N431 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 06/14/2021	**Patient Initials** L.T.	**Age** 70 years old	**Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Retired	**Marital Status** Single	**Allergies** No known allergies or drug allergies
Code Status FULL	**Height** 188 cm	**Weight** 71.5 kg	

Medical History (5 Points)

Past Medical History: The patient has a history of below-knee amputation ("BKA"), osteoarthritis, carpal tunnel syndrome, and alcoholism.

Past Surgical History: The patient had amputated right lower limb (1986) due to a motor vehicle accident and carpal tunnel release.

Family History: The patient's mother had dementia, and his father had lung cancer.

Social History (tobacco/alcohol/drugs): The patient is a former smoker of 1 pack of cigarettes per day for nine years. The patient quit smoking at the age of 30. The patient is an alcoholic. The patient claim he used to drink 3-7 of beers at night but cut back to drinking 3-4 beer at night right now. The patient denies the use of recreational drugs or substance use.

Assistive Devices: The patient wears glasses and a right lower prosthetic. Patient state he sometimes uses a cane at home.

Living Situation: The patient lives alone and independently.

Education Level: The patient has a high-school diploma.

Admission Assessment

Chief Complaint (2 points): Visual disturbance, confusion, lightheadedness, loss of balance

History of present Illness (10 points):

The patient is a 70-year-old male admitted to the hospital on June 14, 2020, for observation, complaining of visual disturbance, confusion lightheadedness, and loss of balance. The patient states that he was driving to a gun range three days ago, starting to feel weird, and he gets lost in the road he usually takes. He starts having visual disturbance describing the road looking like “waves coming off it” and was able to go home sit in the recliner. The following day he started to feel “lightheaded, fell off balance, and forgot how to tie a shoe.” The patient decided to go to the emergency department to seek further evaluation due to the extent of the symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cerebrovascular accident (CVA)

Secondary Diagnosis (if applicable): N/A

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

A cerebrovascular accident (CVA) or stroke happens when there is a sudden disruption of oxygen supply to the brain, which can be due to blockage or rupture of one or more blood vessels in the brain (Swearingen & Wright, 2019). There are three types of strokes. First, ischemic stroke happens when there is an obstruction in brain blood flow from thrombus or embolus (Capriotti, 2020). Second, hemorrhage stroke happens when there is bleeding in or around the brain due to blood vessels in the brain rupturing (Swearingen & Wright, 2019). Lastly, a transient ischemic attack is when there is a disturbance of blood circulation on the brain that causes neurological deficit; however, it is reversible and only lasts for less than 24 hours (Capriotti 2020).

Signs and Symptoms vary depending on location in the brain and severity of the injury. Manifestation of stroke usually appears in the side of the body opposite the brain's damaged site,

such as sudden numbness or weakness of the face, arm, and leg. Confusion, disorientation, memory loss, change in mental status are other signs and symptoms of stroke (Swearingen & Wright, 2019). In addition, the patient experiences visual disturbance, lightheadedness, and loss of balance, which are also signed and symptoms of a stroke.

The diagnostic tests to help diagnose stroke are CT scan and MRI. CT scan and MRI can show the location of infarction, bleeding in the brain, or abnormalities in brain structure (Swearingen & Wright 2019). The patient had an MRI of the brain and a CT scan of the head. The MRI of the brain shows that the patient has a 4.1 cm acute right parietal infarct. No laboratory test diagnoses stroke. CBC, platelet count, INR, and prothrombin are laboratory test is used to determine if the patient is a potential candidate for thrombolytic therapy (Capriotti, 2020)

Capriotti (2020) states that rapid recognition of stroke is an integral part of treatment initiation. Ischemic stroke treatment is administering IV clot-buster medication called recombinant tissue-type plasminogen activator(rt-Pa). The medication rt-PA dissolves the clot blocking in the arteries in the brain. In addition, aspirin is given in the acute phase of ischemic stroke to decrease platelet aggregation and clot formation (Capriotti, 2020). The patient receives 325 mg of aspirin in the emergency department—unfortunately, there was no further treatment since his first symptoms started three days ago. Therefore, the patient admission is for observation.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier.

