N321 Care Plan #1

Lakeview College of Nursing

Camryn Studer

Demographics (3 points)

Date of Admission 3-17-20	**Client Initials** O.B.	**Age** 60	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Truck driver	**Marital Status** Divorced	**Allergies** Sulfa drugs
Code Status Full code	**Height** 5’10”	**Weight** 220 lbs	

Medical History (5 Points)

Past Medical History:

- Hypertension
- Hypercholesterolemia
- Uncontrolled Diabetes Mellitus Type II
- Obesity (BMI: 31.6)

Past Surgical History:

- Colonoscopy, 2018

Family History:

- Mother: Diabetes
- Father: Myocardial Infarction and coronary artery bypass graphing (CABG)
- Brother: obesity
- Sister: Breast cancer and mastectomy

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

- Smokes one pack a day for the last 40 years
- Denies alcohol consumption

Assistive Devices:

- N/A

Living Situation:

- Lives at home alone when not on the road with current career as a truck driver

Education Level:

- General education development (GED), no other education noted

Admission Assessment

Chief Complaint (2 points): Acute right sides weakness and facial droop

History of Present Illness – OLD CARTS (10 points):

This patient is a 60-year-old male who presented to the Emergency Department via EMS for sudden onset right sided weakness and facial droop. The patient was immediately taken to CT which revealed no acute bleed. He was given 0.9 mg TPA bolus, followed by a drip of 81 mg/hr. The patient showed noted improvement in right sided weakness and facial droop. The patient was held in the emergency department (ED) for 24 hours due to limited intensive care unit (ICU) bed availability and is now being admitted to the neurological unit for further evaluation under the care of Dr. Farquad. A bedside swallow study was completed by J.S. and revealed no issues noted. A consistent low carbohydrate diet has been ordered. He does swallow pills with no issues noted.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ischemia Stroke

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): “Stroke is a neurological disorder characterized by blockage of blood vessels” (Kuriakose & Xiao, 2020). Around 85 percent of

stroke victims die from ischemic occlusions, with the remainder dying from intracerebral hemorrhage. In the brain, ischemic occlusion causes thrombotic and embolic situations.

“Thrombi arise from arteriosclerotic plaque; they commonly develop in either the neck or the heart’s left atrium and travel up the carotid artery and into the brain” (Capriotti, 2020, p. 807). The narrowing of veins due to atherosclerosis affects blood flow in thrombosis. Plaque buildup will eventually narrow the vascular chamber and cause clots, resulting in a thrombotic stroke. Reduced blood supply to the brain creates an embolism in an embolic stroke; blood flow to the brain decreases, producing acute stress and premature cell death (necrosis). Following necrosis, the plasma membrane is disrupted, organelles enlarge, cellular contents leak into the extracellular environment, and neuronal function is lost. Death of brain tissue leads to a loss of neurological function; examples of this are an inability to speak, vision changes, and memory loss.

This relates to this patient because he presented to the emergency department with signs and symptoms of an ischemic stroke. The patient has multiple risk factors for ischemic stroke, including over the age of 55, hypertension, type 2 diabetes, obesity, and hypercholesterolemia. He presented with sudden onset right-sided weakness and facial droop to the emergency room. These are some of the main signs and symptoms related to an ischemic stroke. Others include sudden confusion, trouble speaking, vision changes, dizziness, or headache.

Due to the patient's symptoms, a CT scan of the head without contrast was ordered to diagnose. The scan showed an ischemic stroke but no signs of an acute intracranial hemorrhage, mass, or mid-line shift. All of the ventricles appeared to be symmetrical, and there was no evidence of territorial infarction. A chest x-ray was also done and was negative for any acute

abnormalities. A patient experiencing a stroke will need both a neurological and cardiovascular assessment. "This includes auscultation of carotid arteries for bruits, blood pressure in both arms, and ophthalmoscopic examination of the retina for changes associated with hypertension, such as arteriovenous nicking" (Capriotti, 2020, p. 813). Along with heart and brain diagnostic testing, providers typically order blood work, an ECG, and the health stroke scale.

"Once the CT scan or MRI determines whether there is an ischemic or hemorrhagic condition of the brain, rapid delivery of treatment can facilitate recovery" (Capriotti, 2020, p. 814). Treatment for an ischemic stroke uses IV medication to dissolve the blood clot quickly. Thrombolytics should be administered within 3 to 4.5 hours of the onset of symptoms to heighten the change of survival and recovery. There are severe contraindications to thrombolytic treatment, including hemorrhagic bleeding. Post-stroke treatment includes clopidogrel, physical therapy to prevent muscle atrophy, low cholesterol and carbohydrate diet, and blood pressure management. My patient received all of these treatment options and will be discharged home with minimal issues noted.

