# N311 Care Plan #3

Lakeview College of Nursing

Amber Raimer

Professor Brittany Lawson

03/20/2021

## Demographics (5 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 10-14-2020 | R.M | 83 | Male |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| white | retired | married | Penicillin's- Reaction is hives |
| **Code Status** | **Height** | **Weight** | |
| DNR- Comfort measures and selective treatment, comfort focused mechanical. Do not intubate. | 70.0 | 141.1 | |

## Medical History (5 Points)

**Past Medical History: Benign Prostate hyperplasia, brain bleed (2009 and possible 2018), Chronic Kidney Disease, stage 3, GFR 30-59m/min, Coagulopathy factor VIIII, CVA, Dementia, DVT both Legs, Parkinsonian Features.**

**Past Surgical History: Lumbar Discography, Colonoscopy, mouth surgery, phacoemulsion of cataract; Right eye(03/5/2018) Left Eye ( 03/26/2018), Spine surgery, tonsillectomy.**

**Family History: Family medical history not listed.**

Married-five children who reside in California.

**Social History (tobacco/alcohol/drugs):**

Never a smoker, alcohol very rare, no history of drug use.

## Admission Assessment

**Chief Complaint (2 points):recurrent falls (10/2020)**

**History of present Illness (10 points): 2 falls since admission (10/2020), patient lost conciseness which caused patient to fall. Episode resulted in a spinal fracture and a subarachnoid hemorrhage. Associated factors resident alertness. Relieving factors**

**monitoring, use of gait belt with transfer. Anticipate needs and reinforce use of call light. Carle had been treated and was transferred from Carle Hospital.**

## Primary Diagnosis

**Primary Diagnosis on Admission (3 points): Parkinson's disease**

**Secondary Diagnosis (if applicable):n/a**

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

**Parkinson's Disease is a neurodegenerative disorder that affects 1.5 million people in the United States alone (Capriotti, 2020). This is a slow-progressive disorder that is typically diagnosed between the ages of 50-60 years of age (Capriotti, 2020) Parkinson's has been known to affect persons younger than age 40, which is classified as early onset (Capriotti, 2020). In rare cases, Parkinson-like symptoms have appeared in children and teenagers and is termed juvenile parkinsonism (Capriotti, 2020). The attributes of juvenile parkinsonism are typically hereditary (Capriotti, 2020). Parkinson's Disease can affect both men and women (Capriotti, 2020). It is not proven to occur more prevalent in certain ethnic groups (Capriotti, 2020). Each person diagnosed has their own uniqueness and not all Parkinson's cases are alike (Capriotti, 2020).**

**<u>Etiology</u>**

**In Parkinson's Disease, 85-90% are usually unknown etiology (Capriotti, 2020). In 10% of cases genetics is the cause in familial Parkinson's (Capriotti, 2020). A mutated protein called leucine-rich repeat kinase 2(LRRK2) is the common cause of familial Parkinson's (Capriotti, 2020). The LRRK2 located at 12p11-p13 (Capriotti, 2020). Exactly**

**how the protein affects synaptic function is unknown (Capriotti, 2020). Other mutations have been found in the parkin gene at 6q25-27 and the alpha-synuclein gene at 4q21-23 (Capriotti, 2020). The parkin gene causes mitochondrial dysfunction (Capriotti, 2020). The abnormal gene causes an accumulation of abnormal protein called alpha-synuclien (Capriotti, 2020).**

**Pathophysiology**

**Parkinson's is associated with loss of dopamine-producing cells in the substantia nigra, located in the basal ganglia of the midbrain (Capriotti, 2020). The basal ganglia is responsible for movements such as posture, standing, walking or writing (Capriotti, 2020). ACH and dopamine are the neurotransmitters that modulate these body movements (Capriotti, 2020). ACH stimulates muscle movement while dopamine inhibits it (Capriotti, 2020). Parkinson's Disease depletes dopamine which creates an imbalance of these neurotransmitters (Capriotti, 2020). The lack of dopamine to counter ACH is responsible for tremor and spasmic type movements (Capriotti, 2020). Symptoms of the disease are not apparent until approximately 50-80% of the substantia nigra has been degenerated (Capriotti, 2020).**

