

N321 Care Plan #1

Lakeview College of Nursing

Chelsea Grubb

**Demographics (3 points)**

<b>Date of Admission</b> 02-23-2022	<b>Client Initials</b> R.M.	<b>Age</b> 64	<b>Gender</b> Male
<b>Race/Ethnicity</b> Hispanic	<b>Occupation</b> Not employed	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> Full	<b>Height</b> 5'6"	<b>Weight</b> 132 lbs.	

**Medical History (5 Points)**

**Past Medical History:** Metastatic lung cancer, alcohol abuse, tobacco use disorder, chest pain, dyslipidemia, dyspnea on exertion, hypertension, obstructive sleep apnea.

**Past Surgical History:** Port placement (08-16-2022), hemorrhoid removal (08-16-2021), pericardiocentesis (07-15-2021), and perineum soft tissue procedure (04-29-2019).

**Family History:** Maternal history of cancer, diabetes of maternal sister and brother.

**Paternal history of diabetes.**

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

Currently a daily smoker, 0.5 packs/day for over 35 years. Patient has 3 standard alcoholic drinks per week since the age of 30.

**Assistive Devices:** Patient wears glasses always, and no other assistive devices currently.

**Living Situation:** Patient lives at home with his wife and does not have any pets or children.

**Education Level:** Patients highest level of education is a high school diploma.

**Admission Assessment**

**Chief Complaint (2 points):** Headache

**History of Present Illness – OLD CARTS (10 points):** Patient presents with a headache that started 02-16-2022. Patient presented with pain in the frontal region of head and base of

**head. Patient says that it comes and goes. Patient says that nothing makes it worse or relieves it. Patients' severity level is a 5 out of 10.**

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points): Acute CVA**

**Secondary Diagnosis (if applicable): Metastatic lung cancer (palliative chemotherapy)**

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

**Ischemic stroke is caused by a thrombus or embolus obstructing cerebral blood flow. The internal carotid and middle cerebral arteries are the most involved arterial vessels in ischemic stroke. A clot frequently travels up the internal carotid artery into the middle cerebral artery and becomes lodged, resulting in brain tissue ischemia. The middle cerebral artery is a cerebral artery that is commonly affected by stroke because it supplies more than 80% of the blood flow to the brain (Karlsson & Nordström, 2022). A clot or thrombus that causes an ischemic stroke usually results from one of three mechanisms: arteriosclerosis of a cerebral artery, carotid stenosis, or embolic event. Patients suffering from either an ischemic or hemorrhagic stroke exhibit similar signs and symptoms (Ryu et al., 2022). Because both types of stroke cause brain damage, neurological deficits are evident. The most common area of the brain affected in either type of stroke is the area perfused by the middle cerebral artery. The sensory and motor cortex in both hemispheres of the brain is supplied by the middle cerebral artery. It also feeds the speech center, which is usually located in the left hemisphere. As a result, strokes affecting the right hemisphere typically result in sensory, motor, and speech deficits. Stroke symptoms most commonly manifest as neurological deficits on one side of the body. Hemiparesis is a common stroke**

symptom (weakness of extremities on one side of the body). Hemiplegia (complete loss of function of extremities on one side of the body), loss of sensation on one side of the body, slurred speech, and facial droop with weakness are all symptoms of hemiplegia. Some patients experience dizziness, confusion, and drowsiness, which can progress to stupor or coma (Karlsson & Nordström, 2022). Aphasia, a language disorder in which people are unable to speak or understand what is being said, is another common presentation. Language is primarily a function of the left hemisphere in most people. Two of the most critical areas for language that are usually found in the left hemisphere are Broca's area and Wernicke's area. Aphasia is frequently caused by ischemic damage to the left hemisphere (Ryu et al., 2022). There is no reliable clinical manifestation to differentiate between cerebral ischemia and hemorrhage. However, ischemic stroke is distinguished by a slow progression of one-sided weakness or sensory loss, as well as speech slurring. A hemorrhagic stroke is more likely if you have a sudden headache, high blood pressure, and a loss of consciousness. During the acute phase of a stroke, computerized tomography (CT) scans without contrast are preferred. Magnetic resonance angiography (MRA) can distinguish between hemorrhage and ischemia in the brain. The treatment for ischemic stroke and hemorrhagic stroke differs. As a result, determining the type of stroke that is occurring as soon as possible is critical for initiating appropriate treatment. IV thrombolysis is used to treat acute ischemic stroke because it dissolves the clot that is blocking arterial blood flow and allows reperfusion to occur. It is critical that this thrombolytic therapy be administered within 3 to 4.5 hours of the onset of symptoms, as this gives the patient the best chance of recovery and survival (Ryu et al., 2022). In the

acute phase of an ischemic stroke, patients may be given aspirin to reduce platelet aggregation and clot formation.

