

**Medications:****MiraLAX (Polyethylene glycol (PEG) syrup);****Dose;** 17g **Route;** Oral **Frequency;** 2x daily**Classification;** Osmotic Laxative**Reason client is taking;** Constipation**Nursing Assessment;** Vitals**Lisinopril;****Dose;** 30mg **Route;** Oral **Frequency;** Daily**Classification;****Pharmacologic class;** Angiotensin-converting enzyme (ACE) inhibitor**Therapeutic class;** Antihypertensive**Reason Client is taking;** Hypertension**Nursing Assessment;** Assess blood pressure, heart rate, Bun, serum creatine, potassium, assess for signs of hepatic failure such as jaundice**Famotidine (Pepcid)****Dose;** 20mg **Route;** Oral **Frequency;** 2x Daily**Classification;****Pharmacologic class;** Histamine-2 blocker**Therapeutic class;** Antiulcer agent**Reason client is taking;** Heartburn/Indigestion**Nursing Assessment;** assess heart rate, ECG, heart sounds. Report any rhythm disturbances and symptoms of increased arrhythmias including palpitations, chest discomfort, shortness of breath and fatigue.**Insulin Aspart (Novolog)****Route;** Subcutaneously **Frequency;** every 4 hours**Classification;** Insulin**Reason Client is taking;** Diabetes Mellitus**Nursing Assessment;** assess skin lesions, orientation and reflexes, blood pressure, pulse, respirations, lung sounds, activity levels, blood glucose levels**Tamsulosin hydrochloride (Flomax)****Dose;** 0.4mg **Route;** Oral **Frequency;** Daily after meals**Classification;****Pharmacologic class;** Alpha adrenergic antagonist**Therapeutic class;** Benign prostatic hyperplasia (BPH) agent.**Reason Client is taking;** Acute Prostatitis**Nursing Assessment;** Assess Blood pressure, assess genitourinary system for any painful urination, weakened stream, nocturia, feeling that the bladder is not empty after just urinating**Demographic Data****Date of Admission:** 10-29-2021**Admission Diagnosis/Chief Complaint:**

Diagnosis; Cerebellar hemorrhage

Chief complaint; Altered mental status and dizziness

**Age:** 92 years old **Gender:** Male **Race/Ethnicity:** Caucasian**Allergies:** No known allergies **Code Status:** Full Code**Height in cm:** 170.2 cm **Weight in kg:** 81 kg**Psychosocial Developmental Stage:** Older Adult**Cognitive Developmental Stage:** Mild cognitive impairment; dementia**Braden Score:** 17 **Morse Fall Score:** 16 (High Fall risk)**Infection Control Precautions:** No infection control precautions**Admission History**Patient arrived to the emergency department via ambulance from the nursing home with a complaint of altered mental status and dizziness that started in the late evening of October 28<sup>th</sup>, 2020**Active Orders**Speech Therapy, Occupation therapy, and Physical therapy  
Evaluations and Therapy  
Rehabilitation**Medical History****Previous Medical History:**

Acute Prostatitis, Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus, Hypertension, Mild Cognitive Impairment; Dementia, eye Cancer, Urinary incontinence

**Prior Hospitalizations:** N/A**Previous Surgical History:** N/A**Social History:** Patient lives in a assisted living facility.

No tobacco, alcohol, or recreational drug use

**Lab Values/Diagnostics; Glucose;** 121 **Reason abnormal;** Patient has diabetes mellitus, **TBIL;** 1.6 **Reason abnormal;** possible liver damage, **ALB;** 3.1, **Reason abnormal;** poor nutrition or possible kidney dysfunction, **WBC;** 12.34 **Reason abnormal;** possible infection, **Platelets;** 463 **Reason abnormal;** possible infection, **Neutrophils-** 9.28 **Reason abnormal;** infection, **Monocytes;** 1.12 **Reason abnormal;** infection**CT Brain w/o contrast;** to diagnose hemorrhage. Findings included an acute right cerebellar hemorrhage measuring 5.3 x 2.3 cm in diameter. Moderate parenchymal volume loss. Patchy and confluent hypodensity of subcortical and deep white matter is consistent with advanced chronic microvascular ischemic disease.**MRI Brain W/O Contrast;** used to diagnose cerebellar hemorrhages, findings of MRI include a hemosiderin deposition centered in the right occipital lobe lingual gyrus and posterior fossa compatible with intrinsic TI. No evidence of acute cerebral infarction. There is cerebral and cerebellar volume loss.**Pathophysiology****Disease process:**

Cerebellar hemorrhages commonly result in the middle-aged and older population as a result of hypertensive vasculopathy that causes microaneurysms to form and rupture. However, other causes of cerebellar hemorrhage include trauma, coagulopathy such as cirrhosis, bleeding disorders, and ischemic stroke (Fischer et al., 2021)

**S/S of disease:**

Abrupt onset headache, Nausea and Vomiting, Difficulty with ambulation, Vertigo and dizziness, Dysarthria, Neck pain and nuchal rigidity, and Loss of consciousness or altered mental status, which we see in our patient as he was sent to the hospital for altered mental status (Fischer et al, 2021).

**Method of Diagnosis:**

CT without contrast and MRI's are used to diagnose and evaluate the patient's condition.

