N311 Care Plan #1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 02/17/2021	**Patient Initials** KC	**Age** 81	**Gender** Male
Race/Ethnicity Caucasian/White	**Occupation** Police Department	**Marital Status** Widowed	**Allergies** None
Code Status Full-No CPR	**Height** 6 ft / 72”	**Weight** 209 lb 3.5 oz / 94.9 kg	

Medical History (5 Points)

Past Medical History: Aneurysm (2011), Carcinoma, Congestive Heart Failure, COPD (2019), High cholesterol, Hypertension, Myocardial Infarction

Past Surgical History: Abdominal aortic aneurysm repair (2011), Coronary bypass (2015), Prostectomy (2018)

Family History: Mother (deceased) – Macular degeneration, Father (deceased) – Alzheimer’s and kidney disease, Sister (deceased) – Abdominal aortic aneurysm, Brother (alive) – Heart Disease, arthritis, Daughter (alive) - Asthma

Social History (tobacco/alcohol/drugs): Patient states he’s a current every day smoker. He smokes one pack a day but states “I’m really trying to cut down. It’s hard, I’ve smoked most of my life”. Patient denies using smokeless tobacco. Also denies alcohol use and drug use, including marijuana.

Admission Assessment

Chief Complaint (2 points): “I wasn’t feeling like myself. I couldn’t really talk well and couldn’t move my right arm so my daughter called the ambulance”.

History of present Illness (10 points): On February 17th at 1200, a Caucasian 81 year old male arrives to the Emergency Room via EMS. Patient states, “I can’t move my right arm and I don’t think I can move my face and talk very well. My daughter noticed I wasn’t like myself so

she called the ambulance." Patient reported having an aneurysm almost 10 years ago for which he had repaired in 2011. Patient was also diagnosed with COPD and an acute myocardial infarction in 2019. Patient was admitted on 02/27/2021 for an acute hemorrhagic stroke.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hemorrhagic stroke

Secondary Diagnosis (if applicable): Thalamic hemorrhage

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

A hemorrhagic stroke is a bleed that can occur either within the brain or between the brain and the skull (Harvard Medical School, 2019). These types of strokes usually happen in 20% of all categories of strokes depending on the location of the bleeding and why the bleeding began. Although there are two types of strokes, intracerebral and subarachnoid, the term "hemorrhaging stroke" is just a simpler term to describe a brain bleed. "When an artery in the brain bursts, blood gushes into or around the brain, damaging the surrounding tissue. The blood that enters the brain increases the pressure inside the skull (called intracranial pressure) that can cause significant tissue damage" (National Institute of Neurological Disorders, 2020). Usually to diagnose a stroke, a doctor will order a CT scan or MRI. For hemorrhagic strokes, CT scans are the fastest and most effective test (Harvard Medical School, 2019). Common effects of a stroke include motor sensory impairment, cognitive issues, speech and language deficits, and problems with emotions. My patient presented to the ER with impaired mobility due to a hemorrhagic stroke. He stated, "I wasn't feeling like myself. I couldn't really talk well and couldn't move my right arm so my daughter called the ambulance." Upon my head-to-toe assessment, I noted unresponsive ROM in each right extremity. The right arm and leg were both cool to the touch

with no apparent edema. There was clear indication of motor sensory impairment when assessing the musculoskeletal system. During the planning portion of the nursing process, the main focus was to determine effective interventions and outcomes for my patient. Although no CT or MRI imaging was done, there were other ways to treat this patient to re-stabilize him. Treatment of a stroke is sometimes done through stenting. “Stenting involves inserting a catheter with a wire inside of it into the diseased artery and then passing a tube-shaped device made of a mesh-like material over the wire. The stent is compressed until it is threaded it into position, where it is then expanded to widen the artery and flatten the obstructing atherosclerotic plaque” (National Institute of Neurological Disorders, 2020). Because this patient suffered from a stroke, it is best to ensure the patient maintains proper oxygen levels. ROM exercises also ensure that the patient is getting proper circulation in the unaffected side so not to deplete it of oxygen. My patient also suffers from other pre-existing conditions which include HTN, hyperlipidemia, CHF, and COPD. Nutritional intake, ROM, oxygen assessment, and pain assessment are the main outcomes to rehabilitate this patient back to health.

