N431 Care Plan # 2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/21/21	**Patient Initials** B.G.	**Age** 59 years old	**Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Unemployed	**Marital Status** Single	**Allergies** NKA
Code Status Full Code	**Height** 170.18 cm	**Weight** 77.9 kg	

Medical History (5 Points)

Past Medical History: Patient has a history of type II diabetes, throat cancer, atrial fibrillation, anxiety, depression, transient ischemic attacks, high cholesterol, hypothyroidism, hypertension, coronary artery disease, and hyperglycemia.

Past Surgical History: Patient had a throat biopsy in 2012 and eye surgery as a child.

Family History: Patient has a family history of diabetes type II and pancreatic cancer on his maternal side. Patient is unknown of a history of his paternal side.

Social History (tobacco/alcohol/drugs): Patient is a daily smoker who smokes 4-6 cigarettes per day for the past 30 years. Patient denies current use of alcohol but says he occasionally drank in the past. Patient has a history of cannabis and methamphetamine use for the past 20 years but denies current use.

Assistive Devices: Patient has a cane at home that he has used since he began chemotherapy in 2012.

Living Situation: Patient lives at home alone in an apartment.

Education Level: Patient has a high school diploma as his highest form of education.

Admission Assessment

Chief Complaint (2 points): The patient complains of weakness, vomiting, and dizziness for the past day.

History of present Illness (10 points): Bradley G. is a 59-year-old Caucasian male who presented to the Sarah Bush Emergency Department on 10/21/21 via ambulance after a fall at home. The patient states, “I felt extremely dizzy and the next minute I was on the ground, I crawled to my phone as best as I could and dialed 911 because I knew something was wrong”. He presented with acute vertigo and had an elevated blood pressure of 231/112 upon arrival. His blood pressure improved on its own upon arrival from 231/112 to 168/95. He was then admitted to the second floor.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Stroke

Secondary Diagnosis (if applicable): N/A

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

A stroke is defined as a type of brain injury that is caused by ischemia of the brain tissue or hemorrhage of a cerebral blood vessel. There are two different types of strokes: ischemic and hemorrhagic. An ischemic stroke results from the obstruction in cerebral blood flow by either a thrombus or an embolus. The main arterial vessels that are most commonly affected are the internal carotid and middle cerebral arteries. This patient had an MRI Angio of the neck to visualize the carotid arteries to look for a thrombus. During an ischemic stroke, a clot travels up the internal carotid artery into the middle cerebral artery, where it is lodged, which causes ischemia of the brain tissue. The ischemia leads to cerebral infarction. A clot that causes ischemic strokes typically presents from complications of arteriosclerosis of a cerebral artery, atrial fibrillation, or carotid stenosis (Capriotti, 2020). Risk factors for cerebrovascular disease include age greater than 65 years, arteriosclerosis, hyperlipidemia, uncontrolled diabetes

mellitus, alcohol abuse, hypertension, smoking, obesity, and family history. This patient has a history of hypertension, uncontrolled diabetes mellitus, smoking, coronary artery disease, high cholesterol, and atrial fibrillation, which puts him at high risk for an ischemic stroke. Signs and symptoms of a stroke present from damage to the areas of the brain. Manifestations include hemiparesis or hemiplegia, slurred speech, loss of sensation in an extremity on one side of the body, facial droop, weakness, confusion, and drowsiness (Hinkle & Cheever, 2018). This patient presented with weakness and drowsiness. To diagnose an ischemic stroke, a CT scan without contrast or an MRI will show the area of injury. This patient had a CT scan performed that showed no evidence of acute infarct or hemorrhage, indicating an ischemic stroke. He also had an MRI of the brain without contrast that shows multifocal acute or subacute infarctions, indicating a cerebrovascular attack. Treatment for an ischemic stroke involves administration of a thrombolytic, aspirin with anticoagulants to prevent further damage, and possibly a thrombectomy (Capriotti, 2020). This patient was started on aspirin with anticoagulants to prevent further damage. He was also started on Clopidogrel for combination therapy. Vital sign and CBC changes that may be seen after an ischemic stroke include an increase in blood pressure, body temperature, and blood glucose. This patient presented with a blood pressure of 231/112 mmHg. He also had a high blood glucose upon admission of 354 mg/dL.

