N321 Care Plan # 1

Lakeview College of Nursing

Conor Anthony Deering

Demographics (3 points)

Date of Admission **05/21/2021**	**Patient Initials** **S.P.**	**Age** **84 y/o**	**Gender** Female
Race/Ethnicity **Caucasian**	**Occupation** **Retired**	**Marital Status** **Widowed**	**Allergies** **NKDA**
Code Status **Full**	**Height** **4ft 11in**	**Weight** **124lbs 3oz**	

Medical History (5 Points)

Past Medical History: Pt has a diagnosis of Rheumatoid arthritis, degenerative joint disease, hypertension, hyperlipidemia, stroke, and transient ischemic attack.

Past Surgical History: A left total knee replacement was performed on the patient.

Family History: Family history of stroke paternally and epilepsy maternally.

Social History (tobacco/alcohol/drugs): The patient reports never drinking, never using tobacco, and never using illegal drugs.

Assistive Devices: Pt utilizes a walker at home.

Living Situation: Pt lives with an adult son. No pets are present in the home.

Education Level: Pt possesses a high school education with no learning barriers identified.

Admission Assessment

Chief Complaint (2 points): “Weakness in legs after laying down.”

History of present Illness (10 points):The onset of symptoms started when the patient was lying down for the evening to go to sleep. After feeling uncomfortable, the client called 911. The location impacted was in her legs, and a general feeling of "something was not right." The duration of this episode is still ongoing as she reports feeling weaker than before the event. The character of her condition was described as a feeling of weakness. Associated factors noted by the patient are losing her train of thought throughout the day. The patient reported she took aspirin orally with no relief; however, she said she was not treated or given medicine for a similar illness in the past.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypertensive emergency

Secondary Diagnosis (if applicable):N/A

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

Hypertensive emergency is characterized by a systolic blood pressure of 179 mmHg (or greater) or diastolic blood pressure of 109 mmHg (or greater) with organ damage due to the high blood pressure (Varounis et al., 2017). My patient has a blood pressure of 181/57, which correlates with this diagnosis; however, her MRI results came back revealing no organ-related malfunctions, and she has no evidence of target organ damage; her journey is not yet over, though, due to the results pending for her echocardiogram. Without proof of organ damage due to her hypertension, her diagnosis would likely move to one of hypertensive urgency (which is the main difference between this and the primary diagnosis). The pathophysiology of hypertensive emergencies is still not clear; however, it points to an inability of the body to autoregulate homeostasis related to blood circulation; the body quickly increases blood pressure, resulting in trauma to the endothelium (Varounis et al., 2017). The RAAS (renin-angiotensin-aldosterone system) will exacerbate this condition, causing more constriction of blood vessels and higher blood pressures; the renin will create angiotensin I, which changes to angiotensin II, causing vasoconstriction; The aldosterone produced from this system further draws in salt, thereby keeping water in the body to raise blood pressure. These separate processes come together in the body to form a dangerous cycle of blood vessel injury, resulting in damage to the arteries and activation of platelet coagulation, causing ischemia to target organs. The damage caused by hypertensive emergencies does not end with the endothelium of the blood vessels; it adversely affects the brain, heart, eyes, and kidneys, the end organs (Varounis et al., 2017). Signs and symptoms of hypertensive emergencies can be vague; headache, nausea, vomiting, and more can be included, so the most accurate signals are going to be in gathering blood pressure in both arms to detect asymmetry, oxygen saturation, pulse rate, urinalysis (for protein, RBCs, and casts in urine), blood chemistry (for BUN

and creatinine to detect kidney issues), ECG for dysrhythmias, a brain CT scan for brain abnormalities, MRI for brain abnormalities, and echocardiograms for possible MI (Varounis et al., 2017). Treatment for this patient would include lowing mean arterial pressure by 20 – 25% within 1 – 2 hours (Alley, 2020). My patient is taking (amlodipine to block calcium channels to decrease heart workload), atenolol (A beta-blocker that reduces heart workload and oxygen demands), enoxaparin (which is preventing clots from forming) which is relating to this diagnosis directly.