**Pathophysiology References (2) (APA):**

Karlsson, M., & Nordström, B. (2022). Use and exchange of knowledge in the introduction of hospital-based home rehabilitation after a stroke: Barriers and facilitators in change management. *BMC Health Services Research*, 22(1), 216.

<https://doi.org/10.1186/s12913-022-07618-x>

Ryu, W.-S., Hong, K.-S., Jeong, S.-W., Park, J. E., Kim, B. J., Kim, J.-T., Lee, K. B., Park, T. H., Park, S.-S., Park, J.-M., Kang, K., Cho, Y.-J., Park, H.-K., Lee, B.-C., Yu, K.-H., Oh, M. S., Lee, S. J., Kim, J. G., Cha, J.-K., & Kim, D.-H. (2022). Association of ischemic stroke onset time with presenting severity, acute progression, and long-term outcome: A cohort study. *PLoS Medicine*, 19(2), 1–15.

<https://doi.org/10.1371/journal.pmed.1003910>

**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	4.10-5.7 m/uL	3.71 m/uL	N/A	Decreased RBC levels due to advanced cancer (K. Pagana & T. Pagana, 2018, p. 771).
Hgb	12.0-16.0 g/dL	12.6 g/dL	N/A	
Hct	37.0%-51.0%	38.5%	N/A	
Platelets	140,000-	286,000	N/A	

	<b>400,000 uL</b>	<b>uL</b>		
<b>WBC</b>	<b>4.0-11.0 uL</b>	<b>12.34 uL</b>	N/A	
<b>Neutrophils</b>	<b>1.60-7.70 uL</b>	<b>10.69 uL</b>	N/A	<b>Increased neutrophils due to radiation therapy (K. Pagana &amp; T. Pagana, 2018, p. 977).</b>
<b>Lymphocytes</b>	<b>1.00-4.90 uL</b>	<b>9.0 uL</b>	N/A	<b>Increased lymphocytes due to radiation therapy (K. Pagana &amp; T. Pagana, 2018, p. 978).</b>
<b>Monocytes</b>	<b>0.00-1.10 uL</b>	<b>2.6 uL</b>	N/A	<b>Increased monocytes due to chronic inflammation (K. Pagana &amp; T. Pagana, 2018, p. 978).</b>
<b>Eosinophils</b>	<b>0.00-0.50 uL</b>	<b>1.1 uL</b>	N/A	<b>Increased eosinophils due to advanced cancer (K. Pagana &amp; T. Pagana, 2018, p. 978).</b>
<b>Bands</b>	<b>0%-10.0%</b>	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-	136-145 mmol/L	138 mmol/L	N/A	
K+	3.5-5.1 mmol/L	<b>3.3 mmol/L</b>	N/A	<b>Decreased potassium levels due to trauma (K. Pagana &amp; T. Pagana, 2018, p. 726).</b>
Cl-	98-107 mmol/L	104 mmol/L	N/A	
CO2	22.0-30.0 mmol/L	22.7 mmol/L	N/A	
Glucose	60-99 mg/dL	<b>116 mg/dL</b>	N/A	<b>Increased glucose levels due to acute stress response (K. Pagana &amp; T. Pagana, 2018, p. 464).</b>
BUN	7-18 mg/dL	11 mg/dL	N/A	
Creatinine	0.60-1.30 mg/dL	0.98 mg/dL	N/A	
Albumin	3.4-5.0 g/dL	3.4 g/dL	N/A	
Calcium	8.5-10.1 mEq/L	<b>8.0 mEq/L</b>	N/A	<b>Decreased calcium levels due to advanced cancer (K. Pagana &amp; T. Pagana, 2018, p. 191).</b>

Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	1.7-2.6 mEq/L	N/A	N/A	
Bilirubin	0.2-1.0 mg/dL	0.3 mg/dL	N/A	
Alk Phos	45-117 units/dL	91 units/dL	N/A	
AST	15-37 units/dL	36 units/dL	N/A	
ALT	12-78 units/dL	23 units/dL	N/A	
Amylase	60-120 units/dL	N/A	N/A	
Lipase	0-160 units/L	N/A	N/A	
Lactic Acid	5-20 mg/dL	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	0.9-1.1 seconds	1.1 seconds	N/A	
PT	11.0-12.5 seconds	N/A	N/A	
PTT	60-70 seconds	51.4 seconds	N/A	Decreased PTT levels due to extensive cancer (K. Pagana & T. Pagana, 2018, p. 683).
D-Dimer	< 0.50 ng/mL	N/A	N/A	
BNP	< 100 mg/mL	N/A	N/A	
HDL	< 40 mg/dL	N/A	N/A	
LDL	< 100 mg/dL	N/A	N/A	
Cholesterol	< 200 mg/dL	N/A	N/A	

Triglycerides	< 150 mg/dL	N/A	N/A	
Hgb A1c	4%-5.6%	5.4%	N/A	
TSH	2-10 µU/mL	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	Amber/yellow & clear	N/A	N/A	
pH	4.6-8.0	N/A	N/A	
Specific Gravity	1.005-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	0-8 mg/dL	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	Negative	N/A	N/A	
RBC	≤ 2	N/A	N/A	
Leukoesterase	Negative	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 < 10,000	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Normal URT	N/A	N/A	
Stool Culture	Normal intestinal flora	N/A	N/A	

**Lab Correlations Reference (1) (APA):**

**Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.**

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): Patient had an ECG 12 lead (02-23-2022), an echocardiogram (02-23-2022), and an MRI with contrast (02-23-2022).**

**Diagnostic Test Correlation (5 points): Reason for an ECG 12 lead for patient was because of complaints of chest pain. Reason for echocardiogram due to cardiomegaly, and an MRI was done due to acute stroke.**

**Diagnostic Test Reference (1) (APA):**

**Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.**

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	<b>atorvastatin (Lipitor)</b>	<b>cyclobenzaprine hydrochloride (Amrix)</b>	<b>pantoprazole (Protonix)</b>	<b>rivaroxaban (Xarelto)</b>	<b>prochlorperazine (Compro)</b>
<b>Dose</b>	<b>20 mg</b>	<b>10 mg</b>	<b>40 mg</b>	<b>20 mg</b>	<b>10 mg</b>
<b>Frequency</b>	<b>1 x daily with food</b>	<b>3 x daily</b>	<b>2 x daily</b>	<b>1 x daily with meal in the evening only</b>	<b>every 6 hours (PRN)</b>
<b>Route</b>	<b>p.o.</b>	<b>p.o.</b>	<b>p.o.</b>	<b>p.o.</b>	<b>p.o.</b>
<b>Classification</b>	<b>Pharmacologic class: HMG-CoA reductase inhibitor  Therapeutic class: Antihyperlipidemic</b>	<b>Pharmacologic class: Tricyclic antidepressant-like agent (TCA)  Therapeutic class: Skeletal muscle relaxant</b>	<b>Pharmacologic class: Proton pump inhibitor  Therapeutic class: Antiulcer</b>	<b>Pharmacologic class: Factor Xa inhibitor  Therapeutic class: Anticoagulant</b>	<b>Pharmacologic class: Piperazine phenothiazine  Therapeutic class: Antiemetic</b>
<b>Mechanism of Action</b>	<b>Reduce plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver, as well as increasing the number of LDL receptors on liver cells, which improves LDL uptake and breakdown.</b>	<b>Reduces or eliminates tonic muscle hyperactivity in the brainstem. Cyclobenzaprine relieves muscle spasms without interfering with muscle function because it does not act at the neuromuscular junction or directly on skeletal muscle.</b>	<b>Inhibits the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells, which inhibit stomach acid output.</b>	<b>Acts by blocking factor Xa's active site, which is important in the blood coagulation cascade. Blood clotting is impaired in the absence of factor Xa action.</b>	<b>Reduces psychomotor symptoms by blocking dopamine receptors, suppressing hormone release and producing alpha-adrenergic blocking effects in the brain.</b>
<b>Reason Client Taking</b>	<b>Lower cholesterol</b>	<b>Muscle pain</b>	<b>Heartburn</b>	<b>Anticoagulant</b>	<b>Nausea</b>

