N321 Care Plan # 1

Lakeview College of Nursing

Taylor Brooks

Demographics (3 points)

Date of Admission 2-23-22	Client Initials C.S	Age 79	Gender F
Race/Ethnicity White	Occupation Retired Teacher	Marital Status Single	Allergies Lidocaine Lisinopril Amlodipine
Code Status Full	Height 5'5	Weight 149 lbs.	

Medical History (5 Points)

Past Medical History: Adnexal mass, allergic rhinitis, angina pectoris, anxiety, arthritis,

Diplopia, Hypocholesteremia, Hypothyroid, Migraines, Murmur, Pituitary adenoma

Past Surgical History: Tonsillectomy, Adenoidectomy (9-3-2015), Colonoscopy, Upper GI endoscopy (1-26-2016), Phacoemulsification **of left cataract (4-28-2021), Phacoemulsification of right cataract (5-12-21), Removal of ovary tubes (8-2-2021), Incisional hernia repair (8-4-2021), Ventral hernia repair (8-4-2021)**
Family History: Father/Mother – heart disease, Sister/paternal aunt - breast cancer

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

The client is a nonsmoker, denies any illicit drug and alcohol use.

Assistive Devices: None

Living Situation: The client lives at home alone.

Education Level: Bachelor's in education

Admission Assessment

Chief Complaint (2 points): Weakness

History of Present Illness – OLD CARTS (10 points): Upon assessment the client denies chest pain and shortness of breath. The client appears to be in no acute distress. The client presented to Carle emergency department on 2-23-22 with feelings of weakness on the right side of her body, this lasted for three and a half hours. The client reports she had some

fatigue with the weakness. The client did not take anything for her fatigue or weakness upon arrival to the hospital. The client is being administered acetaminophen 650 mg every four hours as needed and ondansetron as needed for nausea.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute right sided weakness

Secondary Diagnosis (if applicable): Rule out stroke

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

Asthenia also known as weakness is defined as reduced strength in one or more muscles or unable to move a certain part of their body. Weakness can occur all throughout the body or only in one area. Weakness is more noticeable when it's in a certain area. This may be temporary but its chronic or continuous in some causes (Healthline 2019). Weakness in one certain area can occur after a stroke, injury to a nerve or a flare up of MS just to state a few. Common causes of weakness include a lack of sleep, poorly managed diet, vitamin B-12 deficiency, certain medications can have a side effect of weakness. A person may feel weak but have no real loss of strength. This is called subjective weakens (Medline Plus 2022). This can be caused dut to an infection like the flu or one may have a loss of strength that be detected on a physical exam. This is objective weakness. There are a few metabolic reasons why one may be experiencing weakness. These are adrenal glands not producing enough hormones such as in Addison disease. Parathyroid glands are producing too much parathyroid hormone, which is hyperparathyroidism. A low sodium and potassium and even an overactive thyroid. There are many other causes of weakness that come from brain or the nervous system. These can be

disease of the nerve cells in the brain or spinal cord, bell's palsy, nerve inflammation causing muscle weakness, pinched nerves, and a stroke. If a person experience any of the following symptoms with being weak they would need to a doctor right away or visit the closest emergency department. These symptoms are dizziness, feeling lightheaded, confusion, difficulty speaking, changes in vison, chest pain and difficulty breathing. There are many different treatments for weakness. Those are determining the underlying cause; this helps your doctor give you the best treatment.

Pathophysiology References (2) (APA):

Kahn, A. (2019, July 30). *Weakness: Causes, symptoms, and diagnosis*. Healthline. Retrieved February 26, 2022, from https://www.healthline.com/health/weakness

U.S. National Library of Medicine. (2022). *Weakness: MedlinePlus medical encyclopedia*. MedlinePlus. Retrieved February 26, 2022, from https://medlineplus.gov/ency/article/003174.htm

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	**3.50-5.20**	**3.97**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Hgb	**11.0-16.0**	**12.3**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Hct	**34.0-47.0**	**38.2**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Platelets	**140-400**	**263**	**N/A**	**There were no lab values on date of assessment 2-24-22**
WBC	**4.00-11.00**	**5.00**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Neutrophils	**1.60-7.70**	**3.56**	**N/A**	**There were no lab values on date of**

				assessment 2-24-22
Lymphocytes	**1.00-4.90**	**0.91**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Monocytes	**0.00-1.10**	**0.45**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Eosinophils	**0.00-0.50**	**0.03**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Bands	**0-10**	**N/A**	**N/A**	**There were no lab values on date of assessment 2-24-22**