**In patients with Parkinson's there is also an accumulation of an abnormal protein called alpha-synuclein found in Lewy bodies in the brainstem, spinal cord, and regions of the cortex (Capriotti, 2020). This accumulation is associated with neurodegeneration and cell death (Capriotti, 2020). Other pathology can involve the ANS and result in symptoms such as orthostatic hypotension, sleep disturbances, gastrointestinal disturbance, and impaired thermoregulation (Capriotti, 2020).**

**Parkinson's presents with bradykinesia, resting tremors, and muscle rigidity (Capriotti, 2020). Tremors or "pill-rolling" motions with fingers is usually the first motor of symptoms. Rigidity is felt from the patients as a sense of stiffness as a tightness in the arms, legs, neck, and truck (Capriotti, 2020). This typically presents on one side (Capriotti, 2020). An examiner will generally feel a "cogwheeling" motion when passively moving the body part (Capriotti, 2020). Patients will also have a resting emotionless face, decreased blink rates, low speech, and difficulty swallowing (Capriotti, 2020). Bradykinesia is slow movements and may first experience the distal muscles of the arms and legs (Capriotti, 2020). Patients trying to move out of a chair may have issues with balance (Capriotti, 2020). Upper extremities include decreased arm swings, hand-writing micrographic, and also a reduction in fine motor skills (Capriotti, 2020). Postural instability is related to the loss of reflex in later stages of the disease (Capriotti, 2020). Small short steps forward or backwards can also be uncontrollable (Capriotti, 2020). This combination makes these patients a high risk for falls (Carpriotti, 2020). According to the National Institute of Aging, other Parkinson symptoms can be urinary problems, sleep disturbances, depression, skin problems, and constipation (U.S. Department of Health and Human Services, 2021; National Institute of Aging)**

**<u>Diagnosis</u>**

**Parkinson's can be diagnosed by a pneumonic TRAP: Which means, Tremor at rest, Rigidity, Akinesia or bradykinesia, and Postural/gait instability (Capriotti, 2020). There is presently no laboratory test (Capriotti, 2020). Genetic testing is not used routinely. Mutations of LRRK2 are under investigation for a diagnostic test (Capriotti, 2020). CT and**

**MRI may indicate a normal result, but Photon emission CT may show a reduced uptake of dopaminergic markers (Capriotti, 2020).**

## Treatment

**Treatment of Parkinson's is related to relieving symptoms while increasing independence and mobility and maintaining or increasing quality of life (Capriotti, 2020). Dopamine (L-dopa) replacement therapy is used in conjunction with a peripheral decarboxylase inhibitor (Carbidopa) (Capriotti, 2020). The Carbidopa inhibits peripheral metabolism and allows more L-dopa to act at in the brain (Capriotti, 2020). MOA-B inhibitors can provide symptomatic monotherapy in the early stages of the disease (Capriotti, 2020). Anticholinergic medications can be used for testing tremor, but are not effective for bradykinesia, rigidity, and gait type disturbances (Capriotti, 2020). Some surgical procedures like deep brain stimulation of subthalamic nuclei or globus pallidum are effective for advanced stages of the disease (Capriotti, 2020). Exercise therapy is recommended to promote quality of life and functional independence (Capriotti, 2020).**

## Relation to Patient

**The patient has suffered from many falls. His movements are slow or bradykinesia. He has some mobility impairment and requires assistance for transfers. He is on nectar thickened liquids due to dysphagia or difficulty swallowing. His facial impressions are emotionless as described above. His medications are indicative of treatment for Parkinson's symptoms.**

**Pathophysiology References (2) (APA):**

**Capriotti, T. (2020)** ***Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Second Edition.*** **Philadelphia, PA: F. A. DAVIS**

