N311 Care Plan #

Lakeview College of Nursing

Name

Angelina R. Thomas

Demographics (5 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
06/28/2018	DT	86	Male
Race/Ethnicity Caucasian/White	Occupation Retired-Laborer	Marital Status Widowed	Allergies Cortisone, Avelox, Cardura, Ceclor, Detrol, Flomax, Levaquin
Code Status DNR-Comfort Focused-In the event of COVID-19 diagnosis, patient to remain DNR-but with selective treatment	**Height** 63.75 in. (5'3" ¾)	**Weight** 176.2 lbs.	

Medical History (5 Points)

Past Medical History: COVID-19 (12/14/2020), PARKINSON'S DISEASE (05/07/2019), ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS, (04/13/2018) TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (06/28/2018), ESSENTIAL (PRIMARY) HYPERTENSION (04/13/2018), OVERACTIVE BLADDER (12/05/2018), BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS (12/05/2018), GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (10/02/2020), MAJOR DEPRESSIVE DISORDER-RECURRENT AND MILD (12/10/2020), ANXIETY DISORDER-UNSPECIFIED (04/13/2018), PRIMARY INSOMIA (04/13/2018), CONSTIPATION-UNSPECIFIED (04/13/2018), OTHER FORMS OF ANGINA PECTORIS (06/28/2018), GENERALIZED ANXIETY DISORDER (05/01/2018), FUNCTIONAL DYSPNEA (03/03/2020), PREDIABETES (06/04/2020), MAJOR DEPRESSIVE DISORDER-SINGLE EPISODE-MILD (04/21/2020), OTHER HYPERLIPIDEMIA (12/01/2018), NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION (06/28/2018), CANDIDIASIS-UNSPECIFIED (04/20/2018), UNSTABLE ANGINA (04/13/2018), WEAKNESS

(04/13/2018), TINEA PEDIS (04/13/2018), HEMIPLEGIA AND HEMIPARESIS FOLLOWING UN SPECIFIED CEREBROVASCULAR DISEASE AFFECTING LEFT NON-DOMINANT SIDE (04/13/2018), TRANSIENT CEREBRAL ISCHEMIC ATTACK-UNSPECIFIED (04/13/2018), MAJOR DEPRESSIVE DISORDER- RECURRENT, UNSPECIFIED (04/13/2018), DIFFICULTY IN WALKING-NOT ELSEWHERE CLASSIFIED (04/ 13/2018), MUSCLE WEAKNESS (GENERALIZED) (04/13/2018), NEED FOR ASSISTANT WITH PERSONAL CARE (04/13/2018)

Past Surgical History: Patient has no surgical history listed in medical records.

Family History: Patient's family medical history is unavailable.

Social History (tobacco/alcohol/drugs): Patient expressed, "I drank a beer once every 2-3 months, occasionally, and smoked the same amount of time, once every 2-3months." Patient did not express any interest or history of drug abuse.

Admission Assessment

Chief Complaint (2 points): Tremors

History of present Illness (10 points): Approximately three years ago patient entered the nursing home after experiencing a moderate stroke, and patient suspected his residual effects of the stroke were tremors. When patient was asked, "Do you know why you are here, patient responded, "I had a stroke and stuff." Patient experiences tremors in his hands and lips. Patient recalled that his tremors were constant throughout the day and does not resolve until he is asleep. Patient explained that the tremors do not cause him any pain. However, he is unable to keep steady hands which would interfere with him walking with his walker. Although the tremors are constant, there aren't things or activities that makes them better or worst. Patient describes tremors as, "fast and back and forth motions of my hands." Patient had been seen by a physician

in the past concerning his tremors which is why he has been prescribed medications to control his tremors, but medications won't completely rid him of tremors.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Stroke

Secondary Diagnosis (if applicable): Myocardial Infarction (MI)

