N431 Care Plan 1

Lakeview College of Nursing

Janet Song

Demographics (3 points)

Date of Admission 9/7/2021	Patient Initials M.D.	Age 89 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Loratadine – dizzy
Code Status Full	Height 162.6cm (5’4’’)	Weight 68.1kg (150lb 2.1oz)	

Medical History (5 Points)

Past Medical History: gout, CKD stage 4(2021), Hypertension (2019), hyperlipidemia, atrial fibrillation, asthma

Past Surgical History: Cataract removal bilaterally (1975), Mitral valvuloplasty (1999), Cataract removal with implant (2003), Cardioversion (2007), Arthroplasty (2008), Pacemaker insertion (2010), Colonoscopy (2013, 2018)

Family History: Father - stroke

Social History (tobacco/alcohol/drugs): Former smoker, no drug/alcohol use

Assistive Devices: N/A

Living Situation: M.D. is living with his wife.

Education Level: M.D was unable to answer.

Admission Assessment

Chief Complaint (2 points): M.D. was found lying down on the floor.

History of present Illness (10 points):

On 9/7/2021, M.D. was watering the plant at home. M.D.'s wife found him down in the house, conscious with his eyes open. However, he was not responding. As soon as the wife found him, the patient was transferred to the emergency department. The patient has right-sided facial drops, right-sided arm droop, and mild aphasia. This patient doesn't have

the same symptom in the past but has a history of heart failure, hyperlipidemia, and hypertension.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Arterial ischemic stroke

Secondary Diagnosis (if applicable):

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

The clot formation causes arterial ischemic stroke and myocardial infarctions in the arterial vessels (Capriotti, 2020). When the patient has atrial fibrillation, they are likely to have an ischemic stroke than people who do not have atrial fibrillation.

Atrial fibrillation is high prevalence within the elderly population, especially the age between 80 to 89 years. The ECG can explain atrial fibrillation and show multiple irregular fibrillatory P waves (Capriotti, 2020). The increased ventricular level reaches a tachycardiac level, decompensation of the ventricles will cause myocardial ischemia, heart failure and increase the risk of embolic stroke. Those thrombus formations caused by atrial fibrillation cause embolism to the brain. Indeed, this patient has a history of atrial fibrillation; there is a high possibility that atrial fibrillation caused the ischemic stroke. The sign and symptoms of ischemic stroke can be neurological deficits (Capriotti, 2020). Left middle cerebral artery stroke is common, and when it is damaged, the right-sided of the body will be affected. It can be hemiparesis, hemiplegia, slurred speech, facial droop, and aphasia (Capriotti, 2020). Indeed, the patient has shown right-sided facial droop and hemisensory loss, and hemiparesis of the right leg.

The expected findings related to the ischemic stroke is a 'FAST' sign. It is suggested by the American Heart Association and American Stroke Association. It is facial droop, arm weakness, speech difficulty, and time to call 911 (Capriotti, 2020). Computerized tomography (CT) scan, magnetic resonance angiography (MRA), and transcranial doppler can be used to check neurological function. For this patient, computerized tomography(CT) of the brain was used to determine any damages.

The treatment goal for the ischemic stroke is that treat the patient within 3-4 hours from the acute event. It is essential to remove or dissolve the clots to help circulate the blood in the blood vessels. In this case, the thrombolytic agent can be used. It is also called a clot-bluster, and it dissolves thrombi (Capriotti, 2020). This patient has a history of atrial fibrillation, and he was taking Apixaban as an anticoagulant home medication. The patient's neurological functional recovery would take 6 months to reach a plateau (Hinkle, 2018) .

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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	4.10-5.70	3.72	3.75	Anemia is common in patient with chronic kidney disease, and this patient has the history of CKD (Capriotti, 2020).
Hgb	12-18	11.6	11.7	It is lower than normal range because of low number of RBCs (Capriotti, 2020).
Hct	37-51	36.4	36.2	It means the patient has low percentage of red blood cells. Hct represents the percentage of RBCs found in 100 mL of whole blood (Hinkle, 2018).
Platelets	140-400	186	177	
WBC	4-11	7.27	7.12	
Neutrophils	37-85	N/A	N/A	
Lymphocytes	20-45	N/A	N/A	
Monocytes	0-15.0	N/A	N/A	
Eosinophils	0-6.0	N/A	N/A	
Bands	0-3.0	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-	135-145	N/A	136	
K+	3.5-5.5	N/A	3.9	
Cl-	95-110	N/A	108	
CO2	22-29	N/A	20	Low Co2 levels are caused by the hyperventilation, and hyperventilation is caused by the stress, anxiety, and head injuries(Capriotti, 2020)

