N441 Care Plan

Lakeview College of Nursing

Conor Deering

Demographics (3 points)

Date of Admission 01/13/2022	Client Initials DML	Age 91	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Widowed	Allergies Influenza vaccine, pneumococcal vaccine, Shellfish
Code Status No CPR	Height 4' 11"	Weight 130lbs	

Medical History (5 Points)

Past Medical History: Diabetes type II, GERD, HTN, Hyperlipidemia, Hypokalemia, 1st degree AV block, Moderate dementia

Past Surgical History: C-section, Back surgery, carpal tunnel release, tear duct surgery, colonoscopy, EGD, Upper GI endoscopy, Pacemaker

Family History: None reported

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Pt denies alcohol, tobacco, or illegal drug use.

Assistive Devices: Walker

Living Situation: Lives alone

Education Level: Patient reports some high school education.

Admission Assessment

Chief Complaint (2 points): Fainting and fall

History of Present Illness – OLD CARTS (10 points): On January 14 the patient was found by her grandson while lying on her left side. The patient denies pain but doesn't remember falling. The patient does not report any aggravating or associated factors. The patient had

a previous fall in October followed by rehabilitation. The patient denies any shortness of breath upon admission.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): COVID-19 with hypoxic respiratory failure.

Secondary Diagnosis (if applicable):

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

Covid-19 is a contagious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (Cascella et al., 2022). This virus is RNA-based, which can mutate and evolve. COVID-19 tends to target the respiratory and vascular systems. The respiratory pneumonia aspect can be classified into two stages: the early and late stages. The early stage is when the virus damages the respiratory tissue by using the cells for its replication. The late stage is when the cells cause an immune response within the body; T lymphocytes, monocytes, and neutrophils flood the area. The body's immune system will overreact, leading to inflammation that affects the lungs; this increase in vascular permeability results in pneumonia and fibrosis. Alveolar damage exists in 87% of COVID-19 cases. Aside from respiratory failure, COVID-19 can cause septic shock and organ failure. Common signs and symptoms of the disease are fever, cough, and shortness of breath. Uncommon symptoms can be a headache, sore throat, loss of smell, loss of taste, anorexia, nausea, fatigue, muscle pain, and diarrhea. Expected lab findings can show lymphopenia, leukopenia or leukocytosis, elevated C-reactive proteins, elevated cardiac enzymes, and elevated erythrocyte sedimentation rate. ALT, AST, and bilirubin can be abnormal with COVID-19. Diagnostic testing for COVID-19 is primarily antibody testing while using a chest x-ray or computed tomography scan to detect pulmonary infiltrates. Moderate cases can be treated with remdesivir and dexamethasone if supplemental oxygen is required. Supportive treatment of respiratory failure in COVID-19 patients consists of high-flow oxygen via tracheal intubation and corticosteroids (Li & Ma, 2020). This particular client previously required high flow supplemental oxygen and supporting treatment but is now recovering and off of isolation. This patient has neutrophilia, lymphopenia, and monocytosis connected to her infection. On 1/13/22, this patient also had a fall; however,

she had two broken ribs noted on her chest x-ray on admission. On 1/15/22, this patient had haziness in the lungs suggesting pneumonia. This patient has recovered since then and is preparing for discharge.

Pathophysiology References (2) (APA):

Cascella, M., Rajnik, M., Aleem, A., Dulebohn, S. C., & di Napoli, R. (2022, January 5). *Features, evaluation, and treatment of coronavirus (COVID-19)*. StatPearls. Retrieved January 30, 2022, from https://www.statpearls.com/ArticleLibrary/viewarticle/52171

Li, X., & Ma, X. (2020). Acute respiratory failure in COVID-19: Is it "Typical" ARDS? *Critical Care*, *24*(198). https://doi.org/10.1186/s13054-020-02911-9

