

N321 Care Plan #1

Lakeview College of Nursing

Name

Adrienne Pate

Demographics (3 points)

Date of Admission 02/06/22	Client Initials BM	Age 84	Gender Female
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Codeine
Code Status DNR	Height 5'6	Weight 140	

Medical History (5 Points)**Past Medical History:**

- COPD
- HTN
- CAD
- Dizziness

Past Surgical History:

- Brain aneurysm
- Cardiac Catheter
- Hysterectomy

Family History:

- Mother- COPD
- Father- Brain aneurysm

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):

- Tobacco- 1 ½ packs a day (unknown length)
- Alcohol- Never
- Drugs- Never

Assistive Devices:

- None

Living Situation:

- Lives with Husband

Education Level:

- **High School education**

Admission Assessment

Chief Complaint (2 points): Fall, Back pain

History of Present Illness – OLD CARTS (10 points): Patient came to the ED on 2/10 stating she had fallen. Patient states she fell on her back. Patient states it just happened and she was brought to the ED by ambulance. Patient feels sharp aching pain in her back. Patient states any regular movement makes the pain worse. Patient had no relieving factors for the back pain, patient has had no prior treatments as this is her first time being seen. Patient states that her pain is a ten.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): L1 Compression Fracture second to fall

Secondary Diagnosis (if applicable): N/A

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

The lumbar spine allows people to walk upright by providing both stability and support. The lumbar spine must have a regular posture to operate properly (ie, a normal lumbar curve). Any lesion that alters the form of a lumbar vertebra influences lumbar posture, increasing or lowering the lumbar curve. As the body tries to compensate for the lumbar spine change to maintain an upright posture, the curves of the thoracic and cervical spine will deform. As a result, lumbar compression fractures can be a severe injury for two reasons. First, the fracture itself can cause substantial discomfort, which does not always go away. Second, the fracture may affect the posture's mechanics. The most common complication is a rise in thoracic kyphosis, which can

lead to the patient being unable to stand erect. Patients with kyphosis have secondary discomfort in their hips, sacroiliac joints, and spinal joints as they strive to retain their ability to walk. These individuals are also more likely to fall or be involved in an accident, which increases the risk of subsequent fractures in the spine and elsewhere. The lumbar spine can be fractured for a variety of causes. Fractures in younger patients are generally caused by forceful trauma. Flexion and flexion distraction injuries are common in car accidents. Burst fractures are caused by jumping or falling from great heights. These fractures can potentially cause severe brain damage. Lumbar compression fractures most commonly occur in elderly people in the absence of trauma or in the setting of mild trauma, such as a fall. Osteoporosis is the most prevalent underlying cause of these fractures in senior adults, particularly women. Malignancy, infections, and renal failure are some of the other conditions that can cause compression fractures.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

III, C. J. D. (2021, November 21). *Vertebral compression fractures*. StatPearls [Internet]. Retrieved February 14, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK448171/>

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	3.5-5.2	3.71	3.67	
Hgb	11-16	11.2	11.4	
Hct	34-47	34.6	34.1	
Platelets	140-400	250	266	

WBC	4-11	8.84	7.92	
Neutrophils	1.6-7.7	5.66	4.85	
Lymphocytes	1-4.9	1.82	1.78	
Monocytes	0- 1.09	0.75	0.88	
Eosinophils	0- 0.5	0.46	0.28	
Bands	-----	-----	-----	

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	138	137	
K+	3.5-5.1	3.6	4.0	
Cl-	98- 107	105	105	
CO2	22.0- 29.0	25	23.0	
Glucose	74- 100	93	83	
BUN	10- 20	12	12	
Creatinine	0.55- 1.02	1.21	1.23	This patient could have high creatinine levels due to having hypertension and a history of heart disease (Healthline, 2019).
Albumin	3.4- 4.8	3.6	Unavailable	
Calcium	8.9- 10.6	9.1	8.9	
Mag	Unavailable	Unavailabl e	Unavailable	
Phosphate	Unavailable	Unavailabl e	Unavailable	
Bilirubin	Unavailable	Unavailabl e	Unavailable	