Pathophysiology References (2) (APA):

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

Hinkle, J. L., & Cheever, K. H. (2018). *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	4.28 – 5.56 $x10^6$ /mcL	5.60 $x10^6$ /mcL (H)	4.97 $x10^6$ /mcL	High red blood cell counts may be caused by low oxygen levels, which occurred with the patient in a hypertensive emergency following a stroke (Capriotti, 2020).
Hgb	13.0 – 17.0 g/ dL	17.0 g/dL	15.2 g/dL	
Hct	38.1 – 48.9%	49.9% (H)	43.5%	High hematocrit levels may be caused by low oxygen levels, which occurred with the patient in a hypertensive emergency following a stroke (Capriotti, 2020).
Platelets	149 – 393 k/ mcL	331 k/mcL	313 k/mcL	
WBC	4.0 – 11.7 $x10^2$ k/mcL	10.6 $x10^2$ k/mcL	8.4 $x10^2$ k/mcL	
Neutrophils	45.3 – 79.0%	N/A	61.3%	
Lymphocytes	11.8 – 45.9%	7.0% (L)	26.5%	Low lymphocyte counts following a stroke are due to the systemic pressure. This is an inflammatory process (Capriotti, 2020).
Monocytes	4.4 – 12.0%	2.0% (L)	9.6%	Low monocyte counts following a stroke are due to the systemic pressure. This is an inflammatory process (Capriotti, 2020).
Eosinophils	0.0 – 6.3%	N/A	2.1%	
Bands	0.0 – 10.0%	N/A	N/A	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136 – 145 mmol/L	142 mmol/ L	138 mmol/L	

K+	3.5 – 5.1 mmol/L	3.8 mmol/L	3.7 mmol/L	
Cl-	98 – 107 mmol/L	95 mmol/L (L)	101 mmol/L	The patient had a stroke upon admission, which can cause slight electrolyte disturbances (Capriotti, 2020).
CO2	21-31 mmol/L	29 mmol/L	31 mmol/L	
Glucose	74 – 109 mg/dL	354 mg/dL (H)	190 mg/dL (H)	The patient had an ischemic stroke, which causes the blood glucose to be increased, which is why it was upon admission. The patient is a diabetic. Diabetics present with a blood glucose that is typically higher than the normal value. (Capriotti, 2020).
BUN	7 – 25 mg/dL	7 mg/dL	13 mg/dL	
Creatinine	0.7 – 1.3 mg/dL	0.84 mg/dL	0.82 mg/dL	
Albumin	3.5 – 5.2 g/dL	4.0 g/dL	3.5 g/dL	
Calcium	8.6 – 10.3 mg/dL	9.2 mg/dL	9.3 mg/dL	
Mag	1.7 – 2.2 mg/dL	1.4 mg/dL (L)	N/A	The patient had a stroke upon admission, which can cause slight electrolyte disturbances (Capriotti, 2020).
Phosphate	2.5 – 4.5 mg/dL	2.8 mg/dL	N/A	
Bilirubin	0.3 – 1.0 mg/dL	1.0 mg/dL	1.0	
Alk Phos	34 – 104 units/L	102 units/L	83 units/L	
AST	13 – 39 units/L	14 units/L	13 units/L	
ALT	7 – 52 units/L	10 units/L	9 units/L	
Amylase	40 – 140 units/L	N/A	N/A	
Lipase	10 – 140 units/L	N/A	N/A	

Lactic Acid	0.5 – 2.0 mmol/L	N/A	N/A	
Troponin	0.0 – 1.030 ng/mL	0.010 ng/mL	N/A	
CK-MB	5 – 25 IU/L	3.76 IU/L	N/A	
Total CK	22 – 198 U/ L	47 U/L	N/A	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. *No labs were done.*