Pathophysiology References (2) (APA):

Kuriakose, D., & Xiao, Z. (2020, October 15). *Pathophysiology and treatment of stroke: Present status and future perspectives*. International journal of molecular sciences. Retrieved February 22, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7589849/

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	15.3	N/A	N/A
Hct	F: 42-52 M: 35-47	47	N/A	N/A
Platelets	150,000-400,000	143	N/A	N/A
WBC	4,500-11,000	6.3	N/A	N/A
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	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-	135-145	139	N/A	N/A
K+	3.5-5.0	3.6	N/A	N/A
Cl-	97-107	106	N/A	N/A
CO2	20-30	N/A	N/A	N/A
Glucose	70-110	147	N/A	High glucose levels related to the patients diagnosis of Diabetes Mellitus Type II being uncontrolled. (Van & Mickey Lynn Bladh, 2017)
BUN	10-20	15	N/A	N/A

Creatinine	0.7-1.4	0.9	N/A	N/A
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	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	0.8-1.1	1.03	N/A	N/A
PT	11-12.5	11.3	N/A	N/A
PTT	30-40	33.6	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A

LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	9.4	N/A	High Hgb A1c levels indicate that the patient did not control his blood glucose levels over the past 3 months. (Van & Mickey Lynn Bladh, 2017)
TSH	0.4-4.0	N/A	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 and Clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	<5	N/A	N/A	N/A
RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A

Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- Chest X-ray: Negative for any acute abnormalities. Cardiac silhouette is within normal limits.
- Computed tomography (CT) head without contrast: No acute intracranial hemorrhage, mass, mess effect, or mid-line shift is seen. The ventricles are symmetrical. There is no convincing evidence of an acute territorial infarction.
- Electrocardiogram (EKG): ST without ectopy.

Diagnostic Test Correlation (5 points): The patient received a chest X-ray to look for any underlying conditions contributing to his ischemic stroke. A chest X-ray uses a small dose of radiation to produce pictures of the organs inside the chest. This diagnostic imaging is one of the most frequently done labs and can diagnose cardiac, pulmonary, and skeletal issues (Van & Mickey Lynn Bladh, 2017). The patient's chest X-ray returned negative for any acute abnormalities, and the cardiac silhouette was within normal limits.

The patient had a CT scan of the head to identify significant damage from the ischemic stroke. Computerized tomography or a CT scan is a series of X-ray images to create cross-sectional images of bones, blood vessels, and soft tissue (Mayo Clinic, 2022). The patient

received a scan without contrast, typical for individuals with possible brain trauma, headache, or bleeding. The scan showed no acute intracranial hemorrhage, mass, mass effect, or mid-line shift is seen. The ventricles are symmetrical. There is no convincing evidence of acute territorial infarction.

An electrocardiogram or EKG was done to check the heart's electrical activity. Having an EKG done ensures that the heart is strong and beating normally (Van & Mickey Lynn Bladh, 2017). An EKG can determine whether the heart caused the stroke or another underlying issue. The patients EKG showed signed of normal sinus rhythm, and ST without ectopy.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2022, January 6). *CT Scan*. Mayo Clinic. Retrieved February 22, 2022, from https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675#:~:text=A%20computerized%20tomography%20(CT)%20scan,than%20plain%20X%2Drays%20do.

Van, A. M., & Mickey Lynn Bladh. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* 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	B: Zestril G: Lisinopril	B: Lipitor G: Atorvastatin	B: Glucophage G: Metformin	N/A	N/A
Dose	10 mg	20 mg	250 mg	N/A	N/A
Frequency	Once daily	Once daily	Twice daily	N/A	N/A
Route	Oral	Oral	Oral	N/A	N/A
Classification (T=therapeutic class P=Pharm class)	T: Antihypertensive P: Ace inhibitor	T: Lipid-lowering agents P:	T: Antidiabetics P: Biguanides	N/A	N/A
Mechanism of	Angiotensin-	Inhibits 3-hydroxy-3-	Decreases	N/A	N/A

