

N311 Care Plan #3

Lakeview College of Nursing

Camryn Studer

**Demographics (5 points)**

<b>Date of Admission</b> 10/14/2021	<b>Patient Initials</b> E.T.	<b>Age</b> 73	<b>Gender</b> M
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired (F.S. Warehouse)	<b>Marital Status</b> Married	<b>Allergies</b> No known allergies
<b>Code Status</b> Full code	<b>Height</b> 65 in	<b>Weight</b> 145.2 lbs	

**Medical History (5 Points)**

**Past Medical History:**

- High cholesterol
- Parkinson's disease
- Essential hypertension
- Deep vein thrombosis
- Restless leg syndrome

**Past Surgical History:**

- Excision of lipoma on trunk 9/11/2020
- Sentinel node biopsy 9/11/2020

**Family History:**

- Father: Stroke
- Mother: Cardiovascular disease and Macular disease

**Social History (tobacco/alcohol/drugs):**

- Occasional alcohol use
- Former smoker; one pack a day from ages 20-71 years old
- No substance abuse

### **Admission Assessment**

**Chief Complaint (2 points):** Chest pain

**History of present Illness (10 points):**

Patient was admitted to the emergency department at Hospital Sisters Health Systems (HSHS) Good Shepherd with abdominal pain in the left middle quadrant. Patient stated “the pain started three to four days ago and progressively got worse.” When asked if the pain radiates or is localized the patient said it sometimes radiates to his back but typically stayed in the same place (left middle quadrant.) The patient says it is an achy pain and rated it an 8 out of 10 on the pain scale. Nothing seems to alleviate the pain and gets worse when he coughs. The abdominal workup was unremarkable, so he was transferred to Sarah Bush Lincoln Hospital (SBLHS) for a cardiology consultation. The patient presented to SBLHS with an elevated troponin level of 0.08.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** non-displaced fracture of left radial styloid process

**Secondary Diagnosis (if applicable):** N/A

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

When the fractured bone and surrounding tissues bleed, generating a fracture hematoma, the natural healing process begins. A blood clot forms between the fragmented shards when the blood coagulates. Blood arteries form into the jelly-like matrix of the blood clot within a few days. The new blood arteries bring phagocytes to the region, allowing the non-viable material to be gradually removed. In addition, blood veins transport fibroblasts into the vessel walls, which multiply and generate collagen fibers. The blood clot is replaced by a collagen matrix in this way. Collagen's rubbery consistency allows bone fragments to move only a small amount unless severe or persistent force is applied. (Meena et al., 2014).

Some fibroblasts start laying down bone matrix in the form of collagen monomers at this point. These monomers combine spontaneously to produce the bone matrix, within which bone crystals (calcium hydroxyapatite) are formed as insoluble crystals. Healing bones typically takes about six weeks depending on the severity of the fracture (Meena et al., 2014). My patient did not have any updated lab values but if we did we would expect changes like increased white blood cell count.

Symptoms of a radial fracture:

- Immediate pain with tenderness when touched
- Bruising and swelling around the wrist
- Deformity — the wrist being in an odd position (*Distal radius fracture, 2020*).

Diagnostic testing used to identify a fracture is x-ray, computed tomography scan (CT), and magnetic resonance testing (MRI) (*Distal radius fracture, 2020*).

Treatment options:

A splint or cast is used when the distal radius fracture is in a satisfactory position. It is frequently used as a last resort treatment until the bone recovers. A cast is usually worn for up to six weeks. Then, for comfort and support, you'll be provided a removable wrist splint to wear. You can begin physical therapy to regain proper wrist function and strength once the cast is removed (*Distal radius fracture*, 2020). My patient had a non-displaced fracture which means it was a clean break. The styloid process that was broken remained in the correct position, so the doctors were able to put on a cast immediately after confirming the extent of the fracture. If the fracture was displaced, then he would have had a different treatment and potentially even surgery.

#### References:

*Distal radius fracture (wrist fracture)*. Johns Hopkins Medicine. (n.d.). Retrieved November 1, 2021, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/distal-radius-fracture-wrist-fracture>.

Meena, S., Sharma, P., Sambharia, A. K., & Dawar, A. (2014). *Fractures of distal radius: An Overview*. Journal of family medicine and primary care. Retrieved November 1, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311337/>.