References:

Hemorrhagic Strokes (Bleeds). www.stroke.org. https://www.stroke.org/en/about-stroke/types-of-stroke/hemorrhagic-strokes-bleeds.

National Institute of Neurological Disorders and Stroke. (2020, February). Stroke: Hope Through Research. https://www.ninds.nih.gov/sites/default/files/stroke_hope_through_research_february_2020_508c.pdf.

Publishing, H. H. *Hemorrhagic Stroke*. Harvard Health. https://www.health.harvard.edu/a_to_z/hemorrhagic-stroke-a-to-z.

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	4.4 – 5.8	5.3	5.07	
Hgb	12.0 – 15.8	15.6	15.3	
Hct	45.0 – 52.0 (in males)	50.1	46.6	
Platelets	140 – 440	206	322	
WBC	4.0 – 12.0	12.58	9.10	High level of WBCs due to an inflammatory-like response from the body to increase levels of platelets and coagulation factors.
Neutrophils	40 – 60	N/A	N/A	
Lymphocytes	20 – 40	N/A	N/A	
Monocytes	3.0 – 13.0	N/A	N/A	
Eosinophils	0 – 8.0	N/A	N/A	
Bands	N/A	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-	**134 – 144**	**138**	**141**	
K+	**3.5 – 5.1**	**3.8**	**3.9**	
Cl-	**98 – 107**	**103**	**104**	
CO2	**21 – 31**	**27.2**	**29**	

Glucose	**70 – 99**	**78**	**83**	
BUN	**7 – 25**	**12**	**24**	
Creatinine	**0.5 – 1.20**	**1.01**	**1.08**	
Albumin	**3.5 – 5.7**	**3.4**	**3.0**	Hemorrhaging stroke led to low albumin levels, which caused fluid to shift from the vessels to the interstitial spaces within in the brain and body. Low albumin levels disrupted the oncotic pressure within the vessels once the hemorrhaging occurred.
Calcium	**8.6 – 10.3**	**8.8**	**8.5**	Low levels of calcium affect the blood's ability to coagulate and the cell's communication system within the body. Due to the patient experiencing a hemorrhaging stroke, calcium functioning was lost from excessive bleeding.
Magnesium	**1.6 – 2.6**	**2.3**	**3.0**	Low levels of magnesium affect the cell's ability to function, platelet aggregation, and coagulation. Due to a patient experiencing a hemorrhaging stroke, effective magnesium levels were lost and caused a defect in the blood's ability to clot effectively.
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**N/A**	**N/A**	**N/A**	
Alk Phos	**36 - 92**	**123**	**N/A**	This abnormal value does not seem to correlate with the patient's history of present illness or primary diagnosis. Alkaline Phosphatase levels are indicative of a liver or bone disease. This abnormal value may be an accidental finding.

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	**N/A**	**N/A**	**N/A**	
pH	**N/A**	**N/A**	**N/A**	
Specific Gravity	**N/A**	**N/A**	**N/A**	
Glucose	**N/A**	**N/A**	**N/A**	
Protein	**N/A**	**N/A**	**N/A**	
Ketones	**N/A**	**N/A**	**N/A**	
WBC	**N/A**	**N/A**	**N/A**	
RBC	**N/A**	**N/A**	**N/A**	
Leukoesterase	**N/A**	**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	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Laboratory Values. (2020, January). https://annualmeeting.acponline.org/sites/default/files/shared/documents/for-meeting-attendees/normal-lab-values.pdf.

Diagnostic Imaging

No Diagnostic imaging was performed.

All Other Diagnostic Tests (10 points):

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
PT (Prothrombin Time)	**10 – 14 seconds**	**22.7**	**13.4**	Due to patient's hemorrhagic stroke, the brain signaled to the body that the blood needed to clot in order to stop the bleeding. This is the result of a high PT/INR value upon admission.
INR	**1.0**	**2.0**	**1.3**	INR value elevated due to hemorrhagic stroke and the body's need to clot the blood to stop further bleeding in the brain.
TP	**6.0 – 8.3**	**7.6**	**N/A**	Blood test was not completed for today's value.