Action	converting enzyme (ACE) inhibitors block the conversion of angiotensin I to the vasoconstrictor angiotensin II. ACE inhibitors also prevent the degradation of bradykinin and other vasodilatory prostaglandins. ACE inhibitors also ↑ plasma renin levels and ↓ aldosterone levels. Net result is systemic vasodilation.	methylglutaryl-coenzyme A (HMG-CoA) reductase, an enzyme which is responsible for catalyzing an early step in the synthesis of cholesterol.	hepatic glucose production. Decreases intestinal glucose absorption. Increases sensitivity to insulin		
Reason Client Taking	Hypertension.	Hypercholesterolemia.	Diabetes Mellitus Type II.	N/A	N/A
Contraindications (2)	Hypersensitivity. History of angioedema with previous use of ACE inhibitors.	Active liver disease or unexplained persistent elevations in AST and ALT. Pregnancy (may cause fetal harm).	Metabolic acidosis. Severe renal impairment.	N/A	N/A
Side Effects/Adverse Reactions (2)	Angioedema. Hypotension	Chest pain. Rhabdomyolysis.	Lactic acidosis. Abdominal bloating.	N/A	N/A
Nursing Considerations (2)	Do not confuse Zestril with Zegerid, Zetia, or Zyprexa. Continuous blood pressure monitoring in	Evaluate serum cholesterol and triglyceride levels before initiating, after 2-4 weeks of therapy, and periodically thereafter.	Continuous monitoring for ketoacidosis and lactic acidosis. Renal	N/A	N/A

	case of severe hypotension.	Monitor for muscle tenderness or weakness (may indicate rhabdomyolysis).	function testing should be done before initiating and annually during therapy.		

Hospital Medications (5 required)

Brand/ Generic	B: Plavix G: Clopidogrel	B: Lopressor G: Metoprolol	B: Zofran G: Ondansetron	B: Tylenol G: Acetaminophen	B: Mitigo G: Morphine
Dose	75 mg	50 mg	4 mg	650 mg	0.5 mg
Frequency	Once daily	Twice daily	Every 6 hours as needed	Every 6 hours as needed	Every 2 hours as needed
Route	Oral	Oral	Oral dissolving tablet (ODT)	Oral	IV
Classification	T: Antiplatelet agents P: Platelet's aggregations inhibitors (Vallerand & Sanoski, 2021).	T: Antianginals, antihypertensives. P: Beta blockers (Vallerand & Sanoski, 2021).	T: Antiemetics P: Five ht3 antagonists (Vallerand & Sanoski, 2021).	T: antipyretics nonopioid analgesics P: N/A (Vallerand & Sanoski, 2021).	T: Opioid analgesics P: Opioid agonists (Vallerand & Sanoski, 2021).

Mechanism of Action	Inhibits platelet aggregation by irreversibly inhibiting the binding of ATP to platelet receptors (Vallerand & Sanoski, 2021).	Blocks stimulation of beta1 (myocardial)-adrenergic receptors. Does not usually affect beta2 (pulmonary, vascular, uterine)-adrenergic receptor sites (Vallerand & Sanoski, 2021).	Blocks the effects of serotonin at 5-HT3 receptor sites (selective antagonist) located in vagal nerve terminals and the chemoreceptor trigger zone in the CNS (Vallerand & Sanoski, 2021).	Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS. Has no significant anti-inflammatory properties or GI toxicity (Vallerand & Sanoski, 2021).	Binds to opiate receptors in the CNS. Alters the perception of and response to painful stimuli while producing generalized CNS depression (Vallerand & Sanoski, 2021).
Reason Client Taking	Stroke-like symptoms	Hypertension	Nausea	Pain/fever	Severe pain
Contraindications (2)	Pathologic bleeding. History of GI bleeding/ulcer disease (Vallerand & Sanoski, 2021).	Uncompensated Heart failure. Hepatic impairment (Vallerand & Sanoski, 2021).	Long QT syndrome. Concurrent use of apomorphine (Vallerand & Sanoski, 2021).	Products containing alcohol, aspartame, saccharin, sugar or yellow dye. Hepatic renal disease (Vallerand & Sanoski, 2021).	Significant respirator depression. Acute or severe bronchial asthma (Vallerand & Sanoski, 2021).
Side Effects/Adverse Reactions (2)	Toxic epidermal necrolysis. Neutropenia (Vallerand & Sanoski, 2021).	Bradycardia. Pulmonary edema (Vallerand & Sanoski, 2021).	Serotonin syndrome. Stevens-Johnson syndrome (Vallerand & Sanoski, 2021).	Hepatotoxicity. Stevens-Johnson syndrome (Vallerand & Sanoski, 2021).	Respiratory depression. Confusion (Vallerand & Sanoski, 2021).

