N311 Care Plan #3

Lakeview College of Nursing

Whitney Simlin

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
12/2/2020	R.K.	81	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/ Caucasian	Retired	Married	No known allergies
Code Status	**Height**	**Weight**	
DNR-comfort focused care	5’6”	168.8 lb	

Medical History (5 Points)

Past Medical History:

Unspecified dementia w/o behavioral disturbance, Unspecified Chronic Atrial Fibrillation, Unspecified Abnormalities of Gait and Mobility, Unsteadiness on Feet, Syncope and Collapse, Hyperkalemia, Generalized Anxiety Disorder

Past Surgical History: No known surgical history. The client was unable to answer questions.

Family History: Father: July 9, 2018- Myocardial Infarction**,** Mother: heart disease

Social History (tobacco/alcohol/drugs): Client reports use of tobacco(smoking)- was unable say how long. No alcohol or recreational drug use.

Admission Assessment

Chief Complaint (2 points): Confusion

History of present Illness (10 points): In December 2020, R.K. started to become increasingly confused. His family decided to admit him to a skilled nursing care facility. Because of his confusion, R.K. was unable to care for his wife and was admitted for this reason. R.K. was admitted from home. RK has been confused since admission. RK is pleasantly confused and has

attention seeking behaviors. There are no associating factors. By providing consistent routine and medications, relief is seen in his behaviors. The treatments for the client's behavior is a 24 hour care in a skilled nursing care facility and medication for pain, hyperlipidemia, hypertension, and to reduce the risk of reoccurring deep vein thrombosis or pulmonary embolism.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Dementia

Secondary Diagnosis (if applicable):n/a

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

Dementia is a broad term that describes a loss of thinking ability, memory, and other mental abilities. (*Dementia*, 2006) This takes place when the parts of your brain used for learning, memory, decision making, and language are damaged or diseased. Dementia is also called major neurocognitive disorder. (*Dementia*, 2006)

Dementia is caused by damage to or loss of nerve cells in their connections in the brain. (*Dementia*, 2006) Dementia can affect people differently and cause different symptoms depending on which areas of the brain are affected. Dementias are often grouped by what they have in common, such as the protein or proteins deposited in the brain or the part of the brain that is affected. (*Dementia*, 2006)

There are several risk factors for dementia and the risk of dementia goes up significantly with advancing age. Genetics and family history, abnormal genes, smoking, and alcohol use are risk factors for which may increase the risk for dementia. (*Dementia*, 2019) Atherosclerosis (the buildup of plaque deposits of fatty substances cholesterol and other matter in the inner lining of an artery), high levels of LDL (low-density lipoprotein) the so-called bad form of cholesterol and

diabetes appear to significantly increase a person's risk of developing dementia. (*Dementia*, 2019)

People with dementia have problems with thinking and remembering that affects their ability to manage their daily life. Short term memory loss, communication problems, getting lost, trouble with complex but familiar tasks are signs to look for. (*Dementia*, 2019) Other signs noticed are personality changes like depression, agitation, paranoia, and mood swings are all seen in people with dementia. (*Dementia*, 2019)

The doctor will do a complete physical examination to look for conditions that could cause dementia. He or she will also assess risk factors for dementia, such as alcohol use and heart disease. The patient will also have a complete neurological examination to look for signs of a stroke- such as travel speaking, hearing, or moving.

There are few diagnostic tests that can be done to help diagnose dementia. An MRI scan can help determine the diagnosis of dementia and the type of the disease-causing dementia. (*Dementia*, 2019) A CT scan can be used to check for signs of stroke or brain tumor, but it cannot provide detailed information about the structure of the brain. (*Dementia*, 2019) Even if a brain scan does not show any obvious changes this does not mean someone does not have dementia. Blood tests may check for causes of symptoms that can be confused with dementia. In most cases these blood tests will check the liver, kidney, and thyroid functioning, hemoglobin, A1C, vitamin B12, and folate levels. (*Dementia*, 2019) Mental ability tests are also used to diagnose dementia. These tests assess several different mental abilities including short- and long-term memory, concentration and attention span, language and communication skills, awareness of time in place or orientation. (*Dementia*, 2019) It is important to remember that these test scores may be influenced by a person's level of education.

The two most prescribed medicines for dementia are cholinesterase inhibitors and memantine (Namenda). Our client does not use either one of those medications to treat his dementia. (*Dementia*, 2019)

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015).