Albumin	**3.5 – 5.0**	**3.4**	**N/A**	Blood test was not completed for today's value.
T Bili	**0 – 1.0**	**0.6**	**N/A**	Blood test was not completed for today's value.
D Bili	**0 – 1.2**	**0.2**	**N/A**	Blood test was not completed for today's value.
AST	**0 - 35**	**23**	**N/A**	Blood test was not completed for today's value.
ALT	**0 - 35**	**28**	**N/A**	Blood test was not completed for today's value.

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

Medications (5 required)

Brand/ Generic	Norvasc/ Amlodipine	Lasix/ Furosemide	Atorvastatin/ Lipitor	Metoprolol	Senokot

Dose	10mg tab	20mg tab	40mg tab	25mg tab	8.6mg tab
Frequency	Daily	Daily	QHS	BID	BID
Route	PO	PO	PO	PO	PO
Classification	Calcium Channel Blocker	Loop diuretics	HMG-CoA Reductase Inhibitors/Statins	Selective Beta Blocker, Anti-arrhythmics	Stimulant laxative
Mechanism of Action	Inhibits influx of calcium into the cardiac and smooth muscle	Increases secretion of sodium and water from the kidneys	Decreases lipid production in the liver	Blocks actions of certain natural chemical in the body and vessels	Stimulates intestines
Reason Client Taking	**HTN**	**CHF**	**Hyperlipidemia**	**HTN**	**Intermittent constipation**
Contraindications (2)	Amlodipine hypersensitivity, systemic hypotension, worsening angina	Electrolyte imbalance, hyperglycemia, diarrhea, hypotension	Alcoholism, sepsis, Diabetes mellitus	Hyperthyroidism, acute heart failure, diabetes mellitus	Abdominal pain, diarrhea, GI bleed, vomiting
Side Effects/ Adverse Reactions (2)	Bradycardia, peripheral edema, dyspnea	Constipation, jaundice, oliguria, blurred vision	Hepatic necrosis, vasculitis, myopathy, jaundice	Heart failure, hypotension, constipation, dyspnea	Wheezing, nausea, vomiting, flatulence

Medications Reference (APA):

Prescribers' Digital Reference. https://www.pdr.net/.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 A & O x3 Patient appears moderately distressed. Patient appears uncomfortable. His eyes were watery and breathing was moderately labored. He stated "I couldn't catch my breath when I was eating"
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Slightly pink Dry and wrinkled Warm 3+ None None 1 wound on right elbow from patient being transported to ER Braden score 15. My patient is completely dependent and requires a hoyer lift for mobilization and transfers. He wanted to rest most of the day due to experiencing shortness of breath upon exertion.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical. There were no signs of tracheal deviation. Thyroid was palpable and effectively moved up and down using the swallowing technique. Ears appeared pink with small amount of cerumen in the external ear. No hearing deficits were present. Eyes were symmetrical with successful EOMs. No lesions or inflammation noted. Sclera white, pupils dilated and constricted successfully, accommodation was noted. Gums pink and moist, teeth clean, palate pink and moist, uvula appeared anatomically positioned, tonsils noted with no lesions, redness, or swelling.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	Audible S1 and S2. No presence of murmurs, gallops, or valve dysfunctions. Peripheral pulses +2. Capillary refill >2. No neck vein distention

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	noted. No edema noted in extremities.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Some use of accessory muscles were noted. Once patient rested awhile the use of accessory muscles ceased. Breath sounds moderately labored and present with wheezing in the RUL, RML, and LUL. No sounds of stridor, rhoni, or rubbing noted. Patient currently on 1L of oxygen as a supplement, his oxygen level on room air was 92%.
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:**	Patient does not follow a particular diet at home. His current diet in the hospital is the cardiac diet that consists of low sodium, low caloric count coming from total fats, and alcohol should be consumed in moderation. Current height is 6ft or 72” Current weight 209lb 3.5oz or 94.9 kg Bowel sounds were normal Last BM was approximately 03/01/2021 at 1900 No pain or masses felt during palpation No significate findings during inspection
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient did not void during my time with him. Patient’s nurse stated his urine was an amber color with normal odor. He voided 150 mL during morning care. No pain noted.
MUSCULOSKELETAL:	Patient is currently hemiplegic due to stroke that