Pathophysiology References (2) (APA):

Alley, W. (2020, November 21). *Hypertensive emergency*. Statpearls.Com. https://www.statpearls.com/ArticleLibrary/viewarticle/23224

Varounis, C., Katsi, V., Nihoyannopoulos, P., Lekakis, J., & Tousoulis, D. (2017). Cardiovascular hypertensive crisis: Recent evidence and review of the literature. *Frontiers in Cardiovascular Medicine*, *3*(51). https://doi.org/10.3389/fcvm.2016.00051

Laboratory Data (15 points)

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	**3.8 – 5.30**	**4.66**		
Hgb	**12 – 15.8**	**14.4**		
Hct	**36 - 47**	**41.8**		

Platelets	**140 - 440**	**289**		
WBC	**4 - 12**	**10.8**		
Neutrophils	**47 - 73**	**69.7**		
Lymphocytes	**18 - 42**	**20.5**		
Monocytes	**4 - 12**	**8.4**		
Eosinophils	**0 - 5**	**1.1**		
Bands				***This data was not acquired.**

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-	**133 - 144**	**126**	**133**	**Sodium levels can decrease for patients dealing with malnutrition, which applies to this patient. (*Patient Education on Blood, Urine, and Other Lab Tests*| *Lab Tests Online*, 2021)**
K+	**3.5 – 5.1**	**3.8**	**3.5**	
Cl-	**98 - 107**	**89**	**103**	**Low chloride was likely caused by the same disorder that caused low sodium (malnutrition). (*Patient Education on Blood, Urine, and Other Lab Tests*| *Lab Tests Online*,**

				2021)
CO2	**21 - 31**	**28**	**27**	
Glucose	**70 - 99**	**113**	**96**	**The stress endured by the patient or can be the cause of this result; also, endothelial injury can a cause; however, evidence is still being gathered. (*Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online*, 2021)**
BUN	**7 - 25**	**14**	**6**	**Low BUN levels do not happen often but can be caused by malnutrition. (*Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online*, 2021)**
Creatinine	**0.5 - 1**	**0.95**	**0.64**	
Albumin	**3.5 – 5.7**	**4.6**		
Calcium	**8.8 – 10.2**	**9.9**	**8.2**	**Low calcium, in this case, may be due to malnutrition. (*Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online*, 2021)**
Mag				***This data was not acquired.**
Phosphate				***This data was not acquired.**
Bilirubin	**0.2 – 0.8**	**0.4**		

Alk Phos	**34 – 104**	**45**		
AST	**13 – 39**	**23**		
ALT	**7 – 52**	**13**		
Amylase				***This data was not acquired.**
Lipase				***This data was not acquired.**
Lactic Acid				***This data was not acquired.**

Other Tests 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
INR				***This data was not acquired.**
PT				***This data was not acquired.**
PTT				***This data was not acquired.**
D-Dimer				***This data was not acquired.**
BNP				***This data was not acquired.**
HDL	**> 40**	**111**		

LDL	**< 130**	**101**		
Cholesterol	**< 200**	**223**		**This patient has high cholesterol, possibly due to the patient's genetics and older age. This patient alluded in conversation that she did not cook much and eats sparingly due to being alone while her son is working. The pt may be eating an unhealthy diet. (*Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online*, 2021).**
Triglycerides	**< 150**	**54**		
Hgb A1c				***This data was not acquired.**
TSH	**0.27 – 4.2**	**3.751**		

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				**The urine was colorless and transparent.**
pH	**5 - 9**	**8**		
Specific Gravity	**1.003-1.030**	**1.005**		
Glucose	**NEG**	**+1**		**A urinary glucose presence can be caused by a high glucose level in**

				the blood due to stress (*Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online*, 2021).
Protein	**NEG**	**NEG**		
Ketones	**NEG**	**NEG**		
WBC	**NEG**	**NEG**		
RBC	**NEG**	**NEG**		
Leukoesterase	**NEG**	**NEG**		

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				***This data was not acquired.**
Blood Culture				***This data was not acquired.**
Sputum Culture				***This data was not acquired.**
Stool Culture				***This data was not acquired.**

Lab Correlations Reference (1) (APA):

Patient Education on Blood, Urine, and Other Lab Tests| Lab Tests Online. (2021). Lab Test Online. https://labtestsonline.org/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): An MRI was done with results revealing no abnormalities. An echocardiogram is pending results.