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 (10^6/mcl)	**4.28 – 5.41**	3.47	3.36	Low RBC may due a lot of factors such as anemia secondary to alcoholism or due to destruction of RBC or hemorrhage stroke (Pagana et al., 2020) The patient is alcoholic and had CVA.
Hgb (g/dL)	**13 – 17**	11.8	11.4	Low Hgb may also be due to anemia secondary to alcoholism or due to destruction of RBC or hemorrhage stroke (Pagana et al., 2020) The patient is alcoholic and had CVA.
Hct (%)	**38.1 – 48.9**	34.7	33.2	Low Hgb may also be due to anemia secondary to alcoholism or due to destruction of RBC, cirrhosis, or hemorrhage stroke (Pagana et al., 2020) The patient is alcoholic and had CVA.
Platelets (k/mcL)	**149 – 393**	242	224	
WBC (k/mcL)	**4.0 – 11.7**	8.7	9.8	
Neutrophils (%)	**45.3 – 79.0**	85.1	79.8	Elevated neutrophil can associate with physical stress and trauma (Pagana et al., 2020) The patient had CVA which can cause physical stress and trauma.
Lymphocytes (%)	**11.8 – 45.9**	7.5	8.4	Decrease lymphocyte count is indicative of possible infection (Pagana et al., 2020) The patient was admitted for CVA and on the chart there is no noted infection going on to the patient which should be further investigated.
Monocytes (%)	**4.4 – 12.0**	6.0	9.9	
Eosinophils (%)	**0 – 0.63**	0.9	1.5	

Bands (%)	**0 – 5.1**	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na- (mmol/L)	**136 - 145**	127	129	Decrease potassium may be due to chronic alcohol drinking which causes electrolyte imbalance (Pagana et al, 2020). The patient is alcoholic and drinking 3-4 beers at night.
K+ (mmol/L)	**3.5 – 5.1**	3.4	4.0	Decrease sodium may be due to chronic alcohol drinking which causes electrolyte imbalance (Pagana et al., 2020). The patient is alcoholic and drinking 3-4 beers at night.
Cl- (mmol/L)	**98 – 107**	98	102	N/A
CO2 (mmol/L)	**21 – 31**	23	23	N/A
Glucose (mg/dL)	**74 – 109**	199	84	Elevated Glucose may be due to acute stress response (Pagana et al., 2020) The patient had CVA which may cause a lot of stress in the body.
BUN (mg/dL)	**7 – 25**	12	13	N/A
Creatinine (mg/dL)	**0.70 – 1.30**	1.10	1.03	N/A
Albumin (g/dL)	**3.5 – 5.3**	3.6	N/A	N/A
Calcium (mg/dL)	**8.6 – 10.3**	8.8	8.5	Drug such as heparin and aspirin may decrease calcium serum level (Pagana et al, 2020). The patient is taking heparin subcutaneous injection and aspirin while in the hospital.
Mag (mg/dL)	**1.6 – 2.5**	1.7	1.8	N/A
Phosphate (mg/dL)	**2.5 – 4.5**	N/A	N/A	N/A

Bilirubin (mg/dL)	**0.3 – 1.0**	0.6	N/A	N/A
Alk Phos (unit/L)	**34 – 104**	131	N/A	Elevated alkaline phosphatase may be due to liver damage (Pagana et al.,2020) The patient is alcoholic and drinking 3-4 beers at night which can damage liver.
AST (U/L)	**10 – 30**	22	N/A	N/A
ALT (U/L)	**10 – 40**	24	N/A	N/A
Amylase (U/L)	**30 – 110**	N/A	N/A	N/A
Lipase (U/L)	**0 – 160**	N/A	N/A	N/A
Lactic Acid (mEq/ L)	**0.5 – 2.2**	N/A	N/A	N/A
Troponin (ng/mL)	**0.000 – 0.030**	0.236	N/A	Elevation of troponin is associated to acute coronary ischemic syndrome (Pagana et al., 2020). The patient had CVA which may cause heart problems.
CK-MB (ng/mL)	**0.000 – 0.030**	N/A	N/A	N/A
Total CK (intlU/L)	**30 – 223**	N/A	N/A	N/A