Nursing Considerations (2)	Monitor for signs of thrombocytopenia. Patient should be placed on bleeding precautions (Vallerand & Sanoski, 2021).	High alert drug: IV vasoactive medications are inherently dangerous. Before administering intravenously, have second practitioner independently check original order and dose calculations. Monitor blood pressure, ECG, and pulse periodically during treatment (Vallerand & Sanoski, 2021).	Monitor for signs and symptoms of serotonin syndrome. Assess for rash periodically during therapy (Vallerand & Sanoski, 2021).	Assess overall health and alcohol use before administering. Assess for rash periodically during therapy (Vallerand & Sanoski, 2021).	High alert medication: Assess level of consciousness, BP, pulse, and respirations before and periodically during administration. If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to prevent significant hypoventilation. Subsequent doses may need to be decreased by 25–50%. Initial drowsiness will diminish with continued use (Vallerand & Sanoski, 2021).

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. Oriented to person, place, date, and time. Patient shows no signs of distress. Patient is well groomed, maintains personal hygiene.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** 37.0 **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is appropriate for ethnicity. Skin is pink, warm, day and intact. The patient's temperature is 37.0 degrees Celsius. The patients skin turgor is elastic with no signs of rashes, bruises, or wounds. The Braden score is not applicable and there are no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Normocephalic, neck is supple, no signs of masses, no deviated trachea. Denies facial numbness or tingling but right sided weakness is noted. Ears are symmetrical, no signs of cerumen. Eyes are equal, round, reactive and accommodate to light. No deviated septum, nares

	are patent and shows no signs or polyps. Oral mucosa is pink and moist and the patients' teeth are intact.
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 heart noted and dually paced. Patient is in normal sinus rhythm with a heart rate of 76 beats per minute. Peripheral pulse are 2+ bilaterally. Capillary refill is less than 3 seconds and there is no signs of neck vein distention or edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds anterior and posterior are clear bilaterally. Airway is patent with no signs of change in clinical course.
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 ☒** **Type:**	Patient is on a regular diet at home and low carbohydrate diet in the hospital. The patient is 5'10" and 220 pounds. Bowel sounds are active in all four quadrants and their last bowel movement was this morning 3/17/20. There are no signs of distention, incisions, scars, drains, and wounds upon inspection. Abdomen is soft and non-tender. The patient does not have an ostomy bag, nasogastric tube, or feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** N/A **Catheter: Y ☐ N ☒**	The patient's urine is clear and yellow with no foul odor. The patient voided 800 mL in 4 hours. Patient denies pain upon urination. They patient is not on dialysis and does not have a catheter. Genitals were not assessed.

Type: **Size:**	
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☐**	The patient shows active range of motion with strength equal bilaterally in upper and lower extremities. The patient can ambulate unassisted. No assistive devices necessary and fall score is not applicable.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient can move all extremities with a slight weakness on right side. Eyes are equal, round, reactive, and accommodation to light. The patient is oriented to time, date, place, and situation. Speech is clear and A&Ox4.
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):**	Coping methods include listening to music and being with family. The patient's developmental level is appropriate for age. The patient is not religious and lives at home alone. The patient has support from family and friends.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	67 beats per minute	163/76 mmHG	16 breaths per minute	37.0 degrees Celsius	98% on room air
1100	69	124/63 mmHG	18 breaths per minute	36.9 degrees Celsius	97% on room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized head pain	4/10	Throbbing pain	Tylenol administered
1100	Numeric	Generalized head pain	1/10	Dull pain	No intervention at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 G **Location of IV:** Right antecubital **Date on IV:** 3/17/2020 **Patency of IV:** No complications. **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** Patent dressing, clean, dry, and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
720 mL	800 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was admitted for sudden onset right sided weakness and facial droop. He was given 0.9 mg TPA bolus, followed by a drop of 81mg per hour. A full body

assessment was done focusing on his neurological symptoms. Multiple diagnostic testing was done to rule out any abnormalities.

Procedures/testing done: The patient had blood work done, an EKG, Chest X-ray, and a CT scan of the head without contrast.

Complaints/Issues: The patient currently has no complaints or issues.

Vital signs (stable/unstable): The patient's temperature, pulse, respirations, and blood pressure were stable. Although technically stable, the patient's blood pressure and oxygen saturation had a slight decrease.