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8 – 1.1 seconds	N/A	N/A	
PT	11.0 – 13.5 seconds	N/A	N/A	
PTT	25 – 35 seconds	N/A	N/A	
D-Dimer	< 0.50%	N/A	N/A	
BNP	< 100 pg/mL	N/A	N/A	
HDL	1.0 – 1.6 mmol/L	N/A	N/A	
LDL	100 – 129 mg/dL	N/A	N/A	
Cholesterol	125 – 200 mg/dL	N/A	N/A	
Triglycerides	< 150 mg/dL	N/A	N/A	
Hgb A1c	< 5.7%	N/A	N/A	
TSH	0.5 – 5.0 mIU/L	2.72 mIU/ L	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	Light yellow, clear	Light yellow,	N/A	

		clear		
pH	5.0 – 8.0	7.0	N/A	
Specific Gravity	1.005 – 1.034	1.021	N/A	
Glucose	Negative	>1000 (A)	N/A	The patient was positive for methamphetamines upon admission, which can cause an increase in the urine glucose (Capriotti, 2020).
Protein	Negative	1+	N/A	The patient was positive for methamphetamines upon admission, which can cause protein to occur in the urine (Capriotti, 2020).
Ketones	Negative	Negative	N/A	
WBC	0 – 5 HPF	< 1	N/A	
RBC	0 – 3 HPF	< 1	N/A	
Leukoesterase	Negative	Negative	N/A	

Urine Toxicology	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Amphetamine	Negative	Positive	N/A	The patient is a methamphetamine user (Capriotti, 2020).
Methamphetamine	Negative	Positive	N/A	The patient is a methamphetamine user (Capriotti, 2020).

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	7.31 – 7.41	7.33	N/A	
PaO2	40 – 50 mmHg	25.2 mmHg (L)	N/A	The low PaO2 is due to the reduction in blood supply to part of the brain (Capriotti, 2020).
PaCO2	40 – 50 mmHg	60.2 (H)	N/A	The high PaCO2 is due to the reduction in blood supply to part of

				the brain (Capriotti, 2020).
HCO3	22 – 26 mmol/L	25.7 mmol/L	N/A	
SaO2	94 – 100%	46.8% (L)	N/A	The low SaO2 is due to the reduction in blood supply to part of the brain (Capriotti, 2020).

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. ***No Cultures Performed***

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):

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

Sarah Bush Lincoln Health Center. (2021). *Cerner*. https://www.sarahbush.org/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Chest: Results show no acute cardiopulmonary process.

CT Brain/Head without contrast: Results show no evidence of acute infarct or hemorrhage. There is mild parenchymal atrophy and signs of chronic small vessel disease,

MRI Brain without contrast: Results show multifocal acute or subacute infarctions.

MRI Angio neck without contrast: Results show a normal intracranial MRA.

EC Echo without contrast: Results show the left ventricle is normal in size with an ejection fraction of 65%. It also shows a grade I diastolic dysfunction on 10/21/21.

Electrocardiogram EKG: Results show normal sinus rhythm with premature atrial complexes in a pattern of bigeminy. They also show a right bundle branch block with a left anterior fascicular block.

Diagnostic Test Correlation (5 points):

The XR of the chest was performed on 10/20/21 to visualize the lungs and surrounding tissue, due to the vertigo and dizziness that this patient was experiencing upon admission. The CT of the brain/head was performed on 10/20/21 to visualize the brain and surrounding tissue to assess for bleeding related to the fall the patient had at home, along with the dizziness and vertigo the patient presented with. The CT also rules out a hemorrhagic stroke. The MRI of the brain and MRI Angio of the neck were performed on 10/21/21 to look at the coronary arteries to assess for the cause of the ischemic attack. The EC echo on 10/21/21 was done to visualize the functioning of the heart due to the patient presenting in a hypertensive emergency. Lastly, the EKG on 10/24/21 was performed to assess the heart rhythm of the patient since he was experiencing chest pain.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	**Generic**: clopidogrel **Brand**: Plavix	**Generic**: metformin **Brand**: Fortamet	**Generic**: levothyroxine **Brand**: Eltroxin	**Generic**: ertugliflozin **Brand**: Steglatro	**Generic**: bupropion **Brand**: Aplenzin
Dose	75 mg	1000 mg	75 mcg	5 mg	150 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacologic**: $P2Y_{12}$ platelet inhibitor **Therapeutic**: Platelet aggregation inhibitor	**Pharmacologic**: Biguanide **Therapeutic**: Antidiabetic	**Pharmacologic**: Synthetic thyroxine **Therapeutic**: Thyroid hormone replacement	**Pharmacologic**: Sodium glucose-dependent cotransporter inhibitor **Therapeutic**: Antidiabetic	**Pharmacologic**: Aminoketone **Therapeutic**: Antidepressant; smoking cessation adjunct
Mechanism of Action	Binds to adenosine diphosphate receptors on the surface of activated platelets, which prohibits aggregation of platelets.	Promotes storage of excess glucose as glycogen in the liver, which reduces glucose production.	Replaces endogenous thyroid hormones, which helps to control DNA transcription protein synthesis.	Inhibits sodium glucose link transporter-2 to reduce renal reabsorption of filtered glucose and lower the renal threshold for glucose. These actions increase urinary glucose excretion and lower blood glucose levels.	Inhibits dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression.
Reason Client Taking	Coronary artery disease and high cholesterol	Diabetes type II	Hypothyroidism	Diabetes type II	Depression
Contraindications	Active bleeding,	Renal disease,	Hypersensitivity	Hypersensitivity	Hypersensitivity

