N321 Care Plan # 1

Lakeview College of Nursing

Name: Destiny Bell

Demographics (3 points)

Date of Admission 09/19/2021	**Patient Initials** M. M. B	**Age** 25-year-old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Not employed	**Marital Status** Single, not married	**Allergies** N/A
Code Status FULL CODE	**Height** 5’6 FT	**Weight** 245LBS 9.6 OZ	

Medical History (5 Points)

Past Medical History: Migraines

Past Surgical History: None

Family History: Cannot recall family hx

Social History (tobacco/alcohol/drugs):

- No tobacco/nicotine usage
- No recreational drug usage
- Occasional alcohol use, states she has no more than 2 alcoholic beverages in a week

Assistive Devices: N/A

Living Situation:

- Lives at home with boyfriend
- One Dog in the home
- No children

Education Level:

- Highschool diploma

Admission Assessment

Chief Complaint (2 points):

- Headache, Lethargy, and Tongue swelling on the left side of her tongue

History of present Illness (10 points):.

- Patient is a 25-year-old Caucasian female who presented to the emergency room with a chief complaint of a worsening headache that was causing her to have blurred vision and lethargy for the past month. Patient's boyfriend expressed concerns of the left side of the patient's tongue being swollen and also stated that the patient was wobbly when trying to walk in a straight line. Patient reports experiencing nausea and painful eye movements.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

- Cerebral venous thrombosis of the sigmoid sinus

Secondary Diagnosis (if applicable):

- Intraparenchymal hemorrhage of the brain

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

Cerebral venous thrombosis refers to complete or partial occlusion of an individual's sinus or sinuses or due to the feeding cortical veins leading to secondary effects of vascular congestion and focal or generalized neurological deficits (Itrat et al, 2006). The local effects depend on where the occlusion is located. Common signs and symptoms of a cerebral venous thrombosis include headaches, focal seizures, paresis and papilledema (Irat et al, 2016). Diagnosis of cerebral venous thrombosis is confirmed through neuroimaging (Tadi et al, 2021). Labs should be ordered to evaluate the patient, in the labs ordered the provider should include a complete blood count, coagulation panel, chemistry panel and inflammatory markers (Tadi et al, 2021). Neuroimaging that should be done to diagnose a cerebral venous thrombosis includes a non-

contrast computed tomography (CT) scan, this test is easily accessible and can display the direct sign of cerebral venous thrombosis known as the cord sign, which is a curvilinear hyperdensity within a cortical vein in the presence of thrombosis that can be seen for up 2 weeks following thrombus formation and intraparenchymal hemorrhages may be seen on non-contrast head CT and may cross vascular boundaries (Tadi et al, 2021). Treatment and management for a cerebral venous thrombosis is focused on identifying and addressing complications such as seizures, if a patient has a seizure and has a lesion such as a hemorrhage seen in the neuroimaging, then anticonvulsant therapy should be initiated (Tadi et al, 2021).

Intracerebral hemorrhage, a subtype of stroke, is a condition where a hematoma is formed within the brain parenchyma with or without the extension of blood into the ventricles (Rajashekar, 2021). Non-traumatic intracerebral hemorrhages make up nearly 10 to 15 percent of all strokes and is associated with high morbidity and mortality (Rajashekar, 2021). Hemorrhages within cerebral parenchyma are often categorized into primary injury and secondary injury (Rajashekar, 2021). Although ICH is commonly considered a single event disease, it is more recently being considered as a dynamic condition with multiple phases, such as the initial extravasation of blood into the parenchyma, subsequent bleeding around the clot causing expansion, and swelling around the hematoma (Rajashekar, 2021). Acute ICH's cause sudden increases in mass within the parenchyma of the brain, causing compression and disruption of surrounding neuronal pathways which can result in a focal neurological deficit (Rajashekar, 2021). Other common signs and symptoms include headache, nausea and vomiting, seizures, and a raised diastolic pressure (Rajashekar, 2021). A non-contrast head Ct is the standard imaging done to diagnose a intracerebral hemorrhage as it is easily accessible and fast as well as that it is able to differentiate between various intracranial pathology (Rajashekar, 2021). Acute ICH is

noted on CT of the head as an area of hyperdensity within the parenchyma, with surrounding hypodensity (Rajashekar, 2021). The approximate volumes of the clot can be calculated by multiplying the maximum depth, height, and length of the clot in centimeters and dividing this by two (Rajashekar, 2021). Treatment focuses of maintaining the patient's airway and breathing, and managing their stroke symptoms, to prevent a secondary brain injury we should aim to keep the CPP less than 70 mmhg (Rajashekar, 2021).

