

N311 Care Plan #3

Lakeview College of Nursing

Ashley Pascual

Demographics (5 points)

Date of Admission 6/30/2021	Patient Initials MN	Age 66	Gender M
Race/Ethnicity African American	Occupation Retired	Marital Status Divorced	Allergies N/A
Code Status DNR	Height 6'	Weight 165.8	

Medical History (5 Points)

Past Medical History: TIA, Hyperlipidemia, Diabetes Mellitus Type 2, Dementia with behavioral disturbances, cerebral infarction, Atherosclerotic Heart disease, Coronary Artery Disease, Benign Prostate Hyperplasia, Chronic Kidney Disease, Repeated Falls, Muscle weakness, Insomnia, Hypertension. No dates noted in the chart.

Past Surgical History: N/A

Family History: Son: Hypertension

Paternal aunt: Diabetes, Paternal uncle: Diabetes

Social History (tobacco/alcohol/drugs): Former smoker, 0.25 packs a day.

Drugs: has used marijuana but not since 2011.

Admission Assessment

Chief Complaint (2 points): 7/7/21 Weakness

History of present Illness (10 points): He has a history of dementia. He has seen Dr. Llano neurology in the past. He was originally brought into family care on 1/21/2019 by his daughter because she was worried about his memory. He left the stove on, lost medications, and was forgetting family members names. He was also having difficulty performing ADLS, because of weakness. He did have neuropsychological testing on 2/26/2021. They determined cortical and subcortical dysfunction and significant decline in ability to perform ADLs.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Dementia

Secondary Diagnosis (if applicable):

Pathophysiology of the Disease, APA format (20 points): Dementia is a disease that can be brought on by many reasons, but primarily it is due to brain cell degradation. Dementia can be brought on by infection, head injuries such as multiple concussions, and genetics, “Even though they have different roots, all these diseases have one thing in common: they damage the brain, which leads to dementia” (Khan, 2018). There is no cure for dementia because it is a degenerative disease, there are medications that can treat symptoms of dementia. For example, Acetylcholinesterase- inhibitors can be used to reduce glutamate which is thought to cause brain cell damage. (Khan, 2018). Early signs and symptoms of dementia typically go unnoticed because it starts with a loss of short term memory, such as, appointments, dates, where things are placed. When it does begin to become noticeable is when patients forget names of family members or when the forgetfulness becomes dangerous, such as leaving the stove on (Davis, 2019). Risk factors of dementia include, age (40 above), genetics, smoking, alcohol use, atherosclerosis, high LDL, diabetes, and mild cognitive impairment. Not all cognitively impaired people get dementia, but on average 40% do (*Risk factors* 2017). There are many tests that are used to diagnose dementia, such as a mental status exam. A mental status exam requires the patient to repeat words back to the physician, draw a clock face, tell what day and year it is, and count backwards from one hundred by sevens. Brain imaging tests like MRI and CT scans can be used to ensure that the dementia is not being caused by a secondary disease like a tumor. For this patient all that was stated in the chart was that he had receive Neuro testing but did not specify

what kind. The patient is also using Donepezil, an Acetylcholinesterase inhibitor, which as mentioned reduces glutamate which can cause brain cell damage, effectively helping slow the progression of the disease.

Pathophysiology References (2) (APA):

Davis, C M. D. (2019, September 20). *Dementia warning signs, symptoms, stages, causes, treatment*. eMedicineHealth. Retrieved October 27, 2021, from https://www.emedicinehealth.com/dementia_overview/article_em.htm.

Khan, N. (2018, October 29). *The pathophysiology of dementia: What causes it?* BetterHelp. Retrieved October 27, 2021, from <https://www.betterhelp.com/advice/dementia/the-pathophysiology-of-dementia-what-causes-it/>.

Risk factors. Stanford Health Care (SHC) - Stanford Medical Center. (2017, September 11). Retrieved October 27, 2021, from <https://stanfordhealthcare.org/medical-conditions/brain-and-nerves/dementia/risk-factors.html>.