(2)	hypersensitivity to clopidogrel	hypersensitivity to metformin	to levothyroxine, Acute MI	to ertugliflozin, renal impairment	to bupropion, seizure disorders
Side Effects/Adverse Reactions (2)	Headache, dizziness	Heartburn, stomach pain	Blurred vision, pain in the hip or knee	Increased urination, weight loss	Constipation, decrease in appetite
Nursing Considerations (2)	Expect to give aspirin closely because risk of bleeding is increased Obtain blood cell count whenever signs and symptoms suggest a hematologic problem	Give metformin tablets with food to decrease and delay absorption, reducing risk of GI upset Monitor the patient's blood glucose level to evaluate medication effectiveness	Use cautiously in those with underlying cardiovascular disease Monitor PT of patient who is receiving anticoagulants	Monitor the patient's blood pressure closely because this drug causes intravascular volume contraction Monitor patients receiving insulin with this because hypoglycemia can occur	Use cautiously in patients with renal impairment Use seizure precautions; especially with those addicted to cocaine, opioids, or stimulants
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor clotting factors such as PT-INR and PTT due to the risk of bleeding.	Monitor folate levels, glucose levels, hematocrit, hemoglobin, red blood cells, creatinine, and B12 levels.	Monitor thyroid stimulating hormone, heart rate, and blood pressure prior to administration.	Monitor blood glucose levels prior to administration of this drug	Assess the patient's blood pressure prior to administration because this drug is known to cause hypertension
Client Teaching needs (2)	Discourage NSAID use due to potential for bleeding Caution patients that bleeding may continue longer than usual	Emphasize importance of checking blood glucose level regularly Caution patient to avoid alcohol, which can increase the risk of hypoglycemia	Inform the patient that this drug replaces a hormone that the thyroid gland naturally produces and may need to be taken for life Take the drug at least 30 minutes before breakfast	Take the dose exactly as prescribed, if the dose is missed then take it as soon as it remembered, but never double doses Inform patients on insulin to monitor their	Inform the patients caregivers to monitor depressed patients for worsened depression and increased suicide risk Alert the patient that they may

			to prevent GI upset, understand evening doses may cause insomnia	blood glucose since hypoglycemia may occur	produce false-positive urine screening tests for amphetamines even after drug use has been discontinued

Hospital Medications (5 required)

Brand/Generic	**Generic**: acetylsalicylic acid **Brand**: Aspirin	**Generic**: lorazepam **Brand**: Ativan	**Generic**: hydralazine **Brand**: Apresoline	**Generic**: apixaban **Brand**: Eliquis	**Generic**: atorvastatin **Brand**: Lipitor
Dose	81 mg	0.5 mg	5 mg	5 mg	80 units
Frequency	Daily	Q6H PRN	Q4H PRN	BID	Daily
Route	Oral - chew	Oral	IV push	Oral	Oral
Classification	**Pharmacologic**: Salicylate **Therapeutic**: NSAID; anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic	**Pharmacologic**: Benzodiazepine **Therapeutic**: Anxiolytic	**Pharmacologic**: Vasodilator **Therapeutic**: Antihypertensive	**Pharmacologic**: Factor Xa Inhibitor **Therapeutic**: Anticoagulant	**Pharmacologic**: HMG-CoA reductase inhibitor **Therapeutic**: Antihyperlipidemic
Mechanism of Action	Blocks the activity prostaglandin synthesis, which are important for inflammatory response.	Provides effects of gamma-aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of	Exerts a direct vasodilating effect on vascular smooth muscle and interferes with calcium movement in vascular smooth muscle by altering cellular calcium	Inhibits free and clot-bound factor Xa and prothrombinase activity.	Reduces plasma cholesterol 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

