N431 Care Plan #1

Lakeview College of Nursing

Lindsey Ball

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
2/11/2022	SB	50	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Factory worker	Single	NKA
Code Status	**Height**	**Weight**	
Full code	187.96 cm	61 kg	

Medical History (5 Points)

Past Medical History: stage 4 colon cancer, hyponatremia

Past Surgical History: cholecystectomy, EGD biopsy, colon resection sigmoid

Family History: father: diabetes mellitus, heart disease

Social History (tobacco/alcohol/drugs): beer occasional use; smokes ½ pack or more per day for over 35 years

Assistive Devices: dentures

Living Situation: home alone

Education Level: high school

Admission Assessment

Chief Complaint (2 points): observed seizure-like activity

History of present Illness (10 points): The patient is a 50-year-old male who presented to the ED on 2/11/22 after having a 4-minute seizure at the cancer canter where he was getting chemotherapy. He does not have a known history of seizures. He has a history of hyponatremia, and stage 4 colon cancer. After running his labs, his blood sodium level was 125 and his potassium level was 2.4. He currently has a BMI of 17 and a decreased appetite. He received a PICC line inserted today for the intended use of TPN.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): seizure

Secondary Diagnosis (if applicable): hyponatremia

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

A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements, or feelings, and in levels of consciousness. A seizure starts with cerebral neurons firing continuously leading to a larger cluster of neurons. The rapid increase and decrease in gamma-aminobutyric acid (GABA) is what determines the part of the brain affected. The part of the brain correlates to the signs and symptoms we can see during a seizure (Seizures, 2021). Symptoms of a seizure can range from mild to severe and can have a range of different signs. Some include temporary confusion, uncontrollable jerking movements, a loss of awareness or staring, and a range of cognitive and emotional responses. There are many different types of seizures including focal, tonic-clonic, absence, clonic, tonic, atonic, and myoclonic. Causes that can trigger a seizure include high fever, COVID-19, lack of sleep, flashing lights, hyponatremia, medications, head trauma, autoimmune disorders, brain tumors, stroke, illegal drugs, and alcohol abuse. Many times, though, the cause of a seizure is unknown. Diagnostic testing includes EEG, CT scan, a neurological exam, blood tests, lumbar puncture, MRI, and a PET scan. Treatment includes medication, dietary therapy, surgery, and electrical therapy (Swearingen, 2018).

This patient was receiving chemotherapy at the time of the onset of his seizure. He had a tonic-clonic seizure that lasted approximately 4 minutes. After running his labs in the ER, they determined the cause of his seizure was from hyponatremia with a blood sodium level of 125. The patient received a CT scan which was negative and an MRI which showed a small benign venous angioma. The patient was put on levetiracetam for seizure prevention.

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2021, February 24). *Seizures*. Mayo Clinic. Retrieved February 16, 2022, from https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

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	4.0-5.2	4.12	3.78	Chemotherapy can cause a low red blood cell count (Low blood cell counts: Side effect of cancer treatment, 2021).
Hgb	F:12-15 M: 14-16	12.3	11.4	Chemotherapy can cause low hemoglobin (Low blood cell counts: Side effect of cancer treatment, 2021).
Hct	F:42-52 M:35-47	35.4	33.1	
Platelets	140-440	272	Labs not drawn	
WBC	4.0-11.0	12.9	9.2	
Neutrophils	45-75%	84.7	75	
Lymphocytes	20-40%	12	11.1	Chemotherapy can cause hypokalemia (Low blood cell counts: Side effect of cancer treatment, 2021).
Monocytes	4-6%	1.0	12.4	
Eosinophils	<7%	Labs not drawn	1.4	
Bands	<3%	Labs not drawn	0.1	