Diagnostic Test Correlation (5 points): This patient was suspected of stroke/TIA

Diagnostic Test Reference (1) (APA):

Provost, C., Soudant, M., Legrand, L., Ben Hassen, W., Xie, Y., Soize, S., Bourcier, R., Benzakoun, J., Edjlali, M., Boulouis, G., Raoult, H., Guillemin, F., Naggara, O., Bracard, S., & Oppenheim, C. (2019). Magnetic Resonance Imaging or Computed Tomography Before Treatment in Acute Ischemic Stroke. *Stroke*, *50*(3), 659–664. https://doi.org/10.1161/strokeaha.118.023882

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required)

Brand/Generic	**cholecalciferol**	**aspirin**	**atenolol (Tenormin)**	**hydroxychloroquine (Plaquenil)**	**lovastatin (Mevacor)**

Dose	**1000u**	**81mg tablet delayed**	**25mg tablet**	**200mg tablet**	**20mg tablet**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Vitamins**	**NSAID**	**Beta-adrenergic blocker**	**Antirheumatic**	**Antilipemic**
Mechanism of Action	**This medication improves calcium and phosphate efficiency by moving into vitamin D receptors.**	**This medication blocks prostaglandin synthesis, which is needed for the inflammatory response and pain pathways in the spinal cord.**	**This medication blocks beta1 receptors from being able to be used, decreasing oxygen consumption of the heart and workload; also decreasing renin output to reduce blood pressure.**	**This medication suppresses rheumatoid factor, acute phase reactants and prevents collagen breakdown through stabilizing lysosomal membranes and halting certain enzymes causing cartilage breakdown. This medication also binds to the DNA of the malaria parasite to stop reproduction.**	**This medication interferes with the pathway that makes cholesterol, which results in LDLs being consumed due to declining cholesterol in hepatic cells; this reduces the amount of total cholesterol and triglycerides in circulation.**
Reason Client Taking	**This medication was used to treat vitamin D deficiency.**	**Pt was taking this to relieve pain from inflammation concerning rheumatoid**	**Pt is taking to treat her HTN.**	**Pt is taking to help treat her rheumatoid arthritis.**	**Pt is taking to reduce LDL and total cholesterol levels.**

		arthritis.			
Contraindications (2)	**Possibly pregnancy**	**Coagulation disorders or bleeding, GI bleeding or ulcers.**	**Anesthesia with compounds producing myocardial depression, Cardiogenic shock.**	**Hypersensitivity to this medication or other 4-aminoquinoline compounds or their components.**	**Acute hepatic disease, Hypersensitivity to lovastatin or components.**
Side Effects/Adverse Reactions (2)	**Hypercalcemia, hypercalciuria**	**Nausea, prolonged bleeding time.**	**Dizziness, light-headedness**	**Dizziness, Neuromuscular sensory abnormalities**	**Cranial nerve dysfunction, Memory loss**
Nursing Considerations (2)	**N/A (Statpearls, 2021)**	**-Don't crush enteric coated tablets unless directed (extended or controlled release). -Advise the pt that is taking a low dose of aspirin to not take ibuprofen or naproxen due to a decrease of stroke prevention effectiveness (Jones & Bartlett**	**-Pt must be monitored for HF and at first sign be given digitalis glycoside, a diuretic, or both and monitor closely. If HF continues discontinue the medication. - atenolol is not usually stopped before major surgery; the benefits**	**-Obtain blood cell counts periodically during prolonged use due to adverse hematologic effects. Stop this drug if severe adversities occur. -Monitor patient on long-term therapy for muscle weakness and abnormal reflexes. If any of these are present, notify the provider and stop the medication (Jones & Bartlett Learning, 2019).**	**- Expect patient to be prescribed a standard low-cholesterol diet during drug therapy - Monitor patient closely for muscle pain, tenderness, or weakness resulting in myopathy. Also monitor creatinine kinase as ordered. If patient becomes symptomatic or creatine**