**U.S. Department of Health and Human Services:**
**National Institute of Aging. (2021, March 22).** ***Parkinson's Disease.***
**https://www.nia.nih.gov/health/parkinsons-disease#:~:text=Parkinson's%20disease%20is%20a%20brain,have%20difficulty%20walking%20and%20talking.**

**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 | F 4.2-5.4<br>M 4.7-6.1 | 3.57 | | Hemorrhage related to fall. (Pagana et al. 2021) |
| Hgb | F 12-16<br>M14-18<br>g/dL | 11.0 | | Hemorrhage related to fall. (Pagana et al. 2021) |

| | | | | |
|---|---|---|---|---|
| **Hct** | **F37-47%<br>M42-52%** | **34.6** | | **Hemorrhage related to fall. (Pagana et al. 2021)** |
| **Platelets** | **150-400** | **203** | | |
| **WBC** | **5-10 (5,000-10,000/mm3)** | **6.76** | | |
| **Neutrophils** | **55-70<br>Absolute 2500-8000** | | | |
| **Lymphocytes** | **20-40<br>Absolute 1000-4000** | | | |
| **Monocytes** | **2-8<br>Absolute 100-700** | | | |
| **Eosinophils** | **1-4<br>Absolute 50-500** | | | |
| **Bands** | **0.5-1<br>Absolute 25-100** | | | |

**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** | **143** | | |
| **K+** | **3.5-5 meq** | **3.6** | | |
| **Cl-** | **98-106 meq** | **114** | | **NSAIDS increase serum Chloride levels (Pagana et al, 2021)Patient is taking NSAID.** |
| **CO2** | **23-30meq** | **24.0** | | |
| **Glucose** | **74-106mg/dL<br>4.1-5.9 mmol/l** | **96** | | |
| **BUN** | **10-20 mg/dl** | **31** | | **Aspirin can increase BUN levels.** |

| | | | | |
|---|---|---|---|---|
| | | | | **Patient is taking Aspirin. (Pagana et al. 2021)** |
| **Creatinine** | **F0.5-1.1mg M0.6-1.2mg** | **1.07** | | |
| **Albumin** | **3.5-5 g/dl 35-50g/L(SI units)** | **2.3** | | **Acute infection or stress. Patient had suffered a fall resulting in Hemorrhage.** |
| **Calcium** | **6-13mg/dl** | **8.3** | | |
| **Mag** | **1.3-2.1 mg/ dL** | **2.1** | | |
| **Phosphate** | **3.0-4.5mg/ dl** | | | **Not performed** |
| **Bilirubin** | **.3-1.0 mg** | | | **Not performed** |
| **Alk Phos** | **36-150 u/l** | **66** | | |

**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** | | | **Not performed** |
| **pH** | **4.6-8** | | | **Not performed** |
| **Specific Gravity** | **1.015-1.025** | | | **Not performed** |
| **Glucose** | **neg** | | | **Not performed** |
| **Protein** | **<100mg/24h negative** | | | **Not performed** |
| **Ketones** | **negative** | | | **Not performed** |
| **WBC** | **0-4** | | | **Not performed** |
| **RBC** | **Less than or equal to 2.** | | | **Not performed** |
| **Leukoesterase** | **negative** | | | **Not performed** |

**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** | | | | **Not performed** |
| **Blood Culture** | | | | **Not performed** |
| **Sputum Culture** | | | | **Not performed** |
| **Stool Culture** | | | | **Not performed** |

**Lab Correlations Reference (APA):**

**Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2021).** ***Mosby's Diagnostic & Laboratory Test Reference, fifteenth edition.*** **St. Louis, MO: Elsevier**

## Diagnostic Imaging

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

**CT Brain without Contrast 10/10/2020: Minimal acute subarachnoid hemorrhage. Stable old gliosis/encephalomalacia within anterior bifrontal white mater. More advanced on the left. Stable small old left cerebellar infarction. Mild Global volume less stable. (information taken from pt chart)**