Pathophysiology of the Disease, APA format (20 points): Cerebrovascular accident (CVA) or stroke is a serious condition that occurs in the body's brain and nervous system (Mayo Clinic Staff, 2021). The brain does not have the ability to store oxygen and nutrients the way other organs in the body can, such as the lungs, so it heavily and severely relies on the blood vessels of the brain to supply it with oxygenated blood and nutrients (Cleveland Clinic Medical Professional, 2018). When the supply of oxygenated blood and nutrients is halted, blocked for any reason (for example: decreased cardiac tissue perfusion, atherosclerosis, etc.), or if a blood vessel bursts in the brain, the surrounding nerve cells begin to die. Within minutes (3-4 mins.) the nerve cells suffocate, essentially, and a person has a stroke (Cleveland Clinic Medical Professional, 2018). There are three different types of strokes Hemorrhagic- occurs when a blood vessel in the brain bursts and puts too much pressure on the surrounding cells which damages them, Ischemic-caused by a blot cot blocking adequate blood flow to the brain that supplies oxygen and nutrients, and Transient Ischemic Attack (TIA)-"mini-strokes" or "mild-strokes" also caused by blood clots in the brain-the cells in the brain are without oxygen and nutrients only for a short while in comparison to the bigger/major stroke where the brain cells are without oxygen for an extended period "more the 5 minutes" (Cleveland Clinic Medical Professional, 2018). TIAs, are still a medical emergency although they aren't major strokes, because blood flow is

still blocked to the brain and they do give warning that a major stroke is on the way in the future (Cleveland Clinic Medical Professional, 2018).

Strokes are diagnosed in many ways, including physical examinations, Magnetic Resonance Imaging (MRI), computerized tomography (CT) scan, blood tests, carotid ultrasound, cerebral angiogram, and Echocardiogram (ECG) (Bushnell, 2018). Note, there aren't any blood test that can indefinitely tell whether a patient has had a stroke. However, there are blood test to determine potential underlying causes of the stroke. For example, the doctor may order a complete blood count (CBC)-which can show anemia, clotting problems, or inflammation, serum electrolytes test-which shows the blood that carries an electric charge in the blood problem and if there's stroke-like symptoms from it such as weakness and confusion, blood clotting tests may be performed-such as a coagulation panel-if the blood clots too fast it is likely that the patient has had an ischemic stroke, if the blood clots too slowly the likelihood of a hemorrhagic stroke is significant (Bushnell, 2018). Other blood test includes the heart attack test-which test whether you have had a heart attack-since heart attacks may lead to stroke; another test is the thyroid test-which tests for hyperthyroidism because it causes atrial fibrillation (A Fib. complications cause patients to have strokes), and the last blood test is the protein test-this test seeks substances in your blood that your body releases in response to swelling and inflammation-swelling and inflammation damages the arteries, damaged arteries can lead to stroke (Bushnell, 2018). So, these blood test give the doctor indication of your body's risk for stroke and possible causes (Bushnell, 2018).

Signs and symptoms of stroke include confusion, difficulty speaking, or understanding language, peripheral numbness, problems seeing in both eyes, headache, trouble walking, and lastly "tell-tell' sign is the drooping face (Mayo Clinic Staff, 2021). Treatment for strokes

include, ischemic-emergency IV medication, emergency endovascular procedures-medications delivered directly to the brain and removing the clot with a stent retriever, carotid endarterectomy, and angioplasty and stents: hemorrhagic stroke-emergency procedures, surgery, surgical clipping, coiling, surgical removal, and stereotactic radiosurgery (Mayo Clinic Staff, 2021). Having a stroke, may cause a person to have paralysis on one side of their body or the other. For example, if a patient experiences a stroke of the left side of their brain, they'll have right-sided weakness and vice versa (Mayo Clinic Staff, 2021). It may impair their ability to work and drive and even have to learn how to read again because they have suffered death of many brain cells affecting memory. Patient does not have labs or blood tests or CT scan congruent with the presence of stroke in his current medical record. However, patient medical record indicates patient has had a TIA in the past. Patient record does not present him having any medications or treatments for the TIA.