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	**0. 86 – 1.14**	1.12	N/A	N/A
PT (seconds)	**11.9 – 15**	14.7	N/A	N/A
PTT (seconds)	**22.6 – 35. 3**	28.1	N/A	N/A
D-Dimer (ng/mL)	**</= 250**	N/A	N/A	N/A
BNP (pg/mL)	**< 100**	N/A	N/A	N/A
HDL (mg/dL)	**> 60**	N/A	30	Low HDL may be due to hepatocellular disease (Pagana et al.,

				2020) The patient is alcoholic and may have liver damage.
LDL (mg/dL)	**< 130**	N/A	101	N/A
Cholesterol	**< 200**	N/A	151	N/A
Triglycerides	**<150**	N/A	100	N/A
Hgb A1c (%	**4 – 5.6**	N/A	6.0	Elevated Hgb A1c means the patient prediabetic or have a higher chance of getting diabetes (Pagana et al., 2020)
TSH (mU/L)	**0.4 – 4**	N/A	0.61	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/ clear**	Yellow/ clear	N/A	N/A
pH	**5 – 8**	6.0	N/A	N/A
Specific Gravity	**1.005 – 1.035**	1.026	N/A	N/A
Glucose	**negative**	Negative	N/A	N/A
Protein (mg/dL)	**0 – 8**	1	N/A	N/A
Ketones	**Negative**	Negative	N/A	N/A
WBC	**0 – 4**	0	N/A	N/A
RBC	**</= 2**	negative	N/A	N/A
Leukoesterase	**Negative**	Negative	N/A	N/A

Arterial Blood Gas 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
pH	**7.35 – 7.45**	N/A	N/A	N/A

PaO2	**80 – 100**	N/A	N/A	N/A
PaCO2	**35 – 45**	N/A	N/A	N/A
HCO3	**22-26**	N/A	N/A	N/A
SaO2	**92 – 100**	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	**Negative**	N/A	N/A	N/A
Blood Culture	**Negative**	N/A	N/A	N/A
Sputum Culture	**Negative**	N/A	N/A	N/A
Stool Culture	**Negative**	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- MRI Brain without contrast on 06/14/2021
- CT Brain/Head without contrast on 06/14/2021
- MRI Angio brain and neck without contrast on 06/14/2021
- Chest Radiography on 06/14/2021
- Electrocardiogram on 06/14/2021

Diagnostic Test Correlation (5 points):

- MRI of the brain without contrast: Patient suspect of cerebrovascular accident (CVA). The purpose of the MRI Brain was to visualize the brain for brain edema, intracranial hemorrhage, aneurysm, and any anatomical abnormalities caused by stroke. (Pagana et al., 2020)

  Result: No intracranial hemorrhage and 4.1 cm acute right parietal infarct, which confirm CVA.
- CT of the brain without contrast: The patient had an episode of confusion. The purpose of CT of the brain without contrast was to visualize the brain for cerebral infarction, cerebral aneurysm, intracranial hemorrhage, and hematoma (Pagana et al., 2020)

  Result: Patchy right parietal hypodensity, possibly acute or subacute infarct, which may correlate with CVA.
- MRI Angio Brain and neck without contrast: Patient suspect of cerebrovascular accident (CVA). The purpose of MRI Angio Brain and neck without contrast was to visualize any blockage of arteries in the brain and neck.

  Result: 9 mm aneurysm at the lateral aspect of the distal portion of the right cervical internal carotid artery. If rupture happens, it may cause stroke.
- Chest Radiography: The patient had an alteration in mental status. The purpose of a chest x-ray to visualize the heart and lungs for any problems (Pagana et al., 2020)

  Result: No abnormalities in the heart and lungs.
- Electrocardiogram: Patient suspects of cerebrovascular accident (CVA). The purpose of EKG was to visualize the electrical impulse that the heart generates during the cardiac

cycle. In addition, identify any abnormal heart rhythms (Pagana et al., 2020). In addition, to identify if stroke causes any heart rhythm problem.