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-	135-145	125	134	Chemotherapy can cause hyponatremia (Low blood cell counts: Side effect of cancer treatment, 2021).
K+	3.5-5.0	2.4	2.9	Chemotherapy can cause hypokalemia (Low blood cell counts: Side effect of cancer treatment, 2021).
Cl-	98-107	70	92	Chemotherapy can cause hypochloremia (Low blood cell counts: Side effect of cancer treatment, 2021).
CO2	35-45	42	35	
Glucose	70-100	144	112	Steroids can cause hyperglycemia (Swearingen, 2018).
BUN	0.6-1.3	0.83	0.6	
Creatinine	6-20	31	12	Chemotherapy is nephrotoxic so it can cause high creatinine levels (Low blood cell counts: Side effect of cancer treatment, 2021).
Albumin	3.4-5.4	3.2	Labs not drawn	Chemotherapy can cause low albumin levels (Low blood cell counts: Side effect of cancer treatment, 2021).
Calcium	8.5-10.5	8.7	Labs not drawn	
Mag	1.7-3.4	1.8	Labs not drawn	
Phosphate	2.5-4.5	Labs not drawn	Labs not drawn	
Bilirubin	<1.5	Labs not drawn	Labs not drawn	
Alk Phos	20-140	241	Labs not drawn	Chemotherapy is nephrotoxic so it can cause high phosphate levels (Low blood cell counts: Side effect of cancer treatment, 2021).

AST	10-30	30	Labs not drawn	
ALT	10-40	13	Labs not drawn	
Amylase	23-85	Labs not drawn	Labs not drawn	
Lipase	60-160	Labs not drawn	Labs not drawn	
Lactic Acid	0.5-1.0	Labs not drawn	Labs not drawn	
Troponin	<0.3	0	Labs not drawn	
CK-MB	5-25	Labs not drawn	Labs not drawn	
Total CK	22-198	108	Labs not drawn	

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	**0.86-1.16**	Labs not drawn	Labs not drawn	
PT	**11.9-14.9**	Labs not drawn	Labs not drawn	
PTT	**60-70**	Labs not drawn	Labs not drawn	
D-Dimer	**<250**	Labs not drawn	Labs not drawn	
BNP	**<450**	Labs not drawn	Labs not drawn	
HDL	**>60**	Labs not drawn	Labs not drawn	
LDL	**<130**	Labs not drawn	Labs not drawn	
Cholesterol	**<200**	Labs not drawn	Labs not drawn	
Triglycerides	**<150**	Labs not drawn	Labs not drawn	
Hgb A1c	**<7-8%**	Labs not drawn	Labs not drawn	

TSH	**0.4-4.0**	Labs not drawn	Labs not drawn	

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 and clear	Yellow and clear	Labs not drawn	
pH	6.0	5.5	Labs not drawn	
Specific Gravity	1.010-1.025	1.025	Labs not drawn	
Glucose	0-0.8	0	Labs not drawn	
Protein	Negative	1+	Labs not drawn	Chemotherapy is nephrotoxic so it can cause protein to leak out into urine (Low blood cell counts: Side effect of cancer treatment, 2021).
Ketones	Negative	Negative	Labs not drawn	
WBC	Negative	Negative	Labs not drawn	
RBC	Negative	Trace	Labs not drawn	Cancer can cause RBC in urine (Low blood cell counts: Side effect of cancer treatment, 2021).
Leukoesterase	negative	Negative	Labs not drawn	

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	7.35-7.45	7.56	Labs not drawn	Patient is in metabolic alkalosis secondary to chemotherapy which is nephrotoxic, and kidneys are trying to compensate (Swearingen., 2018).
PaO2	80-100	44.7	Labs not drawn	Patient is in metabolic alkalosis secondary to chemotherapy which is nephrotoxic, and kidneys are trying to compensate (Swearingen.,

				2018).
PaCO2	33-45	51.3	Labs not drawn	Patient is in metabolic alkalosis secondary to chemotherapy which is nephrotoxic, and kidneys are trying to compensate (Swearingen., 2018).
HCO3	22-26	45.4	Labs not drawn	Patient is in metabolic alkalosis secondary to chemotherapy which is nephrotoxic, and kidneys are trying to compensate (Swearingen., 2018).
SaO2	90-100	100	Labs not drawn	

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	Negative	Labs not drawn	Labs not drawn	
Blood Culture	Negative	Labs not drawn	Labs not drawn	
Sputum Culture	Negative	Labs not drawn	Labs not drawn	
Stool Culture	Negative	Labs not drawn	Labs not drawn	

Lab Correlations Reference (APA):

Khaled Fareed, M. D. (2019, September 11). Urinalysis (Urine) Test: Types, Drugs, Alcohol, Results and Interpretation. Retrieved November 17, 2019, from https://www.medicinenet.com/urinalysis/article.htm