Dementia - Symptoms and causes. (2019, April 19). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013

Dementia. (2006, February 3). WebMD. https://www.webmd.com/alzheimers/types-dementia

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	Admission	Today's	Reason for Abnormal Value

	Range	Value	Value	
RBC	**Male: 4.7-6.1 Female: 4.2-5.4**	**n/a**	**n/a**	
Hgb	**Male:14-18 g/dL Female: 12-16 g/dL**	**n/a**	**n/a**	
Hct	**Male: 40-52% Female: 36-47%**	**n/a**	**n/a**	
Platelets	**150-400 x 10^9/L**	**n/a**	**n/a**	
WBC	**5-10 x 10^9/ L**	**n/a**	**n/a**	
Neutrophils	**55-70**	**n/a**	**n/a**	
Lymphocytes	**20-40**	**n/a**	**n/a**	
Monocytes	**2-8**	**n/a**	**n/a**	
Eosinophils	**1-4**	**n/a**	**n/a**	
Bands	**0.5-1**	**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
Na-	**136-145 mEq/L**	**n/a**	**n/a**	
K+	**3.5-5 mEq/L**	**n/a**	**n/a**	
Cl-	**98-106 mEq/L**	**n/a**	**n/a**	
CO2	**23-30 mEq/L**	**n/a**	**n/a**	
Glucose	**74-106 mg/dL**	**n/a**	**n/a**	

BUN	**10-20 mg/dL**	**n/a**	**n/a**	
Creatinine	**0.5-1.1 mg/dL**	**n/a**	**n/a**	
Albumin	**3.5-5 g/dL**	**n/a**	**n/a**	
Calcium	**9-10.5 mg/dL**	**n/a**	**n/a**	
Mag	**1.3-2.1 mEq/L**	**n/a**	**n/a**	
Phosphate	**3-4.5 mg/dL**	**n/a**	**n/a**	
Bilirubin	**0.3-1 mg/dL**	**n/a**	**n/a**	
Alk Phos	**30-120 U/L**	**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, Amber/ Yellow**	**n/a**	**n/a**	
pH	**4.6-8 Average: 6**	**n/a**	**n/a**	
Specific Gravity	**1.005-1.03**	**n/a**	**n/a**	
Glucose	**50-300 mg/day**	**n/a**	**n/a**	
Protein	**0-8 mg/dL**	**n/a**	**n/a**	
Ketones	**negative**	**n/a**	**n/a**	
WBC	**0-4 per low-power field Negative for cast**	**n/a**	**n/a**	
RBC	**Less than or equal to 2 Negative for cast**	**n/a**	**n/a**	

Leukoesterase	**negative**	**n/a**	**n/a**	

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**	**n/a**	**n/a**	
Blood Culture	**Negative**	**n/a**	**n/a**	
Sputum Culture	**Normal Upper RT**	**n/a**	**n/a**	
Stool Culture	**Normal intestinal flora**	**n/a**	**n/a**	

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.**

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

N/A

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

Medications (5 required)

Brand/Generic	**Toprol XL/ Metoprolol tartrate**	**Namenda/ Memantine hydrochloride**	**Toradol/ Ketorolac tromethamine**	**Zocor/Simvastatin**	**Eliquis**
Dose	**25 mg**	**10 mg**	**10 mg**	**20 mg**	**5 mg**
Frequency	**2 x daily**	**2x day**	**Q6 H**	**1 tablet daily**	**1 tablet daily**
Route	**P.O.**	**P.O.**	**P.O.**	**P.O.**	**P.O.**
Classification	**Beta 1 adrenergic blocker, antianginal or antihypertensive**	**N-methyl-D-aspartate, Antidementia agent Memantine blocks the excitatory amino acid glutamate on N- methyl-D-aspartate (NMDA) receptor**	**NSAID, Analgesic**	**HMG-CoA reductase inhibitor(statin)/Antilipemic**	**Factor Xa inhibitor/ Anticoagulant**