Pathophysiology References (2) (APA):

Itrat, A., Shoukat, S., & Kamal, A. K. (2006). Pathophysiology of cerebral venous thrombosis--an overview. *JPMA. The Journal of the Pakistan Medical Association*, *56*(11), 506–508

Rajashekar D, Liang JW. Intracerebral Hemorrhage. [Updated 2021 Jul 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK553103/

Tadi P, Behgam B, Baruffi S. Cerebral Venous Thrombosis. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK459315

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	**3.5 – 5.2**	**4.72**	**N/A**	
Hgb	**11.0 – 16.0**	**13.9**	**N/A**	
Hct	**34 – 47**	**40.3**	**N/A**	
Platelets	**140 - 400**	**392**	**N/A**	
WBC	**4.0 – 11.0**	**16.36**	**N/A**	**Possible infection**
Neutrophils	**N/A**	**N/A**	**N/A**	
Lymphocytes	**N/A**	**N/A**	**N/A**	
Monocytes	**N/A**	**N/A**	**N/A**	
Eosinophils	**N/A**	**N/A**	**N/A**	
Bands	**N/A**	**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-	**136 – 145**	**139**	**135**	**Medication Levitiracetam can cause hyponatremia**
K+	**3.5 – 5.1**	**3.9**	**3.8**	
Cl-	**98 - 107**	**106**	**109**	**The patient may be dehydrated hence why she has a lactated ringers injection running?**
CO2	**22 - 29**	**20**	**18**	**Patient had a seizure which can cause low CO2**
Glucose	**74 - 100**	**137**	**102**	Pt is consuming a regular diet that may be high in sugars and her body isn't producing enough insulin to lower it fast enough.
BUN	**7 - 19**	**8**	**10**	
Creatinine	**0.55 – 1.02**	**0.78**	**0.94**	
Albumin	**3.5 – 5.0**	**3.8**	**3.5**	

Calcium	**8.8 – 10.0**	**9.8**	**9.5**	
Mag	**1.6 – 2.6**	**2.0**	**1.9**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.2 – 1.2**	**0.5**	**1.2**	
Alk Phos	**40 - 150**	**111**	**88**	
AST	**5 - 34**	**65**	**64**	**Could be a result of her brain hemorrhage but may be a sign of liver damage**
ALT	**0 - 55**	**110**	**143**	**Could be a result of her brain hemorrhage but may be a sign of liver damage**
Amylase	**N/A**	**N/A**	**N/A**	
Lipase	**N/A**	**N/A**	**N/A**	
Lactic Acid	**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	**0.9 – 1.1**	**N/A**	**1.8**	**Patient is being introduced to warfarin**
PT	**11.7 – 13.8**	**N/A**	**20.3**	**Possible liver damage or cirrhosis?**
PTT	**22.4 – 35.9**	**25.3**	**126.7**	**Possible liver damage from illness or injury?**
D-Dimer	**N/A**	**N/A**	**N/A**	
BNP	**N/A**	**N/A**	**N/A**	
HDL	**N/A**	**N/A**	**N/A**	
LDL	**N/A**	**N/A**	**N/A**	

Cholesterol	**N/A**	**N/A**	**N/A**	
Triglycerides	**N/A**	**N/A**	**N/A**	
Hgb A1c	**N/A**	**N/A**	**N/A**	
TSH	**N/A**	**N/A**	**N/A**	

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

NO URINALYIS LABS DRAWN

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**N/A**	**N/A**	**N/A**	
pH	**N/A**	**N/A**	**N/A**	
Specific Gravity	**N/A**	**N/A**	**N/A**	
Glucose	**N/A**	**N/A**	**N/A**	
Protein	**N/A**	**N/A**	**N/A**	
Ketones	**N/A**	**N/A**	**N/A**	
WBC	**N/A**	**N/A**	**N/A**	
RBC	**N/A**	**N/A**	**N/A**	
Leukoesterase	**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.

NO CULTURES COLLECTED

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):

PhD Rn, P. K. D., & Facs, M. T. P. J. (2012). *Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference)* (11th ed.). Mosby.

All other information was gathered from PowerPoints presented in class or information received last semester in Pathophysiology

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT BRAIN W/O CONTRAST

- **No aggressive lesions or acute displaced calvarial fractures**

EEG MONITORING

Diagnostic Test Correlation (5 points): Patient has no aggressive lesions or fractures. Patient is currently being monitored on the EEG following seizure

Diagnostic Test Reference (1) (APA):

PhD Rn, P. K. D., & Facs, M. T. P. J. (2012). *Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference)* (11th ed.). Mosby.