### 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	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8x10 <sup>6</sup> /mL	N/A	N/A	N/A

<b>Hgb</b>	<b>12.0-15.8g/dL</b>	N/A	N/A	N/A
<b>Hct</b>	<b>36.0-47.0%</b>	N/A	N/A	N/A
<b>Platelets</b>	<b>140-440K/ mcL</b>	N/A	N/A	N/A
<b>WBC</b>	<b>4.0-12.0K/ mcL</b>	N/A	N/A	N/A
<b>Neutrophils</b>	<b>40-60%</b>	N/A	N/A	N/A
<b>Lymphocytes</b>	<b>19-49%</b>	N/A	N/A	N/A
<b>Monocytes</b>	<b>3.0-13.0%</b>	N/A	N/A	N/A
<b>Eosinophils</b>	<b>0.0-8.0%</b>	N/A	N/A	N/A
<b>Bands</b>	<b>0.0-10.0%</b>	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.

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>134-144mmol/L</b>	N/A	N/A	N/A
<b>K+</b>	<b>3.5-5.1mmol/L</b>	N/A	N/A	N/A
<b>Cl-</b>	<b>98-107mmol/L</b>	N/A	N/A	N/A
<b>CO2</b>	<b>21-31mmol/L</b>	N/A	N/A	N/A
<b>Glucose</b>	<b>70-99mg/dL</b>	N/A	N/A	N/A
<b>BUN</b>	<b>7-25 mg/dL</b>	N/A	N/A	N/A
<b>Creatinine</b>	<b>0.50-1.20mg/dL</b>	N/A	N/A	N/A
<b>Albumin</b>	<b>3.5-5.7 g/dL</b>	N/A	N/A	N/A
<b>Calcium</b>	<b>8.6-10.3 mg/dL</b>	N/A	N/A	N/A
<b>Mag</b>	<b>1.6-2.6 mg/dL</b>	N/A	N/A	N/A

<b>Phosphate</b>	<b>2.4-4.5 units/L</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Bilirubin</b>	<b>0.3-1.0 mg/dL</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Alk Phos</b>	<b>34-104 units/L</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>yellow, clear</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>pH</b>	<b>5.0-9.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Specific Gravity</b>	<b>1.003-1.013</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Glucose</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Protein</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Ketones</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>WBC</b>	<b>0.0-0.5</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>RBC</b>	<b>0.0-3.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Leukoesterase</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Blood Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<b>Sputum Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Stool Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**Lab Correlations Reference (APA):**

Labs to know for Nclex Review. Registered Nurse RN. (2019, July 17). Retrieved October 11, 2021, from <https://www.registerednurses.com/labs-to-know-fornclex-review/>.

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

Troponin was elevated (0.08) at Hospital Sisters Health Systems (HS) Good Shepherd which resulted in being transferred to Sarah Bush Lincoln Hospital (SBLHS) for a cardiology consultation. The troponin levels were checked because of the patient's initial complaint of chest pain. Elevated troponin levels can help determine if the patient has suffered a myocardial infarction (*Troponin - understand the Test & Your Results*, 2021).

**Reference:**

*Troponin - understand the Test & Your Results*. Lab Tests Online. (2021, January 27). Retrieved November 2, 2021, from <https://labtestsonline.org/tests/troponin#:~:text=When%20there%20is%20damage%20to,has%20suffered%20a%20heart%20attack.>

**Current Medications (10 points, 2 points per completed med)**

**\*5 different medications must be completed\*****Medications (5 required)**

<b>Brand/ Generic</b>	B: Lipitor G: Atorvastatin	B: Warfarin G: Coumadin	B: Sildenafil G: Viagra	B: Requip G: Ropinirole	B: Coreg G: Carvedilol
<b>Dose</b>	30 mg	4 mg	100 mg	2 mg	3.125 mg
<b>Frequency</b>	At bedtime	Every evening	Every 24 hours	3x a day	2x a day
<b>Route</b>	Oral	Oral	Oral	Oral	Oral
<b>Classification</b>	Hmg coa reductase inhibitors (Vallerand & Sanoski, 2021).	Coumarins (Vallerand & Sanoski, 2021).	Phosphodiesterase type 5 inhibitors (Vallerand & Sanoski, 2021).	Dopamine agonists (Vallerand & Sanoski, 2021).	Beta blockers (Vallerand & Sanoski, 2021).
<b>Mechanism of Action</b>	-Lowering of total and LDL cholesterol and triglycerides. Slightly increases HDL cholesterol. -Reduction of lipids/cholesterol reduces the risk of myocardial infarction and stroke sequelae. -Slows progression of coronary atherosclerosis with resultant	-Interferes with hepatic synthesis of vitamin K-dependent clotting factors -Prevention of thromboembolic events (Vallerand & Sanoski, 2021).	-Enhances effects of nitric oxide released during sexual stimulation. Nitric oxide activates guanylate cyclase, which produces increased levels of cyclic guanosine monophosphate (cGMP). cGMP produces smooth muscle relaxation of the corpus cavernosum,	-Stimulates dopamine receptor in the brain -Decreased temp and rigidity in Parkinson's disease. -Decreased restlessness (Vallerand & Sanoski, 2021).	-Blocks stimulation of beta1 (myocardial) and beta2 (pulmonary, vascular, and uterine)-adrenergic receptor sites. -Also has alpha1 blocking activity, which may result in orthostatic hypotension (Vallerand & Sanoski, 2021).