		Learning, 2019).	**outweigh the risks with anesthesia and surgery (Jones & Bartlett Learning, 2019).**		**becomes elevated, notify the provider and expect to discontinue the drug (Jones & Bartlett Learning, 2019).**

Hospital Medications (5 required)

Brand/Generic	**amlodipine (Norvasc)**	**aspirin (generic)**	**atenolol (Tenormin)**	**enoxaparin (Lovenox)**	**ondansetron (Zofran)**
Dose	**10mg tablet**	**81mg tablet**	**25mg tablet**	**40mg**	**4mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Q 6 hours PRN**
Route	**Oral**	**Oral**	**Oral**	**Sub-Q**	**I.V.**
Classification	**Calcium channel blocker**	**NSAID**	**Beta-adrenergic blocker**	**Anticoagulant**	**Antiemetic**
Mechanism of Action	**When reaching smooth or cardiac muscle, blocks calcium from entering calcium**	**This medication blocks prostaglandin synthesis, which are needed for the**	**This medication blocks beta1 receptors from being able to be used,**	**This medication binds to antithrombin III in order to inactivate clotting factor Xa and thrombin,**	**This medication blocks serotonin receptors, vagal nerve terminals in the intestine,**

	channels, keeping calcium out of cells; this decreases stress on the heart as well as reduce oxygen demand.	**inflammatory response and pain signals in the spinal cord. This MOA reduces inflammation and pain.**	**decreasing oxygen consumption of the heart and workload; also decreasing renin output to reduce blood pressure.**	**ultimately preventing fibrin clots from forming.**	**and other serotonin receptors; reducing nausea and vomiting.**
Reason Client Taking	**Pt is taking this for HTN.**	**Pt is taking this to relieve pain from inflammation concerning rheumatoid arthritis.**	**Pt is taking to treat her HTN.**	**Pt is taking to prevent ischemic complications and prevent clots.**	**Pt is taking to prevent nausea/vomiting from other medications.**
Contraindications (2)	**Hypersensitivity to amlodipine or its components.**	**Coagulation disorders or bleeding, GI bleeding or ulcers.**	**Anesthesia with compounds producing myocardial depression, Cardiogenic shock.**	**Active bleeding, hx of heparin-induced thrombocytopenia.**	**Use of apomorphine with ondansetron, Hypersensitivity to ondansetron or components.**
Side Effects/Adverse	**Dizziness, light-**	**Nausea, prolonged**	**Dizziness, light-**	**CVA, hyperlipidemia.**	**Dizziness, ataxia.**

Reactions (2)	**headedness.**	**bleeding time.**	**headedness**		
Nursing Considerations (2)	**-Monitor blood pressure during dosage changes because hypotension can occur. -Assess pt for chest pain often when raising the dose of this medication; chest pain or MI can occur (Jones & Bartlett Learning, 2019).**	**-Don't crush enteric coated tablets unless directed (extended or controlled release). -Advise pt taking a low dose of aspirin to not take ibuprofen or naproxen due to a decrease of stroke prevention effectiveness (Jones & Bartlett Learning, 2019).**	**-Pt must be monitored for HF and at first sign be given digitalis glycoside, a diuretic, or both and monitor closely. If HF continues discontinue the medication. - atenolol is not usually stopped before major surgery; the benefits outweigh the risks with anesthesia and surgery (Jones & Bartlett**	**-Do not give drug by I.M. injection. -Keep protamine sulfate nearby in case of accidental overdose (Jones & Bartlett Learning, 2019).**	**-Monitor patient closely for hypersensitivity to ondansetron; anaphylaxis and bronchospasm may occur. -Tell pt to report signs of hypersensitivity (rash) (Jones & Bartlett Learning, 2019).**

			Learning, 2019).		

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021) 2021 Nurse's Drug Handbook. Burlington, MA

PDR Search. Fosamax Plus D (alendronate sodium/cholecalciferol) dose, indications, adverse effects, interactions... from PDR.net. (2021). https://www.pdr.net/drug-summary/Fosamax-Plus-D-alendronate-sodium-cholecalciferol-353.3834.