Glucose	**74-100**	**N/A**	**128**	**High level of glucose can be caused by stress response to surgery (Hinkle, 2018). The patient had thrombectomy of L internal carotid artery.**
BUN	**8-26**	**N/A**	**28**	**Elevated BUN indicates the lack of body water in intracellular and extracellular fluid (Capriotti, 2020).**
Creatinine	**0.70-1.30**	**N/A**	**1.16**	
Albumin	**3.4-4.8**	**3.4**	**N/A**	
Calcium	**8.4-10.3**	**N/A**	**N/A**	
Mag	**1.6-2.6**	**1.9**	**N/A**	
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2**	**N/A**	**N/A**	
Alk Phos	**40-150**	**102**	**N/A**	
AST	**5-34**	**9**	**N/A**	
ALT	**0-55**	**9**	**N/A**	
Amylase	**23-85**	**N/A**	**N/A**	
Lipase	**12-70**	**N/A**	**N/A**	
Lactic Acid	**0.5-1**	**N/A**	**N/A**	
Troponin	**0-0.03**	**0.01**	**N/A**	
CK-MB	**0-5**	**N/A**	**N/A**	
Total CK	**22-198**	**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	0.9-1.1	1.2	N/A	Greater than normal range of INR means, it takes longer for the blood to clot (Capriotti, 2020).
PT	12.2-14.3	N/A	N/A	
PTT	23-34	34	N/A	
D-Dimer	100-399	N/A	N/A	
BNP	15-99.90	N/A	N/A	
HDL	<60	N/A	29	
LDL	<100	N/A	70	
Cholesterol	0-200	N/A	94	
Triglycerides	<150	N/A	79	
Hgb A1c	<7	N/A	N/A	
TSH	0.4-4.0	N/A	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	N/A	N/A	
pH	5.5-7.5	N/A	N/A	
Specific Gravity	1.015-1.025	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-4	N/A	N/A	

RBC	**0-2**	**N/A**	**N/A**	
Leukoesterase	**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**	**7.47**	**7.43**	**The lesions in brain due to stroke can cause hyperventilation leading to respiratory alkalosis (Muppidi, 2020).**
PaO2	**80-100**	**175.6**	**150**	**Hyperoxemia is related to the mechanical ventilation (Capriotti, 2020).**
PaCO2	**35-45**	**29.6**	**31.6**	**The lesions in the brain due to stroke can cause hyperventilation leading to respiratory alkalosis (Muppidi, 2020). The PaCO2 and HCO3 are attempted to compensate, and both levels are slightly closer to the normal range. Also, the pH level changed to a normal level.**
HCO3	**22-26**	**21.1**	**20.4**	**The lesions in the brain due to stroke can cause hyperventilation leading to respiratory alkalosis (Muppidi, 2020). The PaCO2 and HCO3 are attempted to compensate, and both levels are slightly closer to the normal range. Also, the pH level changed to a normal level.**
SaO2	**93-100**	**98.7**	**98.5**	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings

Urine Culture	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Muppidi, V., Kolli, S., Dandu, V., Pathireddy, S., & Meegada, S. (2020). Severe respiratory alkalosis in acute ischemic stroke: A rare presentation. *Cureus*, *12*(4), e7747. https://doi.org/10.7759/cureus.7747

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Echocardiogram, CT scan

Diagnostic Test Correlation (5 points):

An echocardiogram was performed for the patient to find out the atrial fibrillation. The result was pending. The echocardiogram is helpful to demonstrate the heart function, structures, and degree of heart failure (Capriotti, 2020). The echocardiogram result discloses the size and part of the ventricles, valve structure, and valve function.