Mayo Foundation for Medical Education and Research. (2021, January 9). *Low blood cell counts: Side effect of cancer treatment*. Mayo Clinic. Retrieved February 16, 2022, from https://www.mayoclinic.org/diseases-conditions/cancer/in-depth/cancer-treatment/art-20046192

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical,*

pediatric, maternity, and psychiatric-mental health. Place of publication not identified: MOSBY

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of the head on admission (2/11). A CT will allow us to visualize cross-section pictures of bones, muscles, organs, and blood vessels. MRI of the brain on admission (2/11). The MRI allows us to visualize the brain to detect brain tumors, a brain injury, multiple sclerosis, stroke, dementia, and infection. The CT showed no abnormalities. The MRI showed no abnormalities.

Diagnostic Test Correlation (5 points): He got a CT and the MRI because of the tonic-clonic seizure activity, and he has a history of cancer.

Diagnostic Test Reference (APA):

CT Scan of the Chest with Contrast. (2020). Retrieved February 16, 2022, from https://www.nationaljewish.org/conditions/tests-procedures/imaging/ct-scan-chest-contrast

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

Home Medications (5 required)

Brand/Generic	melatonin	Atorvastatin (Lipitor)	Hydrocodone/acetaminophen (Norco)	Dexamethasone (Dexone)	Ondansetron (Zofran)
Dose	3 mg	10 mg	325 mg	4 mg	4 mg
Frequency	PRN	daily	q4h PRN	Daily	Q6H PRN
Route	PO	PO	PO	PO	IV push
Classification	Herbal	statin	Opiod analgesic	Steroid	5-HT3 antagonist
Mechanism of Action	Promotes sleep	Enhances LDL receptors on liver cells	Inhibits prostaglandin synthesis in CNS and PNS (blocks pain impulse)	Inhibits neutrophil and monocyte accumulation at inflammation	Blocks serotonin receptors

				site	
Reason Client Taking	insomnia	HTN, Prevent MI or stroke	moderate pain	Decrease inflammation secondary to colon cancer	Nausea
Contraindications (2)	Caffeine, nicotine	Hepatic disease, hypersensitivity	PUD, GI bleeds	Antacids, barbiturates	Long QT syndrome, hypersensitivity
Side Effects/Adverse Reactions (2)	Abdominal cramps, decreased alertness	Hyperglycemia, abdominal pain	Abdominal pain, Heartburn	GI upset, insomnia	Headache, diarrhea
Nursing Considerations (2)	Give at bedtime, use caution with other CNS depressants	Report any acute cardiac condition, report hypotension	Risk for stroke increases the longer ibuprofen is used; if IV ensure infusion pumps are programmed properly	Watch for Cushing's syndrome, test stool for occult blood	Monitor for serotonin syndrome, maintain adequate fluid intake
Key Nursing Assessment(s) Prior to Administration	Vital signs	Liver function tests	Vital signs, LOC, renal function	Monitor glucose, monitor lab results for hyperglycemia, hypokalemia, leukopenia, hypocalcemia	Lung sounds
Client Teaching needs (2)	Do not drive after taking, take at bedtime	Take as prescribed, monitor glucose closely	Do not exceed recommended dose; recognize the signs of overdose: bleeding, fever, sore throat	Take with food, taper off	Avoid OTC cold medications, take as prescribed

Hospital Medications (5 required)

Brand/Generic	Aspirin (Bayer) (90)	Enoxaparin (Lovenox)(368)	Pantoprazole (Protonix)(847)	Levetiracetam (Keppra)	Potassium chloride (K Rider)
Dose	81 mg	40 mg	40 mg	500 mg=100mL	80 mEq, 20 mEq=100mL

