

N311 Care Plan #2

Lakeview College of Nursing

Scott Bradley

**Demographics (5 points)**

<b>Date of Admission</b> 12-22- 2021	<b>Client Initials</b> CH	<b>Age</b> 92	<b>Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired Army	<b>Marital Status</b> Widowed	<b>Allergies</b> None Known
<b>Code Status</b> DNR	<b>Height</b> 72"	<b>Weight</b> 192.4#	

**Religion: Christian (Lutheran)**

**Medical History (5 Points)**

**Past Medical History: Multiple bone fractures over the years.**

**Past Surgical History: No past surgical history.**

**Family History:**

- **Paternal grandfather:** No medical history.
- **Paternal grandmother:** No medical history.
- **Maternal grandfather:** No medical history, died of old age.
- **Maternal grandmother:** No medical history, died of old age.
- **Father:** No medical history, died of old age.
- **Mother:** Diabetic, died of old age.
- **Brothers:** The client is the oldest of 9. No known medical history
- **Sister:** 2 sisters still living. No known medical history
- **Children- 3 daughters:** No medical history among his children

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

**Tobacco:** None (He gave his ration of army cigarettes to the Germans)  
**Alcohol:** None  
**Recreational Drugs:** None

### **Admission Assessment**

**Chief Complaint (2 points):** “I have short-term memory problems. My long-term memory is really good”.

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

**Onset** - The client began experiencing short-term memory problems approximately two years ago.

**Location** - no specific location noted.

**Duration:** the client’s short-term memory problems are persistent. He states that he has good days and better days.

**Characteristics:** The client reports his short-term memory is just not available to him when he needs it or like it used to be.

**Aggravating Factors:** His short-term memory tends to worsen when he gets frustrated. Otherwise, the client states that nothing makes his memory worse.

**Relieving Factors:** The client states that his medications make things better.

#### **Treatments & Responses**

- He is currently being treated with pharmaceutical interventions.
- He uses a large desk calendar and an address book To help him remember important dates and phone numbers.
- he states that his medication keeps his memory problems from getting worse. He further states that “right now, I am holding my ground.”

**Severity:** Currently in long-term care.

The client states that his recall memory is not within his grasp.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):**      **Alzheimer's Dementia**

**Secondary Diagnosis (if applicable):**              **Not applicable**

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

#### **Pathophysiology of the Alzheimer's Dementia Disease**

Alzheimer-related dementia remains the most prevalent form of mental incapacitation worldwide. A person's age becomes the most significant risk for Alzheimer's dementia (Hampel et al., 2018). People continue to live longer, and birth rates continue to decline. The overall proportion of the world's population shifts towards an imbalance of older populations relying on fewer young people for care and provision. This imbalance highlights a need for a cure for Alzheimer's and all dementia-associated diseases. Current treatments focus on delaying and alleviating symptoms. The etiology explaining the mechanism and source of the disease process remains uncertain.

While root causes remain unknown, what is known is that Alzheimer-related dementia involves neuropathology consisting of "cortical amyloid plaques, and neurofibrillary entanglements" (Lei et al., 2021, p. 1). The insidious nature of this disease is that these insoluble amyloids and associated tangles begin long before any noticeable impairment. The only positive determination of Alzheimer's comes from an autopsy. Between the asymptomatic onset and ultimate death, the signs and symptoms of Alzheimer's manifest in behavioral and mental impairments. Alzheimer's attacks short-term memory, but eventually, the cognitive decline progresses to neurological failure. The rest of the body remains unaffected by the disease itself.

Diagnostic evaluation comes from the DSM-5. Criteria call for evidence of a continued deterioration “in two or more cognitive domains, including memory, language, executive in visuospatial function, personality, and behavior, which causes loss of abilities to perform instrumental and/or basic activities of daily living” (Weller & Budson, 2018). Evaluation of cognitive abilities and testing cerebral spinal fluid for evidence amyloids and PET scans for accumulated plaques are used to confirm suspicions and track the disease progression. These combined strategies are also used to distinguish Alzheimer-related dementia from other forms of dementia.

Our client is treated with pharmacological interventions, therapeutic assistance with daily living activities, and memory aid devices such as a large desktop calendar and an address book.

Hampel, H., Mesulam, M. M., Cuello, A. C., Farlow, M. R., Giacobini, E., Grossberg, G. T., Khachaturian, A. S., Vergallo, A., Cavedo, E., Snyder, P. J., & Khachaturian, Z. S. (2018). The cholinergic system in the pathophysiology and treatment of Alzheimer's disease. *Brain: a journal of neurology*, 141(7), 1917–1933.  
<https://doi.org/10.1093/brain/awy132>

Lei, P., Ayton, S., & Bush, A. I. (2021). The essential elements of Alzheimer's disease. *The Journal of biological chemistry*, 296, 100105.  
<https://doi.org/10.1074/jbc.REV120.008207>

Weller, J., & Budson, A. (2018). Current understanding of Alzheimer's disease diagnosis and treatment. *F1000Research*, 7, F1000 Faculty Rev-1161.  
<https://doi.org/10.12688/f1000research.14506.1>

