N431 Care Plan # 1

Lakeview College of Nursing

Kenny Johnson

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
9/13/21	GM	93	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired Judge	Married	Tramadol
Code Status	**Height**	**Weight**	
Full Code	5’8	156 lbs	

Medical History (5 Points)

Past Medical History: GERD, Benign prostatic hyperplasia (BPH), Asthma, Diabetes type 2, Spinal stenosis, Aortic stenosis, Pneumonia, and MDD.

Past Surgical History: Aortic valve replacement, cardiac catheterization, left full knee replacement, rotator cuff repair, and cholecystectomy.

Family History: Father had diabetes and glaucoma. Mother had HTN, diabetes, and glaucoma.

Social History (tobacco/alcohol/drugs): 1 can of beer a week and a former 2 packs per day smoker of 40 years.

Assistive Devices: Hoyer lift at home for ambulation.

Living Situation: Lives with is wife in a house. The family stated he will be going to a nursing home after discharge in order to work on range of motion.

Education Level: Graduate school level (lawyer/judge)

Admission Assessment

Chief Complaint (2 points): Muscle weakness and dyspnea

History of present Illness (10 points):

Pt states sudden muscle weakness, chest pain, and dyspnea started a few days ago and he was brought to the emergency department. He is weak in upper and lower extremities bilaterally. He says that the weakness and dyspnea is continuous. Pt is having trouble ambulating due to his

severe muscle weakness. He reports anxiety from his shortness of breath and is taking metoprolol. After an assessment by a physician, it was decided that the patient was to have an emergency pacemaker inserted. Post insertion, the patient is a high fall risk and is bed bound due to his muscle weakness. Pt's son states that he will be undergoing PT and OT after discharge.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Third degree heart block

Secondary Diagnosis (if applicable): N/A

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

A third degree atrioventricular (AV) block happens when there is a lack of atrial impulse conducted from the AV node to the ventricles causing a dissociation between the ventricles and the atria. This type of AV block is characterized by an irregular PR interval, more P waves than QRS complexes, and regular but unequal PP and RR intervals (Hinkle & Cheever, 2018).

Signs and symptoms of a third-degree heart block include chest pain, dyspnea, syncope, anxiety, cardiac arrest, heart failure, and thromboembolisms. Hemodynamic instability is a key lab component that characterizes this conduction disorder. Pulse is a key vital sign to monitor with conduction disorders of the heart. One can expect bradycardia lower than 50. (Hinkle & Cheever).

The most common diagnostic test used to identify atrioventricular blocks is using an electrocardiogram (EKG) to visualize the conduction activity of the heart. Indications of third-degree heart block include an irregular PR interval, More P waves than QRS complexes, and a PP and RR interval that are normal, but unequal (Hinkle & Cheever, 2018).

The priority treatment is to increase the heart rate through transcutaneous pacing unless the patient has no pulse, which would then be treated like ventricular asystole. For persistent blocks, a pacemaker is inserted to pace the heart (Capriotti, 2020)

The CBC admission value showed that the patient was severely anemic which is a lab characteristic known to correlate with third-degree heart blocks. There is no CBC for today because hematology is to consult later in the day regarding his anemia and take samples. He underwent an emergency pacemaker insertion procedure which treated the heart block. He has a thready pulse that is consistently well over 50 which indicates that the pacemaker is doing its job. His EKG also showed spikes where the pacemaker fires.

Pathophysiology References (2) (APA):

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

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	4-5.8	2.82	N/A	Low RBC levels indicate anemia related to third-degree AV block (Hinkle & Cheever, 2018).
Hgb	12-16	10.0	N/A	Low hemoglobin levels indicate anemia related to third-degree AV block (Hinkle & Cheever, 2018).
Hct	32-54%	27.5%	N/A	Low hematocrit levels indicate anemia related to third-degree AV block