Frequency	Daily	Daily	Daily	Daily	daily
Route	PO	SQ	PO	IV piggyback	IV piggyback
Classification	antiplatelet	antithrombotic	antiulcer	anticonvulsant	Electrolyte replacement
Mechanism of Action	Causes local vasodilation	potentiates antithrombin time III (coagulation factor)	Potentiates GABA	Prevents coordination of epileptiform burst firing	Potassium ions are essential for nerve impulse transmission, cardiac and skeletal muscle contraction, and controls the exchange of intracellular and extracellular ions
Reason Client Taking	Pain relief and to prevent MI	Prevent DVT	Anxiety	Treat tonic-clonic seizures	hypokalemia
Contraindications (2)	Active bleeding (PUD), asthma	Don't mix with other IV fluids, hypersensitivity	Hepatic disease, glaucoma	Anemia, depression	Addison's disease, UTI
Side Effects/Adverse Reactions (2)	GI irritation, confusion	Fever, diarrhea	Headache, diarrhea	Decreased appetite, throat irritation	GI upset, arrhythmias
Nursing Considerations (2)	Metabolized by the liver, should be taken daily	Use cautiously in patients with hepatic or renal impairment, inject into the abdomen	Give before meals, mix with apple juice or applesauce	Watch for suicidal ideation, taper dosage gradually	Dilute concentrate before IV use, watch for renal toxicity
Key Nursing Assessment(s)/ Lab(s) prior to administration	Look for previous ischemic events, ask about tinnitus, monitor renal function because NSAIDS are nephrotoxic	Check for DVTs, monitor clotting factors	Monitor PT and INR, monitor I+O	Monitor blood pressure, monitor lab results for low red blood cells, hematocrit, and neutrophil count	Monitor potassium levels, monitor fluid volume status by input and output
Client teaching needs (2)	Prevent bleeding, take with food or after meals	Importance of the drug for preventing DVTs and instruct him to prevent bleeding	Avoid over the counter medications, notify the provider if he experiences a decrease in urine output	Do not drive on this medication, avoid alcohol	Take with food, watch for stool changes

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2018 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A+Ox4 Patient does not show emotional or respiratory distress. Appears well-nourished. He is lying in his bed most of the shift.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin appeared pink, warm, and dry which is usual for ethnicity. No diaphoresis. Temperature was 36.5 degrees No rashes. He has a stage 1 pressure wound on his coccyx. Skin turgor was normal, capillary refill less than 3 seconds. Braden score of 18 No drains present. NO redness, swelling or warmth to lower extremities.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head appeared normocephalic. Patent airway TMs are clear bilaterally Nasal passages are clear and moist He wears dentures .
CARDIOVASCULAR (2 points): **Heart sounds:**	Heart sounds appeared normal. S1 and S2 sounds were heard without any S3 or S4 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:**	Sinus arrythmia. No murmurs. Peripheral pedal pulses were normal 3+ bilaterally. Capillary refill less than 3 seconds. Lower extremities showed edema. No neck vein distention. He has a chest port in his right side.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clear in all five lobes. No accessory muscle use needed. Respiratory rate was 16.
GASTROINTESTINAL (2 points): **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 ☒** **Type:**	Regular diet at home and regular diet in hospital 187.96 cm tall, 61 kg Bowel sounds active in all four quadrants No pain upon palpation. Abdomen appeared rounded, soft, and non-tender. No distention, incisions, scars, drains, or wounds Last BM was this yesterday 2/13. He had an ostomy tube in left lower abdomen. He had some loss of appetite and skipped breakfast but ate 75% of lunch tray. NO NG or feeding tubes
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	No urinary output recorded while we were there No pain with urination No dialysis No catheter Urinalysis showed proteinuria and trace RBC. Urine was yellow and clear.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	Active ROM Fall risk of 70 making him a high fall risk He can get up and ambulate with one assist. Did not need ADL assistance but general

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**☐	unsteadiness gait. NO supportive devices needed.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	A+Ox4 Moves all extremities Pupils equal, round, and reactive to light Strength was equal in all extremities bilaterally Overall appeared tired. No lightheadedness or focal weakness No slurred speech or sensory deficits
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Has support from mother who was present part of the shift. Highest level of education completed is high school. He did not practice religion. RASS score of 0. He currently lives home alone.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0735	99	106/69	20	36.9	99
1215	94	121/80	16	36.5	99

Vital Sign Trends: Vital signs are normal. The medications that are helping keep his vital signs stable are the potassium chloride. atorvastatin, and hydrocodone.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1215	Numeric	Coccyx	6/10	Aching	Fentanyl patch, repositioned patient
1215	numeric	N/A	0/10	N/A	No intervention needed

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:**	Central line dated 2/13 in right chest. PICC line inserted 2/14 with 5 french in right forearm. No signs of erythema or drainage of dressing.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
477 mL of sprite and water	100 mL of output recorded from ostomy; urinary output not recorded

Nursing Care

Summary of Care (2 points)

Overview of care: establish an effective method of communication to communicate needs, achieve optimal nutrition status, remain free from infection, remain free from falls or injury

Procedures/testing done: PICC line insertions

Complaints/Issues: pain on coccyx

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: He is currently on a regular diet and tolerating well. His appetite is decreased. He is actively ambulating.

