N311 Care Plan 2

Lakeview College of Nursing

Kayonna Pinto

Demographics (5 points)

Date of Admission 8/22/16	Patient Initials J. H.	Age 78 years old	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies NKA
Code Status DNR	Height 5' 9"	Weight 197 lbs	

Medical History (5 Points)

Past Medical History: Hypertension, Alzheimer's disease, recurrent *C. difficile*, COVID-19 infection, dysphagia, Gastroesophageal reflux disease (GERD), anemia, chronic pain syndrome, hypothyroidism

Past Surgical History: Gastrostomy (no date provided).

Family History: History reviewed, no pertinent family history reported.

Social History (tobacco/alcohol/drugs): Does not use alcohol, tobacco, or recreational drugs.

Admission Assessment

Chief Complaint: Follow-up for multiple medical issues.

History of present Illness: Presents to office for follow-up on August 3, 2021. Patient experiences recurrent/resistant *C. difficile* infections with multiple courses of antibiotics, including Flagyl and Vancomycin. Patient has no diarrhea currently and is tolerating her tube feed. LTC facility staff accompanies patient and reports that the patient exclusively stays in her room. Staff also reports baseline functional status. Full history of present illness and review of systems is unobtainable from the patient with good validity due to clinical condition and cognitive deficits.

Primary Diagnosis

Primary Diagnosis on Admission: Alzheimer's disease

Secondary Diagnosis: Hypertension, recurrent *C. difficile,* COVID-19 infection, dysphagia,

GERD, anemia, chronic pain syndrome, hypothyroidism

Pathophysiology of the Disease:

Alzheimer's disease is a nonreversible and progressive neurological degenerative disease

of the brain. In most cases, the disease progresses over many years, typically beginning in a

patient's 60's or 70's. Alzheimer's disease's hallmark is memory loss. Other signs include

problems with judgement and changes in personality. The manifestations of the disease are

typically attributed to three general stages: early, middle, and late. In late stages, severe physical

decline occurs alongside the cognitive impairment.

Significant changes in brain tissue occur in Alzheimer's disease. Beta-amyloid plaques

and neurofibrillary tangles (formed from tau protein) block the synapses between healthy

neurons. As the malfunctioning communication between neurons worsens, oxidative damage will

occur. The oxidative stress creates free radicals (which can also cause brain damage at a cellular

level) and results in unprogrammed apoptosis.

Age, sex, and genetics are known risk factors. There are no specific lab tests available to

definitively diagnose Alzheimer's dementia, but a series of lab tests can rule out other causes of

dementia symptoms. Similarly, MRIs, CAT scans, PET scans, and EEGs may be performed to

eliminate other causes. A genetic test for the presence of the apolipoprotein is an option as well.

The presence of apolipoprotein does not diagnose Alzheimer's disease, but it does indicate an

increased likelihood of developing Alzheimer's disease. Likewise, a lumbar puncture may be

done to test the cerebrospinal fluid for the presence of soluble beta protein precursors (SBPP).

Low levels of SBPP supports an Alzheimer's disease diagnosis. Unfortunately, the only way to definitively diagnose Alzheimer's dementia is to examine a patient's brain tissue upon death.

In this patient, medications are being used to target behavioral and emotional problems associated with Alzheimer's disease. The staff reports that the patient can become quite agitated, so the patient has an order for an anxiolytic. The patient is in late-stage Alzheimer's disease and experiencing severe cognitive decline. The patient requires total assistance for all ADLs. Patient has lost awareness of her environment. The ability to respond to the environment, to speak, and to control movement is also lost. Nursing care at this stage focuses primarily on patient comfort.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical*

perspectives. (2nd ed.). F.A. Davis Company.

Holman, C. H., Williams, D., Somner, S., Johnson, J., Ball, B., Wheless, B., Leehy, P., Lemon,

T. (2019). *RN Adult Medical Surgical Nursing* (11th ed.). Assessment Technologies

Institute

Laboratory Data
If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal Range (females)	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.2 - 5.4**	4.52	4.54	Within the range of normal values.
Hgb	**12.0-16.0**	13.1	13.3	Within the range of normal values.
Hct	**37.0 – 47.0 %**	40.4	41.7	Within the range of normal values.