**A CT Brain scan without contrast is also known as Computerized Tomography scan, is a noninvasive specialized imagine technique that can produce two-dimensional images of organs, bones, and tissues (Capriotti, 2020). For this patient, it was used to view the brain and spine Capriotti, 2020). The CT scan can detect irregularities with bone or even**

**vascular properties (Capriotti, 2020). The CT can also detect tumors, cysts, herniated discs, and brain damage from head injury, such is the case with this patient (Capriotti, 2020). It can also be used to detect other disorders as well.**

**Capriotti, T. (2020)** ***Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Second Edition.*** **Philadelphia, PA: F. A. DAVIS**

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

**Medications (5 required)**

| **Brand/ Generic** | **Acetaminophen /Tylenol** | **Aspirin/ Bayer** | **Donepezil HCI/Aricept** | **Risperidone/ Risperdal** | **Trazodone HCI/ Desyrel** |
|---|---|---|---|---|---|
| **Dose** | **650mg** | **81 mg** | **10 mg** | **1mg** | **50 mg** |
| **Frequency** | **6 hr** | **1 daily** | **1 daily at bedtime** | **2 times a day** | **daily** |
| **Route** | **oral** | **oral** | **oral** | **oral** | **oral** |
| **Classification** | **analgesics** | **NSAIDs** | **Anti-Alzheimer drugs** | **antipsychotic** | **Antidepressant.** |
| **Mechanism of Action** | **"Thought to produce analgesia by inhibiting prostaglandin and other substances that sensitize pain receptors (Nursing 2020)."** | **"To produce analgesia and exert anti-inflammatory effect by inhibiting prostaglandin and other substances** | **"Inhibits Acetylcholinesterase, resulting in an increased acetylcholine available for synaptic transmission in the CNS (Nursing, 2020)."** | **"Blocks dopamine, 5-ht2, alpha1 and alpha2, adrenergic and H1 histaminergic receptors in the brain (Nursing, 2020)."** | **Unknown. Inhibits CNC neuronal uptake of serotonin. Not a tricyclic derivative (Nursing, 2020)** |

| | | | | | |
|---|---|---|---|---|---|
| | | **that sensitize pain receptors. Drug may relieve fever through the central action in the hypothalamic heat-regulating center (Nursing, 2020).”** | | | |
| **Reason Client Taking** | **Mild pain relief** | **CVA** | **dementia** | **Dementia with behavioral disturbance.** | **insomnia** |
| **Contraindications (2)** | **Can cause liver failure.<br>May cause Stevens-Johnson syndrome (Nursing, 2020).** | **Avoid use in patients with Hepatic impairment.<br>Contraindicated in patients with hemorrhagic state (Nursing, 2020).** | **Contraindicated in persons with sensitivity to piperidine derivatives (Nursing 2020).<br>Use caution in patients taking NSAID’s or have cardiovascular disease (Nursing, 2020)** | **Opioid class warning<br>Elderly patients with dementia-related psychosis treated with antipsychotics are at increased risk for death (Nursing, 2020).** | **Use cautiously with patients with cardiac disease.<br><br>Use caution in those with history of seizures, may lower seizure threshold (Nursing, 2020)** |
| **Side Effects/Adverse Reactions (2)** | **Acute renal failure<br>Aplastic anemia** | **Cerebral edema<br>Arrhythmia.** | **Seizure<br>bradycardia** | **Suicide attempt<br>hallucination** | **Drowsiness<br>dizziness** |