Result: normal sinus rhythm

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

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

Home Medications (5 required) * Instructor Assigned

Brand/Generic	Advil/ Ibuprofen	Tylenol/ acetaminophen * IA	Zestril/ Lisinopril *IA	Aleve/ naproxen sodium *IA	Coreg/ Carvedilol *A
Dose	200mg	650 mg	10mg	250mg	1.5mg
Frequency	Daily/PRN	PRN Q6 hours	BID	Scheduled	BID
Route	PO	PO	PO	PO	PO
Classification	NSAID	Non opioid analgesic	ACE	NSAID	Nonselective beta blocker and alpha-1 blocker
Mechanism of Action	This medication block activity of cyclooxygenase needed to mediate inflammatory response and cause local pain, swelling, and vasodilation.	This medication inhibit the production of prostaglandin interfering with pain impulse generation in the peripheral nervous	This medication may reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin	This medication blocks cyclooxygenase needed to synthesize prostaglandins, which mediate the inflammatory response and cause local	This medication reduces cardiac output and tachycardia, causes vasodilation, and decreases

		system	II.	pain, swelling, and vasodilation.	peripheral vascular resistance.
Reason Client Taking	To relieve pain in osteoarthritis	Mild-moderate pain and fever	Hypertension	Arthritis	A-fib
Contraindications (2)	Alcohol use Liver impairment	Severe hepatic impairment Alcoholism	Alcohol use Renal impairment	Hypersensitivity to NSAID. Alcohol use	Severe hepatic impairment Hypersensitivity to carvedilol or its components
Side Effects/Adverse Reactions (2)	CVA Hepatic failure	Hepatotoxicity Hypokalemia	CVA Visual disturbance	CVA Heart failure	Heart failure CVA
Nursing Considerations (2)	Monitor patient closely for thrombotic events. Assess patient skin regularly for sign and symptom of hypersensitivity even patient without history of NSAID allergies	Monitor renal function for long term use. Use acetaminophen cautiously in patient with hepatic impairment, alcoholism, severe renal impairment	Monitor patient for hepatic dysfunction Monitor blood pressure often during the first 2 weeks of therapy.	Use naproxen cautiously in elderly patient because of increased risk of renal decompensation. Monitor patient for GI tract bleeding and ulceration, elderly patients are at higher risk.	Monitor blood glucose level because the medication may alter blood glucose level. Monitor intake and output ratios and daily weight
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess blood pressure. Review liver function test and CBC	Assess for other OTC medication containing acetaminophe	Assess blood pressure. Review creatinine	Assess blood pressure. Review liver function test and CBC.	Assess patient vital sign and blood glucose.

		n patient taking due to risk of acetaminophen toxicity. Review patient liver function test	and potassium lab		Review, glucose, BUN and creatinine level
Client Teaching needs (2)	Take Advil with food or after meals and full glass of water. Do not lie down for 15 to 30 minutes to prevent esophageal irritation	Follow dosage guidelines of medication and do not exceed daily limit. Teach patient about the of hepatoxicity such as bleeding, easy bruising, and malaise.	Advise patient to take medication at the same time everyday Inform patient that persistent nonproductive cough may develop.	Advise patient to take drug with food to reduce GI distress. Caution patient to avoid hazardous activities until drug CNS effect are known	Warn patient that drug may cause dizziness, lightheadedness, and orthostatic hypotension. Instruct patient to swallow ER capsule whole.