Tolerating diet, activity, etc.: The patient is tolerating new low carbohydrate diet and activities.

Physician notifications: The physician did not see the patient during this shift.

Future plans for client: The patient will be discharged with new at home medications including Metoprolol 50 mg BID, Clopidogrel 75 PO daily, and an increase in Metformin to 500 mg daily. He will need education on how to maintain a low-carbohydrate diet. He will need to follow up with his primary care provider (PCP) in 6 weeks to check A1C levels. The patient is being referred to physical or occupational therapy for continued strength on right side. He is to make an appointment with a neurologist 1 week from his discharge date.

Discharge Planning (2 points)

Discharge location: The patient plans to return home after discharge.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient will follow up with his PCP in 6 weeks and with his neurologist 1 week after discharge.

Education needs: The patient need to be educated on the importance of medication adherence for both new and previous prescriptions. He will also need education on maintaining a low-carbohydrate diet.

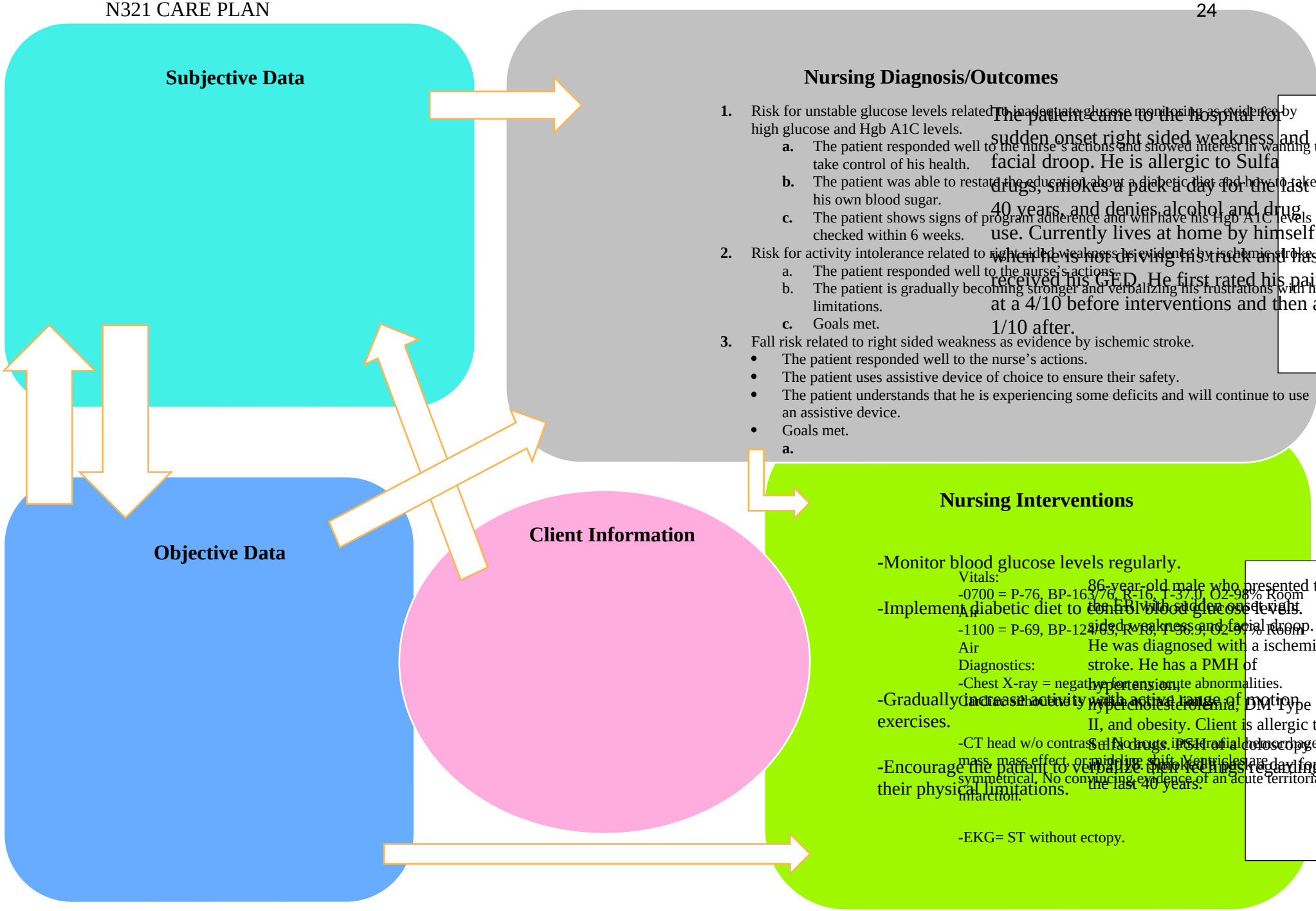
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Risk for unstable glucose levels related to inadequate glucose monitoring as evidence by high glucose and Hgb A1C levels.	The patient has a diagnosis of Diabetes Mellitus Type II which is clearly uncontrolled.	**1.** Monitor blood glucose levels regularly. **2.** Implement diabetic diet to control blood glucose levels.	**1.** Patient has blood glucose reading of less than 180 mg/dL and a Hgb A1C of <7%.	• The patient responded well to the nurse's actions and showed interest in wanting to take control of his health. • The patient was able to restate the education about a diabetic diet and how to take his own blood sugar. • The patient shows signs of program adherence and will have his Hgb A1C levels