Pathophysiology References (2) (APA):

Bushnell, C. (2018, October 29). How is Stroke Diagnosed?. https://www.womenshealth.gov/heart-disease-and-stroke/stroke/stroke-treatment-and-recovery/how-stroke-diagnosed

Centers for Disease Control and Prevention. (2020, January 31). Types of Strokes. https://www.cdc.gov/stroke/types_of_stroke.htm

Cleveland Clinic Medical Professional. (2018, July 11). Stroke: Understanding Stroke. https://my.clevelandclinic.org/health/diseases/5601-stroke-understanding-stroke

Mayo Clinic Staff. (2021, February 9). Stroke. 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	3.92-5.13 (F) 4.35-5.65 (M)	3.99	N/A	
Hgb	11.6-15 (F) 13.2-16.6 (M)	13.1	N/A	
Hct	35.5-44.9 (F) 38.3-48.6 (M)	37.9	N/A	
Platelets	157-371 (F) 135-317 (M)	191	N/A	
WBC	3.4-9.6	6.6	N/A	
Neutrophils	40-60%	47	N/A	
Lymphocytes	20-40%	11	N/A	Patients value consistent with viral infection; However, patient's medical record has no history of infection (Mayo Clinic Staff, 2020)
Monocytes	2-8%	0.8	N/A	Patients value consistent with autoimmune disease or chronic infection. Patient's values consistent with Diabetes (Healthline, 2020)
Eosinophils	1-4%	4	N/A	
Bands	0-3%	0	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-	136-146	135	N/A	Consistent with decreased kidney functioning, however patient record does not indicate renal failure (Grossman, 2020)
K+	3.5-4.5	4.6	N/A	Consistent with decreased kidney functioning, however patient record does not indicate renal failure (Grossman, 2020)

Cl-	96-106	98	N/A	
CO2	32-48	N/A	N/A	
Glucose	70-115	94	N/A	
BUN	11-23	15	N/A	
Creatinine	0.7-1.5	1.0	N/A	
Albumin	3.5-5.0	4.2	N/A	
Calcium	9.0-11.0	9.2	N/A	
Mag	1.3-2.1	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.2-1.3	N/A	N/A	
Alk. Phos.	20-90	32	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	Yellow and Clear	Yellow and Clear	N/A	
pH	4.5-8.0	7.0	N/A	
Specific Gravity	1.005-1.025	1.013	N/A	
Glucose	<130	negative	N/A	
Protein	<150	negative	N/A	
Ketones	None/Negative	negative	N/A	
WBC	3.4-9.6	(6-10) negative	N/A	
RBC	3.92-5.3 (W)	(0-2)	N/A	

	4.35-5.7 (M)	negative		
Leukoesterase	Negative	Negative	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	negative	N/A	
Blood Culture	negative	negative	N/A	
Sputum Culture	negative	negative	N/A	
Stool Culture	negative	negative	N/A	

Lab Correlations Reference (APA):

Falck, S. (2019, January 25). Serum Phosphorus Test. Retrieved February 16, 2021, from Serum Phosphorus Test: Purpose, Procedure, and Results (healthline.com)

Grossman, A. (2020, October). Addison Disease. https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/adrenal-gland-disorders/addison-disease#:~:text=Blood%20tests%20may%20show%20low,levels%2C%20which%20may%20be%20high.

Healthline. (2020, October 27). Type 2 Diabetes: Is it an Autoimmune Disease?. https://www.healthline.com/health/type-2-diabetes/is-type-2-diabetes-an-autoimmune-diease

Lerma, E. (2020, December 05). Urinalysis: Reference Range, INTERPRETATION, collection and panels. Retrieved February 14, 2021, from https://emedicine.medscape.com/article/2074001-overview#a1

Mount Sinai. (2020, January 11). Blood differential test. Retrieved February 14, 2021, from https://www.mountsinai.org/health-library/tests/blood-differential-test

Mayo Clinic Staff. (2020, December 22). Complete blood count (CBC). Retrieved February 13, 2021, from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919

Mayo Clinic Staff. (2019, February 12). Hematocrit Test. Retrieved February 16, 2021, from https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728#:~:text=A%20lower%20than%20normal%20hematocrit,Vitamin%20or%20mineral%20deficiencies