CT scan in the brain was performed to define the possible small acute infarction in the brain. There was no significant abnormal mass effect on the brain due to stroke (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

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

Home Medications (5 required)

Brand/Generic	**Eliquis/ Apixaban**	**Lipitor/ Atorvastatin**	**Zyloprim/ Allopurinol**	**Claritin/ Loratadine**	**Rocaltrol/ Calcitriol**
Dose	**2.5 mg**	**40 mg**	**10 mg**	**0.25 mg**	**100 mg**
Frequency	**2 times/day**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Anticoagulant**	**Antihyperlipidemic**	**Antigout**	**Antihistamines**	**Antihypocalcemic**
Mechanism of Action	**Inhibits free and clot-bound factor and prothrombinase activity, it does indirectly inhibit platelet aggregation**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting cholesterol synthesis in the liver and by**	**Inhibit uric acid production by inhibiting the enzyme that converts hypoxanthine and xanthine to**	**Inhibits the action of histamine.**	**Binds to specific receptors on intestinal mucosa to increase calcium absorption from intestine.**

	induced by thrombin.	**increasing the number of LDL receptors to enhance LDL breakdown.**	**uric acid.**		
Reason Client Taking	**Client has atrial fibrillation. This medicine can decrease the risk for dangerous events.**	**Client has history of hyperlipidemia.**	**Client has history of gout.**	**Client has history of asthma.**	**Client has history of chronic kidney disease; this medication would help to prevent/treat the low calcium level.**
Contraindications (2)	**1. Active pathological bleeding 2. Severe hypersensitivity to apixaban**	**1. Active hepatic disease, breastfeeding. 2. Hypersensitivity to atorvastatin or its components.**	**1. Hypersensitivity to allopurinol or its component. 2. Do not combine I.V. allopurinol in solution with hydrochloride amphotericin B, sodium bicarbonate.**	**1. Hypersensitivity to Claritin. 2. Diabetes, closed angle glaucoma.**	**1. Hypercalcemia, vitamin D toxicity. 2. Hypersensitivity to calcitriol.**
Side Effects/Adverse Reactions (2)	**1. GI bleeding 2. hemorrhagic stroke**	**1. Arrhythmias 2. Hypoglycemia**	**1. Hepatic necrosis 2. Renal failure**	**1. Stomach pain 2. Dry mouth**	**1. Erythema multiform 2. Anaphylaxis**
Nursing	**1. This**	**1. If patient**	**1.**	**1. If patient**	**1. Check**

Considerations (2)	**medicine should not be given to patients with severe hepatic dysfunction. 2. Monitor patient closely for bleeding**	**develops an acute condition suggestive of a myopathy, renal failure, infection, notify prescriber. 2. Use cautiously in patients who consume substantial quantities of alcohol or have a history of liver disease.**	**Discontinue allopurinol and notify prescriber immediately at first sign of hypersensitivity reaction, such as rash, which may precede more severe reactions. 2. maintain a fluid intake to produce a daily urinary output of 2L daily.**	**has conditions such as asthma, kidney disease, or liver disease, should notify to prescribers prior to administration. 2. If patient breast-feeding a baby, notify the prescribers prior to administration because loratadine can pass into breast milk.**	**to be sure patient receives enough calcium. 2. Monitor patient closely, they might have vitamin D toxicity.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Check the liver function prior to administration**	**Liver function test**	**CDC, uric acid level before and during allopurinol therapy.**	**Liver, kidney function test**	**Vitamin D toxicity**
Client Teaching needs (2)	**1. Not to stop taking apixaban without first consulting prescriber. 2. Advise patient to report any unusual bleeding or bruising to the prescriber.**	**1. Emphasize that atorvastatin is an adjunct to a low-cholesterol diet. 2. Take the drug at the same time each day to maintain its**	**1. Advise patient to take allopurinol after meals and to drink enough water to produce a daily urinary output of at least 2L.**	**1. Avoid alcohol. 2. If patients are using the liquid type, do not use a household spoon, they should use special measuring spoon.**	**1. Warn patient not to take other forms of vitamin D while taking calcitriol. 2. Instruct patient to take a missed dose as**

		effects.	**2.Instruct patient to report unusual bleeding or bruising, chills, fever, gout attack, and tingling.**		**soon as possible.**

Hospital Medications (5 required)