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	**3.8 – 5.3**	**4.22**	**3.84**	**N/A**
Hgb	**12-15.8**	**12.9**	**11.7 (L)**	**Low hemoglobin can be caused by low nutritional intake, which applies to this patient (Lab Tests Online, 2021).**
Hct	**36 – 47%**	**38.2**	**34.2 (L)**	**Low hematocrit can be caused by low nutritional intake, which applies to this patient (Lab Tests Online, 2021).**
Platelets	**140-440**	**161**	**199**	**N/A**
WBC	**4-12**	**4.2**	**5.2**	**N/A**
Neutrophils	**47-73%**	**72.1**	**78.6 (H)**	**Neutrophilia can be associated with bacterial or viral infections (Lab Tests Online, 2021).**
Lymphocytes	**18.0-42%**	**11.6(L)**	**8.8(L)**	**Lymphopenia is common in patients with COVID-19 (Illg et al., 2021).**
Monocytes	**4-12%**	**16.0(H)**	**12.4(H)**	**Monocytosis can be related to**

				chronic infection (Lab Tests Online, 2021).
Eosinophils	**0-5%**	**0**	**0.1**	**N/A**
Bands	**N/A**	**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.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**133-144**	**129(L)**	**132(L)**	**Persistent sodium deficiency may point to low dietary intake (Lab Tests Online, 2021).**
K+	**3.5-5.1**	**3.4(L)**	**4.2**	**Low potassium levels can be due to poor intake of potassium (Lab Tests Online, 2021).**
Cl-	**98-107**	**95(L)**	**99**	**Chloride levels decrease with sodium levels (Lab Tests Online, 2021).**
CO2	**21-31**	**22**	**26**	**N/A**
Glucose	**70-99**	**256(H)**	**178(H)**	**Persistently high glucose values can be due to uncontrolled type II diabetes and be exacerbated from infection or stress (Lab Tests Online, 2021).**
BUN	**6-20**	**20**	**17**	**N/A**
Creatinine	**0.5 – 1.2**	**0.71**	**0.65**	**N/A**
Albumin	**3.5-5.7**	**4**	**N/A**	**N/A**
Calcium	**8.6-10.3**	**10**	**N/A**	**N/A**
Mag	**1.6-2.6**	**1.3(L)**	**N/A**	**Decreased magnesium levels are common in patients with uncontrolled diabetes (Lab Tests Online, 2021).**
Phosphate	**2.5-4.5**	**2.5**	**N/A**	**N/A**

Bilirubin	**0.2-0.8**	**0.9(H)**	**N/A**	**This result could be benign as different institutions have different results. Total bilirubin can be acceptable at 1.0mg/dl (Lab Tests Online, 2021).**
Alk Phos	**34-104**	**81**	**N/A**	**N/A**
AST	**13-39**	**34**	**N/A**	**N/A**
ALT	**7-52**	**14**	**N/A**	**N/A**
Amylase	**N/A**	**N/A**	**N/A**	**N/A**
Lipase	**11-82**	**20.74**	**N/A**	**N/A**
Lactic Acid	**0.5-2**	**1.4**	**N/A**	**N/A**
Troponin	**0-0.040**	**0.030**	**N/A**	**N/A**
CK-MB	**N/A**	**N/A**	**N/A**	**N/A**
Total CK	**N/A**	**N/A**	**N/A**	**N/A**

Other Tests 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
INR	**N/A**	**N/A**	**N/A**	**N/A**
PT	**N/A**	**N/A**	**N/A**	**N/A**
PTT	**N/A**	**N/A**	**N/A**	**N/A**
D-Dimer	**N/A**	**N/A**	**N/A**	**N/A**
BNP	**N/A**	**N/A**	**N/A**	**N/A**
HDL	**N/A**	**N/A**	**N/A**	**N/A**
LDL	**N/A**	**N/A**	**N/A**	**N/A**