	decrease in coronary heart disease related events. (Vallerand & Sanoski, 2021).		which promotes increased blood flow and subsequent erection. cGMP also leads to vasodilation of the pulmonary vasculature. Sildenafil inhibits the enzyme phosphodiesterase type 5 (PDE5), PDE5 inactivates cGMP. -Produces vasodilation of pulmonary vascular bed (Vallerand & Sanoski, 2021).		
<b>Reason Client Taking</b>	High cholesterol (Vallerand & Sanoski, 2021).	Blood clots (Vallerand & Sanoski, 2021).	Erectile dysfunction (Vallerand & Sanoski, 2021).	Restless leg syndrome (Vallerand & Sanoski, 2021).	Hypertension (Vallerand & Sanoski, 2021).
<b>Contraindications (2)</b>	- Hypersensitivity -Pregnancy (Vallerand & Sanoski, 2021).	- Uncontrolled bleeding -Open wounds (Vallerand & Sanoski, 2021).	- Hypersensitivity -Concurrent use of nitrates or riociguat (Vallerand & Sanoski, 2021).	- Hypersensitivity -Hepatic impairment (Vallerand & Sanoski, 2021).	- History of serious hypertension reaction -Pulmonary edema (Vallerand & Sanoski, 2021).

<b>Side Effects/Adverse Reactions (2)</b>	-Chest pain -Rhinitis (Vallerand & Sanoski, 2021).	-Dermal necrosis -cramps (Vallerand & Sanoski, 2021).	-Myocardial infarction -Sudden death (Vallerand & Sanoski, 2021).	-Sleep attacks -Abnormal vision (Vallerand & Sanoski, 2021).	-Bradycardia -Blurred vision (Vallerand & Sanoski, 2021).
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**Medications Reference (APA):**

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	-Alert. -A & O x4. -No signs of distress. -Well groomed.
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	-Appropriate for ethnicity. -Dry, thin. -Warm. -Loose. -N/A -Generalized bruising. -Left leg skin tear. -18.
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	-Normocephalic, neck is supple, no lymph nodes palpable. -Symmetrical, no cerumen, no ear pain. -PEERLA, extra ocular movements intact. -Nares are patent, no deviated septum, no signs of epistaxis. -Dentures, gums are intact.

<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>                  S1, S2, S3, S4, murmur etc.  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>   <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>-S1, S2 auscultated.                   -Normal sinus rhythm.                  -right radial pulse 3+, left brachial pulse 3+, lower extremities 3+.                  -Less than 3.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>-Anterior, posterior clear and equal bilaterally.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	<p>-Regular.                  -Regular.                  -65in                  -145.2                  -All four quadrants active.                  -Today 10/26/21.                  -Abdomen soft, not tender. No masses noted.                  -N/A                  -N/A                  -N/A                  -N/A                  -N/A                  -N/A</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>-N/A                  -N/A                  -N/A                  -N/A</p>

<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input checked="" type="checkbox"/>  <b>Needs support to stand and walk</b> <input checked="" type="checkbox"/></p>	<p>-Intact.                  -Active/Passive intact.                  -Walker, Wheelchair.                  -3+ right side, 1+ left side (cast on left arm).                   -90.                  -1 assist.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -                  Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>-Left arm weak, legs equal.                   -A &amp; O x4.                  -Alert.                  -Clear.                  -Intact.                  -N/A.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>-Listens to music, watches sports.                  -Bachelor's degree.                  -Christian.                  -Wife comes and visits him frequently.</p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:00	85 bpm  (Radial)	129/67  (Right arm)	18	98.0 °F  (Temporal)	95%  (Room air)

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>11:00</b>	<b>0/10</b>	N/A	N/A	N/A	N/A