Alk Phos	40-150	73	Unavailable	
AST	5-34	15	Unavailable	
ALT	0-55	9	Unavailable	
Amylase	Unavailable	Unavailabl e	Unavailable	
Lipase	Unavailable	Unavailabl e	Unavailable	
Lactic Acid	Unavailable	Unavailabl e	Unavailable	

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	11.7-13.8	27.6	30.5	High INR can mean blood clots more slowly than desired (Mayo Clinic, 2020).
PT	0.9-1.1	2.6	3.0	This patient may have severe liver damage or cirrhosis (Mayo Clinic, 2020).
PTT	Unavailable	Unavailable		
D-Dimer	Unavailable	Unavailable		
BNP	Unavailable	Unavailable		
HDL	Unavailable	Unavailable		
LDL	Unavailable	Unavailable		
Cholesterol	Unavailable	Unavailable		
Triglycerides	Unavailable	Unavailable		
Hgb A1c	Unavailable	Unavailable		
TSH	Unavailable	Unavailable		

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	Unavailable	Unavailable	Unavailable	
pH	Unavailable	Unavailable	Unavailable	
Specific Gravity	Unavailable	Unavailable	Unavailable	
Glucose	Unavailable	Unavailable	Unavailable	
Protein	Unavailable	Unavailable	Unavailable	
Ketones	Unavailable	Unavailable	Unavailable	
WBC	Unavailable	Unavailable	Unavailable	
RBC	Unavailable	Unavailable	Unavailable	
Leukoesterase	Unavailable	Unavailable	Unavailable	

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	Unavailable	Unavailable	Unavailable	
Blood Culture	Unavailable	Unavailable	Unavailable	
Sputum Culture	Unavailable	Unavailable	Unavailable	
Stool Culture	Unavailable	Unavailable	Unavailable	

Lab Correlations Reference (1) (APA):

Seladi-Schulman, J. (2019, July 24). *High creatinine symptoms: What may occur when your levels are off*. Healthline. Retrieved February 14, 2022, from <https://www.healthline.com/health/high-creatinine-symptoms>

Mayo Foundation for Medical Education and Research. (2020, December 8). *Prothrombin Time Test*. Mayo Clinic. Retrieved February 14, 2022, from <https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661>

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **CT Chest/Abdomen/Pelvis w/ contrast**
- **CT Thoracic Reconstruction only**
- **CT Lumbar Reconstruction only**

A CT scan of the spine may be used to evaluate the spine for herniated disks, tumors, and other lesions, the extent of injuries, structural anomalies such as spina bifida, blood vessel malformations, and other conditions, especially when other types of examinations, such as X-rays or physical examinations, are inconclusive. A CT scan of the spine can also be used to assess the results of spine treatment, such as surgery or other therapies.

Diagnostic Test Correlation (5 points):

- **Fall, Back Pain**

Diagnostic Test Reference (1) (APA):

Krans, B. (2017, July 9). Lumbar spine CT scan: Purpose, procedure & risks. Healthline. Retrieved February 14, 2022, from <https://www.healthline.com/health/lumbar-spine-ct-scan>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Carvediolol (coreg)	Doxazosin (Cardura)	Enoxaparin (Lovenox)	Warfarin (Coumadin)	Atorvastatin (Lipitor)
Dose	6.25 mg	2 mg	60 mg	2.5 mg	80 mg
Frequency	Twice Daily	Once Daily	Every 12 hours	Once every day for 5 days	Once daily
Route	Oral	Oral	Sub-Q	Oral	Oral
Classification	Pharmacologic: Nonselective beta blocker and alpha-1 blocker Therapeutic: Antihypertensive, heart failure treatment adjunct	Pharmacologic: Alpha Blocker Therapeutic: Antihypertensive, benign prostatic hyperplasia therapeutic agent	Pharmacologic: Low-molecular-weight heparin Therapeutic: Anticoagulant	Pharmacologic: Coumarin derivative Therapeutic: Anticoagulant	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemic
Mechanism of Action	Reduces cardiac output and tachycardia, cause vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac output.	Competitively inhibits alpha-adrenergic receptors in the sympathetic nervous system causing peripheral vasodilation and reduced peripheral vascular resistance.	Potentiates the action of antithrombin III, a coagulation inhibitor.	Interferes with the liver's ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors II, VII, IX and X.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.
Reason Client Taking	Client has CAD.	Client has hypertension.	Prevent clots from forming.	Prevent clots from forming.	To lower the client's cholesterol levels.
Contraindications (2)	Hypersensitivity to carvedilol or its components, and Severe bradycardia	Hypersensitivity to doxazosin, and other components.	History of HIT, and Active major bleeding	Cerebral or dissecting aneurysm or pericarditis	Active Hepatic Disease and breastfeeding
Side Effects/Adverse Reactions (2)	CVA and depression	Dizziness, and nausea	Osteoporosis, and CVA	Coma and Angina	Amnesia and Asthenia