**Medications Reference (APA):**

***Nursing 2020 Drug Handbook* (2020).**

**Philadelphia, PA: Wolters Kluwer**

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL:**<br>**Alertness: Alert, but fell asleep after meal**<br>**Orientation: oriented to person**<br>**Distress: no signs of distress**<br>**Overall appearance: dressed and groomed** | **Patient alert but fell asleep after meal.**<br>**Oriented to person.**<br>**No signs of distress. Patient dressed and groomed with assistance of ADL's.** |
| **INTEGUMENTARY:**<br>**Skin color: white to light brown (appropriate)**<br>**Character: dry**<br>**Temperature: cool**<br>**Turgor: no tenting**<br>**Rashes: no rashes**<br>**Bruises: bilateral on arms**<br>**Wounds: wound above sacrum area**<br>**Braden Score: 11-high risk**<br>**Drains present: Y☐ N ☒**<br>**Type:** | **Skin cool to touch, dry, white to light brown in color (appropriate)**<br>**No tenting, no rashes, scattered bruising bilaterally on arms.**<br>**Stage 1 pressure ulcer on coccyx. Treated with Alginate and foam dressing.** |
| **HEENT:** | **Head/Neck: neck midline, Thyroid not** |

| | |
|---|---|
| **Head/Neck: midline, thyroid not palpable**<br>**Ears: cerumen present bilaterally**<br>**Eyes: scerla white, cornea clear, EOM bilaterally**<br>**Nose: midline, no polyps on turbinates, no polyps visible**<br>**Teeth: Patient has some missing teeth.** | **palpable**<br>**Ears, no drainage notes, cerumen present bilaterally. Auricles dry with no palpated nodules.**<br><br>**Eyes: Sclera white bilaterally, conjunctiva pink bilaterally, cornea clear bilaterally. Perla, EOM bilaterally**<br>**Nose is midline, no drainage, no polyps on turbinates noted.**<br>**Patient has missing dentition.**<br>. |
| **CARDIOVASCULAR:**<br>**Heart sounds: normal**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):n/a**<br>**Peripheral Pulses:2+bilaterally radial pulse and posterior tibial.**<br>**Capillary refill: less than 3 seconds fingers and toes**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema: no edema present** | **Heart sounds normal S1 and S2, no murmur, rub, or gallops. PMI normal rate and rhythm.**<br><br>**Peripheral pulses 2+radial bilaterally, 2+ posterior tibial bilaterally.**<br><br>**Capillary refill less than 3 seconds fingers and toes.** |
| **RESPIRATORY:**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character**<br>**Normal, regular rhythm and rate** | **Normal rhythm and rate of respirations. Non-labored bilaterally. Lung sounds clear bilaterally. No rhonchi, wheeze, or crackles noted.** |
| **GASTROINTESTINAL:**<br>**Diet at home: n/a**<br>**Current Diet nectar consistency fluids, mechanical soft diet.**<br>**Height: 70.0**<br>**Weight:141.1**<br>**Auscultation Bowel sounds: normal, all 4 quadrants**<br>**Last BM: 03/09/2021**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:not present**<br>**Incisions:not present**<br>**Scars:not present**<br>**Drains: none**<br>**Wounds:none**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒** | **Bowel sounds active, heard in all 4 quadrants.**<br><br>**Abdomen soft, patient denies pain.**<br><br>**Patient BM 03/09/2021**<br><br>**No signs of distention, incisions, scars, or wounds.** |

| | |
|---|---|
| **Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | |
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine: in depends,**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals: not inspected**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | **Genitals not inspected, showered by staff CNA.**<br>**Urine not witnessed as changed by staff CNA.**<br>**Patient did void x1.** |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☒ N ☐**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score: 90**<br>**Activity/Mobility Status: impaired**<br>**Independent (up ad lib) ☐no**<br>**Needs assistance with equipment ☐ yes**<br>**Needs support to stand and walk☐yes** | **Impaired mobility- requires assistance to transfer. Dependent on assistance to perform daily ADL's. Can feed himself with assistance at times with prompting.**<br><br>**Morse fall score of 90.** |
| **NEUROLOGICAL:**<br>**MAEW: Y ☐ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☐ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation: oriented to person**<br>**Mental Status: n/a**<br>**Speech:n/a**<br>**Sensory:n/a**<br>**LOC: Oriented to person. Alert** | **Perrla yes,**<br><br>**Oriented to person** |
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **Did not discuss** |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **08:00** | **71** | **126/68** | **24** | **97.3** | **92** |