		cells in the CNS			
Mechanism of Action	**Inhibits stimulation of beta one receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, a myocardial oxygen demand. These effects help relieve angina minimize cardiac tissue damage from myocardial infarction and relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin.**	**Memantine blocks the excitatory amino acid glutamate on N-methyl-D-aspartate (NMDA) receptor cells in the CNS**	**block cyclooxygenase, an enzyme needed to synthesize prostaglandins. Prostaglandins mediate inflammatory response and cause local vasodilation, pain, and swelling. They also promote pain transmission from periphery to spinal cord. By blocking Cyclooxygenase is an inhibiting prostaglandin, this instead reduces inflammation and release pain**	**interferes with the hepatic enzyme hydroxymethyl glutaryl - coenzyme a reductase. This action reduces the formation of mevalonic acid, a cholesterol precursor, thus interrupting the pathway necessary for cholesterol synthesis. When the cholesterol level declines in hepatic sales, LDLs are consumed, which in turn reduces the levels of circulating total cholesterol in serum triglycerides.**	**inhibits free and clot- - bound factor XA in prothrombinase activity. Although prothrombinase has no direct effect on platelet aggregation it does indirectly inhibit platelet aggregation induced by thrombin. By inhibiting factor XA, apixaban decreases thrombin generation and thrombus development.**
Reason Client Taking	**To manage hypertension**	**dementia**	**moderate to severe pain**	**Hyperlipidemia**	**to reduce risk of recurrence of deep vein thrombosis and pulmonary embolism**
Contraindications (2)	**acute heart failure, cardiogenic shock**	**Acute asthma, severe respiratory depression**	**advanced renal impairment or risk of renal impairment**	**active hepatic disease, HIV protease inhibitors**	**active pathological bleeding, severe hypersensitivity to apixaban or its components**

			due to volume depletion, before during surgery of hemostasis is critical		
Side Effects/Adverse Reactions (2)	**anxiety and angina**	**Agitation, seizures**	**hyperglycemia, abdominal pain**	**chest pain, Constipation**	**GI bleeding, rash**

Medications Reference (APA):

LEARNING, J. &. (2020). ***NURSE'S DRUG HANDBOOK 2021*****. S.l.: JONES &**

BARTLETT LEARNING.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and Oriented to person x1 No distress Well-groomed and dressed appropriately
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:**	 Pink Dry/Norm Warm

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Normal turgor None None None 23
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 No abnormalities, symmetrical No hearing devices, bilateral White sclera No abnormalities Missing teeth, dark color .
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:**	Clear S1 and S2 without murmurs, gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. No edema inspected or palpated in all extremities. Epitrochlear lymph nodes nonpalpable bilaterally. Homans sign negative bilaterally
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non- labored, lung sounds clear throughout anterior/ posterior bilaterally, no wheezes, crackles, or rhonchi noted
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:**	n/a

Feeding tubes/PEG tube Y ☐ N ☒ **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	n/a
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**☐	n/a
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW PERRLA All extremities have full range of motion (ROM). Hand grips, pedal pushes, and pulls demonstrate normal and equal strength. Balanced and smooth gait. Patient alert and oriented to self. Confused
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
9:00	65	180/66	18	97.5 F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:25	**0-10**	**back**	**Unable to answer question according to the scale but when asked if he has pain in his back, he answered, "Yes."**	**Client was unable to describe pain**	**Pain medication**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 mL	n/a