Nursing Considerations (2)	Monitor patients' blood glucose. Know if the patient has heart failure, expect to also give digoxin, a diuretic, and an ACE inhibitor.	Know that drug should not be given to hypotensive patients and use cautiously in patients with hepatic disease.	Don't give drug by I.M injection and know the use of multidose vials should be avoided if possible.	Ensure a negative pregnancy test before administering and Monitor patients with hepatic impairment closely for bleeding.	Perform liver function tests before administering atorvastatin. Expect to measure lipid levels 2 to 4 weeks after therapy starts.
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Hospital Medications (5 required)

Brand/Generic	Tylenol/ acetaminophen	Aluminum Hydroxide	Robaxin/ methocarbamol	Norflex/ orphenadrine	Roxicodone/ oxycodone
Dose	650 mg	30 mg	500 mg	100 mg	5 mg
Frequency	Every 4 PRN	Every 6 PRN	Every 4 PRN	2x Daily	Every 4 PRN
Route	Suppository	Oral	Oral	Oral	Oral
Classification	Pharmacologic Classification: Nonsalicylate, paraaminophenol derivative Therapeutic Classification: Antipyretic, nonopioid analgesic	Pharmacologic Classification: Aluminum Salt Therapeutic Classification: Antacid, phosphate binder	Pharmacologic Classification: Carbamate derivative Therapeutic Classification: Skeletal Muscle Relaxant	Pharmacologic Classification: Skeletal Relaxant Therapeutic Classification: Skeletal Relaxant	Pharmacologic Classification: Opioid Therapeutic Classification: Opioid analgesic
Mechanism of Action	Works on Pain receptors.	Neutralizes stomach acid.	Works on Pain receptors.	Works on Pain receptors.	Works on Pain receptors.
Reason Client Taking	Mild pain or Fever	Heart burn, Gas	Pain	Pain	Pain
Contraindications (2)	Hepatic Impairment Severe active liver disease	Renal Disease Do not use more than twice daily	Hepatic Impairment Renal Impairment	Heart Failure Tachycardia	Significant Respiratory Depression, GI Obstruction
Side	Bleeding,	Constipation,	Bradycardia,	Agitation,	Confusion,

Effects/Adverse Reactions (2)	Hepatotoxicity	Osteoporosis	Jaundice	Nausea	Dizziness
Nursing Considerations (2)	Should not be taken with alcohol, and do not go above 3,000 mg a day.	Elderly may have diarrhea, and watch kidney function.	Assess allergies and monitor IV site.	Use dosage slowly and make sure they stay hydrated mouth gets dry when on this medication	Fall risk and watch for addiction.