<p><b>Contraindications (2)</b></p>	<p><b>Hypersensitivity to atorvastatin or its components and abnormal hepatic function</b></p>	<p><b>Uncontrolled HTN and abnormal renal function</b></p>	<p><b>Hypersensitivity to pamidronate, other bisphosphonates, or their components</b></p>	<p><b>Active bleeding and hypersensitivity to rivaroxaban or its components</b></p>	<p><b>CNS depression and hypersensitivity</b></p>
<p><b>Side Effects/Adverse Reactions (2)</b></p>	<p><b>Headache and arrhythmias</b></p>	<p><b>Headache and MI</b></p>	<p><b>Muscle pain and nausea</b></p>	<p><b>Muscle spasm and fatigue</b></p>	<p><b>Blurred vision and constipation</b></p>
<p><b>Nursing Considerations (2)</b></p>	<p><b>It should be noted that atorvastatin can be combined with colestipol or cholestyramine to provide additional antihyperlipidemic effects. In patients who consume a lot of alcohol or have a history of liver disease, use atorvastatin with caution because it increases the risk of liver dysfunction.</b></p>	<p><b>If you are confused, dizzy, or weak, take precautions to avoid falling. Encourage the patient to abstain from alcohol and other CNS depressants during treatment.</b></p>	<p><b>As directed, obtain a serum creatinine level before each treatment. Notify the provider if the results are abnormal, as the drug may need to be withheld or the dosage adjusted until the creatinine level returns to normal.</b></p>	<p><b>Monitor patient's hepatic and renal function, as ordered, throughout rivaroxaban therapy. High risk conditions include active cancer.</b></p>	<p><b>Protect prochlorperazine from light and moisture. Adverse effects may occur after taking this drug for up to 12 weeks.</b></p>

**Hospital Medications (5 required)**

<b>Brand/ Generic</b>	<b>albuterol sulfate (Proair)</b>	<b>aspirin (Bayer)</b>	<b>diphenhydra mine (Sominex Unisom)</b>	<b>nicotine transdermal system (NicoDerm CQ)</b>	<b>sennosides (Senokot)</b>
<b>Dose</b>	<b>90 mcg</b>	<b>81 mg</b>	<b>25 mg</b>	<b>14 mg</b>	<b>8.6 mg</b>
<b>Frequency</b>	<b>2 puffs every 4 hours (PRN)</b>	<b>1 x daily</b>	<b>Every 6 hours (PRN)</b>	<b>Every 24 hours</b>	<b>2 x daily</b>
<b>Route</b>	<b>p.o.</b>	<b>p.o.</b>	<b>p.o.</b>	<b>Transderma l</b>	<b>p.o.</b>
<b>Classification</b>	<b>Pharmacolo gic class: Adrenergic  Therapeutic class: Bronchodila tor</b>	<b>Pharmacol ogic class: Salicylate acid  Therapeuti c class: NSAID</b>	<b>Pharmacologi c class: Antihistamine  Therapeutic class: Sedative- hypnotic</b>	<b>Pharmacolo gic class: Nicotinic agonist  Therapeutic class: Smoking cessation adjunct</b>	<b>Pharmacol ogic class: Contact stimulant  Therapeuti c class: Stimulant laxative</b>
<b>Mechanism of Action</b>	<b>Relaxes the bronchial smooth- muscle cells and inhibits histamine release.</b>	<b>Aspirin works on the hypothala mic heat- regulating center, causing peripheral vasodilatio n, diaphoresis , and heat loss.</b>	<b>Depresses the vestibular stimulation and labyrinthine function while acting as a sedative affect related to CNS depression.</b>	<b>This drug reduces nicotine craving and withdrawal symptoms by delivering a lower dose of nicotine than cigarettes.</b>	<b>Senna and other anthraquin one derivatives are stimulant laxatives. Stimulant laxatives work by irritating luminal sensory nerve endings, causing colonic</b>