Brand/Generic	**Pepcid/ Famotidine**	**Novolog/ Insulin aspart**	**N/A**	**N/A**	**N/A**
Dose	**20mg**	**Depends on the patient's blood sugar level**	**N/A**	**N/A**	**N/A**
Frequency	**Every 24hrs**	**Every 4hrs**	**N/A**	**N/A**	**N/A**
Route	**IV**	**SC**	**N/A**	**N/A**	**N/A**
Classification	**Antiulcer agent**	**Protein based therapy**	**N/A**	**N/A**	**N/A**
Mechanism of Action	**It reduces HCI formation by preventing histamine from binding with H2 receptors on the surface of parietal cells.**	**It regulates the glucose level from blood into cells.**	**N/A**	**N/A**	**N/A**
Reason Client Taking	**To prevent heartburn**	**The patient was on**	**N/A**	**N/A**	**N/A**

	and indigestion	**surgery and still sedated. It can result in elevated blood sugars due to the release of stress hormones.**			
Contraindications (2)	**1. Hypersensitivity to famotidine 2. Hypersensitivity to H2-receptor antagonist**	**1. Low blood sugar level 2. Decreased kidney function**	**N/A**	**N/A**	**N/A**
Side Effects/Adverse Reactions (2)	**1. Arrhythmias 2. Thrombocytopenia**	**1. nausea 2. drowsiness**	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	**1. Chewable tablets contain aspartame; it can be dangerous for patients who have phenylketonuria. 2. Shake famotidine oral suspension vigorously for 5 to 10 seconds before administration.**	**1. May be given IV under medical supervision with close blood-sugar monitoring. 2. Check the patient's blood sugar lever prior to administration.**	**N/A**	**N/A**	**N/A**
Key Nursing Assessment(s)/ Lab(s) Prior to	**Assess the patient if they have**	**Acute check**	**N/A**	**N/A**	**N/A**

Administration	**phenylketonuria.**				
Client Teaching needs (2)	**1. Instruct patient who also takes antacids to wait 30 to 60 minutes after taking famotidine, if possible, before taking antacid. 2. Caution patient to avoid alcohol and smoking during famotidine therapy, it can irritate the stomach and can delay ulcer healing.**	**1. Educate the client how to use the acute check, and how to read the glucose level. 2. Educate the patient to report any adverse effects.**	**N/A**	**N/A**	**N/A**

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:** **Orientation:** **Distress:** **Overall appearance:**	**Patient was not A&O x4. Patient was sedated.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin looks dry, pink, but right sided leg was pale. Also, the temperature was warm except the right legs. Temperature of the right leg was cold. No turgor, wound, rash noted.** **Bruise on the L antecubital area.** **Braden Score: 12**
HEENT (1 point): **Head/Neck: No deviation, no lumps** **Ears: No lesions, redness, no drainage** **Eyes: Eyelids intact, pupils equal, round, reactive to light** **Nose: Septum is midline, symmetrical, no lesions** **Teeth: Teeth are intact**	
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:**	**S1, S2 noted, No gallops, murmurs noted.** **The rhythm was somewhat irregular.** **Palpable 2 bilaterally except right legs. It was hard to find the peripheral pulses on patient's right leg.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath sounds clear, nonlabored breathing, chest expand equally.**
GASTROINTESTINAL (2 points): **Diet at home: Regular diet** **Current Diet: clear liquid diet due to patient was sedated.** **Height: 162.6cm (5'4'')**	.

Weight: 68.1kg (150lb 2.1oz) **Auscultation Bowel sounds: Inactive in all 4 quadrants** **Last BM: Not able to find the information.** **Palpation: Pain, Mass etc.: No pain, mass noted** **Inspection:** **Distention: distended stomach** **Incisions: no incisions** **Scars: no scars** **Drains: no drains** **Wounds: no wounds** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: G-tube**	
GENITOURINARY (2 Points): **Color: Yellow** **Character: Clear** **Quantity of urine: 400ml at 1550** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Normal appearing** **Catheter: Y ☒ N ☐** **Type: Straight catheter** **Size: 16 Fr**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices: N/A** **Strength: weak right side of body** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 22** **Activity/Mobility Status: Unable to mover** **Independent (up ad lib) ☒** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	**The movement of right sided body was weaker than other side.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒**	.

Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒ **Orientation: Not oriented** **Mental Status: Unable to measure** **Speech: Unable to measure** **Sensory: intact** **LOC: responsive to a pain stimulus on the left side of the body, but right sided of the body was not actively responsive to the stimulus.**	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): Pt was unable to answer this question** **Developmental level: Unable to measure, Pt was not awake** **Religion & what it means to pt.: Catholic** **Personal/Family Data (Think about home environment, family structure, and available family support): Pt is living with his wife. Daughter and wife came to the room to see him when nursing student was at the nursing station. Patient is members of Holy Cross Church.**	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	80	132/65	14	100 F	100%
1550	78	152/93	15	99.9 F	100%

