

Medications

Levetiracetam 750mg IV Push Q12h: anticonvulsant/avoid alcohol, tell doctor about any rash development – patient is taking to prevent seizures from pooling blood in the brain.
Sodium Chloride 3% 30mL/hr IV continuous: hypertonic solution/keep blood pressure low, assess the bag for any discoloration – patient is taking reduce inflammation in the brain.
Labetalol 10mg IV Push Q4h: beta-blocker/do not take if diagnoses with asthma, do not take with certain calcium channel blockers – patient is taking to reduce blood pressure to help with swelling.
Hydralazine 10mg oral Q4h: vasodilator/may lead to uncontrolled high BP, assess for fluid retention – patient is taking for high blood pressure.
Furosemide 20mg oral 2xdaily: loop diuretic/assess fluid status, monitor pulse and BP – patient is taking to eliminate extra fluid to reduce swelling.
Fentanyl 50mcg IV push Q2h: narcotic/monitor O2, assess for signs of adverse reactions – patient is taking for severe pain.
Metformin 500mg Oral 2xdaily: anti-diabetic/avoid large amounts of alcohol, take with meals – patient is taking because of diabetes mellitus. (Jones & Bartlett, 2020).

Lab Values/Diagnostics

Glucose (74-100): 180, patient has diabetes mellitus.
 Creatinine (0.55-1.30): 1.48, patient is on a loop diuretic and could be dehydrated.
 Chloride (98-107): 112, patient is dehydrated.
 CO2 (22-29): 20, patient has diabetes mellitus.
 WBC (4-11): 12.88, patient could have an infection from the leaking blood and occipital fracture.
 INR (0.9-1.1): 1.4, patient has a blood pooling in his brain and is not clotting fast enough to stop the leakage.
 CT scan (clear, normal): showed 7mm of pooling blood that is moving towards the midline of the brain. (Capriotti & Frizzell, 2019).

Demographic Data

Date of Admission: 11/2/2021
Admission Diagnosis/Chief Complaint: Fall from standing
Age: 85 years old
Gender: Male
Race/Ethnicity: Caucasian
Allergies: NKDA
Code Status: DNAR
Height in cm: 188 cm
Weight in kg: 105.7 kg
Psychosocial Developmental Stage: Integrity vs. Despair
Cognitive Developmental Stage: Formal operational
Braden Score: 9
Morse Fall Score: 36
Infection Control Precautions: Standard

Admission History

The patient presented to the emergency department at St. Mary’s in Kankakee, IL on 11/2 for persistent nausea and headache. The patient was sitting on his walker and leaned over to pick an object up but fell backwards hitting his head. He was then transferred and admitted to CT7 11/3. The patient did not seek prior treatment before presenting to the ED.

Medical History

Previous Medical History: The patient’s previous medical history consists of hypertension, diabetes mellitus, and aortic stenosis
Prior Hospitalizations: The patient has no prior hospitalizations.
Previous Surgical History: The patient’s previous surgical history consists of a transcatheter aortic valve replacement.
Social History: The patient reported being a former smoker, no drug use, and occasionally used alcohol years ago.

Pathophysiology

Disease process: A subdural hematoma occurs when there is trauma to the blood vessels in the brain causing blood to pool between the brain and outer most layer (Mayo Clinic Staff, 2020).
S/S of disease: The signs and symptoms of a subdural hematoma include headache, coma, nausea, vomiting, slurred speech, and confusion (Mayo Clinic Staff, 2020).
Method of Diagnosis: The method to diagnose a subdural hematoma is by obtaining a CT scan of the brain to confirm the pooling blood (Mayo Clinic Staff, 2020).
Treatment of disease: The treatment of a subdural hematoma includes anticonvulsant medications, craniotomy, decompressive craniectomy, and a surgical drain. The patient must be able to qualify for certain surgeries (Mayo Clinic Staff, 2020).

Active Orders

Diet: The patient is to start a mechanical diet until cleared for a regular diet.