Medications Reference (1) (APA):

[Jones & Bartlett Learning, LLC. \(2021\). 2021 Nurse's Drug Handbook \(twentieth\).](#)

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	COA x4 WDL
INTEGUMENTARY: Skin color: Red Character: Flakey Temperature: Warm/Dry Turgor: Slow to return Rashes: none Bruises: Arms Wounds: None Braden Score: 17 Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Catheter	
HEENT: Head/Neck: WDL Ears: WDL Eyes: L/R blurred vision Nose: WDL Teeth: WDL	

<p>CARDIOVASCULAR: Heart sounds: Normal Sinus Rhythm S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): None Peripheral Pulses: WDL Capillary refill: WDL Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Bilateral Legs</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character: WDL</p>	
<p>GASTROINTESTINAL: Diet at home: Normal Current Diet: Normal Height: 5'6 Weight: 140 Auscultation Bowel sounds: WDL Last BM: 02/08/2022 Palpation: Pain, Mass etc.: Inspection: N/A Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: WDL Character: WDL Quantity of urine: WDL Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Foley Size: 18</p>	

<p>MUSCULOSKELETAL: Neurovascular status: WDL ROM: WDL Supportive devices: None Strength: Normal ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 39 Activity/Mobility Status: Mobility Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: COA x4 Mental Status: COA x4 Speech: COA x4 Sensory: COA x4 LOC: COA x4</p>	<p>.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Acceptance Developmental level: Normal Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support): Husband at home</p>	<p>.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0836	74	186/78	20	98.2 Orally	93% Room Air
13:02	70	191/88	18	98.4 Orally	94% Room Air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0836	Numerical 1-10	Lower Back	5	Crushing/ Throbbing	Medications Position Change
13:02	Numerical 1-10	Lower Back	8	Pressure	Medications Position Change

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g Location of IV: Right AC Date on IV: 02/09/2022 Patency of IV: Patent Signs of erythema, drainage, etc.: None IV dressing assessment: Dry/intact	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200 mL	Unavailable

Nursing Care**Summary of Care (2 points)**

Overview of care: Doctor is wanting patient to go to a nursing home, but patient has not made up her mind on if she is wanting to be there. She is wanting to go home with her husband, she will need physical therapy and follow up with her doctor.
Procedures/testing done: No tests today

Complaints/Issues: Still has back pain

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerating normal, diet fine

Physician notifications: No

Future plans for client: She is wanting to go home but is still deciding on if the nursing home is best.

Discharge Planning (2 points)

Discharge location: Home with husband, unless states otherwise.

Home health needs (if applicable): PTOT

Equipment needs (if applicable): Brace for back

Follow up plan: See her primary and follow up with therapy.

Education needs: Will need more education on her medications.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • 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 client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased Cardiac output related to CAD as evidence by edema in legs bilaterally.	This rational was chosen because patient has CAD and edema.	1. Monitor BP, heart rhythm and rate at least every 4 hours. 2. Weight patient daily before breakfast.	1. Patient pulse rate is within set limits.	Patient performs stress reduction techniques every 4 hours.

<p>2. Risk for fall related to dizziness as evidence by patient stating she felt dizzy.</p>	<p>This rational was chosen because dizziness is a fall risk priority.</p>	<p>1. Improve environmental safety factors as needed. 2.Reeview medication with the patient and family.</p>	<p>1. Patient demonstrates to move about without falling.</p>	<p>Patient and family can point out things in the environment that put them at risk.</p>
<p>3. Impaired physical mobility related to L1 Compression as evidence by CT scan.</p>	<p>Patient is immobile due to broken L1 Compression.</p>	<p>1.Turn and position patient every 2 hours. 2 Perform ROM exercises to joints unless contraindicated once every shift</p>	<p>1. Patient maintains muscle strength and joint range of motion.</p>	<p>Patient or family member carries out mobility regimen.</p>

Other References (APA):

[Phelps, L. L. \(2020\). Sparks & Taylor's Nursing diagnosis reference manual. Wolters Kluwer.](#)

Concept Map (20 Points):

Subjective Data

Pain was a 5 and an 8
Patient talks about wanting to go home to her husband
Patient talked about her fall

Nursing Diagnosis/Outcomes

Objective Data

Patient was making facial expressions due to the pain
First set of vital signs- Pulse- 74 B/P- 186/78 RR- 20 Temp- 98.2 Oxygen 93% room air

Client Information

BM, 84, female
Height 5'6, Weight 140, Race White
Married, Retired
Allergies Codeine
Code Status DNR

Nursing Interventions