					motility to increase and colonic water absorption to decrease.
<b>Reason Client Taking</b>	<b>Shortness of breath</b>	<b>CVA</b>	<b>Insomnia</b>	<b>Smoking deterrent agent</b>	<b>Constipation</b>
<b>Contraindications (2)</b>	<b>Hypersensitivity to albuterol, sensitivity to its components</b>	<b>Fever and coagulation disorder</b>	<b>Hypersensitivity to diphenhydramine and their components. Diphenhydramine has additive effects with alcohol and other CNS depressants (hypnotics, sedatives, tranquilizers)</b>	<b>Hypersensitivity to nicotine or its components, or sensitivity to menthol or soy.</b>	<b>Senna or sennosides should not be used in patients who have previously developed an allergy to senna, sennosides, or any of the ingredients in the specific product formulation chosen.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Headache and muscle cramps</b>	<b>Bronchospasm and nausea</b>	<b>Nausea and palpitations</b>	<b>Headache and HTN</b>	<b>Nausea and headache</b>
<b>Nursing Considerations (2)</b>	<b>Monitor serum potassium levels and be aware that drug tolerance can develop with prolonged use.</b>	<b>Never crush time-release or controlled-release aspirin and instruct the patient to take with food or after meals to lessen GI problems.</b>	<b>Advise patient to take with food to minimize GI distress and urge patient to avoid alcohol while taking this medication.</b>	<b>Make sure to take off the first patch before applying a new one. Patient must stop smoking as soon as nicotine treatment starts to avoid</b>	<b>Reduce the dose in patients who have severe abdominal cramping. Examine the patient for abdominal distention, the presence of</b>

				toxicity.	bowel sounds, and the patient's usual pattern of bowel function.
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2021 Nurse’s Drug Handbook* (19th ed.). Jones & Bartlett Learning.

**Assessment**

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

<b>GENERAL:</b> Alertness: Orientation: Distress: Overall appearance:	Patient is alert and orient x3. Patient answers questions, and able to follow commands. Patient is in no know distress, overall appearance is appropriate with stated age.
<b>INTEGUMENTARY:</b> Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 21 Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:	Patient has pale skin that is dry, and warm to the touch. Turgor tested on patient and is normal. No rashes present. No known bruises or wounds present. Braden score is 21. <b>Patient does have lumen port on the right side of his chest.</b>
<b>HEENT:</b> Head/Neck: Ears: Eyes: Nose: Teeth:	Patient has normocephalic, and neck is supple. Symmetrical, no tracheal deviation, non-palpable thyroid, non-palpable lymph nodes. Pallor, TM bilateral. External ears and nose atraumatic. Bilateral, symmetrical pinas, no lesions, bulges, keloids present. No drainage, purulent from the canals. Septum is midline, turbinates are moist and pink bilaterally and

	<p><b>no visible bleeding or polyps present. No pharyngeal exudate present. Normal dentition is appropriate with stated age.</b></p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>Clear S1 and S2 without any murmurs, gallops, or rubs. S3 and S4 were clear as well. Normal sinus rhythm. Peripheral pulses were a 2+. Capillary refills were less than 3. No neck vein distention or edema noted.</b></p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p><b>Usage of the accessory muscle was nonexistent. All lobes were clear. Equally, bilateral air entry, without any wheezes, rales, or rhonchi.</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p><b>Diet at home is normal and current diet is heart healthy. Patients' height is 5'6" and weighs 132 lbs. During auscultation of bowel sounds presented by normal active in all 4 quadrants. Patients last bowel movement was 02-24-2022. Abdomen is soft and non-distended. No pain is present up palpation in all 4 quadrants. No scars, drains, wounds noted. Nonexistent ostomy, nasogastric or feeding tube.</b></p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p><b>Color or urine was yellow, non-cloudy, and quantity was WDL. Inspection of genitals was WDL. No pain with urination or catheter present. Patient is not on dialysis.</b></p>

<p><b>Size:</b></p> <p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 10  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Neurovascular status is normal. Able to move all 4 limbs spontaneously. ROM was normal. Patient does always wear glasses. Patient is independent and moderates' mobility status well. Patient is considered a fall risk with a fall risk score of 10. No assistance needed with equipment or to stand and walk.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Orientation of patient was WDL. Mental status of patient was coherent. Brisk equal PERLLA noted. Speech of patient was clear and concise. Sensory and LOC is WDL.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Patients coping method is watching tv or calling his wife. Developmental status of patient is adult level. No known specified religion upon questioning. Patients home life is safe and seems to have adequate support by wife.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	66	119/74	18	97.9/Orally	93% (RA)
1154	64	139/78	18	98.3/Orally	96% (RA)

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0805</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>1154</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	No IV present, patient is awaiting discharge.

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>480 mL water</b>	<b>250 mL urine</b>

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: Manage HTN**

**Procedures/testing done: ECG, Echo, MRI with contrast**

**Complaints/Issues: Headache/CVA**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.:** Tolerating diet and activity well.

**Physician notifications:** Notify physician if there are any changes to your symptoms or if you see a decrease in health.