Statpearls. (2021, January 22). *Cholecalciferol*. StatPearls. https://www.statpearls.com/ArticleLibrary/viewarticle/19447

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Pt is AAOx3 to person, place, and situation. Pt's hair was disheveled but otherwise appropriate. I offered personal hygiene items; she declined due to a visiting daughter bringing her items.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	**Pt had skin pink, dry, and warm to touch. No bumps, lesions, or wounds. Pt had mild, scattered ecchymosis present across the body. Varicosities were covering bilateral lower extremities to a great extent. Normal quality, distribution, and texture of hair. Fingernails were intact and showed no signs of cyanosis,**

Wounds: . **Braden Score: 17 low risk** **Drains present: Y☐ N ☒** **Type:**	**clubbing. fingers and toes warm to touch bilaterally. Turgor was +1.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are symmetrical while the trachea appears to be midline without deviation and thyroid non-palpable. No lymphadenopathy noted in the neck or head. Ear canals clear with auricles intact. PERRLA and EOMs are intact bilaterally. Septum is midline without deviation. Nasal turbinates are pink and moist without pustules or drainage noted. Pt has pink/moist oral mucosa with tonsils not visible. Soft palate rises and falls symmetrically.**
CARDIOVASCULAR (2 points): **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 rubs, gallops, or murmurs present with normal rate and rhythm. Peripheral pulses felt on all four limbs. Capillary refill < 3 seconds.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal breath sounds heard in all 5 lobes anteriorly and posteriorly. Normal rate, rhythm, depth, and effort noted with respirations.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet**	**Standard American diet, but not eating much due to living by herself most of the time while**

Height: 4ft 11in **Weight: 124lbs 3oz** **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:**	**her son is at work. Pt seen eating 50% of breakfast and 25% of lunch. Bowel sounds were heard and normoactive. Pt reports her last BM was yesterday. No distension, incisions, scars, drains, wounds found on abdomen upon inspection, auscultation, and palpation.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Urine was normal and hazy with sparce quantities noted. Genitalia intact without lacerations or bleeding.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	**Pt has a full range of motion and regularly uses a walker at home. Strength was noted to be weak but can transfer with assistance. Bed bath assistance was needed due to patient fatigue and weakness.**

Fall Risk: Y ☒ N☐ **Fall Score: 45 Morse** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Oriented to person, place, time, and situation. Pulse, motor, and sensory was confirmed on patient's extremities bilaterally. No LOC noted.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Pt copes by praying and is catholic; her faith means a lot to her. Pt lives with one son who works with no pets present and has 6 children, many of whom have come to visit her. Pt developmental level is normal for her age.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0750	**68**	**169/69**	**18**	**98.2**	**97%**
1127	**66**	**181/57**	**18**	**98.2**	**98%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0750	**Numeric**	**N/A**	**Pt denies pain at this time.**	**N/A**	**N/A**
1127	**Numeric**	**N/A**	**Pt denies pain at this time.**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20ga **Location of IV: Right metacarpal vein** **Date on IV: 05/22/21** **Patency of IV: Patent** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Intact, clean, dry**	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120ml	**Pt was on the commode 3x during shift. Pt had no bowel movements recorded during**

	shift.

Nursing Care

Summary of Care (2 points)

Overview of care: I gave the patient a partial bed bath with assistance as needed. I offered to provide the patient with any hygiene items she would need; however, she preferred waiting for her daughter to bring things. I did a complete head-to-toe assessment on the patient, talked to her, and offered myself when needed. The patient did use the commode, so I assisted her as needed. I gave the nurse an SBAR handoff when going to lunch then when ending my shift.

Procedures/testing done: MRI was performed and negative for CVA. An echocardiogram was performed; however, the results have not yet been finished.

Complaints/Issues: I helped the patient by giving her a partial bed bath after 1127 vitals due to her concern of "smelling bad."

Vital signs (stable/unstable): Vital signs are unstable as this patient has a highly fluctuating blood pressure.