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-	**8.9-10.6**	**9.6**	**N/A**	**There were no lab values on date of assessment 2-24-22**
K+	**3.5-5.1**	**4.2**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Cl-	**98-107**	**105**	**N/A**	**There were no lab values on date of assessment 2-24-22**
CO2	**22.0-29.0**	**25.0**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Glucose	**74-100**	**93**	**N/A**	**There were no lab values on date of assessment 2-24-22**
BUN	**10-20**	**16**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Creatinine	**0.55-1.02**	**0.78**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Albumin	**3.4-4.8**	**3.6**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Calcium	**8.9-10.6**	**9.6**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Mag	**1.6-2.6**	**2.2**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Phosphate	**2.3-4.7**	**2.7**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Bilirubin	**0.2-1.2**	**0.5**	**N/A**	**There were no lab values on date of assessment 2-24-22**
Alk Phos	**40-150**	**109**	**N/A**	**There was no lab value on the date of assessment 2-24-22**

AST	**5-34**	**22**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
ALT	**0-55**	**17**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
Amylase	**0-55**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
Lipase	**25-125**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
Lactic Acid	**Venous - 0.5-1.7 Arterial – 0.36 – 1.25**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**

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	**0.8-1.2**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
PT	**11 sec – 13 sec**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
PTT	**21 sec – 35 sec**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
D-Dimer	**<250**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
BNP	**0.0-100.0**	**259.0**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
HDL	**Males: 36-65 Females: 35-80**	**N/A**	**N/A**	**There was no lab value on the date of assessment 2-24-22**
LDL	**< 160 if no CAD and < 2 risk factors <130 if no CAD and 2+ risk factors <100 if CAD is present**	**N/A**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Cholesterol	**Males: <205 Females:<190**	**N/A**	**N/A**	**There was no value on date of assessment 2-24-22**
Triglycerides	**Males: 44-180**	**N/A**	**N/A**	**There was no value on date of assessment 2-24-22**

	Females: 10-190			
Hgb A1c	**4.0-7.0**	**5.5**	**N/A**	**There was no lab value on date of assessment 2-24-22**
TSH	**0-15**	**N/A**	**N/A**	**There was no lab value on date of assessment 2-24-22**

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	**Colorless/yellow**	**Straw**	**N/A**	**There was no lab value on date of assessment 2-24-22**
pH	**5.0-7.0**	**7.0**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Specific Gravity	**1.003-1.035**	**1.009**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Glucose	**Negative**	**Negative**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Protein	**Negative**	**Negative**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Ketones	**Negative**	**Negative**	**N/A**	**There was no lab value on date of assessment 2-24-22**
WBC	**0-25**	**1**	**N/A**	**There was no lab value on date of assessment 2-24-22**
RBC	**0-20**	**1**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Leukoesterase	**Negative**	**Negative**	**N/A**	**There was no lab value on date of assessment 2-24-22**

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	**<100,000 CFU/mL**	**N/A**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Blood Culture	**Negative**	**N/A**	**N/A**	**There was no lab value on date of assessment 2-24-22**
Sputum Culture	**Normal**	**N/A**	**N/A**	**There was no lab on date of assessment 2-24-22**
Stool Culture	**Negative**	**N/A**	**N/A**	**There was no lab on date of assessment 2-24-22**

Lab Correlations Reference (1) (APA):

Carle Database (2022)

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14 ed.) Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

<u>CT Brain without contrast</u>

- **A CT scan of the brain consist of computerized analysis of multiple tomographic x-rays taken of the brain tissue at successive layers providing a 3D view of the cranial contents (Pagan, 2017). The CT scan is used in the diagnosis of intracranial neoplasms, cerebral infarctions, ventricular displacement, hemorrhage and hematoma, and AV malformation.**

CT scan finding for the client

- **No acute intracranial abnormality is identified. There are mild to moderate scattered areas of white matter hypodensity. This is non-specific but is likely secondary to small vessel ischemic changes. (Carle Database, 2022)**

<u>MRI Brain without and with contrast</u>

- **MRI is a noninvasive diagnostic scanning technique that provides valuable information about the bodies anatomy by placing the patient in a magnetic field. (Pagana, 2017).**