Physician notifications: physician was not notified during this shift

Future plans for patient: TPN

Discharge Planning (2 points)

Discharge location: home with home health

Home health needs (if applicable): TPN

Equipment needs (if applicable): ostomy supplies, dressing supplies

Follow up plan: continue to monitor in hospital setting. Follow up with primary care provider once discharged.

Education needs: teaching about TPN at home with home health

Nursing Diagnosis (15 points)

Nursing Diagnosis · 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** · Explain why the nursing diagnosis was chosen	**Interventions** **(2 per dx)**	**Outcome Goal** **(1 per dx)**	**Evaluation** · How did the client/family respond to the nurse's actions? · Client response, status of goals and outcomes, modifications to plan.

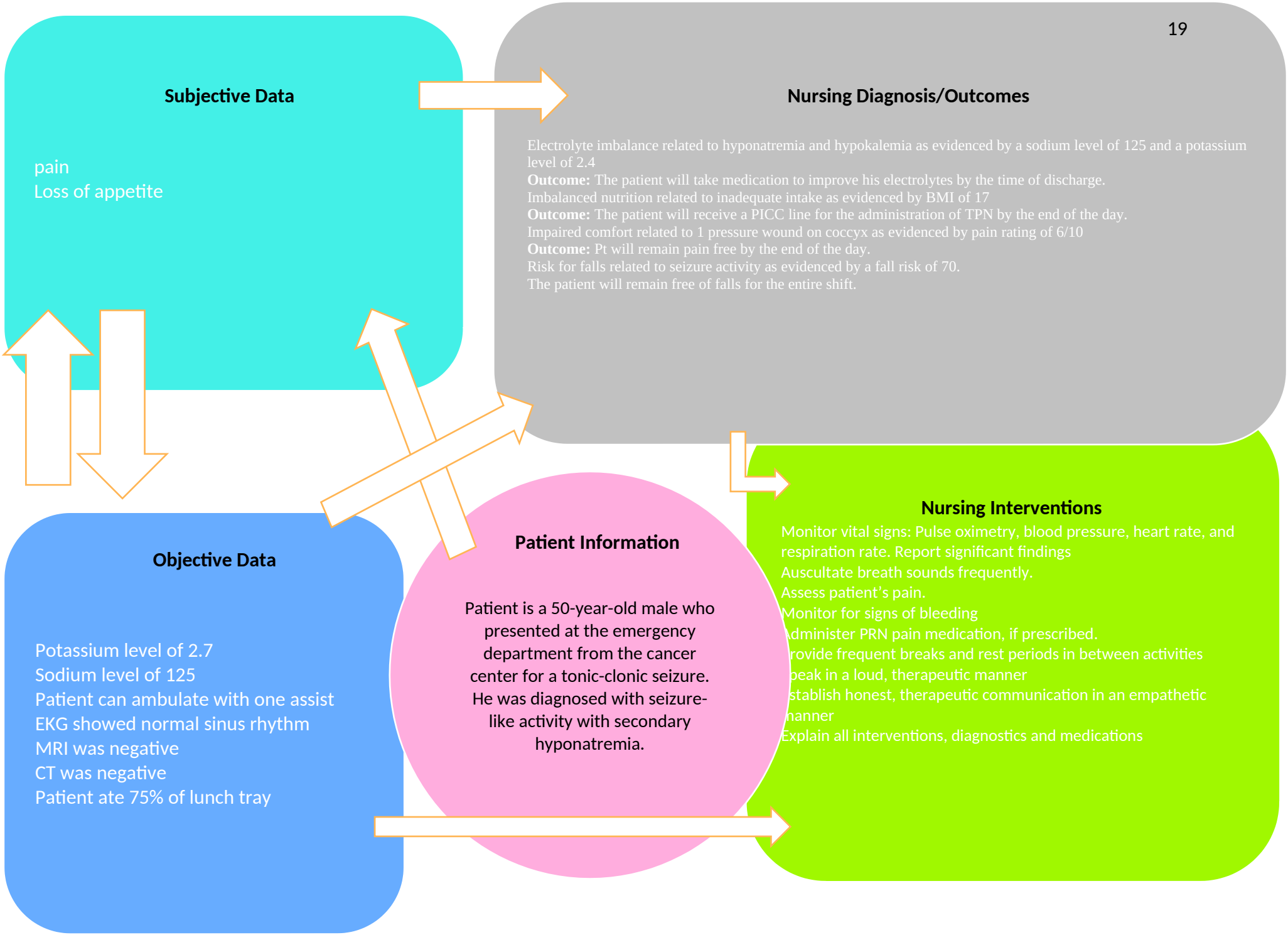
1. Electrolyte imbalance related to hyponatremia and hypokalemia as evidenced by a sodium level of 125 and a potassium level of 2.4.	The patient had a low sodium level of 125 and a potassium level of 2.4 on admission.	**1**. I administered potassium chloride. **2.** The patient was on normal saline to correct the hyponatremia.	**1.** The patient will take medication to improve his electrolytes by the time of discharge.	The patient took the prescribed medication. We will continue to monitor his electrolyte levels before he is discharged.
2. Imbalanced nutrition related to inadequate intake as evidenced by BMI of 17**.**	The patient has a BMI of 17 making him underweight.	1. I helped the patient order lunch. 2. I explained the use of a PICC line to the patient.	1. The patient will receive a PICC line for the administration of TPN by the end of the day.	The patient ordered a lunch tray and ate 75% and had a PICC line inserted. He tolerated the procedure well.
3. Impaired comfort related to 1 pressure wound on coccyx as evidenced by pain rating of 6/10.	The patient rated his pain as a 6/10	**1.** I administered a fentanyl patch. **2**.I repositioned the patient.	**1.**Pt will remain pain free by the end of the day.	The patient rated his pain a score of 0/10 after the fentanyl patch and repositioning.
4. Risk for falls related to seizure activity as evidenced by a fall risk of 70.	He is a fall risk and has a score of 70.	1. Keep the bed in the lowest position. 2. Have a fall risk band on the patient.	1.The patient will remain free of falls for the entire shift.	The patient understood that he was a fall risk and did not have a fall.