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

No Diagnostic Imaging noted

Diagnostic Imaging References (APA)

No Diagnostic Imaging noted

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

Medications (5 required)

Brand/Generic	**Trazodone HCL tablet (150 mg)/Desyrel**	**Lasix/ Furosemide**	**Mylanta-Maximum Strength Suspension (400-400-40mg/5ml)/ Aluminum-Magnesium Hydroxide**	**Famotidine tablet W(20mg)/Pepcid**	**Metformin HCl/Fortamet**
Dose	**75mg**	**20mg**	**30ml**	**20mg**	**500mg**
Frequency	**At bedtime**	**Daily**	**BID**	**Daily**	**Daily**
Route	**PO**	**PO**	**PO**	**PO**	PO
Classification	**Antidepressants**	**Diuretics**	**Antacids**	**Antiulcer Agent**	**Antidiabetic**
Mechanism of Action	**Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect.**	**Inhibits sodium and chloride resorption by completing with chloride for the Na+/K+/2Cl-, co-transporter in the ascending limb of the loop of Henle. (PDR, 2021)**	**An antacid that reduces gastric acid by binding with phosphate in the intestine, and then is excreted as aluminum carbonate in feces.**	**In normal digestion, parietal cells in the gastric epithelium secret hydrogen (H+) ions, which combine with chloride (Cl-) to hydrochloric acid (HCl).**	**May promote storage of excess glucose as glycogen in the liver, which reduces glucose production.**
Reason Client Taking	**Primary Insomnia**	**Edema**	**Indigestion**	**GERD**	**Diabetes Mellitus**
Contraindications (2)	**Recovery from acute MI and hypersensitivity**	**Allergic Reaction and Hypersensitivity**	**Phenylketonuria and Aspartame**	**Hypersensitivity to famotidine and hypersensitivity to other H2 receptor antagonists.**	**Acute or chronic metabolic acidosis and severe renal disease**
Side Effects/Adverse Reactions (2)	**Abnormal coordination of dreams and anxiety**	**Pancreatitis and oliguria**	**Severe dehydration/ Kidney Stones**	**Anxiety and Hallucinations**	**Hypoglycemia and Rash**

Medications Reference (APA):

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Physician's Desk Reference. (2021). Furosemide. Retrieved March 3, 2021, from https://www.pdr.net/drug-summary/Lasix-furosemide-2594.8405

Pizzorno, L. (2020). Antacids, H2 Blockers, Proton Pump Inhibitors. Retrieved March 3, 2021, from https://www.sciencedirect.com/topics/medicine-and-dentistry/mylanta

WebMD. (2021). Mylanta 500mg-500mg/5ml oral Suspension. Retrieved March 3, 2021, from https://www.webmd.com/drugs/2/drug-15586-5123/mylanta-oral/aluminum-magnesium-antacid-oral/details

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&O x4-Patient was able to recall the time of day and he was able to recall why he is in the nursing home and he was able to tell me what the recorder was doing with him when asked did he know why he was questioned. Patient stated, "You are doing an assessment on me." Patient displayed no sign of distress and patient was dressed well. Patient's overall appearance was pleasant and well.
INTEGUMENTARY:	Patient's skin color was white and pale-no rashes,