Cholesterol	**N/A**	**N/A**	**N/A**	**N/A**
Triglycerides	**N/A**	**N/A**	**N/A**	**N/A**
Hgb A1c	**N/A**	**N/A**	**N/A**	**N/A**
TSH	**0.27 – 4.2**	**1.453**	**N/A**	**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	**Yellow to clear Hazy to clear**	**Yellow/ Hazy**	**N/A**	**N/A**
pH	**5-9**	**6**	**N/A**	**N/A**
Specific Gravity	**1.003-1.030**	**1.026**	**N/A**	**N/A**
Glucose	**NEG or POS**	**+3**	**N/A**	**High glucose in the urine can precipitate from poor diabetes control (Lab Tests Online, 2021).**
Protein	**NEG or POS**	**+1**	**N/A**	**Protein in the urine can result from diabetic neuropathy in the kidneys (Mayo Clinic, 2021).**
Ketones	**NEG or POS**	**+1**	**N/A**	**Ketones start to appear when fat is being used instead of glucose; this can point to malnutrition (Lab Tests Online, 2021).**
WBC	**NEG or POS**	**NEG**	**N/A**	**N/A**
RBC	**NEG or POS**	**3-5**	**N/A**	**RBCs in the urine can signal an issue with kidney function in poorly controlled diabetics; this can signal neuropathy within the kidneys due to poor control (Mayo Clinic, 2021).**
Leukoesterase	**NEG or POS**	**NEG**	**N/A**	**N/A**

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	**N/A**	**N/A**	**N/A**	**N/A**
PaO2	**N/A**	**N/A**	**N/A**	**N/A**
PaCO2	**N/A**	**N/A**	**N/A**	**N/A**
HCO3	**N/A**	**N/A**	**N/A**	**N/A**
SaO2	**N/A**	**N/A**	**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	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Illg, Z., Muller, G., Mueller, M., Nippert, J., & Allen, B. (2021). Analysis of absolute lymphocyte count in patients with COVID-19. *The American Journal of Emergency Medicine*, *46*, 16–19. https://doi.org/10.1016/j.ajem.2021.02.054

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. Retrieved October 3, 2021, from https://labtestsonline.org/

Mayo Clinic. (2021, October 19). *Diabetic nephropathy (kidney disease) - symptoms and causes*. Retrieved January 29, 2022, from https://www.mayoclinic.org/diseases-conditions/diabetic-nephropathy/symptoms-causes/syc-20354556

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1/13/22: non-contrast head and c-spine CT – Indicated for falls/trauma; portable supine chest x-ray – Indicated for falls/trauma; pelvis x-ray – Indicated for falls/trauma; abdomen CT – Indicated for falls/trauma; c-spine CT – Indicated for falls/trauma (Capriotti, 2020).

1/15/22: x-ray indicated for COVID-19 with chest congestion and dyspnea (Capriotti, 2020).

Diagnostic Test Correlation (5 points):

1/13/22: Multiple rib fractures found (chest xray); no other significant trauma was noted. Foraminal stenosis found correlating with moderate dementia. Ischemic small vessel disease and atherosclerosis of the aortic arch is noted correlating to high blood pressure hyperlipidemia (Capriotti, 2020).

1/15/22: findings were consistent with pneumonia; pulmonary haziness was observed.

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	**Bayer/ Aspirin**	**Glucotrol/ Glipizide**	**Glucophage/ Metformin**	**Lopressor/ Metoprolol**	**Prilosec/ Omeprazole**
Dose	**81mg**	**5mg**	**1000mg**	**25mg**	**20mg**
Frequency	**Daily**	**BID**	**BID**	**BID**	**BID**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Salicylate/ NSAID**	**Sulfonylurea/ Antidiabetic**	**Biguanide/ Antidiabetic**	**Beta1-adrenergic blocker/ Antianginal/ Anti-hypertensive**	**Proton pump inhibitor/ Antiulcer**
Mechanism of Action	**This medication blocks prostaglandin synthesis which reduces vasodilation and inflammation.**	**This medication stimulates the beta cells in the pancreas to release insulin; in addition to making cells more sensitive to insulin.**	**This medication can promote storage of glucose as glycogen, decreasing the body's ability to make glucose; increases reception of insulin on cell membranes.**	**Inhibits the stimulation of beta receptors in the heart that decreases excitability of the heart, resulting in reduced cardiac oxygen demand and cardiac output.**	**Inhibits the H+ and K+ exchange of the proton pump enzymes causing a decrease in stomach acid production.**