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **09:30** | **1-10** | **Right arm- did not specify specific area on arm.** | **1** | **Patient states " Arm hurts"** | **Repositioned arm from resting on bedside table to armchair. Later revisited to check pain. When asked if he was still experiencing pain, he replied "No"** |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **720** | **Void x1** |

**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?<br>• Client response, status |

| | | | |
|---|---|---|---|
| components | | | of goals and outcomes, modifications to plan. |
| **1. Patient is a fall risk related to impaired mobility secondary to Parkinsonian features as evidenced by 2 falls since admission and a morse fall scale of 90.** | **Patient has had 2 falls since admission.** | **1.Assist patient for all transfers. Ensure call light is placed near patient and frequent monitoring is performed.**<br><br>**2.Prior to transfer of patient identify alertness and responsiveness to task at hand.** | **Patient will be alert and responsive to transfer one assist. If patient is not fully alert and responsive. Additional assistance with transfer will be required for safety.**<br><br>**Patient required additional assistance due to drowsiness for transfer today.**<br>**No falls during shift.** |
| **2. Risk for Activity Intolerance, related to Neuromuscular impairment secondary to Parkinsonism features, as evidenced by decreased motivation to complete feeding on own.** | **Patient would feed himself, but would stop. He would wait for someone to feed him or would fall asleep. He would accept food, but at times could utilize utensils to feed himself, drink from a glass, etc. However, he would welcome staff to do the work for him. I believe that staff feeds him to save time, instead of encourage him to do it himself.** | **1. Staff to set-up tray and align patient to eat. Removing base of warmer for easier access for patient.**<br>**2.Staff will stay with patient while eating but allowing him to do most of the work. Prompting him and reminding him to not pocket food while eating. Communicating to keep him engaged while eating.** | **Patient was able to handle silverware once dishes were aligned in a more comfortable manner for him to eat. Table height in reference to the chair is a hinderance. Patient was able to consume most of his food with minimal assistance at times.**<br><br>**Patient consumed all of meal.** |

**Other References (APA):**

Carpenito, L. J., (2017). *Nursing Diagnosis: Application to Clinical Practice Fifteen Edition.*

Philadelphia, PA: Wolters Kluwer

**Concept Map (20 Points):**

**Subjective Data**

09:30 am Pain 1/10 on right arm. Revisited patient at 11:30 no pain.

**Nursing Diagnosis/Outcomes**

as evidenced by 2 falls since admission and a morse fall scale of 90.
Patient will be alert and responsive to transfer one assist. If patient is not fully alert and responsive. Additional assistance with transfer will be required for safety.

Patient required additional assistance due to drowsiness for transfer today. No falls during shift.

Risk for Activity Intolerance, related to Neuromuscular impairment secondary to Parkinsonism features, as evidenced by decreased motivation to complete feeding on own.
Patient was able to handle silverware once dishes were aligned in a more comfortable manner for him to eat. Table height, in reference to, the chair is a hinderance. Patient was able to consume most of his food with minimal assistance at times.

Patient consumed all of meal.

**Objective Data**

Patient had 2 falls since admission, requires assistance for transfer. Stage 1 pressure ulcer on coccyx area.
Morse fall scale 90
Braden scale 11.
08:00 P71, 126/68, R 24, T97.3, 92

Discharged from Carle(10-14-2020) with a subarachnoid hemorrhage
( 10/10/2020)
2 falls since admission

**Patient Information**

83 year old male
Retired/married
10-14-2020 admission from Carle.
DNR- select treatment comfort focused mechanical. Do not Intubate.
Parkinson's Disease
CC: 2 falls since admission

**Nursing Interventions**

1. 1.Assist patient for all transfers. Ensure call light is placed near patient and frequent monitoring is performed.

2.Prior to transfer of patient identify alertness and responsiveness to task at hand.

1. Staff to set-up tray and align patient to eat. Removing base of warmer for easier access for patient.
2.Staff will stay with patient while eating but allowing him to do most of the work. Prompting him and reminding him to not pocket food while eating. Communicating to keep him engaged while eating.