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

Home Medications (5 required)

Brand/Generic	**norethindrone contraceptive**	**Acetaminophen**	**NA**	**N/A**	**N/A**
Dose	**0.35 mg**	**500mg**			
Frequency	**1 tablet by mouth once a day**	**1 tablet by mouth every 6 hours as needed for pain**			
Route	**Oral**	**Oral**			
Classification	**Contraceptive , progestin**	**Pharmacologic class: nonsalicylate, paraminophenol derivative Therapeutic class: antipyretic, nonopioid analgesic Pregnancy class: B**			
Mechanism of Action	**Binds to progesterone intracellular receptors in the reproductive system and resultant activated complex interacts with specific dna sites**	**Inhibita the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Also acts directly on the temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2**			

Reason Client Taking	**Prevent pregnancy and regulate periods**	**PAIN**			
Contraindications (2)	**Do not take if you have breast cancer, undiagnosed abnormal bleeding ot liver disease**	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe**			
Side Effects/Adverse Reactions (2)	**Irregular bleeding, headache, bloating, stomach pain**	**Hypotension, stridor, anxiety, fatigue, abdominal pain**			
Nursing Considerations (2)	**Administer with food to prevent GI upset Provide an analgesic for relief of headache if appropriate**	**Use cautiously in patients with hepatic impairment Monitor renal function**			

Hospital Medications (5 required) – ONLY HAD 3 HOSPITAL MEDS

Brand/Generic	Heparin 100 units/mL in 0.45% Nacl (premix)	LevETIRAcetam	Lactated Ringers	**N/A**	**N/A**
Dose	19 units/kg/hr x 86.2 kg	750mg	50ml/hr		
Frequency	Continuous	Every 12 hours (q12)	Continuous		
Route	IV	oral	**IV**		
Classification	Pharmacologic class: Anticoagulant Therapeutic class: Anticoagulant Pregnancy category: C	Pharmacologic class: Pyrrolidine derivative Therapeutic class: Anticonvulsant Pregnancy category: C	Alkalinizing agent		

Mechanism of Action	Binds with antithrombin III, enhancing antithrombin III's inactivation of coagulation enzymes thrombin (factor IIa) and factors Xa and Xia. At low doses, heparin inhibits factor Xa and prevents conversion of prothrombin to thrombin. Thrombin is needed for the conversion of fibrinogen to fibrin; without fibrin, clots can not form. At high doses, heparin inactivates thrombin, preventing fibrin formation and existing clot extension.	May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. Levetiracetam doesn't seem to involve inhibitory and excitatory neurotransmission	Fluid and electrolyte replenishment		
Reason Client Taking	Venous Thrombosis, hemorrhage, to prevent the thrombosis from expanding.	Patient had a seizure while admitted in the hospital	To stay hydrated		
Contraindications (2)	Breastfeeding, infants, neonates, or pregnant women (heparin sodium injection, USP, preserved with benzyl alcohol); history of heparin-induced thrombocytopenia or heparin- induced thrombocytopenia and thrombosis; hypersensitivity to heparin, pork, or its components; inability to monitor coagulation parameters when full	Hypersensitivity to levetiracetam or its components	Metabolic acidosis or alkalosis		

	dose heparin is used; severe thrombocytopenia ; uncontrolled active bleeding, except in disseminated intravascular coagulation (DIC)				
Side Effects/Adverse Reactions (2)	**CNS:** chills, dizziness, fever, headache, peripheral neuropathy **CV:** Chest pain, rebound hyperlipemia, **thrombosis** **EENT:** epistaxis, gingival bleeding, rhinitis **ENDO: adrenal hemorrhage causing acute adrenal sufficiency** **GI:** Abdominal distention and pain, elevated liver enzymes, **hematemesis, melena,** nausea, **retroperitoneal hemorrhage**, vomiting **GU:** hematuria, hypermenorrhea**, ovarian hemorrhage,** priapism **HEME: delayed onset of heparin-induced thrombocytopenia**, easy bruising, **excessive bleeding from wounds, hemorrhage, heparin-induced thrombocytopenia, heparin-induced thrombocytopenia**	**CNS:** abnormal gait, aggression, agitation, anger, anxiety, apathy, asthenia, ataxia, behavioral difficulties (children), choreoathetosis, confusion, coordination difficulties, depersonalization, depression, dizziness, dyskinesia, emotional liability, fatigue, hallucinations, headache, hostility, increased reflexes, insomnia, involuntary movements, irritability, mental or mood changes, nervousness, neurosis, panic attacks, paranoia, paresthesia, personality disorder, psychosis, **seizures**, somnolence, **suicidal ideations,** vertigo **CV:** elevated diastolic blood pressure (children up to age 4), **hypotension** **EENT:** amblyopia, conjunctivitis, diplopia, ear pain, nasopharyngitis, pharyngitis, rhinitis, sinusitis	Fever, infection at the injection site, cough, decreased blood pressure		

