findings**
Urine Culture	**Negative: less than 10,000 per mm of U** **Positive: greater than 100,000 per mm of U**	*****	*****	
Blood Culture	**Negative**	*****	*****	

Sputum Culture	**Normal Upper RT**	*	*	
Stool Culture	**Normal intestinal flora**	*	*	

***Labs not drawn**

Lab Correlations Reference (APA):

Chernecky, C. C., & Berger, B. J. (2008). *Laboratory tests and diagnostic procedures*. St. Louis, MO: Saunders Elsevier.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Connor, J. G. (2021). *Lab Values for Nurses: Must Know Labs with Easy Memorization Tricks and Nursing Implications*. Independently published.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

12/31/20- Thyroid Stim. Hormone. Value = 3.13 (0.27-4.20 ulU/mL)

Vitamin D. Value = 100 (>30ng/mL)

12/11/20- FDP by D-dimer. Value = .7 (0.0-0.5 ugFEU/mL)

9/20/19- Digoxin. Value = .9 (0.9-2.0 ng/mL)

4/22/19- **R** hand. 2 views.

No acute fractures of dislocations are noted. Moderate degenerative changes are present. The surrounding soft tissues are normal.

6/5/15- CT w/o Contrast. **L** Facial droop. Code-Stroke.

4th ventricle is normal in size. Sever diffuse cerebral and cerebellar atrophy noted.

Cortical sulci are prominent. No hemorrhage or hematoma noted in brain. Hypodense area noted in **L** temporal lobe which is well visualized, and this may be due to old infarction. No skull fracture is seen.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Colace capsule (Docusate Sodium)	Miralax powder (Polyethylene Glycol 3350)	Apo-Metoprolol (Metoprolol Tartrate tablet)	Digitek (Digoxin)	Tylenol Extra Strength tab (Acetaminophen)
Dose	100 mg	17 g	12.5 mg	62.5 mcg	500mg
Frequency	2 times daily	Daily	Daily	Daily	Every 4 hrs PRN
Route	po	po	po	po	po
Classification	Laxative	Laxative	Beta Blocker	Cardiac Glycoside	Analgesics, NonNarcotic
Mechanism of Action	Acts as a surfactant that softens stoos by decreasing surface tension between oil and water in feces. Allows more fluid to penetrate stools, forming softer fecal matter.	Increases amount of water in intestinal tract to promote bowel movement.	Inhibits stimulation of beta-1 receptor sites, located mainly in the heart. Results are decreased cardiac excitability, cardiac output, and myocardial oxygen demand. Helps to reduce blood pressure.	Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects.	Inhibits the enzyme cyclooxygenase blocking prostaglandin production and interfering with pain impulse generated in the peripheral nervous system.
Reason Client	Bowel	Bowel	Hypertensio	Atrial	Pain

Taking	management	Management	n	Fibrillation	
Contraindications (2)	Fecal impaction, nausea	Hypersensitivity to polyethylene glycol, Bowel obstruction	Acute heart failure, severe peripheral artery disease	History of Ventricular fibrillation, Hypersensitivity to Digoxin	alcoholism, hepatic impairment
Side Effects/Adverse Reactions (2)	Dizziness, Palpations	Nausea, Hematochezia	arrhythmias, constipation	Confusion, Abdominal discomfort/pain	constipation, oliguria

Medications Reference (APA):

Jones & Barrett Learning (2020). NURSE'S DRUG HANDBOOK 2021. S.l.: Jones & Bartlett learning.

Multum, C. (2020, March 26). Polyethylene glycol 3350. Drugs.Com. https://www.drugs.com/mtm/polyethylene-glycol-3350.html

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A & O x2 (Person/Time). Patient was unaware of place and situation. No signs of distress Well-groomed and dressed appropriately
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 White, slightly transparent Dry, normal, Skin on feet slightly scaly Warm to touch Tenting 3+ No rashes present R/L forearm No wounds present. 13

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetric Symmetric, difficulty hearing Symmetric, eyeglasses Symmetric Full upper denture, Partial lower denture, broken, decayed lower anterior dentition
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	 **Mechanical Soft** **5'1"** **94.3 lbs**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐**	

Dialysis: Y ☐ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pupils equal, round, reactive to light, and accommodation.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
840	**86**	**104/42**	**16**	**96.6 temporal**	**100**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
800	**1-2**	**Whole body, Feet**	**Mild**	**Achy**	**1. Give pt medications as directed by dr. 2. Massage**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL Hot Cocoa	**Pt had 1 wet attend and was able to sit on the toilet with assistance and urinate. Exact mL not measured.**