Platelets	150 – 400	225	198	Within the range of normal values.
WBC	5 – 10	8.6	11.4	Increased WBC counts may be the result of stress, infection, or inflammation.
Neutrophils	55 - 70%	65.9	72.5	Neutrophilia may be the result of infection in the body.
Lymphocytes	20 - 40%	19.0	14.9	Lymphocytopenia can occur during serious infection.
Monocytes	2 - 8%	7.9	7.9	Within the range of normal values.
Eosinophils	1 - 4%	6.9	4.5	Increased levels of eosinophils are indicative of allergic reactions. Increased counts can also arise in parasitic infestations. Eosinophils do not respond to bacterial or viral infections.
Bands	50 -65%		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	141	142	Within the range of normal values.
K+	3.5 – 5.1	3.9	4.2	Within the range of normal values.
Cl-	98 - 106	102	97	Hyperchloremia can occur in anemic patients.
CO2	23 - 30	30	34	Increased levels of carbon dioxide can be the result of emphysema or sever diarrhea.
Glucose	70 - 110	92	38	A blood glucose of less than 50 mg/dL is considered a critical value. Hypothyroidism may contribute to hypoglycemia.
BUN	6 - 25	24	27	Alimentary tube feeding can cause increased levels of blood urea nitrogen.
Creatinine	0.60 – 1.20	0.6	0.6	Within the range of normal values.

Albumin	**3.5 – 5.7**	3.2	3.2	Hypoalbuminemia is most often the result of inflammatory responses. It is also one of the possible adverse reactions to acetaminophen.
Calcium	**9.0 – 10.5**	8.9	8.6	Hypocalcemia can be caused by the patient's hypoalbuminemia.
Mag	**1.6 – 2.6**	**2.3**	**N/A**	Within the range of normal values.
Phosphate	**3.0 – 4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3 – 1.0**	**0.4**	**0.6**	Within the range of normal values.
Alk Phos	**30 - 120**	128	142	Increased levels of alkaline phosphate may be indicative of osteomalacia.

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	Amber yellow and clear	Pale Yellow	Amber	Normal finding
pH	4.6 – 8.0	6.2	6.8	Normal finding
Specific Gravity	1.005 – 1.030	1.040	N/A	Patient may have been experiencing dehydration
Glucose	Negative	Negative	Negative	Normal finding
Protein	0 – 8	3	6	Normal finding
Ketones	Negative	Negative	Negative	Normal finding
WBC	0 – 4	3	2	Normal finding
RBC	< 2	1.2	1.1	Normal finding
Leukoesterase	Negative	Negative	Negative	Normal finding

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	Negative	Negative	Typical expected finding
Blood Culture	Negative	Negative	Negative	Typical expected finding
Sputum Culture	Negative	Negative	Positive for pathogenic bacteria	The presence of pathogenic bacteria suggests
Stool Culture	Negative	Positive for *C. difficile*	Negative for pathogenic bacteria	The patient has experienced recurrent *C. difficile* infections, but has normal intestinal flora currently

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T.N. (2018). *Mosby's Diagnostic and Laboratory Test*

  Reference (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-ray performed on 10/12/21

Reason: Patient displays signs of sspiration and fever. Pneumonia needs to be ruled out.

Procedure: Chest, 2 views.

Findings: The cardiac silhouette and mediastinal contours are normal. Streaky densities are noted involving the right lung base. No pleural fluid or masses are noted. No pneumothorax present.