				(Hinkle & Cheever, 2018).
Platelets	150-400	84	N/A	Indicates anemia related to third-degree AV block and possible iron deficiency (Hinkle & Cheever, 2018).
WBC	4.5-11	2.98	N/A	Low WBC indicates infection and possible endocarditis (Hinkle & Cheever, 2018).
Neutrophils	1.6-7.7	1.61	N/A	
Lymphocytes	1-4.9	3.8	N/A	
Monocytes	0-1.1	0.9	N/A	
Eosinophils	0-0.5	2.3	N/A	
Bands	0	0	N/A	

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

Lab	**Normal Range**	**Admission Value**	**Today's Value**	**Reason For Abnormal**
Na-	135-145	135	N/A	
K+	3.5-5.5	4.0	N/A	
Cl-	98-108	105	N/A	
CO2	22-28	24.0	N/A	
Glucose	70-99	181	97	Indicates hyperglycemia in Pt with diabetes. PPI treatment, nonadherence to diabetic diet, and cardiac arrest can elevate glucose (Hinkle & Cheever, 2018).
BUN	7-25	20	N/A	
Creatinine	0.6-1.3	1.0	N/A	
Albumin	3.5-5.2	3.1	N/A	Indicates malnutrition (Hinkle & Cheever, 2018).
Calcium	8.6-10.1	8.8	N/A	

Mag	1.6-2.6	1.9	N/A	
Phosphate	2.4-4.5	3.1	N/A	
Bilirubin	<1.5	0.4	N/A	
Alk Phos	39-104	102	N/A	
AST	10-30	16	N/A	
ALT	10-40	12	N/A	
Amylase	23-85	N/A	N/A	
Lipase	0-160	N/A	N/A	
Lactic Acid	0.5-2.2	N/A	N/A	
Troponin	0.0-0.04	0.02	N/A	
CK-MB	5-25	10	N/A	
Total CK	22-198	26	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	2-3	N/A	N/A	
PT	9.6-11.8	N/A	N/A	
PTT	30-40	N/A	N/A	
D-Dimer	< = 250	N/A	N/A	
BNP	< 100	N/A	N/A	
HDL	> 60	N/A	N/A	
LDL	< 130	N/A	N/A	

Cholesterol	< 200	N/A	N/A	
Triglycerides	< 150	N/A	N/A	
Hgb A1c	4-5.6 non-diabetic	N/A	N/A	
TSH	0.5-5	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	Straw-dark yellow, clear	**N/A**	**N/A**	
pH	4.5-8	N/A	N/A	
Specific Gravity	1.005-1.035	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	Negative	N/A	N/A	
RBC	Negative	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	N/A	N/A	

PaO2	80-100	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-28	N/A	N/A	
SaO2	92-100	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	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

K.P., T.P., & T.P. (2020). *Mosby's® Diagnostic and Laboratory Test Reference* (15th ed.). Mosby.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Echocardiogram, electrocardiogram, and a chest x-ray.

Diagnostic Test Correlation (5 points): The electrocardiogram and chest x-ray were ordered to diagnose a third-degree AV block in the emergency department. The chest x-ray ruled out lung

issues that could be causing the pt's dyspnea. An echocardiogram was performed to visualize the heart to inspect for endocarditis and damage from the pt presenting to the ED in cardiac arrest. The results show and ejection fracture of 55-60% which means the heart was damaged.

Diagnostic Test Reference (1) (APA):

K.P., T.P., & T.P. (2020). *Mosby's® Diagnostic and Laboratory Test Reference* (15th ed.). Mosby.

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

Home Medications (5 required) PT only had 4 home meds

Brand/Generic	Finasteride (Proscar)	Insulin Aspart (Novolog)	N/A	Mirtazapine (Remeron)	Albuterol (Proventil HFA)
Dose	5 mg	4 units		7.5 mg	90 mcg (2 puff)
Frequency	Daily at bedtime	Daily in the morning		Once at bedtime	QID
Route	PO	Sub-Q		PO	Inhalation
Classification	BPH Agent	Fast acting insulin		Antidepressant	Bronchodilator
Mechanism of Action	Inhibit 5-alpha reductase which converts testosterone to its metabolite in the prostate.	Insulin lowers blood glucose by increasing glucose uptake in the skeletal muscle and fat		Inhibit neuronal reuptake of norepinephrine and serotonin, boosting levels.	Attaches to beta 2 receptors which cause a reaction that decreases intracellular calcium.
Reason Client Taking	Manage benign prostatic hyperplasia	Type 2 diabetes		Treat pt MDD	Treat pt asthma
Contraindications (2)	Females and hypersensitivity	Hepatic disease and hypokalemia		Hypersensitivity and concurrent therapy with MAO inhibitors	Hypersensitivity and recent facial surgery
Side Effects/Adverse Reactions (2)	Hypotension and	Weight gain and		Bradycardia and torsades de	Angina and Hypotension