Hospital Medications (5 required)

Brand/Generic	Aspirin/ acetylsalicylic acid	Lipitor/ atorvastatin calcium	Plavix/ clopidogrel bisulfate	Lovenox/ enoxaparin sodium	**Protonix/ pantoprazole sodium * IA**
Dose	**81 mg**	**40 mg**	**75mg**	**40mg=0.4ml**	**40mg**
Frequency	Once daily	Once at night	Once at morning	Daily	Daily
Route	PO	PO	PO	SubQ	PO
Classification	NSAID, antiplatelet	HMG-CoA reductase inhibitor/ antihyperlipidemic	Platelet aggregation inhibitor	Low-molecular-weight heparin	Proton pump inhibitors

Mechanism of Action	This medication inhibits the activity of the enzyme (COX) which leads prostaglandins formation that cause inflammation, swelling, pain and fever. Inhibit platelet aggregation by inhibiting production of thromboxane A2.	This medication reduces plasma cholesterol and lipoprotein by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.	This medication binds to adenosine diphosphate (ADP) receptors on the surface of activated platelets.	This medication potentiates the action of antithrombin III. By binding with antithrombin III, enoxaparin form a complex that irreversibly inactivates clotting factor Xa.	This medication interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase in gastric parietal cells
Reason Client Taking	To reduce risk/ prevention of stroke	To control lipid levels	Prevention of recurrent stroke.	Prevention of DVT, PE	GERD
Contraindications (2)	Alcohol use Active bleeding	Active hepatic disease Elevated liver enzyme	Intracranial bleeding Hypersensitivity to clopidogrel	Decrease platelet count. NSAID Hypersensitivity to enoxaparin	Hypersensitivity to pantoprazole Kidney inflammation
Side Effects/Adverse Reactions (2)	Hepatotoxicity Leukopenia	Anemia Hepatic failure	Fatal intracranial bleeding Acute liver failure	CVA Atrial fibrillation	Hepatotoxicity Constipation
Nursing Considerations (2)	Do not crush time-release or controlled	Monitor liver function test. Use cautiously inn patient	Monitor patient who concurrent use aspirin	Do not give drug by IM injection/ Keep	Administer delayed release oral suspension

	release aspirin. Assess for sign of bleeding.	who consume substantial quantities of alcohol	for bleeding. Be aware that medication have prolong bleeding time, expect to stop 5 days before any surgery	protamine sulfate nearby in case of accidental overdose.	30 minutes before meal. Monitor patient for bone fracture
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for sign of bleeding. Review CBC, platelet lab value	Assess vital sign such as blood pressure. Review liver function test/ lipid panel	Assess vital sign/ blood pressure. Review CBC especially platelet count.	Assess for bleeding. Review CBC and PT lab.	Assess patient urine output. Review PT, INR with concurrent use of anticoagulant therapy
Client Teaching needs (2)	Take aspirin with food or after meals. Take with full 8 oz glass of water every day.	Tell patient to take medication same time each day for effectiveness. Tell patient to report to physician if they experience muscle pain, tenderness, or weakness.	Instruct patient to not stop use of medication abruptly. Educate patient about informing other HCP about the medication use including dentist due to increased risk of bleeding	Advise patient to report any unusual bleeding. Emphasize the importance of compliance in medication.	Instruct the patient to swallow medication whole and do not crush or chew. Advise patient to expect relief of symptoms within 2 weeks of use.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point):	
Alertness:	Alert and responsive
Orientation:	Oriented to person, place, time, situation.
Distress:	No acute distress
Overall appearance:	Appropriately dress, well-groomed
INTEGUMENTARY (2 points):	
Skin color:	Usual for ethnicity
Character:	Skin dry and intact
Temperature:	Warm to touch
Turgor:	Loose turgor
Rashes:	No rashes
Bruises:	Bruising on the pads of right finger
Wounds: .	No wounds
Braden Score:	Braden score 19
Drains present: Y☐ N ☒ **Type: n/a**	No drain present
HEENT (1 point):	
Head:	Normocephalic, symmetrical facial feature
Neck:	Palpable thyroid cartilage, no tracheal deviation, no palpable lymph nodes, 3+ carotid pulse bilaterally
Ears:	Gray tympanic membranes bilaterally, auricle pinna are intact. Hard hearing
Eyes:	Pupils are equal, round, reactive to light, and accommodate, white sclera & conjunctiva, intact extraocular movements. Wear glasses.
Nose:	Bilateral patency, no discharge, no frontal or maxillary sinus pain
Teeth:	Pink, moist, firm gingiva Pink, moist buccal mucosa Rise and fall of soft palate, symmetrical uvula.