Laboratory Data (20 points)

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	Admission Value 4/30/21	Today's Value 7/9/2021	Reason for Abnormal Value
RBC	4.35-5.65	3.43	3.27	The patient is diagnosed with Chronic Kidney Disease, The

				kidney’s produce erythropoietin with stimulate the bone marrow to produce Red blood cells, with the kidneys compromised this process is limited. (What you need to know about anemia and kidney disease 2020)
Hgb	13.2-16.6	11.3	10.2	Low hemoglobin is directly related to the low red blood cell count, Hemoglobin attaches itself to red blood cells to carry oxygen. If there is a low RBC count there will be a low HGB count. (Low HGB and HCT - what does it mean in blood test 2017)
Hct	38.3-48.6	33.9	29.9	Low hematocrit is also related directly to the low red blood cell count. Hematocrit is another way of finding out how much red blood cells a person has. If the RBC count is low then HCT will in turn be as well. (Low HGB and HCT - what does it mean in blood test 2017)
Platelets	135-317	202	227	
WBC	3.4-9.6	7.16	8.3	
Neutrophils	2.5-7	6.4	6.7	
Lymphocytes	4.5-11.0	4.5	4.7	
Monocytes	3-13	9.5	8.0	
Eosinophils	0.0-0.6	.32	.19	
Bands	NONE	NONE	NONE	

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 7/9/21	Reason For Abnormal
Na-	134-143	N/A	136	

K+	3.5-4.5	N/A	4.3	
Cl-	95-108	N/A	102	
CO2	20-30	N/A	21	
Glucose	90-120	N/A	262	The patient is diagnosed with Diabetes mellitus type 2, this means that when the body is presented with glucose the Pancreas does not secrete insulin to help lower the blood glucose to the normal amount. Without enough insulin production the blood glucose will read high. <i>(How diabetes affects your blood sugar 2020)</i>
BUN	6-24	N/A	18	
Creatinine	0.7-1.4	N/A	1.0	
Albumin	3.5	N/A	3.7	
Calcium	8.5-10.5	N/A	9.9	
Mag	1.7-2.2	N/A	1.6	
Phosphate	NONE	N/A	NONE	
Bilirubin	1.2	N/A	0.7	Low Bilirubin counts have been linked to coronary artery disease which the patient is diagnosed with. But most people do not even notice that they have low bilirubin count because it does not present with any symptoms. So depending on if the client has always had this is could have been a contributing factor to the CAD diagnosis. <i>(Jewell, Low bilirubin levels: Symptoms, causes, and potential risks 2018)</i>

Alk Phos	44-147	N/A	80	
-----------------	--------	-----	----	--

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	Pale Yellow and Clear	N/A	N/A	
pH	4.6-8	N/A	N/A	
Specific Gravity	1.000-1.032	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	>150	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	2-5 WBC/hpf	N/A	N/A	
RBC	0-3 RBC/hpf	N/A	N/A	
Leukoesterase	Negative	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	<10,000 bacteria	N/A	N/A	
Blood Culture	No Bacteremia	N/A	N/A	
Sputum Culture	Normal Upper Respiratory	N/A	N/A	

	tract			
Stool Culture	Normal intestinal flora	N/A	N/A	
COVID 19	Negative	Negative	N/A	

Lab Correlations Reference (APA):

. Jewell, T. (2018, August 31). *Low bilirubin levels: Symptoms, causes, and potential risks*. Healthline. Retrieved October 27, 2021, from <https://www.healthline.com/health/low-bilirubin#potential-risks>.

Low HGB and HCT – what does it mean in blood test. Actforlibraries.org. (2017). Retrieved October 27, 2021, from <http://www.actforlibraries.org/low-hgb-and-hct/#:~:text=The%20hemoglobin%20%28Hgb%29%20and%20hematocrit%20%28HCT%29%20levels%20will,indicate%20the%20amount%20of%20hemoglobin%20in%20the%20blood>.

Mayo Foundation for Medical Education and Research. (2020, June 30). *How diabetes affects your blood sugar*. Mayo Clinic. Retrieved October 27, 2021, from <https://www.mayoclinic.org/diseases-conditions/diabetes/multimedia/blood-sugar/vid-20084642#:~:text=Video%3A%20How%20diabetes%20affects%20your%20blood%20sugar.%20When,insulin%2C%20the%20glucose%20can%27t%20get%20into%20your%20cells>.