Reason Client Taking	**To prevent stroke and MI.**	**To treat existing type II diabetes.**	**To treat existing type II diabetes.**	**To treat hypertension.**	**To treat esophageal reflux.**
Contraindications (2)	**Active blood coagulation disorders; fever.**	**Hypersensitivity to glipizide; ketoacidosis.**	**Acute/chronic metabolic acidosis; diabetic ketoacidosis.**	**Hypersensitivity to beta blockers; cardiogenic shock.**	**Using this medication with rilpivirine products; hypersensitivity to omeprazole.**
Side Effects/Adverse Reactions (2)	**Confusion; GI bleeding.**	**Hypertension; anorexia**	**Headache; Hypoglycemia.**	**Decreased HDL level; Confusion.**	**Hypomagnesemia; Agitation**
Nursing Considerations (2)	**Don't crush time/controlled release aspirin unless directed; check the patient for tinnitus which can happen from aspirin toxicity.**	**Fasting glucose should be monitored; the patient should be switched to insulin during times of stress.**	**Metformin should not be given to a patient with sever kidney dysfunction; Give metformin with food to decrease GI dysfunction and slow absorption.**	**Metoprolol dosages are unique to the individual; Asses the ECG of patients who take metoprolol because an AV block can occur then prepare for pacemaker insertion and to give the appropriate drug.**	**Give this medication before meals with an antacid if needed; This medication can be given with applesauce or yogurt then given immediately.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Platelet values should be known; know if the patient is taking heparin, warfarin, or other medications that will prolong bleeding, check patient for current bleeding.**	**Check the patient's blood glucose and be aware if the patient is malnourished or under stress.**	**Check the patient's blood glucose and be aware if the patient is malnourished or under stress.**	**Do not give this medication if the heart rate is under 60 beats per minute or if the patient is hypotensive. Monitor heart rate and blood pressure.**	**Monitor therapy of last dose and evaluate effectiveness; evaluate for adverse effects of last dose.**
Client	**Advise the**	**Take glipizide**	**Take**	**Emphasize**	**Tell the patient**

Teaching needs (2)	**patient taking low-dose aspirin to not also take other NSAIDS, tell the patient to avoid alcohol while on aspirin therapy (Jones & Bartlett Learning, 2021).**	**30 minutes before the first meal of the day without skipping the meal (Repeat this for every meal as prescribed); educate the patient to consult the prescriber before taking over-the-counter drugs (Jones & Bartlett Learning, 2021).**	**metformin with a meal as instructed by your provider; do not increase the dose of metformin without talking to your prescriber (Jones & Bartlett Learning, 2021).**	**the importance to the patient about taking metoprolol the same time each day with food; Tell the patient to notify the prescriber if their heart rate falls below 60 beats per minute when about to use this medication (Jones & Bartlett Learning, 2021).**	**to take the drug before eating and to swallow delayed-release capsules whole. Encourage the patient to avoid alcohol consumption, aspirin and, ibuprofen during therapy (Jones & Bartlett Learning, 2021).**

Hospital Medications (5 required)

Brand/Generic	**Tylenol/ Acetaminophen**	**Tums/ Calcium carbonate**	**Zofran/ Ondansetron**	**Protonix/ Pantoprazole**	**Ultram/ Tramadol**
Dose	**650mg**	**1000mg**	**4mg**	**20mg**	**50mg**
Frequency	**Every 4 hours as needed**	**Q 8 hours as needed**	**Q 6 hrs**	**Daily**	**TID as needed**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Non-salicylate, Para-aminophenol derivative/ Antipyretic/ Nonopioid analgesic**	**Calcium salts/ Antacid**	**Selective serotonin receptor antagonist/ Antiemetic**	**Proton pump inhibitor/ Antiulcer**	**Opioid agonist/ Opioid analgesic**