**Future plans for client:** Patient is awaiting discharge and plans to go home.

**Discharge Planning (2 points)**

**Discharge location:** Patients location for discharge is at his home.

**Home health needs (if applicable):** None

**Equipment needs (if applicable):** None currently.

**Follow up plan:** Palliative care and return in 7 days for an echo

**Education needs:** Change diet, and lifestyle changes, reduce drinking alcohol and smoking and manage HTN.

**Nursing Diagnosis (15 points)**

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Decreased cardiac output related to CVA as</b></p>	<p><b>Patients’ alcoholism could of lead to decreased</b></p>	<p><b>1. Monitor and record LOC, heart rate and rhythm, and</b></p>	<p><b>1. Patient’s vitals remain within set limits.</b> <b>2. Patient would</b></p>	<ul style="list-style-type: none"> <li>• <b>The patient and patient’s wife responded well to the</b></li> </ul>

<p>evidence by ischemia parts of the brain on MRI with contrast scan.</p>	<p>cardiac output.</p>	<p>blood pressure and report any abnormal results.</p> <p>2. Advice patient to report any further chest pain or go straight to the closest ER.</p>	<p>not have any further chest pain or tightening.</p>	<p>interventions given and understand all material.</p> <ul style="list-style-type: none"> <li>• The patient's cardiac output remains adequate. Will modify plan or care if needed in the future.</li> </ul>
<p>2. Impaired comfort related to metastatic lung cancer as evidence by low calcium levels.</p>	<p>Patients impaired comfort would be inevitable due to metastatic lung cancer.</p>	<p>1. Provide the patient a quiet and relaxing atmosphere.</p> <p>2. Teach the patient to act in giving self-massages.</p>	<p>1. Encourage the patient to do daily walking around his home to promote a healthy lifestyle and increase a feeling of well-being.</p> <p>2. Massaging patient daily will promote a level of comfort.</p>	<ul style="list-style-type: none"> <li>• The patient engaged in active listening while educating patient on adapting a healthier lifestyle.</li> <li>• Patient and caregiver were coherent to the different massage technique and looked forward to trying them at home after discharge.</li> </ul>
<p>3. Chronic pain related to metastatic lung cancer as evidence by 3/5</p>	<p>This is important because in chronic pain, the patient will always have this.</p>	<p>1. Monitor pain level using a scale of 1 to 10. Assess vitals during times of discomfort.</p>	<p>1. Patient's response to pain is a minimum in the tolerable threshold.</p> <p>2. Patient will achieve pain</p>	<ul style="list-style-type: none"> <li>• Patient developed an overall tolerable pain score and knew what would make pain</li> </ul>

<p><b>bilateral muscle weakness.</b></p>		<p><b>2. Working closely with the patient and caregiver to maximize comfortable pain level.</b></p>	<p><b>management by promoting pain medication schedule.</b></p>	<p><b>worse and what makes the pain better.</b></p> <ul style="list-style-type: none"> <li>• <b>Patient and caregiver asked questions to develop a hypothesis of what steps can be taken to minimize daily chronic pain.</b></li> </ul>
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**Other References (APA):**

**Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.).**

**Wolters Kluwer**

**Concept Map (20 Points):**

Subjective Data

Nursing Diagnosis/Outcomes

- 3.0 standard drinks per week alcohol use
- Decreased cardiac output related to CVA as evidence by ischemia parts of the brain on MRI with contrast scan. Patient's vital signs remain within set limits. Patient would not have any further chest pain or tightness
- Impaired comfort related to metastatic lung cancer as evidence by low calcium levels. Encourage the patient to do daily walking around his home to promote a healthy lifestyle and increase a feeling of well-being. Massaging patient daily will promote a level of comfort.
- Chronic pain related to metastatic lung cancer as evidence by 3/5 bilateral muscle weakness. Patient's response to pain is a minimum in the tolerable threshold. Patient will achieve pain management by promoting pain medication schedule.

Objective Data

Client Information

Nursing Interventions

- Monitor and record LOC, heart rate and rhythm, and blood pressure and report any abnormal results. BP: 119/74 Male
- Provide the patient a quiet and relaxing atmosphere. Teach the patient to act in giving self-massages. Pulse: 66 04
- Monitor pain level using a scale of 1 to 10. RR: 18 Married
- Assess vitals during times of discomfort. Temp: 97.9 0 Brain
- Working closely with the patient and caregiver to maximize comfortable pain level. O<sub>2</sub>: 93% (RA)
- 132 lbs. 5'6"
- A&O x3