  MRI finding for the client

- **No acute infarction (Carle Database, 2022)**

CT of the Brain and Neck

A CT scan of the brain and neck consist of computerized analysis of multiple tomographic x-rays taken of the brain tissue at successive layers providing a 3D view of the cranial contents (Pagan, 2017). The CT scan is used in the diagnosis of intracranial neoplasms, cerebral infarctions, ventricular displacement, hemorrhage and hematoma, and AV malformation

CT Brain and Neck finding for the client

1. **No evidence of acute intracranial abnormality. Moderate chronic white matter microvascular ischemic changes again seen (Carle Database, 2022).**
2. **No evidence of aneurysm, critical stenosis, or large vessel occlusion involving intracranial circulation (Carle Database, 2022).**
3. **Mild calcified atherosclerotic disease burden in the cervical vasculature with less than 50% narrowing of the proximal right internal carotid artery by NASCET criteria and no significant narrowing of the left internal carotid artery (Carle Database, 2022).**

Diagnostic Test Reference (1) (APA):

Carle Database (2022)

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14 ed.) Elsevier.

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

Home Medications (5 required)

Brand/ Generic	Aspirin/ Acetylsalicylic acid, ASA	Diphenhydramine/ Benadryl	Lorazepam/ Ativan	Levothyroxine/ Euthyrox	Diclofenac sodium/Votaren
Dose	325 mg	25 mg	0.5 mg	75 mcg	1%
Frequency	Every 6 hours PRN	Every 6 hours PRN	1 tablet 2x daily	1 tablet every day	2x daily PRN
Route	P.0	P.O	P.O	P.O	Topical
Classification	Pharm – Salicylate Therapeutic – NSAID	Pharm – antihistamine Therapeutic – Antianaphylactic adjunct	Pharm – Benzodiazepine Therapeutic – Anxiolytic	Pharm- Synthetic thyroxine (T4) Therapeutic – Thyroid hormone replacement	Pharm – NSAID Therapeutic – Analgesic, Anti-inflammatory
Mechanism of Action	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain" (Jones and Bartlett 2021)	"Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action, by blocking histamine, diphenhydramine produces antihistamine effects, inhibiting GI, respiratory and vascular smooth-muscle contractions" (Jones and Bartlett 2021)	**"**May potentiate the effects of gamma aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibitors excitatory stimulation which helps control emotion behavior" (Jones and Bartlett 2021).	"Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis" (Jones and Bartlett 2021).	"Blocks the activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling and vasodilative" (Jones and Bartlett 2021)
Reason Client Taking	To prevent pain	To prevent allergies	To help ease anxiety	To help with the hypothyroidism	To help with pain
Contraindi	1. Active	1. Breastf	1. Acute	1. Hypers	1. Hypers

cations (2)	bleeding or coagulation disorder 2. Hypersensitivity to aspirin	eeding, 2. Hypersensitivity to diphenhydramine	angle – closure glaucoma **2.** Sleep apnea syndrome	ensitivity to levothyroxine or its components *2.* Uncorrected adrenal insufficiency	ensitivity to diclofenac *2.* Do not use on damaged or nonintact skin
Side Effects/Adverse Reactions (2)	1. GI bleeding 2. Bronchospasm	1. Confusion 2. Arrhythmias	1. Suicidal ideations **2.** Seizures	1. Diarrhea 2. Arthralgia	1. Pruritus 2. Steven – Johnson syndrome
Nursing Considerations (2)	1. Do not crush time release or controlled release tables unless directed 2. “Ask about tinnitus. This reaction usually occurs when blood aspirin level reaches or exceeds maximum dosage	1. Expect to give parenteral form of diphenhydramine only when oral ingestion isn’t possible 2. Keep elixir container tightly closed. Protect elixir and parenteral forms from light	1. Before starting lorazepam therapy in a patient with depression, make sure they already take an antidepressant because of the increased risk of suicide in patients with untreat	1. Be aware that levothyroxine therapy is not to be used for treatment of obesity or for weight loss 2. Use levothyroxine cautiously in the elderly and patients with cardiovascular	3. Be aware that NSAIDs like diclofenac should be avoided in patients with a recent MI because risk of reinfarction increases with NSAID therapy Do not substitute one form of

	for therapeutic effects” (Jones and Bartlett 2021)		ed depression. 2. Use extreme caution when giving lorazepam to elderly patients, especially those with compromised respiratory function, because drug can cause hypoventilation, respiratory depression, sedation, and unsteadiness.	disease.	diclofenac for another