Impression: Right lower lobe atelectasis/infiltrate.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Levothyroxine sodium/Levoxyl	Buspirone hydrochloride/ Bustab	Acetaminophen/ Acephen	Prilosec/ Omeprazole	Albuterol sulfate/ Accuneb
Dose	88 mcg/ tablet	5 mg/ tablet	650 mg/ suppository	20 mg/tablet	2.5 mg/3mL solution
Frequency	Daily	BID	PRN, up to every 4 hours	Daily	PRN, up to 3 times daily
Route	Gastrostomy Tube	Gastrostomy Tube	Rectal	Oral	Nebulization
Classification	Synthetic thyroxine	Azaspirone	Nonsalicylate, para-aminophenal derivative	Proton-pump inhibitor	Adrenergic
Mechanism of Action	Replaces endogenous thyroid hormone. May exert its physiologic effects by controlling DNA transcription and protein synthesis. The drug can also enhance carbohydrate and protein metabolism, increasing gluconeogenesis and protein synthesis.	May act as a partial agonist at serotonin receptors in the brain, thus producing antianxiety effects.	Prostaglandin production is blocked due to the drug's inhibition of the enzyme cyclooxygenase. This interferes with pain impulse generation in the peripheral nervous system.	Inhibits the hydrogen potassium adenosine triphosphate enzyme system (proton pump). By irreversibly blocking the intracellular exchange of hydrogen, hydrochloric acid is not allowed to form. Omeprazole decreases the amount of acid produced in stomach	Attaches to beta$_2$ receptors on bronchial cell membranes. This binding then simulates the conversion of ATP to cAMP. The reaction increases intracellular levels of cAMP and decreases intracellular calcium. This combination of effects relax the bronchial smooth-muscle cells and inhibit histamine release.
Reason Client Taking	Hypothyroidism	Anxiety	Mild to moderate pain relief	GERD	Bronchodilator
Contra-indications (2)	-Hypersensitivity to levothyroxine or its components - Uncorrected adrenal insufficiency	- Hypersensitivity to buspirone or its components - Severe renal or hepatic impairment	- Hypersensitivity to acetaminophen or its components - Severe hepatic impairment or severe active liver disease	- Concurrent therapy with rilpivirine-containing products - Hypersensitivity to omeprazole,	- Hypersensitivity to albuterol or its components

				substituted benzimidazoles, or their components	
Side Effects/ Adverse Reactions (2)	- Seizures - Arrhythmias	- Serotonin syndrome - Angioedema	- Hepatotoxicity - Hypo-albuminemia	**-** *C. difficile*-associated diarrhea - Bronchospasms	- Angina - Oropharyngeal edema

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett

    Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is lying in bed in her room Abnormal state of consciousness, unresponsive Patient is nonverbal and unable to follow commands Patient appears uncomfortable Disheveled
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 White skin color. Pale, yellow pallor (sallow) Skin intact Skin warm to touch Skin turgor normal mobility No visible rashes or bruises Skin shear present on right side lower buttock Braden score: 9, Severe risk No drains present

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	- Head and neck are symmetrical, nasolabial folds drooping. Trachea is midline without deviation. Thyroid is not enlarged or palpable. Bilateral carotid pulses are palpable. 2+. - No visible deformities or lesions. Bilateral canal clear w gray tympanic membranes. - Bilateral icteric sclera, bilateral cornea clear, discharge present. Drooping eyelids - Septum is midline, Nasal mucosa is dry - Dentition is fair. Oral mucosa is dry. Unable to fully visualize oral cavity.
CARDIOVASCULAR: **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 heart sounds heard. No murmurs, gallops, or rubs. - Normal rate and rhythm - Peripheral pulses 2+ throughout bilaterally - - - - Capillary refill less than 3 seconds on fingers and toes bilaterally - - No neck vein distention (No JVD) - No edema
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	- No accessory muscle use - Breath sounds present anteriorly/posteriorly, bilaterally - Rhonchi present bilaterally, louder in lower lobes

GASTROINTESTINAL:
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:
Feeding tubes/PEG tube Y ☐ N ☐
	- NPO
	- 5' 9"
	- 197 lbs
	- Normoactive bowel sounds in all four quadrants
	- Most recent bowel movement 10/14/21 at 0600
	- Abdomen is soft and nontender. No masses palpated. Nondistended.
	- No scars
	- No ostomy
	- Gastrostomy tube present: (Jevity 1.5 Cal/ml)