	angioedema	hypoglycemia		pointes	
Nursing Considerations (2)	Instruct pt to have a digital rectal exam during therapy and pregnant female health care workers should not handle broken tablets of this drug	Give at the start of a meal and monitor for hyperglycemia		Use cautiously in elderly patients taking lots of concurrent meds and monitor pt for suicidal tendencies	Use cautiously in patients with cardiac disorders and monitor serum potassium
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Urologic evaluation	Check blood glucose		Ensure no medication interactions	Monitor serum potassium level before giving
Client Teaching needs (2)	Urge female partners of pt to use reliable contraception and instruct the pt of the variety of sexual dysfunction problems that may occur	Never share injection pens or needles and use within 28 days of being unrefrigerated		Hold tablet on tongue and let it dissolve and do not stop this drug abruptly	Teach how to use an inhaler and instruct pt to wait 1 minute in between puffs

Hospital Medications (5 required)

Brand/Generic	Gabapentin (Neurontin)	Pantoprazole (Protonix)	Acetaminophen (Tylenol)	Toprol XL (Metoprolol Succinate)	Aluminum Magnesium Hydroxide suspension
Dose	300 mg	40 mg	500 mg	50 mg	30 mL
Frequency	Daily at bedtime	Daily before breakfast	Q4H PRN	Daily	Q6H PRN
Route	PO	PO	PO	PO	PO
Classification	Anticonvulsant	Proton pump inhibitor	Antipyretic	Beta 1 adrenergic blocker	Antacid
Mechanism of	Inhibits the	Reduces gastric acid	Inhibits prostaglandin	Inhibits beta 1 receptor	Reduces gastric acidity

Action	firing of neurons associated with seizures.	secretion by inhibiting exchange of hydrogen and potassium within the cells.	production and interferes with pain impulse generation.	stimulation resulting in decreased cardiac excitability and oxygen demand.	increasing the stomach and duodenal alkalinity
Reason Client Taking	Exaggerated response to painful stimuli	GERD	Pain relief	Antihypertensive	Treat GI upset
Contraindications (2)	Hypersensitivity and suicidal thoughts	Concurrent therapy with products containing Rilpivirine and known hypersensitivity to the drug and its components	Hepatic impairment and active liver disease	Acute heart failure and cardiogenic shock	Hypersensitivity to aluminum or magnesium
Side Effects/Adverse Reactions (2)	Hypoglycemia and thrombocytopenia	Pancreatitis and hyperglycemia	Hepatoxicity and leukopenia	Arrythmias and thrombocytopenia	Aluminum intoxication and electrolyte imbalances
Nursing Considerations (2)	Capsule can be opened and sprinkled on apple sauce and monitor renal function	Don't give long term because it increases chances of H. pylori and do not give with other proton pump inhibitors	Monitor renal function in long term use and use parenteral drug 6 hours once seal has been broken	Decrease dosage if pt experiences severe bradycardia and know that if the dosage exceeds 400 mg daily, the patient must be monitored for bronchospasm and dyspnea	Don't give within 1-2 hours of other drugs and monitor patient's serum sodium and phosphate levels
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor renal function labs	GI assessment	Ensure the patient does not have a liver or kidney disease or dysfunction	Take apical pulse and do not give if pulse is less than 45 bpm	Assess GI pain and upset
Client Teaching needs (2)	Do not take within an hour of an antacid and do not stop this drug abruptly	Report black tarry stools and do not crush or chew the tablets, take them whole	Tablets may be crushed and teach signs of hepatotoxicity	Take with food at the same time every day and check blood sugar often if diabetic	Instruct pt to chew tablets thoroughly and avoid constipation with a high fiber diet