		the CNS.	metabolism.		breakdown.
Reason Client Taking	To reduce the risk of recurrent ischemic strokes	Anxiety	Hypertension	Reduce the risk of stroke and other thromboembolisms	High cholesterol
Contraindications (2)	Hypersensitivity to aspirin, active bleeding or coagulation disorders	Hypersensitivity to lorazepam, psychosis	Hypersensitivity to hydralazine, coronary artery disease	Hypersensitivity to apixaban, active bleeding	Hypersensitivity to atorvastatin, hepatic disease
Side Effects/Adverse Reactions (2)	Nausea, vomiting	Drowsiness, weakness	Facial flushing, constipation	Bleeding gums, easy bruising	Muscle weakness, headaches
Nursing Considerations (2)	Ask about tinnitus, this is a reaction that usually occurs when blood aspirin levels reach maximum dosage for therapeutic effect Place the patient on bleeding precautions	Use cautiously in those with a history of alcohol or drug use because of an increased risk of physical and psychological dependence Monitor patient's respirations every 5 to 15 minutes	Expect the provider to withdraw gradually to avoid a rapid increase in blood pressure Weight patient daily prior to drug administration therapy	Expect the drug to be discontinued 48 hours before an invasive surgery to avoid hemorrhage Monitor the patient closely for signs and symptoms of bleeding	Use cautiously in patients who consume high amounts of alcohol Monitor glucose levels in diabetics because this can affect blood glucose control
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor for tinnitus prior to administration Look at the patient's clotting factors such as PT and PT-INR prior to administration	Monitor the respiratory rate of the patient and do not give if respirations are below 12, this drug causes respiratory depression	Monitor ANA titer, blood pressure, heart rate, and CBC prior to administration.	Monitor the clotting factors such as PT and PT-INR. Also look at the RBCs, hemoglobin, and hematocrit for active bleeding.	Monitor liver function labs such as AST, ALT, Alk phos, Bilirubin Monitor albumin levels, protein, cholesterol, HDL, LDL, and triglycerides
Client Teaching needs (2)	Instruct the patient to take the aspirin with food to prevent GI upset	Instruct the patient to take the drug exactly as prescribed and not to stop taking abruptly due to	Advise the patient to change positions slowly, especially in the morning	Emphasize the importance of taking the dose exactly as prescribed	Take this drug at the same time each day to maintain its effects, it works best to take at night

	Instruct patient to stop taking the aspirin if symptoms of stomach or intestinal bleeding begin to occur	withdrawal symptoms Avoid hazardous activities until drug's CNS effects are known, such as driving	Urge patient to report numbness and tingling in the limbs	Explain bleeding precautions to the patient and inform them of longer clotting times	Advise the patient to monitor blood glucose levels closely at home

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning

Assessment

Physical Exam (18 points)

GENERAL (1 point):	
Alertness:	Alert and responsive
Orientation:	Oriented to person, place, time, and situation
Distress:	Appears to be in no distress
Overall appearance:	Appearance is appropriate; Well groomed
INTEGUMENTARY (2 points):	
Skin color:	Usual for ethnicity
Character:	Dry and intact
Temperature:	Warm to the touch
Turgor:	Elastic skin turgor
Rashes:	No rashes
Bruises:	No bruises
Wounds: .	No wounds
Braden Score:	21
Drains present: Y☐ N ☒	No
Type:	N/A

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Mouth:** **Teeth:**	 Symmetrical appearance of face and skull No hearing difficulties; External ears clean and even; Grey tympanic membrane PERRLA; Follows the 6 cardinal fields Patent; No nasal drainage; Moist mucous membranes; No septal deviation Pink; Moist mucous membranes Pale yellow teeth color
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 Cardiac rhythm not applicable 3+ pulse of the left and right radial artery, 3+ pulse of the left and right popliteal artery, 3+ pulse of the left and right femoral artery, 3+ pulse of the left and right dorsalis pedis Capillary refill < 3 seconds in both the upper and lower extremities No 0 - None N/A
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	. No Regular, unlabored respirations Bronchial/Vesicular breath sounds present; clear, diminished, equal breath sounds of the right upper lobe, right middle lobe, right lower lobe, left upper lobe and left lower lobe anteriorly and posteriorly
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	 Regular diet at home 1,500 – 1,700 calorie restriction 170.18 cm 77.9 kg Active in all four quadrants; RLQ, RUQ, LUQ, LLQ 10/20/21 No pain or masses upon palpation in all four quadrants No abdominal distention