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** ☐	effected the patient's right side. Patient able to perform ROM, accept on the right side. No movement noted from the affected side. Patient used a wheelchair for mobilization. Fall score is 23. Patient needs 1-2 person assistance with toileting, grooming, eating, and dressing.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient oriented to time, person, and place. Patient has strength on left side of body, but not the right. No sensory response from arms, fingers, leg, or toes of the right side of the body. Patient is alert.
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):**	Patient reports enjoying listening to music and talking to his daughter and family. Patient is not too much into watching television. Patient lives alone, but his daughter comes by frequently to assist with ADLs and laundry.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	65bpm	125/79 LA, sitting	28 sitting	97.5 oral	92% + 1L as supplement

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0800	0	N/A	N/A	N/A	N/A
1100	0	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
300 mL orange juice 25% of breakfast Pancakes and oatmeal	150 mL urine via urinal

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. Impaired physical mobility related to hemorraghic stroke, as evidenced by the patient stating "I couldn't really talk well and couldn't move my right arm so my daughter called the ambulance."	Right side paralysis and impaired mobility is a direct indication of a stroke	1.Provide rehabilitation services to patient to help patient maintain independence and mobility during his stay in the hospital and when patient returns home. 2. Perform ROM exercises and assess affected side of body daily for proper oxygen	Goal not met. Patient did not show progress proceeding assessment and further observation. Patient's paralysis was persistent on the right side. Implementation of the intervention will continue as planned which includes proper extremity assessment, oxygen perfusion, and ROM exercises.

		perfusion and possible muscle atrophy.	
2. Ineffective breathing pattern related to COPD, as evidenced by patient stating "I'm having a hard time breathing while I was trying to eat".	Patient exhibited labored breathing, use of accessory muscles, watery eyes and wheezing sounds were noted.	1. Assist patient with using the incentive spirometer every hour. Ensure the patient completes 10 complete breath cycles per hour. 2.Ensure patient is receiving adequate amount of oxygen via nasal cannula as necessary. Assist patient into the fowler's position and elevating HOB 30 degrees to ensure proper airflow.	Goal met. Patient rested after breakfast in fowler's position with HOB 30 degrees. Patient's oxygen levels increased.

Overall APA format (5 points):

Concept Map (20 Points):

Subjective Data

Patient stated, "stating "I couldn't really talk well and couldn't move my right arm so my daughter called the ambulance."
Patient stated, ""I can't move my right arm and I don't think I can move my face and talk very well"
Patient stated, ""I'm having a hard time breathing while I was trying to eat"

Nursing Diagnosis/Outcomes

ired physical mobility related to hemorraghic stroke, as evidenced by the patient stating "I couldn't really talk well and couldn't move my right arm so my daughter called the ambulance."
Ineffective breathing pattern related to COPD, as evidenced by patient stating "I'm having a hard time breathing while I was trying to eat".

Outcomes: Patient remains on the rehabilitation unit for further respiratory and circulatory evaluation related to a pre-existing condition of COPD and a current present illness of a hemorrhagic stroke as evidenced by low oxygen levels, bilateral wheezing, and right side hemiplegia.

Objective Data

Use of accessory muscles
Bilateral wheezing lung sounds
Right side hemiplegia
Right extremities cool to the touch
Loss of sensation to right extremities
Respirations = 28/min
Shortness of breath upon exertion

Patient Information

On 02/17/2021 at 1200 a white 81 yr old male with PMH of COPD, abdominal aortic aneurysm, MI, and CHF presents to OSF Urbana because of loss of sensation in the right lower extremities, slurred speech, and malaise.

Nursing Interventions

Perform ROM with rehabilitation services as well as a part of ADLs , especially the effected side
Routinely assess patient for proper oxygen therapy progression
Auscultate lungs for presence of adventious sounds
Perform capillary refill for circulation deficits
Assess patient's pain every 2 hours
Reposition patient every 2 hours to reduce formation of pressure ulcers
Encourage healthy nutritional intake to promote protein intake to support affected muscles