Mechanism of Action	**Blocks prostaglandin production while interfering with pain impulse transmission in the peripheral nervous system.**	**This medication increases the amount of calcium inside and outside the cells which helps maintain homeostasis; this helps maintain normal cardiac, muscle, and nervous system function. Calcium can help neutralize stomach acid.**	**This medication blocks serotonin receptors in the chemoreceptor trigger zone and vagus nerve terminals in the intestines thereby blocking signal transmission to the CNS.**	**Inhibits the H+ and K+ exchange of the proton pump enzymes causing a decrease in stomach acid production.**	**Inhibits the reuptake of norepinephrine and serotonin by binding with mu receptors.**
Reason Client Taking	**To relieve mild or moderate pain.**	**The client is using this medication to treat GERD.**	**The patient received this medication for nausea.**	**To treat esophageal reflux.**	**To relive moderate to severe pain.**
Contraindications (2)	**Hypersensitivity to acetaminophen or its components.**	**Concurrent use of calcium supplements; Cardiac resuscitation with existing digitalis toxicity risk.**	**Using apomorphine at the same time; hypersensitivity to ondansetron**	**Using this medication with rilpivirine products; hypersensitivity to omeprazole.**	**Acute or sever bronchial asthma; excessive use of CNS analgesics**
Side Effects/Adverse Reactions (2)	**Hypokalemia; Hypomagnesemia**	**Hypercalcemia; Irregular heartbeat**	**Prolonged QT interval; agitation**	**Hypomagnesemia; Hyperglycemia**	**Agitation; suicidal ideation**
Nursing Considerations (2)	**Use this medication with caution in patients with**	**Store this medication at room temperature**	**Monitor the patient for signs of hypersensitivi**	**Monitor PT or INR during therapy if the patient is on**	**Excessive use of tramadol can lead to abuse; watch for**

	malnutrition, renal impairment, or active hepatic disease; Monitor renal function in patients on long-term therapy such as AST, ALT, bilirubin, creatinine due to possible hepatotoxicity of acetaminophen.	**; Monitor serum calcium levels when giving this medication/**	**ty after giving; this medication can mask symptoms of gastric distention.**	**oral anticoagulants; This medication can be given with applesauce or yogurt then given immediately.**	**allergic reactions after giving the first dose.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess liver function, magnesium, and potassium levels as this medication can cause adverse effects.**	**Monitor calcium levels and assess for Chvostek's or trousseau's sign.**	**Check for hypokalemia or hypomagnesemia before administering this medication. Monitor the patient's ECG as ordered.**	**Monitor the patient for bone fractures; evaluate if the patient is on oral anticoagulants.**	**Assess the patient for respiratory depression and other prescribed CNS depressants.**
Client Teaching needs (2)	**Tell the patient that tablets can be crushed or swallowed whole; caution the patient to not exceed the recommended dose as prescribed (Jones & Bartlett Learning, 2021).**	**Teach the patient to chew tablets thoroughly and drink a glass of water; Teach the patient to ask the prescriber before taking over-the-counter drugs due to interaction risks (Jones**	**Teach the patient to immediately report hypersensitivity reactions; reassure patients that transient blindness will subside within 48 hours (Jones & Bartlett Learning, 2021).**	**Tell the patient to take the drug before eating and to swallow delayed-release capsules whole. Tell the patient to expect symptom relief within 2 weeks of starting therapy**	**Urge the patient to follow prescription to prevent respiratory depression; advise the patient to not abruptly start therapy (Jones & Bartlett Learning, 2021).**