Incisions:	No incisions
Scars:	No scars
Drains:	No drains
Wounds:	No wounds
Ostomy: Y ☐ N ☒	No
Nasogastric: Y ☐ N ☒	No
Size:	N/A
Feeding tubes/PEG tube Y ☐ N ☒	No
Type:	N/A
GENITOURINARY (2 Points):	
Color:	Amber
Character:	Clear
Quantity of urine:	400 mL
Pain with urination: Y ☐ N ☒	No pain
Dialysis: Y ☐ N ☒	No
Inspection of genitals:	N/A
Catheter: Y ☐ N ☒	No
Type:	N/A
Size:	N/A
MUSCULOSKELETAL (2 points):	
Neurovascular status:	Nail beds are pink; Capillary refill is <3 seconds in the upper and lower extremities; Extremities are warm and sensitive to touch
ROM:	Active ROM present, Moves extremities well
Supportive devices:	Walker
Strength:	5 – active motion against full resistance
ADL Assistance: Y☐ N ☒	No
Fall Risk: Y ☒ N☐	Yes
Fall Score:	60
Activity/Mobility Status:	
Independent (up ad lib) ☐	
Needs assistance with equipment ☒	Patient is up with one assist standby with the support of a walker
Needs support to stand and walk☐	
NEUROLOGICAL (2 points):	.
MAEW: Y ☒ N☐	Yes
PERLA: Y ☒ N☐	Yes
Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒	Yes; Legs and Arms
Orientation:	Oriented to person, place, time, and situation
Mental Status:	Normal cognition
Speech:	Clear, non-impaired speech
Sensory:	Sensitive to sound, touch, and hearing
LOC:	Alert
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 states that he leans on his one friends for help Can read and write, form structured sentences, and has the capability of making a fully informed decision Christian; He wants to get back into church. Patient states he is missing a big piece of his life. Lives at home with no family but has one friend who comes to check on him

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	61 bpm	120/68 mmHg	16	36.9 C	96% on RA
0300	68 bpm	133/76 mmHg	18	36.6 C	98% on RA

Vital Sign Trends: The patient had a slight increase in his blood pressure from 1100 to 0300. The patient has a history of hypertension and the morning medication is wearing off. There are no other abnormal vital signs. All vital signs remain stable from 1100 to 0300.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1220	Numerical	N/A	0/10	N/A	N/A
0300	Numerical	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: 20 gauge **Location of IV:** Left Peripheral Antecubital **Date on IV:** 10/22/21 **Patency of IV:** Clear/Patent **Signs of erythema, drainage, etc.:** No signs of erythema, drainage, or phlebitis **IV dressing assessment:** Clean, dry and intact	Saline lock
IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 18 gauge **Location of IV:** Right Peripheral Antecubital **Date on IV:** 10/22/21 **Patency of IV:** Clear/Patent **Signs of erythema, drainage, etc.:** No signs of erythema, drainage, or phlebitis **IV dressing assessment:** Clean, dry and intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
640 mL of water 240 mL of orange juice	400 mL of urine

Nursing Care

Summary of Care (2 points)

The patient had no procedures or testing done today. The nursing care today consisted of monitoring the patient's blood glucose to control it and monitoring the patient's vital signs, specifically his blood pressure. His blood pressure was elevated in the morning and went back to stable levels after medication administration. He tolerated his diet well and remained in bed. The physician notified us of his discharge orders and the patient was discharged home with home health with PT and OT.

Discharge Planning (2 points)

The patient will be discharged to his apartment in Mattoon. He will need PT and OT with home health due to his persistence vertigo and high risk of falling. He will need equipment to help with his glucose monitoring. His follow up plan is to meet with his primary care provider in one week. He needs to be educated on medication compliance, risk for falls, and bleeding precautions due to his anticoagulant therapy.