What you need to know about anemia and kidney disease. Dialysis Patient Citizens Education Center. (2020, April 28). Retrieved October 27, 2021, from <https://www.dpcedcenter.org/news-events/news/what-you-need-to-know-about-anemia-and-kidney-disease/#:~:text=Anemia%20is%20common%20in%20people%20with%20chronic%20kidney,damaged%2C%20they%20often%20do%20not%20make%20enough%20EPO>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Patient has no charted diagnostic testing. With the diagnoses that the patient has there should have been some testing done. An Echocardiogram should have been performed in order to diagnose coronary artery disease, and atherosclerotic heart disease. The patient did have a CBC performed which could have contributed to the diagnosis of diabetes. The client has no urinalysis on file, but would have had to have one to diagnose the chronic kidney disease.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Atorvastatin	Clopidogrel	Donepezil	Finasteride	Metformin
Dose	40 mg	75mg	10mg	5 mg	500mg
Frequency	1x a day Bedtime	Once in the morning	Once in the morning	Once in the evening	Twice a day
Route	Oral	Oral	Oral	Oral	Oral
Classification	HMG-CoA reductase inhibitor	P2Y12 platelet inhibitor	Acetylcholinesterase inhibitor	5-alpha reductase inhibitor	Biguanide
Mechanism of Action	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	Binds adenosine diphosphate receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen from attaching to receptors. Without fibrinogen, platelets cannot aggregate and for	Reversibly inhibits acetylcholinesterase and improves acetylcholine’s concentration at cholinergic synapses. Raising acetylcholine levels in the cerebral cortex may improve cognition. Donepezil becomes less effective as Alzheimer’s disease progresses and numbers of intact cholinergic neurons declines.	Inhibits 5-alpha reductase, an intracellular enzyme that converts testosterone to its metabolite in liver, prostate, and skin. The metabolite is a potent androgen partially responsible for benign prostate hyperplasia and hair loss.	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production. Metformin also may improve glucose use by adipose tissue and skeletal muscle by increasing glucose

		Thrombi			transport across cell membranes and make them more sensitive to insulin. On addition metformin modestly decreases blood total cholesterol and triglyceride levels.
Reason Client Taking	To treat Hyperlipidemia	To decrease the risk of Stroke since the patients has already had a TIA.	To help treat Dementia.	To treat BPH	Help manage Type II diabetes
Contraindications (2)	Active Hepatic disease and breast feeding.	Active pathological bleeding and hypersensitivity to clopidogrel	Hypersensitivity to donepezil, piperidine, derivatives, and their components.	Females, hypersensitivity to finasteride	Acute or chronic metabolic acidosis and Ketoacidosis without coma
Side Effects/Adverse Reactions (2)	Arrhythmias and hypoglycemia	Intracranial bleeding and chest pain	Abnormal gait and agitation	Asthenia and Hypotension	Headache and hypoglycemia

Medications Reference (APA):

Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook* (20th ed.).

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Is alert to surroundings Orientation: x2 Person and Place Distress: No acute distress Overall appearance: Somewhat disheveled</p>	<p>Patient appears alert to surroundings and is oriented x2 only to person and place. No acute distressed noted but client appears somewhat disheveled</p>
<p>INTEGUMENTARY: Skin color: Brown, appropriate for ethnicity Character: Dry and Normal Temperature: Warm Turgor: Normal <3 seconds Rashes: none Bruises: none Wounds: none Braden Score: 16 mild. Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>	<p>Skin color is brown but appropriate for African American ethnicity. Skin is warm and dry upon palpation. No rashes, lesions, or bruises noted. Some patchiness noted in the hair, but texture is normal for ethnicity. Nails and toes without clubbing or cyanosis. Skin turgor is normal mobility of <3 seconds. Capillary refill is less than 3 seconds in both fingers and toes bilaterally.</p>
<p>HEENT: Head/Neck: Normocephalic and Symmetrical Ears: Bilateral and Symmetrical Eyes: Bilateral PERRLA Nose: Symmetrical, some drainage present Teeth: Own teeth, no sign of cavities</p>	<p>Head and neck are Symmetrical, trachea is midline without deviation, thyroid not palpable, no noted nodules, Bilateral carotid palpable and 2+. No lymphadenopathy noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink. No visible drainage form eyes noted. Bilateral lids are moist and pink without lesions. PERRLA bilaterally. EOMS intact. Ears bilateral auricles no visible or palpable deformities, lumps and lesions. Nose septum is midline without deviation. Clear discharge is noted from left nostril. Client has own teeth without signs of cavities.</p>
<p>CARDIOVASCULAR: Heart sounds: S1 and S2 normal S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Regular 2+ Capillary refill: <3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: N/A</p>	<p>Clear S1 and S2 sounds without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm noted. Peripheral pulse are palpable and 2+. Capillary refill is less that 3 seconds in toes and fingers bilaterally. No edema noted on all extremities.</p>