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

Other References (APA):

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

Concept Map (20 Points):


Subjective Data
pain
Loss of appetite
Nursing Diagnosis/Outcomes
Electrolyte imbalance related to hyponatremia and hypokalemia as evidenced by a sodium level of 125 and a potassium level of 2.4
Outcome: The patient will take medication to improve his electrolytes by the time of discharge.
Imbalanced nutrition related to inadequate intake as evidenced by BMI of 17
Outcome: The patient will receive a PICC line for the administration of TPN by the end of the day.
Impaired comfort related to 1 pressure wound on coccyx as evidenced by pain rating of 6/10
Outcome: Pt will remain pain free by the end of the day.
Risk for falls related to seizure activity as evidenced by a fall risk of 70.
The patient will remain free of falls for the entire shift.
Objective Data
Potassium level of 2.7
Sodium level of 125
Patient can ambulate with one assist
EKG showed normal sinus rhythm
MRI was negative
CT was negative
Patient ate 75% of lunch tray
Patient Information
Patient is a 50-year-old male who presented at the emergency department from the cancer center for a tonic-clonic seizure. He was diagnosed with seizure-like activity with secondary hyponatremia.
Nursing Interventions
Monitor vital signs: Pulse oximetry, blood pressure, heart rate, and respiration rate. Report significant findings
Auscultate breath sounds frequently.
Assess patient's pain.
Monitor for signs of bleeding
Administer PRN pain medication, if prescribed.
Provide frequent breaks and rest periods in between activities
Speak in a loud, therapeutic manner
Establish honest, therapeutic communication in an empathetic manner
Explain all interventions, diagnostics and medications