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 falls at home related to vertigo as evidenced by the patient continuing to have dizziness.	This nursing diagnosis was chosen due to the inability to maintain proper balance by himself.	**1.**Promote personal and environmental cleanliness (Phelps, 2020). **2.** Teach patient with unstable gait the proper use of assistive devices (Phelps, 2020).	The patient responded well to the suggestion of maintaining a clean personal space. The goal is to maintain a clean environment free from hazards that may cause a fall. The patient responded well to the teaching of the use of his walker and cane at home. The goal is to use his walker and cane correctly.
2. Impaired physical mobility related to the stroke as evidenced by his continuous vertigo.	This nursing diagnosis was chosen due to the patient remaining bedrest during his hospital stay and his concern for getting up again.	**1.** Provide progressive mobilization to the limits of patient's condition (Phelps, 2020). **2.** Refer patient to	The patient responded well to the progressive mobilization. The goal is to allow ambulation from the client when he is not going to fall. The patient responded

		a physical therapist for development of mobility regimen (Phelps, 2020).	well to the referral to the physical therapist. The goal is to see physical therapy 3 times a week to prevent falls.
3. Self-neglect related to lifestyle choices as evidenced by methamphetamine use.	This nursing diagnosis was chosen due to the patient's use of methamphetamines and current state of denial.	**1.** Assess the patient with complex health issues for adequate coping abilities (Phelps, 2020). **2.** Encourage patient to identify internally motivating factors for adhering to health regimens (Phelps, 2020).	The patient responded well to the discussion of his coping methods. The goal is to get him to stop taking methamphetamines. The patient responded well to the questions regarding why he chooses to do drugs. The goal is to get him to stop doing drugs.
4. Impaired religiosity related to ineffective coping strategies as evidenced by methamphetamine use.	This nursing diagnosis was chosen due to the patient stating he wants to go back to church but feels that his lifestyle controls him.	**1.** Approach patient in a nonjudgmental way when he is discussing religious beliefs and spiritual needs (Phelps, 2020). **2.** Help the patient list the religious practices that are most important to him (Phelps, 2020).	The patient responded well to a nonjudgmental approach to his religious beliefs. The goal is to get him to not be afraid of judgement for what he believes. The patient responded well to discussing what religious practices are most important to him. The goal is to encourage him to find a church that he feels that he can go do for his spiritual needs.

Other References (APA):

Phelps, L. L. (2020). *Nursing diagnosis: Reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The patient presented with weakness, vomiting, and dizziness.
The patient currently experiencing dizziness.

Nursing Diagnosis/Outcomes

Risk for falls at home related to vertigo as evidenced by the patient continuing to have dizziness.
Goals: Maintain a clean environment free from hazards that may cause a fall, use his walker and cane correctly.
Impaired physical mobility related to the stroke as evidenced by his continuous vertigo.
Goals: Allow ambulation from the client when he is not going to fall, see physical therapy 3 times a week to prevent falls.
Self-neglect related to lifestyle choices as evidenced by methamphetamine use.
Goals: To get him to stop taking methamphetamines.
Impaired religiosity related to ineffective coping strategies as evidenced by methamphetamine use.
Goals: To get him to not be afraid of judgement for what he believes, to encourage him to find a church that he feels that he can go do for his spiritual needs.

Objective Data

A CT of the brain indicates no acute infant or hemorrhage. An MRI of the brain shows multifocal acute or subacute infarctions, which indicates an ischemic stroke has occurred. His blood glucose was ___ upon admission and has gone down since. His blood pressure was __ upon admission and has returned to normal levels since. His ABG upon admission revealed hypoxemia with a PaO2 of 25.2 and a SaO2 of 46.8%.

Patient Information

A 59-year-old male with a history of diabetes, hypertension, atrial fibrillation, hyperlipidemia, anxiety, depression, hypothyroidism, coronary artery disease, and transient ischemic attacks is admitted due to a fall at home related to dizziness and weakness. He has throat cancer and is noncompliant with all of his medications at home.

Nursing Interventions

Promote personal and environmental cleanliness.
Teach patient with unstable gait the proper use of assistive devices.
Provide progressive mobilization to the limits of patient's condition.
Refer patient to a physical therapist for development of mobility regimen.
Assess the patient with complex health issues for adequate coping abilities.
Encourage patient to identify internally motivating factors for adhering to health regimens.
Approach patient in a nonjudgmental way when he is discussing religious beliefs and spiritual needs.
Help the patient list the religious practices that are most important to him.