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: N/A**	S1, S2 clear with no murmur. No friction rubs or gallop. Regular heart rhythm Pulses: 3+ radial bilaterally, carotid bilateral, left tibial. <3 seconds No neck vein distention Edema: 0
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscle use Respiratory Rate: Regular Respiratory pattern: Regular Respiratory sounds: diminished in all lobes anteriorly and posteriorly. Lung aeration: Equal in all lobes anteriorly and posteriorly
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet:** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	Normal diet Heart healthy diet, no caffeine 188cm 71.5 kg Hypoactive bowel sound in all four quadrants 06/15/2021 No tenderness, mass, or pain, and guarding. Soft and non-distended No noted distention No noted incision No noted scars No noted drains No noted wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	Yellow Clear 150 mL

Inspection of genitals: N/A **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 55 **Activity/Mobility Status:** **Independent (up ad lib)** No **Needs assistance with equipment: No** **Needs support to stand and walk No**	 Pink nailbeds, cap refill <3 seconds, warm extremities Active in all 4 extremities bilaterally except right BKA Right prosthetic leg 4- active motion against most resistance in all four extermeties. The occupational therapies noted increase symptoms left neglect. The patient is up at 1 assist and bed alarm is on
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The occupational therapies noted increase symptoms left neglect. Oriented to person, time, place, and situation. Negative for altered mental status. Normal cognition Clear speech Light and deep stimuli response Alert, awake and answer question appropriately
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):**	 The patient likes to drink beers. He likes to watch television or listen to music to cope in the hospital. Appropriate for age. No noted deficit. Capable of deciding for self. Patients identify no religion. The patient lives alone and independently in Mattoon, IL. He has a brother who is his available family support.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0830	88 bpm	128/55 mmHg right arm, supine position	18 bpm	36. 8 C tympanic	93% room air
1230	88 bpm	163/81 mmHg right arm, supine position	16 bmp	37 C tympanic	94% room air

Vital Sign Trends:

The patient's vital signs are stable except his blood pressure from 1230 increase possibly due clopidogrel.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numeric Scale	N/A	0/10	N/A	N/A
1230	Numeric scale	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 G **Location of IV:** right forearm **Date on IV:** 06/14/2021 **Patency of IV:** Patent and flushed easily. **Signs of erythema, drainage, etc.:** No sign of erythema, drainage, swelling or tenderness.	Saline Lock

IV dressing assessment: Dry and intact	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Refuse Breakfast Lunch: 50 % sandwich 6/15/2021: 600 mL apple juice and water	150 mL of urine 1 void

Nursing Care

Summary of Care (2 points)

Overview of care: Administer medication, check vital sign, completed physical assessment.

Procedures/testing done: The patient is supposed to have echocardiogram on 06/15/2021.

Complaints/Issues: Patient expresses no complaints or issue.

Vital signs (stable/unstable): stable, except elevating blood pressure 1340

Tolerating diet, activity, etc.: Patient refuse breakfast, on heart healthy diet with no caffeine. Patient is independent however, needs someone to be there when standing since he had CVA and right leg amputee.

Physician notifications: Patient will continue taking antiplatelet medication and monitor doctor for any changes in status.

Future plans for patient: Patient will be discharge at home, receive follow-up care from his primary care provider and be place on a 30- day Holter monitor.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): PT, OT

Equipment needs (if applicable): N/A

Follow up plan: Follow up with physician and 30-day Holter monitor.

Education needs: Education about possible new medication, new lifestyle change and limit alcohol intake. Therapy or rehabilitation option if need and address some coping techniques.