- The patient is confused and lethargic and needs a softer diet until back to normal.

Vascular Care: The picc line is accessible for use.

- The patient requires a picc line as he has 4 hour blood draws due to being on 3% sodium chloride.

Physical Exam/Assessment

General: The patient is A&Ox4 but confused/lethargic. Orientated to person, place, time, and current event. No apparent distress. Well-groomed.

Integument: The patient's skin is pale, dry, and warm. Skin turgor is normal. No rashes and wounds noted. Mild bruising on back of head.

HEENT: Head and neck are symmetrical. Auricles moist and pink with no rashes or lesions noted. PERRLA. Septum midline. Overall good dentition.

Cardiovascular: Clear S1 & S2 sounds. Normal sinus rhythm. Peripheral pulse present in all locations. Capillary refill less than 3 seconds. No vein distention noted. No visible edema.

Respiratory: Clear lung sounds bilaterally in all lobes. Nonlabored breathing patterns.

Genitourinary: The patient's urine is amber in color and clear in clarity. The patient had 150mL of urine output. The patient reported no pain with urination. Patient is not receiving dialysis. Patient has a foley catheter.

Musculoskeletal: The patient is alert. Patient can move extremities well but has weakness in lower extremities. The patient has a walker. Fall score: 36, making the patient a high fall risk. Unable to assess Activity/Mobility status as patient is on bedrest.

Neurological: The patient moves all extremities well but has weakness in lower extremities. The patient is alert and orientatedx4. The patient has clear, non-slurred speech. There are no sensory deficient noted. The patient falls in and out of sleep during assessment.

Most recent VS (include date/time and highlight if abnormal): 11/3 @ 1415 vital signs were as follows: **BP 144/65** (BP is high, but normal for this patient), RR 18, O2 90% on 2L, HR 71, T 98.2

Pain and pain scale used: Patient reported pain 10/10 on a scale of 0-10.

<p align="center">Nursing Diagnosis 1</p> <p>Risk for injury related to altered sensory perception as evidenced by patient is confused.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Impaired swallowing related to neuromuscular/perceptual impairment as evidenced by patient had a swallow evaluation.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Acute pain related to head contusions as evidenced by patient reported severe pain.</p>
<p align="center">Rationale</p> <p>The patient is confused and lethargic.</p>	<p align="center">Rationale</p> <p>Patient had a swallow evaluation done and is placed on a mechanical soft diet.</p>	<p align="center">Rationale</p> <p>The patient reported pain 10/10.</p>
<p align="center">Interventions</p> <p>Intervention 1: Assess the type and degree of hemisphere injury. Intervention 2: Assess the patients sensory awareness.</p>	<p align="center">Interventions</p> <p>Intervention 1: Maintain strict I&O. Intervention 2: Review the patient's ability to swallow.</p>	<p align="center">Interventions</p> <p>Intervention 1: Assess the patient's pain level. Intervention 2: Administer pain medications as needed.</p>
<p align="center">Evaluation of Interventions</p> <p>The patient has a right hemisphere injury as well as an occipital fracture. The patients sensory was assessed and is A&Ox4 but answers yes to any question. The patient is slightly confused as he attempted to pull out picc line and other lines. Mittens were applied.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient has a foley to help with elimination and to monitor the output. The patient had a swallow evaluation and was placed on a mechanical diet. The patient will be reevaluated as the patient progresses.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient's pain level was assessed and was administered a pain medication (Fentanyl) as prescribed.</p>

References (3) (APA):

Capriotti, T., & Frizzell, J. P. (2019). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. F.A. Davis Company.

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook* (19th ed.). Burlington, MA.

Mayo Clinic Staff. (2020, June 13). Intracranial hematoma. Retrieved from https://www.mayoclinic.org/diseases-conditions/intracranial-hematoma/symptoms-causes/syc-20356145?utm_source=Google&utm_medium=abstract&utm_content=Subdural-hematoma&utm_campaign=Knowledge-panel