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** AOx2 **Orientation:** Confused **Distress:** "Where am I? How long have I been here?" **Overall appearance:** fatigued	The patient was asleep when I arrived at the unit. Upon awaking, he knew his name and what year it was, but did not know where he was or how long he had been in the hospital.
INTEGUMENTARY (2 points): **Skin color:** Normal and pink/olive **Character:** Dry **Temperature:** Warm **Turgor:** Normal elasticity **Rashes:** **Bruises:** Bruise on left arm from past IV site **Wounds:** Slight erythema at the pacemaker insertion site. **Braden Score:** 8 (High Risk) **Drains present: Y☐ N ☒** **Type:**	The pt has bruising on his left arm and slight erythema around the insertion site for the pacemaker. The patient has a Braden score of 8 which indicates high risk of skin breakdown due to immobility, incontinence, and friction. There is both a sign on his door and in the room that states he is a high fall risk.
HEENT (1 point): **Head/Neck:** Normal **Ears:** Normal **Eyes:** PERRLA bilaterally, no exudate, pink	HEENT assessment is normal.

conjunctiva, sclera is white. **Nose:** Sinus is midline **Teeth:** Good dentition with gold crowns	
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** NSR **Peripheral Pulses:** +1 **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Pt had normal S1 and S2 heart sounds with no murmur, wheeze, or rub. Peripheral pulses were +1 and hard to feel. The pacemaker is doing its job because he has a normal sinus rhythm.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear unforced lung sounds in all lobes with no rubbing. Breathing is symmetric.
GASTROINTESTINAL (2 points): **Diet at home:** Pancakes and sausage and meat and potatoes. **Current Diet:** Normal **Height:** 5'8 **Weight:** 156 lbs **Auscultation Bowel sounds:** Normoactive bowel sounds **Last BM:** Last night **Palpation: Pain, Mass etc.:** No pain or masses to note **Inspection:** **Distention:** No distention to note **Incisions:** Pacemaker insertion **Scars:** incision scar from previous procedure **Drains:** None **Wounds:** None **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient eats a diet mostly of pork and beef with carbohydrates such as potatoes and pancakes. His bowel sounds were normative at 22 clicks per minute. The patient has no drains or wounds and has an incision scar from a previous cholecystectomy.
GENITOURINARY (2 Points): **Color:** Normal and pink **Character:** Normal **Quantity of urine:** Normal	Inspection of the pt's genitals shows no sign of erythema, blisters, or lesions.

Pain with urination: Y ☐ N ☒ **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** Intact **ROM:** Severe lack of range of motion in upper and lower extremities bilaterally. **Supportive devices:** Hoyer Lift **Strength:** +3 **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 110 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	The patient is bedbound, is a high fall risk, and requires a Hoyer lift to get to the bathroom at home. He is a very high risk for falls and scored 110 on the Morse fall scale.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☒ Both ☐** **Orientation:** AOx2 **Mental Status:** Confused **Speech:** Speaks in slow and quiet short sentences. **Sensory:** Taste, hearing, vision, olfactory, and touch all intact **LOC:** Delirium	The patient is able to move his arms well, but not his legs. His right arm is his dominant arm and is stronger due to his pacemaker being placed on the left side of his chest.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Watching TV **Developmental level:** Graduate degree **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):** Son and Daughter visited.	The pt likes to watch TV to cope. He has a graduate degree and is a retired judge. His song and daughter visited. His son stated that he was going to be place into an assisted living facility since he is so weak.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0910	59	108/68	20	97.6 F	95% Room air
1015	66	104/60	21	97.1 F	95% Room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0910	1-10	N/A	0	Pt stated no pain currently	N/A
1015	1-10	N/A	0	Pt stated no pain currently	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 **Location of IV:** Left AC **Date on IV:** 9/13/21 **Patency of IV:** Patent and easily flushable **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** Dressing is clean, dry, and intact.	No fluids given at this time

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Pt has depends on and the nurse has not taken an accurate intake.	Pt has depends and has voided once today along with a BM last night.