				checked within 6 weeks.
2. Risk for activity intolerance related to right sided weakness as evidence by ischemic stroke.	The patient is experiencing right sided weakness which may cause an inability to complete tasks.	**1.** Gradually increase activity with active range of motion exercises. **2.** Encourage the patient to verbalize their feelings regarding their physical limitations.	**1.** Pain free ambulation while ensuring patient safety.	• The patient responded well to the nurse's actions. • The patient is gradually becoming stronger and verbalizing his frustrations with his limitations. • Goals met.
3. Fall risk related to right sided weakness as evidence by ischemic stroke.	The patient presented to the emergency department with sudden onset right sided weakness and facial droop from an ischemic stroke.	**1.** Utilization of assistive devices including; wheelchair, walker, rails, gait belt, etc. **2.** Bed in low position, call light in reach, check on patient regularly.	**1.** The goal is that the patient will not fall and remain safe.	• The patient responded well to the nurse's actions. • The patient uses assistive device of choice to ensure their safety. • The patient understands that he is experiencing some deficits and will continue to use an assistive device. • Goals met.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
1. Risk for unstable glucose levels related to inadequate glucose monitoring as evidence by high glucose and Hgb A1C levels.
a. The patient responded well to the nurse's actions and showed interest in wanting to take control of his health.
b. The patient was able to restate the education about a diabetic diet and how to take his own blood sugar.
c. The patient shows signs of program adherence and will have his Hgb A1C levels checked within 6 weeks.
2. Risk for activity intolerance related to right sided weakness as evidence by ischemic stroke.
a. The patient responded well to the nurse's actions.
b. The patient is gradually becoming stronger and verbalizing his frustrations with his limitations.
c. Goals met.
3. Fall risk related to right sided weakness as evidence by ischemic stroke.
• The patient responded well to the nurse's actions.
• The patient uses assistive device of choice to ensure their safety.
• The patient understands that he is experiencing some deficits and will continue to use an assistive device.
• Goals met.
a.
The patient came to the hospital for sudden onset right sided weakness and facial droop. He is allergic to Sulfa drugs, smokes a pack a day for the last 40 years, and denies alcohol and drug use. Currently lives at home by himself when he is not driving his truck and has received his GED. He first rated his pain at a 4/10 before interventions and then a 1/10 after.
Objective Data
Client Information
Nursing Interventions
-Monitor blood glucose levels regularly.
-Implement diabetic diet to control blood glucose levels.
-Gradually increase activity with active range of motion exercises.
-Encourage the patient to verbalize their feelings regarding their physical limitations.
Vitals:
-0700 = P-76, BP-163/76, R-16, T-37.0, O2-98% Room Air
-1100 = P-69, BP-124/63, R-18, T-36.9, O2-97% Room Air
Diagnostics:
-Chest X-ray = negative for any acute abnormalities.
-CT head w/o contrast = No acute intracranial hemorrhage, mass, mass effect, or midline shift. Ventricles are symmetrical. No convincing evidence of an acute territorial infarction.
-EKG= ST without ectopy.
86-year-old male who presented to the ER with sudden onset right sided weakness and facial droop. He was diagnosed with a ischemic stroke. He has a PMH of hypertension, hypercholesterolemia, DM Type II, and obesity. Client is allergic to Sulfa drugs. PSH of a colonoscopy. Patient has been smoking for the last 40 years.