		& Bartlett Learning, 2021).		**(Jones & Bartlett Learning, 2021).**	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented x 2 while not recognizing what city she is in. The patient intermittently gets disoriented and confused. The patient is in no acute distress.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**The patient has peach/white skin with decreased turgor appropriate for age, warm to touch. She has no rashes, bruises, or wounds noted.** **Braden score: 16**
HEENT: **Head/Neck:**	**Head and neck are symmetric. Ears are**

Ears: **Eyes:** **Nose:** **Teeth:**	**without drainage or asymmetry. Eyes are white without drainage, bruising, or impairment. Nose is symmetric without drainage or impairment. Dentition is good.**
CARDIOVASCULAR: **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 sounds heard with normal rate and rhythm. No rubs, murmurs, or gallops heard. Peripheral pulses are +2.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	**Normal versicular breath sounds noted without crackles or stridor.** **No ET tube noted.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	**Bowel sounds normoactive in all four quadrants. Patient enjoys cereal for breakfast. The patient has not dietary limitations.** **4'11"** **130lbs** **Last BM yesterday x 1** **No masses, pain, distention, incisions, scars, drains, or wounds noted.**

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **CAUTI prevention measures:**	**Patient urine is yellow and hazy** **200ml**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	**Patient has no neurovascular impairment or limited ROM noted.** **The patient uses a walker and gait belt** **The patient is of weak strength** **80 (High risk)**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **The patient suffers from moderate dementia with intermittent confusion.** **The patient has no noted speech impediment.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 **When asked about religion, the patient replied talking about her children and the context of her solitary living as if she was confused. The patient says she has "6 children" that do not visit her. The patient lives alone.**

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0748	63	145/79	14	97.8	97%
1117	98	139/77	14	97.0	98%

Vital Sign Trends/Correlation:

The patient has a high blood pressure that is slowly dropping and is stable.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0748	Numeric	Patient reports no pain	N/A	N/A	N/A
1237	Numeric	Patient reports no pain	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	This patient has no IV.
Other Lines (PICC, Port, central line, etc.)	N/A
Type: Size: Location: Date of insertion: Patency: Signs of erythema, drainage, etc.: Dressing assessment: Date on dressing: CUROS caps in place: Y ☐ N ☐	N/A

CLABSI prevention measures:	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
50ml	**200ml**

Nursing Care

Summary of Care (2 points)

Overview of care: I took the patient's vital signs followed by an assessment upon waking and glucose reading. The patient was delivered breakfast, so I crushed the patient's medications and gave with applesauce; the patient refused her medication for the morning. The patient ate at least 25% of breakfast and did not approve of how she is being treated or the food being given in the hospital. The patient tolerates eating but does not eat enough on a regular basis. I rounded several times during this shift to her room. I took vital signs one more time before the end of shift and assessed the patient for pain. The patient says she "has not been in pain" since she got here and she "wants to go home." The provider rounded at the patient's request. The client can tolerate physical activity with some assistance getting on her walker. The patient is awaiting discharge to a skilled nursing facility.

Procedures/testing done: See above paragraph.

Complaints/Issues: See above paragraph.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: See above paragraph.

Physician notifications: N/A

Future plans for client: See above paragraph.

Discharge Planning (2 points)

Discharge location: A skilled nursing facility not yet determined.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient has no follow up plan clarified at this time.

Education needs: The patient has been educated on the importance of taking her medications.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