Vital Sign Trends: The patient has a regular vital sign. The vital sign result was taken by an electronic sphygmomanometer.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	**CPOT(Critical care pain observation tool)**		**0**	**Appears asleep, relaxed, neutral, absence of movement**	**Keep monitor the patient.**
1550	**CPOT**		**0**	**Appears asleep, relaxed, neutral, absence of movement**	**Keep monitor the patient.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G **Location of IV: Right & Left Antecubital** **Date on IV: 9/7/21** **Patency of IV: paten, dry** **Signs of erythema, drainage, etc.: No erythema, drainage was noted.** **IV dressing assessment: Adhesive band**	Right antecubital: sodium chloride 0.9% Left antecubital: Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
463.4 mL (IV-sodium chloride)	**400mL (urine)**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was sedated. Monitoring the VS and movement.

Procedures/testing done CBC, Chemistry, CT brain, Echocardiogram

Complaints/Issues: Postoperative patient. The patient received thrombectomy of left internal carotid artery.

Vital signs (stable/unstable): Stable vital sign

Tolerating diet, activity, etc.: Catheter/ urine output 400mL

Physician notifications: Administer insulin every 4 hrs., Use mineral oil eye ointment every 4 hrs., Mouth care every 2hrs.

Future plans for patient: Pt will be able to eat food once his gag reflex return. And gag reflex should be assessed to prevent aspiration.

Discharge Planning (2 points)

Discharge location: Discharge to home with spouse.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Pt will make follow-up appointment with physical therapist and provider.

Education needs: Increasing ROM, Food choice after general anesthesia

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 in effective airway	**There is a risk of aspirate if the**	**1. Monitor oxygen saturation and**	**The patient's O2 level is stable, and the airway is**

clearance related to the mechanical ventilation as evidence by patient can't swallow itself.	**airway is blocked during the mechanical ventilation.**	**auscultate the breath sounds. 2. Suction the sputum in the mouth every 2hrs.**	**clear.**
2. Impaired physical mobility related to the ischemic stroke as evidenced by the patient's right-sided body is not fully responding to the stimulus.	**Due to the stroke, the patient can't fully move his right-sided of body.**	**1. Fall prevention intervention. 2. Encourage patient to exercise and increase mobility.**	**A fall prevention sign was attached to the patient's room. The increased mobility and exercise will be started when the patient is awake.**
3. Risk for impaired skin integrity related to stroke and as evidence by the patient had surgery and still on sedated.	**The patient cannot move due to the general anesthesia.**	**1. Monitor and inspect the skin area such as circulation, edema, and reddened skin. 2. Frequent weight shift, foam padding was utilized.**	**The patient does not have any skin damages.**
4. Risk for impaired swallowing due to the neuromuscular impairment as evidence by the patient had a stroke.	**Providing soft food is scheduled for the patient as soon as their gag reflex returns. It will provide enough nutrition for the patient.**	**1. Provide soft food item. 2. Assist the patient to control their head and promote effective swallowing.**	**Providing soft food is scheduled for the patient as soon as their gag reflex returns. It will provide enough nutrition for the patient.**

Other References (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Pt was found on the floor and was conscious with eyes open, but he did not respond.
Right sided facial droop.
Nursing Diagnosis/Outcomes
Risk for in effective airway clearance related to the mechanical ventilation as evidence by patient can't swallow itself.
Impaired physical mobility related to the ischemic stroke as evidence by patient's right-sided body is not fully response to the stimulus.
Risk for impaired skin integrity related to stroke and as evidence by the patient had surgery and still on sedated
Risk for impaired swallowing due to the neuromuscular impairment as evidence by patient had stroke.
Patient's O2 level is stable, and airway is clear.
A fall prevention sign was attached to the patient's room. The increased mobility and exercise will be started when the patient is awake.
The patient does not have any skin damages yet.
Providing soft food is scheduled for the patient as soon as their gag reflex returned. It will provide enough nutrition for the patient.
Objective Data
P 78
BP 152/73
RR 15
Temp 99.9F
O2 100%
No pain
Patient Information
M.D.
89 years old
Male
Full code
Nursing Interventions
Monitor oxygen saturation and auscultate the breath sounds.
Suction the sputum in the mouth every 2hrs.
Fall prevention intervention.
Encourage patient to exercise and increase mobility.
Monitor and inspect the skin area such as circulation, edema, and reddened skin.
Frequent weight shift, foam padding was utilized.
Provide soft food item.
Assist the patient to control their head and promote effective swallowing