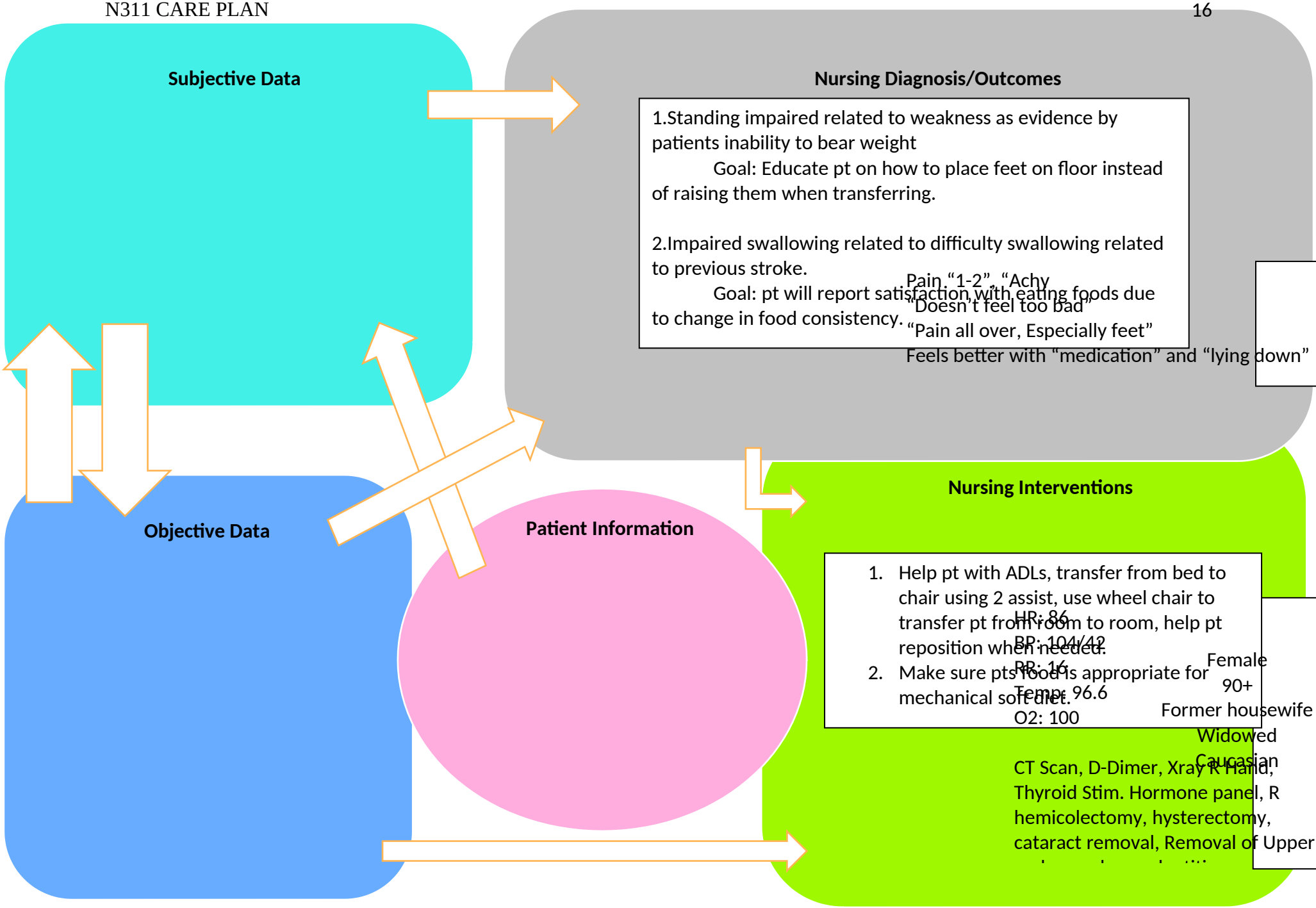
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Standing impaired related to weakness as evidence by patients' inability to bear weight.	**Pt is unable to stand or bear weight. Patient is a 2 assist.**	**1.Use 2 assist method to move patient from bed to chair. 2.Use wheel chair to move patient from room to room.**	**1.Patient was successfully moved from bed to chair and then to restroom using 2 assist method. 2.Pt was successfully transferred to wheelchair for breakfast and then to hall to have**

			nails painted.
2. Swallowing impaired related to difficulty swallowing as evidence by previous stroke.	**Pt on mechanical soft diet.**	**1. Make sure foods are soft.** **2.Make semisoft foods are cut into bite size pieces.**	**Pt was served a mechanical soft diet consisting of toast, oatmeal, ground ham, and mixed fruit. Pt was able to successfully eat a majority of the meal.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
1.Standing impaired related to weakness as evidence by patients inability to bear weight
Goal: Educate pt on how to place feet on floor instead of raising them when transferring.
2.Impaired swallowing related to difficulty swallowing related to previous stroke.
Goal: pt will report satisfaction with eating foods due to change in food consistency.
Pain "1-2", "Achy
"Doesn't feel too bad"
"Pain all over, Especially feet"
Feels better with "medication" and "lying down"
Objective Data
Patient Information
Nursing Interventions
1. Help pt with ADLs, transfer from bed to chair using 2 assist, use wheel chair to transfer pt from room to room, help pt reposition when needed.
2. Make sure pts food is appropriate for mechanical soft diet.
HR: 86
BP: 104/42
RR: 16
Temp: 96.6
O2: 100
Female
90+
Former housewife
Widowed
Caucasian
CT Scan, D-Dimer, Xray R Hand, Thyroid Stim. Hormone panel, R hemicolectomy, hysterectomy, cataract removal, Removal of Upper