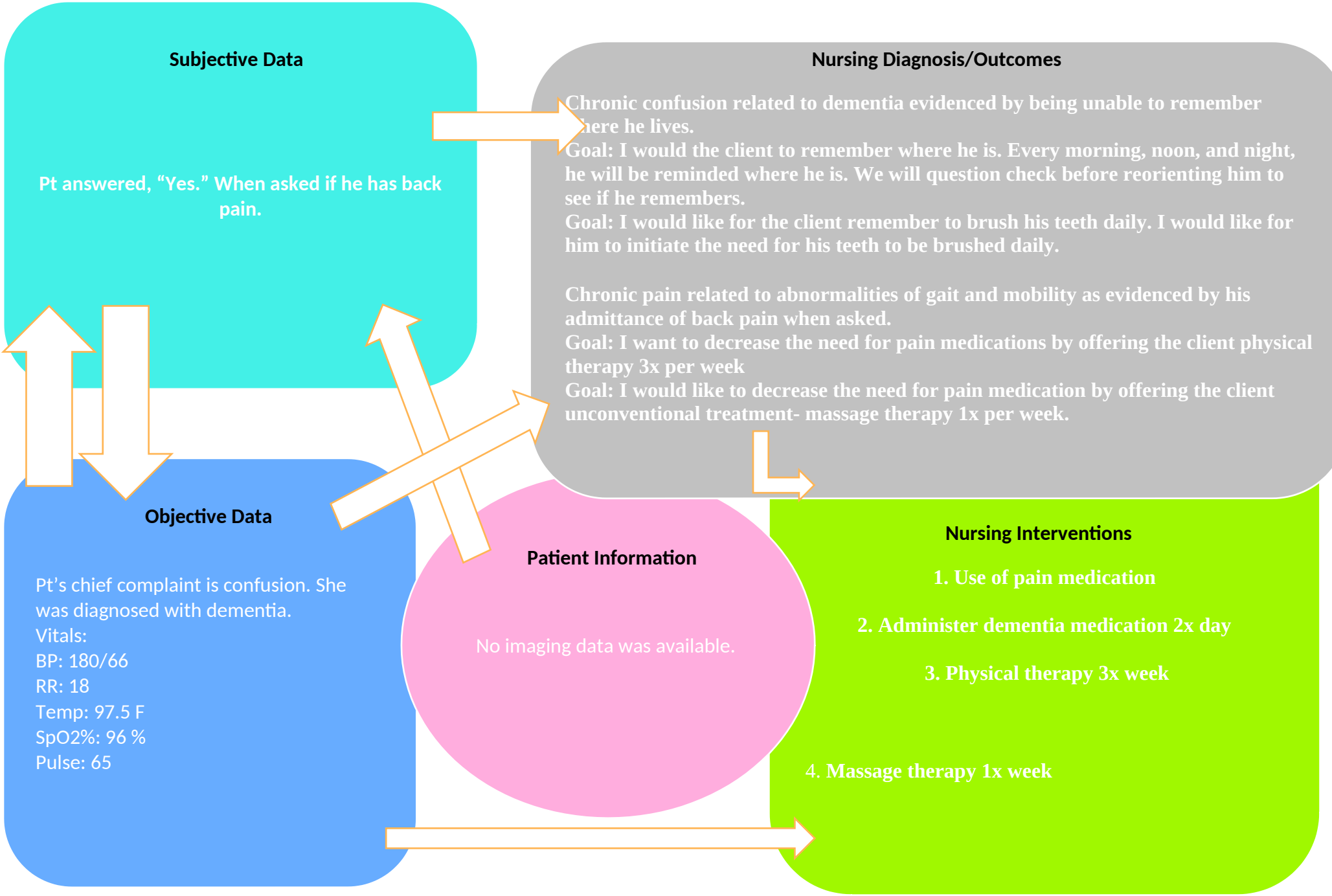
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status

components			of goals and outcomes, modifications to plan.
1. Chronic confusion related to dementia evidenced by being unable to remember where he lives	**Understanding that the patient is confused helps the nurse to know what the client needs**	**1. Administer medication for dementia medication per physician's order.** **2. 24-hour care in a skilled nursing care facility**	**1. Unable to know for sure if the medication is administered daily. However, I noted that the patient does not seem distressed.** **2. The client is helped maintain ADL's, able to maintain routine, and is provided regular meals**
3. Chronic pain related to abnormalities of gait and mobility as evidenced by admittance of back pain when asked	**Client experiences pain when walking**	**1. Encourage client to walk around and rest when needed** **2. Administer pain medication around the clock**	**1. Patient walks around often and rests whenever he needs.** 2. **Nurse will administer pain medication for back pain, Q6.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Pt answered, "Yes." When asked if he has back pain.
Nursing Diagnosis/Outcomes
Chronic confusion related to dementia evidenced by being unable to remember where he lives.
Goal: I would the client to remember where he is. Every morning, noon, and night, he will be reminded where he is. We will question check before reorienting him to see if he remembers.
Goal: I would like for the client remember to brush his teeth daily. I would like for him to initiate the need for his teeth to be brushed daily.
Chronic pain related to abnormalities of gait and mobility as evidenced by his admittance of back pain when asked.
Goal: I want to decrease the need for pain medications by offering the client physical therapy 3x per week
Goal: I would like to decrease the need for pain medication by offering the client unconventional treatment- massage therapy 1x per week.
Objective Data
Pt's chief complaint is confusion. She was diagnosed with dementia.
Vitals:
BP: 180/66
RR: 18
Temp: 97.5 F
SpO2%: 96 %
Pulse: 65
Patient Information
No imaging data was available.
Nursing Interventions
1. Use of pain medication
2. Administer dementia medication 2x day
3. Physical therapy 3x week
4. Massage therapy 1x week