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	**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. Risk for ineffective cerebral tissue perfusion related to CVA evidence by MRI result of 4.1 cm acute right parietal infarct.	Circulation is one of the priorities. Decreased cerebral blood flow or cerebral edema may result in changes in the LOC. The patient experience CVA and prevention of complication is important.	1. Check vital every Q4 or per facility policy. **2.** Administer antiplatelet such as aspirin and clopidogrel**.**	**Goal:** Patient vital signs are stable, maintain level of consciousness, cognition, motor, and sensory function. The patient vital signs were taken at 0830 and 1230. The vital are stable except elevation on BP at 1230. The patient took aspirin and clopidogrel at 0830
2. Risk for unilateral neglect related to CVA evidence by infarct of right parietal of brain and OT observation of increase symptom.	The patient is at risk of left neglect due to CVA effect on the right of the brain and the OT observe the patient having hard time in his left side	1. Assess the ability of the patient to recognize object from left to right. 2. Teach the client to be aware of the problem and modify behavior and environment.	**Goal:** Patient will be free from injury and demonstrate technique to minimize unilateral neglect. The patient is aware about his environment, careful and he tries moves his body frequently.

3. Risk for fall related to high fall risk assessment evidence by Morse fall score of 55.	The patient is at risk of fall due to CVA and right BKA.	1. The patient fall wristband identification and bed alarm is on. 2. Move items such as call light, telephone, and water near to patient to reach easily. water, and telephone.	Goal: Patient will not sustain fall. The patient is wearing a fall wrist band identification and bed alarm is on. The patient know he needs to call his nurse if he needs to get up. This nursing student and nurse ensure that items used by the patient is within the patient reach.
4. Risk for decrease functional ability related to slight weakness of patient evidence by decreased muscle strength.	The patient is experiencing generalized slight weakness and decrease muscle strength was noted	1. Assist patient with exercise and perform ROM exercises 2. Referral for PT and OT	**Goal:** Increase or improve muscle strength of patient. The patient was encouraged to do some exercise and ROM exercise. He was seen by OT for evaluation

Other References (APA): N/A

Concept Map (20 Points):

Subjective Data

The patient report visual disturbance, lightheadedness, confusion, and loss of balance.
The patient experience forgetting how to tie shoe.
Verbalize generalized slight weakness.
Pain 0/10

Nursing Diagnosis/Outcomes

Risk for ineffective cerebral tissue perfusion related to CVA evidence by MRI result of 4.1 cm acute right parietal infarct.

Patient vital signs are stable, maintain level of consciousness, cognition, motor, and sensory function.

Risk for unilateral neglect related to CVA evidence by infarct of right parietal of brain and OT observation of increase symptom.

Goal: Patient will be free from injury and demonstrate technique to minimize unilateral neglect.

Risk for fall related to high fall risk assessment evidence by Morse fall score of 55.

Goal: Patient will not sustain fall.

Risk for decrease functional ability related to slight weakness of patient evidence by decreased muscle strength.

Goal: Increase or improve muscle strength of patient.

Objective Data

Imaging:
MRI Brain: 4.1 cm acute right parietal infarct
MRI Angio Brain & neck: 9 mm aneurysm at the distal portion of r. cervical internal carotid artery
Abnormal labs:
RBC: 3.36
Hgb: 11.4
Hct: 33.2
Sodium: 129
Alk Phos: 131
Troponin: 0.236
Vital sign:
BP : 163/81

Patient Information

A 70-year-old White Caucasian male with history of BKA, alcoholism, carpal tunnel syndrome and osteoarthritis admitted to hospital for observation of CVA.

Nursing Interventions

Check vital every Q4 or per facility policy.
Administer antiplatelet such as aspirin and clopidogrel.
Assess the ability of the patient to recognize object from left to right.
Teach the client to be aware of the problem and modify behavior and environment.
The patient fall wristband identification and bed alarm is on.
Move items such as call light, telephone, and water near to patient to reach easily. water, and telephone.
Assist patient with exercise and perform ROM exercises.
Referral for PT and OT

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