Tolerating diet, activity, etc.: The patient seems to be tolerating food well as she ate 50% of breakfast and 25% of lunch.

Physician notifications: The physician was notified as appropriate by the nurse, not by I, the student.

Future plans for patient: Pt is awaiting echocardiogram results and further guidance.

Discharge Planning (2 points)

Discharge location: This patient will likely, if discharged, go back home with her son. Case management is to address this closer to the discharge date.

Home health needs (if applicable):

Equipment needs (if applicable): This patient at home utilizes a walker.

Follow up plan:

Education needs:

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen and why priority.	**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. Activity intolerance related to a sedentary lifestyle as evidenced by patient voicing weakness concerns.	**This diagnosis was chosen due to the importance of managing HTN as much as possible by promoting the exercise of the pt.**	**1.Note how the pt responds to activity by monitoring pulse and blood pressure.** **2.Encourage patient activity and self-care, aiding when**	**The patient responded positively by helping with her bed bath; the pt was exhausted after this and talking to her family for hours, resulting in the pt falling asleep.**

	The patient has unstable vital signs, so this is a top concern.	**necessary.**	
2. Ineffective coping related to weakness and fatigue, as evidenced by pt stating, "I used to be able to do this."	**The pt has a history of not eating well and only ate a maximum of 50% of her meals. The pt is having difficulty adjusting to her current lifestyle changes.**	**1. Evaluate pt ability to provide an accurate account of the situation.** **2.Assist pt in identifying specific coping mechanisms and strategies of coping.**	**I talked to the pt at length about her coping mechanisms, religion, prayer, and family. She seems to appreciate the conversation while her daughter was present.**
3. Deficient knowledge related to medication as evidenced by the inability to adequately demonstrate all home medications without assistance.	**This concern is great due to the patient needing information to have the ability to advocate for herself; however, this is last due to her not being discharged.**	**1.Assess pt ability and motivation to learn.** **2. Educate the patient on prescribed medications and rationale.**	**I Asked the pt about home medications before being admitted. Pt struggled to remember but named about half. Pt was successfully reminded of past medications; however, it is unclear when pt will be discharged and what medication regimen will be required.**

Other References (APA): Swearingen, P. L., & Wright, J. (2018). *All-in-One nursing care planning resource: Medical-Surgical, pediatric, maternity, and Psychiatric-Mental health* (5th ed.). Mosby.

Concept Map (20 Points):

Subjective Data

Pt verbally denies pain. She vocalized "I used to be able to do this"; her weakness contributing to her activity intolerance. Pt reports losing train of thought twice, however is coherent.

Nursing Diagnosis/Outcomes

Activity intolerance related to a sedentary lifestyle as evidenced by patient voicing [illegible] concerns.
e how the pt responds to activity by monitoring pulse and blood pressure.
Encourage patient activity and self-care, aiding when necessary.
Ineffective coping related to weakness and fatigue, as evidenced by pt stating, "I used to be able to do this."
Evaluate pt ability to provide an accurate account of the situation.
Assist pt in identifying specific coping mechanisms and strategies of coping.
Deficient knowledge related to medication as evidenced by inability to adequately demonstrate all home medications without assistance.
Assess pt ability and motivation to learn.
Educate patient on prescribed medications and rationale.

Objective Data

Abnormal laboratory results
AAOx3
PERRLA intact

Latest vital signs:
BP: 181/57
Pulse: 66
RR: 18
Temp: 98.2
O2: 98%
Denies pain

Patient Information

84 y/o white female, retired widow. Has 6 children who are close, one who lives at home. Pt has diagnosis of Rheumatoid arthritis, degenerative joint disease, hypertension, hyperlipidemia, stroke, and transient ischemic attack.

Nursing Interventions

The patient responded positively by helping with her bed bath; the pt was exhausted after this and talking to her family for hours, resulting in the pt falling asleep.
Talked to the pt at length about her coping mechanisms, religion, prayer, and family. She seems to appreciate the conversation while her daughter was present.
I Asked the pt about home medications before being admitted. Pt struggled to remember but named about half. Pt was successfully reminded of past medications; however, it is unclear when pt will be discharged and what medication regimen will be required.