Type:	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
  Type:
  Size:
	- Urine appears amber color in brief
	- Patient is unable to report if she experiences pain with urination
	- No dialysis
	- No catheter present

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	- Ataxia - Patient is stiff and rigid in all 4 extremities - Unable to perform ROM - Patient wears heel-float boots - Patient is bedridden and unable to move significantly due to stiffness - Total dependence for ADL's - Not a fall risk - Morse Fall Scale Score: "Low fall risk", "completely immobilized" - Hoyer transfer, 2-person turn
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐** **if no - Legs ☐ Arms ☐** **Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	- - MAEW: No - PERRLA: yes - Patient unable to follow commands due to deficits, cannot test strength - Patient unresponsive - Nonverbal
PSYCHOSOCIAL/ CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think**	- Family support - Adult with Alzheimer's disease - No religious affiliation listed in documentation, unable to ask - Previously lived at home, but has been in long-term care for years (since 2016) - Her daughter and a staff member accompany the patient to healthcare

about home environment, family structure, and available family support):	appointments

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1200	**70 bpm** **Radial**	**138/72** **Left arm**	**18 rpm**	**97.5˚F** **Temporal**	**82%** **On 4L nasal cannula**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1205	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Note: Patient is unable to answer questions due to deficits

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
50 mL/hr x 22 hours (1,100 mL) and 180 mL with each med pass	**Not Measured** **(Patient is incontinent, Voids in briefs)**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by"	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

components			of goals and outcomes, modifications to plan.
1. Risk for anxiety related to patient's mental status as evidenced by irritability	In the past, the patient would act agitated and would scratch herself and others. Her anxiety is directly related to her Alzheimer's disease.	**1.** Attend to patient's comfort needs to increase trust and reduce anxiety 2.Accept patient as is- do not force change	The patient is unable to currently report her anxiety level due to the progression of Alzheimer's dementia. The patient does seem to be more at ease when her pain and anxiety are managed with medication. Accepting the patien'ts feelings is essential to build rapport. Forcing the client to change before the patient is ready/able may instill panic.
2. Impaired bed mobility related to physical deconditioning evidenced by neuromuscular impairment	The patient is in late-stage Alzheimer's disease and is immobilized.	1. Monitor patient for complications of impaired bed mobility (contractures, venous stasis, skin breakdown…) 2. Request help from colleagues when repositioning/turning the patient	The patient is unable to currently report her anxiety level due to the progression of Alzheimer's dementia. A skin shear was found during assessment and was reported to the patient's nurse. A two-person turn is a safer option due to the patient's size and inability to help turn.

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.).

    Wolters Kluwer.

Concept Map (20 Points)

Subjective Data

Does not use tobacco, drugs, or alcohol
No known allergies
Has previously reported no pertinent family history

Nursing Diagnosis/Outcomes

Risk for anxiety related to patient's mental status as evidenced by irritability patient is unable to currently report her anxiety level due to the progression of Alzheimer's dementia. The patient does seem to be more at ease when her pain and anxiety are managed with medication. Accepting the patient's feelings is essential to build rapport. Forcing the client to change before the patient is ready/able may instill panic. Impaired bed mobility related to physical deconditioning evidenced by neuromuscular impairment.

The patient is unable to currently report her anxiety level due to the progression of Alzheimer's dementia. A skin shear was found during assessment and was reported to the patient's nurse. A two-person turn is a safer option due to the patient's size and inability to help turn.

Objective Data

5' 9"
197 lbs

Pulse: 70 bpm, radial
B/P: 138/72, left arm
Respirations: 18

Temp: 97.5

O2 Saturation: 82% on 4 L nasal cannula
Laboratory Data
Results of cultures
Physical Examination Data

Patient Information
J. H.
Female
78 years old
White/Caucasian
Married
Retired
Alzheimer's disease
DNR
NPO

Nursing Interventions

.1A. Attend to patient's comfort needs to increase trust and reduce anxiety 1B. Accept patient as is- do not force change

2.2A. Monitor patient for complications of impaired bed mobility (contractures, venous stasis, skin breakdown…)
 2B. Request help from colleagues when repositioning/turning the patient