**Treatment of disease:**

Treatment is dependent on the size of the hemorrhage. Airway protection with the placement of a tracheostomy may be necessary for patients who present with severely altered and depressed level of consciousness or altered mental status. Large hemorrhages, typically greater than 3 to 4cm, may require surgical intervention and evacuation (Fischer et al, 2021)

**Physical Exam/Assessment**

**General:** Patient is alert and orientated x3 (person, place and time), well-groomed and in no apparent distress. Denies presence of any pain

**Integument:** Patient's skin is warm, dry and intact with no visualized edema or bruising.

**HEENT:**

- Head and Neck are symmetrical, trachea midline, no deviation.
- Eyes bilateral sclera white, conjunctive pink, no drainage. Pupils are equal and reactive to light bilaterally. EOMI's
- Nose septum midline turbinate's moist and pink.
- Mouth pharynx moist and pink, dentation good, and mucosa pink and moist with no lesions

**Cardiovascular:** S1 and S2 present, no murmurs noted. Palpable peripheral pulses. Extremities warm and well perfused bilaterally throughout

**Respiratory:** Respirations are regular and even without laboring. Lungs sound clear and equal throughout bilaterally. Regular depth and pattern

**Genitourinary:** Patient has a foley catheter. Urine observed is yellow and clear in character. No pain with urination, decreased urination, or blood in urine noted. No BM noted.

Diet at home is normal, current diet is cardiac/diabetic, Abdomen is soft, non-tender and non-distended and bowel sounds normal.

**Musculoskeletal:** Patient is a one assist with gait belt and walker for ambulation. Patient has a little of an unsteady gait at times, patient is able to perform ADL'S such as eating and brushing teeth with little to no assistance.

**Neurological:** Patient opens eyes spontaneously, pupils are equal and reactive to light, no facial droop noted.

5/5 strength throughout extremities bilaterally, sensation intact, subtle coordination deficit with bringing left finger to nose.

**Most recent VS (include date/time and highlight if abnormal):**

11-04-2021 0721

Blood Pressure; 162/65

Pulse; 67

Respirations; 18

O2; 94% Room Air

**Pain and pain scale used:**

11/04/2021 0727;

Numeric scale, denies presence of any pain, rating a 0/10

| <b>Nursing Diagnosis 1</b>   | <b>Nursing Diagnosis 2</b>  | <b>Nursing Diagnosis 3</b>   |
|--|---|--|
| Risk for falls resulting from his cerebellar hemorrhage, unsteady gait, and altered mental status        | Impaired gait related to cerebellar hemorrhage as evidenced by recent deficit in strength and balance   | Risk for injury related to falls as evidenced by patient's new strength and balance deficit  |
| <b>Rationale</b>   | <b>Rationale</b>  | <b>Rationale</b>   |
| Patient has an unsteady gait upon ambulation with a 1 assist gait belt and walker                        | Patient is currently experiencing a few occurrences of unsteady gait  | Patient has an unsteady gait   |
| <b>Interventions</b>   | <b>Interventions</b>  | <b>Interventions</b>   |
| <b>Intervention 1:</b> Fall precautions<br><b>Intervention 2:</b> assisting in ambulating and transfers  | <b>Intervention 1:</b> Assist with ambulation<br><b>Intervention 2:</b> Consult with therapy  | <b>Intervention 1:</b> Eliminate Hazards in the room<br><b>Intervention 2:</b> Education provided on safe ambulation and the use of a call light for assistance                                    |
| <b>Evaluation of Interventions</b>   | <b>Evaluation of Interventions</b>  | <b>Evaluation of Interventions</b>   |
| Patient cooperated well with fall precautions and did not get out of bed without assistance to ambulate. | Patient cooperated well with not getting out of bed without assistance to ambulate, a consult for physical therapy has been put in and they will evaluate and work with him on regaining some of his strength back. | Patient uses call light appropriately and voiced needs when present along with the help of his daughter at times.<br>Patient allowed staff to aid in ambulation and transfers to prevent injuries. |

**References (3) (APA) (ALL REFERENCES FOR INFO);**

Capriotti, Theresa M. "Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives" 2<sup>nd</sup> ed. (2020). *F.A Davis Company*.

Dabaja, A. (2021, May 4). *Polyethylene Glycol*. StatPearls [Internet]. Retrieved October 28, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK557652/>.

Fischer, M. A., & Das, J. M. (2021, August 10). *Cerebellar hematoma*. StatPearls [Internet]. Retrieved November 11, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK541076/>.

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

PhD Rn, P. K. D., & Facs, M. T. P. J. (2012). *Mosby's Diagnostic and Laboratory Test Reference (Mosby's Diagnostic & Laboratory Test Reference)* (11th ed.). Mosby.

Swearingen, P. L., & Wright, J. (2018). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* (5th ed.). Mosby.

Wayne, G. B. (2017a, September 24). Risk for Falls Nursing Care Plan. Nurseslabs. <https://nurseslabs.com/risk-for-falls/>

Wayne, G. B. (2017, September 24). Risk for Injury Nursing Care Plan. Nurseslabs. <https://nurseslabs.com/risk-for-injury/>