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
N/A	N/A

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<ol style="list-style-type: none"> <li>1. Impaired mobility related to Parkinson’s disease as evidence by tremors, impaired posture, balance, and bradykinesia. (<i>Parkinson's disease, 2020</i>).</li> </ol>	<ul style="list-style-type: none"> <li>• Parkinson’s disease is a nervous system disorder that affects movement which causes multiple mobility deficits (<i>Parkinson's disease, 2020</i>).</li> </ul>	<ol style="list-style-type: none"> <li>1. Bed in low position, call light in reach, check on patient regularly.</li> <li>2. Utilization of assistive devices including; wheelchair, walker, rails, gait belt, etc.</li> </ol>	<ul style="list-style-type: none"> <li>• Patient did not respond well to nurse actions.</li> <li>• The patient uses a walker but continues to mobilize without notifying a nurse.</li> <li>• Modifications to the plan could be bed and chair alarms, 15 minute check ins on patient, and moving the patient close to the nurse’s station.</li> </ul>

<p>2. Disturbed sleep pattern related to restless leg syndrome as evidence by sensations of crawling, creeping, pulling, aching, itching, electric shock in legs at rest (<i>Restless legs syndrome</i>, 2020).</p>	<ul style="list-style-type: none"> <li>• Restless leg syndrome is unpleasant sensations in legs at rest. The sensation subsides with movement which makes it hard to fall asleep (<i>Restless legs syndrome</i>, 2020).</li> </ul>	<p>1. Warm baths and massages to help relax the muscles in the legs before bed.</p> <p>2. Exercise can help relieve symptoms of restless leg syndrome.</p>	<ul style="list-style-type: none"> <li>• Along with medication to relax the leg muscles, the patient stretches and massages legs before bed.</li> <li>• The patient tries to be as mobile as possible to help alleviate symptoms at night.</li> <li>• Goals met.</li> </ul>
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**Overall APA format (5 points):**

*Distal radius fracture (wrist fracture)*. Johns Hopkins Medicine. (n.d.). Retrieved November 1, 2021, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/distal-radius-fracture-wrist-fracture>.

Labs to know for Nclex Review. Registered Nurse RN. (2019, July 17). Retrieved October 11, 2021, from <https://www.registerednursern.com/labs-to-know-fornclx-review/>.

Mayo Foundation for Medical Education and Research. (2020, December 8). *Parkinson's disease*. Mayo Clinic. Retrieved November 1, 2021, from <https://www.mayoclinic.org/diseases-conditions/parkinsons-disease/symptoms-causes/syc-20376055>.

Mayo Foundation for Medical Education and Research. (2020, January 21). *Restless legs syndrome*. Mayo Clinic. Retrieved November 1, 2021, from <https://www.mayoclinic.org/diseases-conditions/restless-legs-syndrome/symptoms-causes/syc-20377168>.

Meena, S., Sharma, P., Sambharia, A. K., & Dawar, A. (2014). *Fractures of distal radius: An Overview*. Journal of family medicine and primary care. Retrieved November 1, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4311337/>.

Phelps, L. L. (2020). Sparks & Taylor’s nursing diagnosis reference manual (11th ed.).

*Troponin - understand the Test & Your Results.* Lab Tests Online. (2021, January 27). Retrieved November 2, 2021, from <https://labtestsonline.org/tests/troponin#:~:text=When%20there%20is%20damage%20to,has%20suffered%20a%20heart%20attack.>

Vallerand, A. H., & Sanoski, C. A. (2021). *Davis's drug guide for Nurses*. F.A. Davis Company

**Concept Map (20 Points):**

**Subjective Data**

**Nursing Diagnosis/Outcomes**

1. The patient has impaired mobility related to the pain started three to four days ago and progressively got worse.
  - Evaluation/outcome: Goals not met, the patient uses a walker but continues to mobilize without notifying a nurse. Modifications to the plan could be bed and chair alarms, 15 minute check ins on patient, and moving the patient close to the nurse's station.
2. The patient has disturbed sleep pattern related to restless leg syndrome (Restless legs syndrome). The patient says it is an achy pain and rated it as a 8 out of 10 on the pain scale.
  - Evaluation/outcome: Goals not met, the patient relax the leg muscles, the patient stretches and massages legs before bed. The patient also tries to be as mobile as possible to help alleviate symptoms at night.
- Goals met.

**Objective Data**

**Patient Information**

**Nursing Interventions**

1. Bed in low position, call light in reach, check on patient regularly.
    - Seventy-three year old patient who lives Pulse: 85 bpm (normal)
  2. Utilization of assistive devices medical history of high blood pressure, 12/16/21 multiple sclerosis, wheelchair, walker, fans, gait belt, etc.
    - Respiratory status, 18 SpO2 on room air, 18
    - Temperature 98.0 (normal)
    - Restless leg symptoms (R/S) was Oxygen 59% on 2L O2
    - Abdominal workup was unremarkable
    - Tropoin level of 0.08
- (Phelps, 2020). The patient presented to SBLHS with an elevated troponin level of 0.08. The patient is now at Odd Fellows for rehabilitation.