client				
1. **Deficient knowledge related to medications as evidenced by non-compliance (Phelps, 2020).**	**The patient declined to take her medications while having conditions in need of treatment. She exclaimed that "ever since I have been in the hospital, I have been getting sick since I started those medications. "**	**1. When the patient calms down, offer to teach the patient about the purpose of each medication individually without overwhelming the patient.** **2.Use learning aids with pictures to make the experience more intuitive.**	**1. The patient will agree with her medication regimen and be 100% compliant.**	**The client did not wish to comply with her medication regiment during this shift and denied the teaching.**
2. **Risk for falls related to impairment as evidenced by previous falls within 6 months (Phelps, 2020).**	**The patient has had severe falls previously and is a fall risk as indicate by her morse fall scale score.**	**1. Monitor the patient frequently and encourage call light use to keep the patient from ambulating without supervision.** **2. Keep all essential items within reach of the patient.**	**1. The patient will have no falls during her stay on the unit.**	**The patient did not have any falls for this shift.**
3. **Impaired skin integrity related to inadequate nutrition as**	**This patient has a history of not eating well and may forget to eat due to**	**1. Give the patient menu items that she will enjoy eating.**	**1. The patient has no pressure injuries during her stay.**	**The patient had no pressure injuries during this shift.**

evidenced by the patient eating 25% of her meal (Phelps, 2020).	**her condition.**	**2. Assess the patient regularly for skin breakdown.**		
4. Disturbed sleep pattern related hospital stay as evidenced by patient complaint (Phelps, 2020).	**The patient has concerns that she does not sleep enough as she wanted to sleep more in the morning.**	**1. Assess the patient's usual patterns of sleep and activity.** **2. Manage and cluster care around the patient's sleep habits as much as possible.**	**1. The patient will report feeling more rested during daylight hours.**	**The patient took a nap during shift and was able to recoup some lost sleep.**
5. Interrupted family processes related to communication as evidenced by the patient reporting she never sees her children (Phelps, 2020).	**The patient is voicing frustration that her children will not visit or call her.**	**1. Assess the patient's coping mechanisms** **2. Teach the patient basic communication skills regarding her children.**	**1. The patient will attempt to communicate with her family.**	**The patient denied communicating with her family.**

Other References (APA):

Phelps, L. L. (2020). *Sparks & taylor's nursing diagnosis pocket guide* (4th ed.). Wolters Kluwer.

Concept Map (20 Points):

On January 14 the patient was found by her grandson while lying on her left side. The patient denies pain but doesn't remember falling. The patient does not report any aggravating or associated factors. The patient had a previous fall in October followed by rehabilitation. The patient denies any shortness of breath upon admission. The patient reports no pain and wishes to go home.

Subjective Data

Objective Data

Labs:
Glucose: 178
Neutrophilia, lymphocytopenia, and monocytosis.
Imaging:
Pulmonary haziness found in chest x-ray.

Client Information

91-year-old female here for covid-19 and related respiratory failure. The client is non-compliant with her medications and uses a walker. The client lives alone but has 6 children. The patient has moderate Alzheimer's disease.

Deficient knowledge related to medications as evidenced by non-compliance (Phelps, 2020).
A. The patient will agree with her medication regimen and be 100% compliant.
Risk for falls related to impairment as evidenced by previous falls within 6 months (Phelps, 2020).
A. The patient will have no falls during her stay on the unit.
Impaired skin integrity related to inadequate nutrition as evidenced by the patient eating 25% of her meal (Phelps, 2020).
A. The patient has no pressure injuries during her stay.
Disturbed sleep pattern related hospital stay as evidenced by patient complaint (Phelps, 2020).
A. The patient will report feeling rested during daylight hours.
Interrupted family processes related to communication as evidenced by the patient reporting she never sees her children (Phelps, 2020).
A. The patient will attempt to communicate with her family.

Nursing Diagnosis/Outcomes

When the patient calms down, offer to teach the patient about the purpose of each medication individually without overwhelming the patient.

Use learning aids with pictures to make the experience more intuitive.

Monitor the patient frequently and encourage call light use to keep the patient from ambulating without supervision.
Keep all essential items within reach of the patient.
Give the patient menu items that she will enjoy eating.
Assess the patient regularly for skin breakdown.
Assess the patient's usual pattern of sleep and activity.
Manage and cluster care around the patient's sleep habits as much as possible.
Assess the patient's coping mechanisms
Teach the patient basic communication skills regarding her children.

Nursing Interventions