Nursing Care

Summary of Care (2 points)

Overview of care: Pt came to the emergency department with chest pain, dyspnea, and muscle weakness. An EKG was placed and revealed a third-degree AV block. A pacemaker was inserted to treat the AV block.

Procedures/testing done: EKG, Echocardiogram, CBC, Chest X-ray

Complaints/Issues: Chest pain, dyspnea, and muscle weakness.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Pt is activity intolerant and eats a normal diet.

Physician notifications: Pacemaker insertion site looks good and patient has minimal pain. Pt will have a hematology consult today at 1500. Echocardiogram shows EF of 55-60%.

Future plans for patient: The patient will be sent to an assisted living community after being discharged from the hospital.

Discharge Planning (2 points)

Discharge location: Assisted living home

Home health needs (if applicable): If pt was to return home, he will need to have a home nurse.

Equipment needs (if applicable): Hoyer lift

Follow up plan: PT and OT visits

Education needs: How to use a Hoyer lift, use the phone on the opposite side of your body than the pacemaker is one.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis	• Explain why the nursing		• How did the patient/family

with "related to" and "as evidenced by" components	diagnosis was chosen		respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for falls related to muscle weakness as evidenced by being bed bound and an early fall incident.	The pt does not know why he cannot get up. He has fallen once already and report severe muscle weakness.	**1.** Make sure fall risk sign is posted outside the door and in the room **2.** Make sure items and call light are within reach	Patient will not sustain fall and will demonstrate selective prevention measures.
2. Risk for bleeding related to 3rd degree AV block as evidenced by admission CBC labs showing anemia and high fall risk.	The pt was highly anemic upon admission so bleeding precautions should be taken.	1. Monitor for skin changes and mottling **2.** Use an electric razor if pt needs to be shaved	Patient does not experience bleeding as evidenced by normal blood pressure, stable hematocrit and hemoglobin levels and desired ranges for coagulation profiles.
3. Risk for impaired skin integrity related to muscle weakness as evidenced by use of depends due to immobility and a Braden score of 8.	The patient is bedbound, uses depends, and needs help changing positions.	1. Turn every 2 hours or less. 2. Clean, dry, and moisturize skin.	The patient will not sustain a pressure sore injury.
4. Impaired physical mobility related to muscle weakness as evidenced by a Braden score of 8 fall risk score of 110.	The patient is immobile and reports severe weakness. He has a Braden score of 8, a fall score of 110, and needs a Hoyer lift to ambulate to the bathroom at home.	1. Monitor and evaluate pt response to activity 2. Assist with ADL and self-care	Achieve measurable increase in activity by pt reported reduced fatigue and weakness.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states sudden muscle weakness, chest pain, and dyspnea started a few days ago and he was brought to the emergency department.

Pt uses a Hoyer lift at home to get to the bathroom.

Pt denies pain

Nursing Diagnosis/Outcomes

Risk for falls related to muscle weakness as evidenced by being bed bound and an early fall incident.

Risk for bleeding related to 3rd degree AV block as evidenced by admission CBC labs showing anemia and high fall risk.

Risk for impaired skin integrity related to muscle weakness as evidenced by use of depends due to immobility and a Braden score of 8.

Impaired physical mobility related to muscle weakness as evidenced by a Braden score of 8 fall risk score of 110.

Objective Data

Echo shows EF 55-60%
EKG shows pacemaker spike
Pulse: 59 and 66 (pacemaker working)
RBC: 2.82
Hgb: 10%
Hct: 27.5%
Plts: 84,000
Braden score: 8
Morse Fall score: 110
Limited ROM

Patient Information

GM
93
Aortic valve repair
Pacemaker insertion
3rd degree AV block
Allergic to Tramadol

Nursing Interventions

Monitor and evaluate pt response to activity

Assist with ADL and self-care

Make sure fall risk sign is posted outside the door and in the room
Make sure items and call light are within reach

Monitor for skin changes and mottling

Use an electric razor if pt needs to be shaved

Turn every 2 hours or less.

Clean, dry, and moisturize skin.