	and thrombosis. Thrombocytopenia **MS:** back pain, myalgia, osteoporosis **Resp: asthma,** dyspnea, wheezing **Skin:** alopecia, cutaneous necrosis following subcutaneous injection, cyanosis, petechiae, pruritus, urticaria **Other: anaphylaxis, heparin resistance;** injection-site hematoma, irritation, pain, redness, and ulceraiton	**GI: acute kidney injury,** albuminuria **HEME: Agranulocytosis;** decreased hematocrit**,** hemoglobin, and red blood cell counts; elevated eosinophil counts; **leukopenia; neutropenia; pancytopenia; thrombocytopenia** **MS:** muscle weakness, neck pain **RESP: asthma,** cough, dyspnea **SKIN:** Alopecia, ecchymosis, **erythema multiforme,** pruritis, rash, skin discoloration. **Steven-Johnson syndrome, toxic epidermal necrolysis,** vesiculobullous rash, urticaria **Other: Anaphylaxis, angioedema**, dehydration, **drug reaction with eosinophilia and systemic symptoms (DRESS), Hyponatremia,** infection, influenza, weight loss			
Nursing Considerations (2)	Know that heparin sodium injection, USP, preserved with benzyl alcohol should not be given to infants, neonates, pregnant women or breastfeeding women Use heparin cautiously in alcoholics,	Children weighing 20kg or less should not be given the oral solution form Iv form should only be used when oral administration is temporarily unavailable For Iv USE, dilute in	Document baseline data before infusion such as vital signs, edema, lung and heart sounds, continue monitoring		

	menstruating women; patient's over age 60, especially if women and patients with conditions that increase the risk of hemorrhage. Read heparin label carefully	100ml of a compatible diluent such as normal saline or lactated ringers	during anf after infusion Observe for fluid volume overload such as hypertension, pulmonary crackles, dyspnea, bounding pulse Elevate head of bed 35-45 degrees		

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: Alert** **Orientation: Oriented x 3** **Distress: No apparent distress** **Overall appearance: well-kept,**	**Patient is alert and oriented to time, month and place. Patient is calm and cooperative And does not appear to be in any acute distress**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature: warm** **Turgor:** **Rashes: none** **Bruises: none observed** **Wounds: none** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	**Skin is warm, dry, intact, elastic.** **No discoloration noted** **Pressure point without redness** **No drains present** **Braden score is 20**
HEENT (1 point): **Head/Neck:** **Ears:**	**Pupils: perrla** **Left: 5mm round brisk; equal and normal response**

Eyes: **Nose:** **Teeth:**	**Right: 4mm round brisk; equal and normal response** **Mouth: normal conjunctiva, moist oral mucosa** **Head: normocephalic, atraumatic** **Eyes: clear junctiva**
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 and S2 are present, no murmurs heard ipon auscultation. Peripheral pulses are equal strength and quality, 3+ bilaterally throughout. Capillary refill is less than 3 seconds on fingers and toes bilaterally. No edema visualized or palpated on upper or lower extremities. Homans sign is negative**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Lung sounds are clear to auscultation bilaterally.** **No crackles, wheezes or rhonchi noted**
GASTROINTESTINAL (2 points): **Diet at home: NORMAL** **Current Diet: NORMAL** **Height: 5'6** **Weight: 245lb 9.6 oz** **Auscultation Bowel sounds: normoactive** **Last BM: 9/21/2021** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: NON-DISTENDED** **Incisions: NO** **Scars: NONE OBSERVED** **Drains: NONE** **Wounds: NONE** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Last bowel movement 9/21/2021.** **Bowel sounds are audible and active in all 4 quadrants** **Abdomen is nondistended, soft in all quadrants.** **Abdomen is free of incisions, scars, drains, and wounds**
GENITOURINARY (2 Points): **Color: YELLOW** **Character: CLEAR**	**Patient is freely voiding with no reported or observed signs of difficulty** **Voided urine is clear and yellow with no foul**