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 21** **Drains present: Y☐ N X** **Type:**	or lesions. Patient appeared to have a bruise on his left forearm. Patient's skin was warm to touch and dry. Patient has 4 second tenting of the skin. Nails presented without cyanosis or clubbing. Patient skin is absent of wounds.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and Neck were symmetrical, and trachea was midline. However, patient's thyroid gland was palpable. No nodules palpable or noted. Patient's bilateral carotid pulses 2+ and palpable. Ears Bilateral auricles were dry and pink without any lesions, bilateral canals were without lesions and drainage. Tympanic membrane was present of pearly gray. Patient wears glasses. Bilateral Sclera was white, conjunctiva pink, bilateral cornea clear, no visible drainage from eyes. Bilateral lids moist and pink without any lesions. Patient presents EOM PERRLA bilaterally-no pain with PEERLA. Patient's nose is midline and without deviation. Turbinates pink and without lesions, no visible bleeding or polyps. Bilateral sinuses are nontender to palpation. Teeth were dentures and uvula midline without scarring, bruising, wounds, or bleeding. Hard palate without abnormalities.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	S1 and S2 sounds audible. Capillary Refill 6 seconds bilaterally on fingers and toes. Murmurs nonaudible. PMI audible and with normal rate and rhythm 2+. Peripheral bilateral radial pulses palpable and bilateral posterior tibial pulses are palpable 2+.
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Patient's respirations were 22. Breathing was unlabored and without crackles and wheezing. All vesicular breath sounds present and without wheezing or crackles.
GASTROINTESTINAL: **Diet at home:**	Diet is normal/non-mechanical soft. Diet was also normal at home. All bowel sounds present

Current Diet **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	over 1 minute auscultation of all four quadrants. Patient's abdomen was not protruded or distended. No scars, bruises, or wounds on abdomen. Abdomen did not present any drains. No mass or pains present with 1 cm light depth palpation or 5-8cm deep palpation. No CVA tenderness noted bilaterally. Patient last BM not observed or noted in chart. Patient is 176.2 lbs. and 63.75 inches tall.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	Patient went to the restroom one time on the toilet and urinated-urine did not present any foul odor or cloudiness. Genitals were symmetrical and midline without bruising or lesions, bleeding, tenderness, or redness. Patient did not present with any pain during urination.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N X** **Fall Risk: Y X N☐** **Fall Score: 55** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	All extremities are with full range of motion. Uses walker to ambulate. Strength is advanced. Does not need assistance to ambulate. Does not need support to stand. Balanced and smooth gait. Cannot test Deep tendon reflexes due to lake of equipment. Patient alert and oriented x 4. Negative Rhombergs.
NEUROLOGICAL: **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both ☐**	Patient mental status is profound. Speech is normative and sensory motor function is also advanced. Patient did not experience loss of consciousness. Hand grips and pedal pulls present without tenderness or pain.

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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 does not have any family history on file and does not discuss any family structure and dynamic. Patient does not discuss any religion. Patient developmental level is advanced. Patient enjoys spending time alone and occasionally enters the hall to interact with other residents and care team-which improved his comfortability with talking about his diagnoses and reason for being in the nursing home.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00 am	58	174/85	22	96.6 F	100%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:30 am	0-10	N/A	N/A	N/A	Patient did not exhibit any pain; However, if patient were in any pain staff would request to the nurse to administer PRN pain medications per physician's orders.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Not observed	**Urinated 1 x in the toilet**

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. Decreased cardiac output related to Atherosclerotic heart disease of native coronary artery, as evidence by high systolic pressure of 174.	Having high systolic pressure means that the patient suffers from decreased cardiac output, which will impair the patient's quality of life. Patient's blood flow in the heart is priority because if untreated, patient's life expectancy will decrease.	**1.** Administer prescribed medications per physician's orders. **2.** Monitor patient's systolic blood pressure every 4 hours.	With taking medications and monitoring sodium intake, patient is able to remain alert and oriented without any chest pain or discomfort, dizziness, or any more TIA's-as decreased cardiac output and atherosclerosis may lead to stroke.
2. Risk for electrolyte imbalance related to Diabetes, as evidence by decreased/abnormal sodium ions level and increased	Evidence of low sodium levels and increased potassium levels may indicate kidney (renal) dysfunction due to being diabetic. By monitoring patient's electrolytes, staff may prevent patient	**1.** Request to repeat labs to monitor patient's electrolytes. **2.** Administer routine medications per physician's orders.	Monitoring patient's electrolytes and providing patient with electrolyte balancing medication, patient prevents diagnosis of renal failure. Patient was able to urinate regularly without stress, functional, or urge incontinence or retention

potassium levels.	from having renal failure and ultimately maintain a life without being on dialysis.		of urine.

Other References (APA):

Concept Map (20 Points)