<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Normal both anteriorly and posteriorly, no wheeze, crackles, or rhonchi. Patient does has non productive cough</p>	<p>Normal rate and pattern of respirations, respirations are symmetrical and non-labored. Lung sounds are clear throughout anteriorly and posteriorly bilaterally with no wheezes, crackles, rhonchi. A productive cough is noted.</p>
<p>GASTROINTESTINAL: Diet at home: Regular Current Diet: Regular Height: 6' Weight:168.5 Auscultation Bowel sounds: Normal in all 4 quadrants Last BM: Morning (10/21/21) Palpation: Pain, Mass etc.: None Inspection: Distention: None Incisions: None Scars: None Drains: None Wounds: None Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/A Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: None</p>	<p>Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of the four quadrants. Bowel sounds are normal in all quadrants. Client has no complaint of pain at this time. Client is on a regular diet.</p>
<p>GENITOURINARY: Color: Yellow Character: Clear, no cloudiness Quantity of urine: Unable to measure as patient uses a brief Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: N/A Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>	<p>Urine appears to be slightly darker than normal but is still clear. No pain with Urination noted. Client does not undergo dialysis and no catheter noted.</p>
<p>MUSCULOSKELETAL: Neurovascular status: At risk of Neurovascular dysfunction ROM: Full bilaterally in arms but not in the legs. Supportive devices: Walker, Wheelchair and Gait Belt Strength: Has weakness on Left side of</p>	<p>Range of motion full bilaterally in arms but are 75% in legs. Hand grips and pedal pushes demonstrate a weakness in left side. Gait is impaired as client has issues with shuffling. Client requires supportive devices such as a walker with assistance, wheelchair and gait belt. Client needs assistance with ADLS. Patient is at high risk of falls.</p>

<p>the body. ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 75, high risk Activity/Mobility Status: Needs assistance Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> (Left side) Orientation: x2 Person and Place Mental Status: Responsive Speech: Mostly non-verbal Sensory: Normal LOC: None</p>	<p>Patient has left side weakness in extremities. They are oriented x2 to person and place, and responsive to stimulus. Patient is primarily non verbal.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Naps Developmental level: Normal Religion & what it means to pt.: None Personal/Family Data (Think about home environment, family structure, and available family support): Has a son that visits him.</p>	<p>Patient does not seem to have any hobbies to help cope but does take frequent naps. The patient has no religious affiliation. Patients son does come to visit and is the only family support.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	72 Radial	138/76 Right Arm	16	97.8 F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1210	Faces	NONE	NONE	NONE	NONE

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
<p>50% Breakfast</p> <p>1 glass water 180ml</p> <p>1 Orange juice 180ml</p>	<p>Non-measurable patient wears a brief and is incontinent.</p> <p>1 urination noted when at the facility.</p>

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for injury related to history of falls as evidenced by a fall score of 75, high risk</p>	<p>Patient has a history of falls and uses assistive devices with help. His morse fall score was 75 which is high risk.</p>	<p>1.Make sure the call light is near and the bed is in lowest position.</p> <p>2.Move patient closer to the nurses station so that they can be helped quicker so they do not injure themselves.</p>	<p>Patient will use call light when needing assistance to get up and around. This will prevent falls and further problems. Moving the patient near the nurses station allows for easier access to the patient so that assistant can be provided in a more timely manner so that the patient does not feel the need to get up and perform task on their own. Client is</p>

			unable to report on how the interventions are going because patient is primarily non-verbal.
2. Functional Urinary Incontinence related to dementia and evidenced by alteration in cognitive function.	Patient is brief dependent for urination as he is not able to communicate when he needs to use the toilet.	<p>1. Toilet patient every two hours after waking to help bladder train.</p> <p>2. Schedule patients fluid intake to try and get on a schedule for voiding.</p>	Patient will adhere to a schedule it may need to be modified to the patient through trial and error. By toileting patient every two hours a schedule can be planned on when client voids. With this the patient will hopefully be able to be continent again.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Risk for injury related to history of falls as evidenced by a fall score of 75, high risk. Patient has a history of falls and uses assistive devices with help. His morse fall score was 75 which is high risk. Patient will use call light when needing assistance to get up and around. This will prevent falls and further problems. Moving the patient near the nurses station allows for easier access to the patient so that assistant can be provided in a more timely manner so that the patient does not feel the need to get up and perform task on their own. Client is unable to report on how the interventions are going because patient is primarily non-verbal.

Functional Urinary Incontinence related to dementia and evidenced by alteration in cognitive function. Patient is brief dependent for urination as he is not able to communicate when he needs to use the toilet.. Patient will adhere to a schedule it may need to modified to the patient through trial and error. By toileting patient every two hours a schedule can be planned on when client voids. With this the patient will hopefully be bale to be continent again

Nursing Interventions

Toilet patient every two hours after waking to help bladder train. Schedule patients fluid intake to try

Diagnosis: TIA, Hyperlipidemia, Diabetes Mellitus Type 2, Dementia with behavioral disturbances, cerebral infarction, Atherosclerotic Heart disease, Coronary Artery Disease, Benign Prostate Hyperplasia, Chronic Kidney Disease, Repeated Falls, Muscle weakness, Insomnia, Hypertension. No dates noted in the chart.

HR: 72 bpm
 BP: 136/76
 RR: 16
 T: 97.8 F
 O2: 95%
 Lab results
 Physical assessment
 Culture results

Objective Data

Patient Information