Hospital Medications (5 required)

Brand/	**Acetaminophe**	**Calcium**	**Glucagon**	**Ondansetron**	**Ibuprofen/**

Generic	**n/Tylenol**	**Carbonate/Calsan (CAN)**	**hydrocholoride/ Glucagon**	**HCL/Zofran**	**Advil Migraine**
Dose	**650 mg**	**400 mg**	**16 g**	**4 mg**	**400 mg**
Frequency	**Every 4 hours PRN**	**2 tablets every 6 hours PRN**	**PRN**	**PRN**	**Every 6 hours PRN**
Route	**P.R**	**P. O**	**P. O**	**Injection**	**P. O**
Classification	**Pharm – Nonsalicylate Therapeutic - Antipyretic**	**Pharm- Calcium salts Therapeutic – Antacid**	**Pharm- pancreatic hormone Therapeutic- Ant hypoglycemia**	**Pharm - Selective serotonin (5-HT3) receptor antagonist Therapeutic – Antiemetic**	**Pharm – NSAID Therapeutic – Analgesic, ant inflammatory**
Mechanism of Action	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2" (Jones and Bartlett 2021).	"Oral forms also neutralize or buffer stomach acid to relive discomfort caused by hyperacidity" (Jones and Bartlett 2021).	"Increases production of adenylate cyclase, which catalyzes conversion of adenosine triphosphate to cAMP, a process that in turn activates phosphorylase. Phosphorylase promotes breakdown of glycogen to glucose (glycogenolysis) in the liver. As a result, blood glucose level increases and GI smooth muscles relax." (Jones and Bartlett 2021)	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine" (Jones and Bartlett 2021)	"Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling and vasodilation " (Jones and Bartlett 2021)
Reason Client Taking	To prevent pain	To relieve reflux symptoms	To help treat hypoglycemia	To help nausea/vomiting	To help relieve migraine
Contraindications (2)	1. Hypersensitivity to acetaminophen	1. Renal calculi 2. Hypersensitivity to	1. Glucagonoma 2. Insulinoma	1. Concomitant use of apomorphine	1. Active intracranial

	2. Severe hepatic impairment	calcium salts		2. Hypersensitivity to ondansetron or its components	hemorrhage 2. Coagulation defects
Side Effects/Adverse Reactions (2)	1. Abdominal pain 2. Hepatoxicity	1. Nausea 2. Vomiting	1. Abdominal pain 2. Vomiting	1. Constipation 2. Intestinal obstruction	1. GI bleeding 2. Renal failure
Nursing Considerations (2)	1. Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment 2. Monitor renal function in patients on long term therapy	1. Monitor serum calcium level 2. Store at room temperature	1. Rouse patient as quickly as possible because prolonged hypoglycemia can cause central damage	1. Monitor patient closely for signs and symptoms of hypersensitivity to ondansetron 2. Dilute drug in 50 mL of D5W or normal saline solution when indicated.	1. Be aware that NSAIDs like ibuprofen should be avoided in patients with a recent MI because risk of reinfarction increases with NS

					AID therapy 2. Use ibuprofen with extreme caution in patients with a history of GI bleeding or ulcer disease because NSAIDs such as ibuprofen increase risk of GI bleeding and ulceration.

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). *2021 Nurse's Drug Handbook* (20th ed).

Assessment

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

GENERAL: **Alertness: A& O x4** **Orientation: Oriented to person, place, date, and president** **Distress: No acute distress** **Overall appearance: Pt appears well groomed**	
INTEGUMENTARY: **Skin color: Pink** **Character: Dry** **Temperature: Warm** **Turgor: Rapid recoil** **Rashes: No rashes noted** **Bruises: No bruises noted** **Wounds: No wounds noted** **Braden Score: 22** **Drains present: Y☒ N ☐** **Type:**	
HEENT: **Head/Neck: WDL** **Ears: WDL** **Eyes: WDL** **Nose: WDL** **Teeth: WDL**	.
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 ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: N/A**	.

RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character: WDL**	.
GASTROINTESTINAL: **Diet at home: Normal** **Current Diet: Normal** **Height: 5'5** **Weight: 149** **Auscultation Bowel sounds: WDL** **Last BM: 02/23/22** **Palpation: Pain, Mass etc.:** **Inspection: N/A** **Distention: N/A** **Incisions: N/A** **Scars: N/A** **Drains: N/A** **Wounds: N/A** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color: WDL** **Character: WDL** **Quantity of urine: WDL** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	
MUSCULOSKELETAL: **Neurovascular status: WDL** **ROM: WDL** **Supportive devices: None** **Strength: Normal** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 14** **Activity/Mobility Status: Mobility Independent (up ad lib) x**	.

Needs assistance with equipment ☐ **Needs support to stand and walk☐**	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: A&O x4** **Mental Status: A&O x4** **Speech: A&O x4** **Sensory: A&O x4** **LOC: A&O x4**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Acceptance** **Developmental level: Normal** **Religion & what it means to pt.: N/A** **Personal/Family Data (Think about home environment, family structure, and available family support): Friend**	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0847 am	**63**	**136/82: R** **Arm sitting**	**18**	**98.0 degrees** **F**	**98 Room air**
1123 am	**64**	**96/64: R** **arm sitting**	**18**	**97.8 degrees** **F**	**99 Room air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0847 am	**0-10 (0)**	**None**	**None**	**None**	**Acetaminophen**
1123 am	**0-10 (0)**	**None**	**None**	**None**	**Acetaminophen**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gage **Location of IV: Anterior, left lower forearm** **Date on IV: 2-24-2022** **Patency of IV: Intact** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean, dry, intact**	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	**600 mL urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Treat the client's weakness and find the cause.

Procedures/testing done: CT of brain and neck, MRI of brain (2-23-22)

Complaints/Issues: The client is stating she has weakness on her right side.

Vital signs (stable/unstable): Vital signs were stable.

Tolerating diet, activity, etc.: Client is on a normal diet, and is independent

Physician notifications: Notify primary RN if increased weakness.

Future plans for client: N/A

Discharge Planning (2 points)

Discharge location: No discharge plans at the time of assessment (2-24-22)

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: N/A

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 suicide related to anxiety as evidence by contraindications of medication.	The client is at increased risk for suicide due to their lorazepam	1. treat suicidal ideations promptly **2.**Provide the client with information regarding risk factors	1. The client will have no episodes of suicidal ideations	The client will verbalize suicidal ideations. The client will take medication as prescribed.
2. Risk for falls related to impaired balance as evidence by weakness	The client is at an increased risk for falls due to her weakness	**1.** Identify risk factors that put the client at risk for falls 2.Monitor for signs and symptoms of impaired balance	**1.** The client will have no episodes of falls	The client will verbalize risk factors for falls and feelings of weakness
3. Risk for unstable blood glucose level related to	The client is at risk for unstable	**1.** Treat episodes of low glucose	**1.** The client's glucose will be maintained within	The client has glucagon as needed. The client

hypoglycemia as evidence by hypoglycemia	blood glucose due to their hypoglycemia	promptly 2 Provide the client with information regarding hypoglycemia risk factors	normal limits	verbalizes proper use of glucagon when needed.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

-Patient came to the emergency department for right sided weakness
-Patient states its her right arm and right side o her face.
-The weakness lasted three and a half hours
-The client states she is in no pain

Nursing Diagnosis/Outcomes

for suicide related to anxiety as evidence by contraindication of medication.
The client will verbalize suicidal ideation
The client will take medication as prescribed

Risk for falls related to impaired balance as evidence by weakness
The client will verbalize risk factors for falls
The client will verbalize feelings of weakness

Risk for unstable blood glucose level related to hypoglycemia as evidence by hypoglycemia
The client has glucagon as needed
The client verbalizes proper use of glucagon when needed

Objective Data

Vital signs – height 5'6", weight 149 lb, T 98.0F oral, P 63, R 18, BP 136/82 right arm sitting, O2 98 on room air

Imaging
MRI of brain
CT of head and neck

Client Information

79-year-old female with a history of weakness is admitted for right sided weakness

Nursing Interventions

Treat suicidal ideations promptly
Provide the client with information regarding risk factors
Identify risk factors that put the client at risk for falls
Monitor for signs and symptoms of impaired balance
reat episodes of low glucose promptly
ovide the client with information regarding hypoglycemia
sk factors