Quantity of urine: unmeasured **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**odor**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 27** **Activity/Mobility Status: Stand by assist** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk X**	**Fall risk score: 27** **Patient ambulates with a standby assist to bathroom and within patient room without difficulty. Patient sometimes has an unsteady gait but does not require any assistive devices besides a standby assist in activities and walking.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: alert and orientated x3** **Mental Status:** **Speech: clear speech** **Sensory:** **LOC: no**	**No slurred speech** **Perceptive to touch, heat/cold, and pain** **Patient is alert and orientated to place, month and time of day.**
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):**	**Patient reports having a good support system, mother was in room with the patient.** **Patient did not state any specific religion or coping mechanisms that she practices.** **Reports a healthy strong home environment with her boyfriend**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0335	90 bpm	132/83	18	99.0 F	98%

	radial	**right arm**		**oral**	**Room air**
0719	**90 bpm** **radial**	**126/75** **Right arm**	**18**	**97.9 F** **oral**	**97%** **Room air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0719	**numeric**	**eye**	**6**	**Aching pain**	**Denied pain medication for pain at this time**
0842	**numeric**	**Denies pain**	**Denies pain**	**n/a**	**n/a**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g **Location of IV: lower right forearm** **Date on IV: 9-21-2021** **Patency of IV: still patent flushes easily** **Signs of erythema, drainage, etc.: none** **IV dressing assessment: intact**	Lactated Ringers @ 50ml/hr Heparin 100 units/ml in 0.45% NaCl @ 1638 units/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
879.73 ml	**Unmeasurable amount of urine**

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done: hepatitis, glucose, cbc, cmp

Complaints/Issues: Patient complains of frequent pain in her eyes. Denies any other complaints/issues

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating diet and activity

Physician notifications: none during this shift

Future plans for patient: patient will be meeting again with speech therapy

Discharge Planning (2 points)

Discharge location: possibly home

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: follow up with neurology

Education needs: education on blood thinner Warfarin

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 injury related to falls in correlation with her recent seizure	**The patient has an unsteady gait and a high fall risk score.**	**1. Eliminate hazards in the room** **2.** Education provided on safe ambulation and the use	**Patient uses call light appropriately and voiced needs when present.** **Patient allowed staff to aid in ambulation and transfers to prevent injuries**

		of a call light	
2. **Risk for falls related to unsteady gait and complaints of eye pain/blurred vision**	**Patient was admitted to the hospital for a venous thrombosis in her sigmoid sinus and a intraparenchymal hemorrhage on her brain after having blurred vision and unsteady gait at home for one month**	**1. fall precaution** **2.assistance in ambulating and transfers**	**Patient cooperated well with fall precautions, did not get out of bed without assistance**
3. **Impaired cerebral tissue perfusion related to her intraparenchymal hemorrhage and vision changes and being admitted**	**Patient has a bleed intraparenchymal hemorrhage**	1. **Monitor vitals and report changes immediately** **2 avoid activities suddenly increasing blood pressure or that obstruct venous return**	**Patient is stable and resting. Patient is visably upset stating shes ready to go home**

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.

Vera, M. B. (2017, September 24). Activity Intolerance Nursing Care Plan. Nurseslabs. https://nurseslabs.com/activity-intolerance/

Wayne, G. B. (2017a, September 24). Risk for Falls Nursing Care Plan. Nurseslabs. https://nurselabs.com/risk-for-falls/

Wayne, G. B. (2017, September 24). Risk for Injury Nursing Care Plan. Nurseslabs. https://nurseslabs.com/risk-for-injury/

Concept Map (20 Points):

Subjective Data

Patient arrived to the emergency department stating that she has had a headache that has been gradually worsening, accompanied by blurred vision and lethargy for the past month. Patient also reports nausea and having painful eye movement. Patient's boyfriend states that she is wobbly when walking

Nursing Diagnosis/Outcomes

1. **Risk for injury related to falls in correlation with her recent seizure**
2. **Risk for falls related to unsteady gait and complaints of eye pain/blurred vision.**
3. **Impaired cerebral tissue perfusion related to her intraparenchymal hemorrhage and vision changes and being admitted**

Objective Data

Vital signs are stable as follows:
BP: 126/75
Pulse: 90
Temp: 97.9 F oral
O2: 97% Room air

Patient had a few occurrences of an unsteady gait while ambulating with standby assist

Patient Information

Patient is a 25-year-old female who has been admitted with a diagnosis of cerebral venous thrombosis of the sigmoid sinus and intraparenchymal hemorrhage of the brain

Nursing Interventions

- Fall precautions
- Assistance with ambulating and transfers
- Seizure precautions
- Eliminate hazards in the room
- Education on safe ambulation and the use of the call lights
- Assistance in performing ADL's