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**No scanned-in lab results. Leave blank, according to Professor Lawson.**

**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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

**Chemistry Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

**No scanned-in lab results. Leave blank, according to Professor Lawson.**

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-				
K+				
Cl-				
CO2				
Glucose				

<b>BUN</b>				
<b>Creatinine</b>				
<b>Albumin</b>				
<b>Calcium</b>				
<b>Mag</b>				
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

**No scanned-in lab results. Leave blank, according to Professor Lawson.**

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

**No scanned-in lab results. Leave blank, according to Professor Lawson.**

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

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

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	<b>Flomax</b>  tamsulosin HCL  (Jones, 1266)	<b>Mirapex</b>  Pramipexole dihydrochlor ide (Jones, 1072)	<b>Aricept</b>  donepezil HCL  (Jones, 404)	<b>Buspar</b>  Buspirone  (Jones, 180)	<b>Myrbetriq</b>  Mirabegron  (Jones, 892)
<b>Dose</b>	<b>0.4 mg</b>	<b>0.5 mg</b>	<b>5 mg</b>	<b>10 mg</b>	<b>25 mg</b>
<b>Frequency</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily</b>
<b>Route</b>	<b>By mouth</b>	<b>By mouth</b>	<b>By mouth</b>	<b>By mouth</b>	<b>By mouth</b>
<b>Classification</b>	<b>Antiadrenergic antagonist</b>	<b>Nonergoline dopamine agonist</b>	<b>Acetylcholine inhibitor</b>	<b>Azapirone</b>	<b>Beta-3 adrenergic agonist</b>
<b>Mechanism of Action</b>	Blocks alpha-adrenergic receptors in the prostate. Specificity for the alpha-1A and alpha-1D subtypes is more common in the prostate.  Blocking adrenoceptors relaxes the smooth muscle in the bladder, neck, and prostate, prostatic capsule, prosthetic urethra, which improves the rate of urine flow and	Stimulates dopamine receptors in the brain, thereby easing symptoms of Parkinson's disease, which is thought to be caused by dopamine deficiency.	Reversibly inhibits acetylcholine esterase and improves acetylcholine's concentration and cholinergic synapses.	May act as a partial agonist at serotonin 5-hydroxytryptamine. Specific receptors in the brain produce anti-anxiety effects	relaxes the detrusor smooth muscle during the storage phase of the urinary bladder complete void cycle by activating the beta three adrenergic receptors, which increases bladder capacity. With increased bladder capacity, urge sensation is decreased, decreasing urinary frequency.

	<b>reduces symptoms of BPH.</b>				
<b>Reason Client Taking</b>	<b>Benign Prostatic Hyperplasia (BPH)</b>	<b>Restless legs</b>	<b>Alzheimer's</b>	<b>Anxiety</b>	<b>Urinary Incontinence, urgency, frequency</b>
<b>Contraindications (2)</b>	<b>Postural hypotension; closed angle glaucoma.</b>	<b>hypersensitivity to pramipexole or its components</b>	<b>hypersensitivity to pramipexole or its components</b>	<b>hypersensitivity to buspirone or its members, severe hepatic or renal impairment</b>	<b>Hypersensitivity to mirabegron or its components</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>arrhythmia, atrial fibrillation, chest pain, orthostatic hypertension, palpitations, and tachycardia</b>	<b>abnormal behavior or thinking</b>  <b>cardiac failure, edema, orthostatic hypotension</b>  <b>rhabdomyolysis</b>	<b>abnormal gait, agitation, aggression</b>  <b>neuroleptic malignant syndrome, seizures</b>  <b>abnormal ECG</b>  <b>hypotension</b> <b>hepatitis</b> <b>pancreatitis</b> <b>hemolytic</b> <b>hemorrhage</b>	<b>Angioedema</b>  <b>blurred vision, dry mouth</b>  <b>nasal congestion</b>  <b>urine retention</b>  <b>myalgia</b>	<b>anxiety, confusion, dizziness, fatigue</b>  <b>atrial fibrillation</b>  <b>prostate cancer</b>  <b>Stevens-Johnson</b>  <b>angioedema</b>
<b>Client Teachings</b>	<b>do not chew, crush or open the capsule.</b>  <b>Take medicine 30 minutes after the same</b>	<b>take with meals if nausea occurs</b>  <b>tablets should not be chewed, crushed, or</b>	<b>do not swallow the tablet whole</b>  <b>allow the tablet to dissolve on the tongue</b>	<b>consistently take medicine either with or without food</b>  <b>do not consume</b>	<b>take with water and swallow whole.</b>  <b>Do not chew, crush or divide the tablets.</b>

	<p><b>meal each day.</b></p> <p><b>notify prescriber if missing several days of therapy</b></p> <p><b>caution against restarting drug at previous dosages</b></p>	<p><b>divided</b></p> <p><b>clients with restless legs syndrome should take medicine two to three hours before bedtime</b></p>	<p><b>follow with a drink of water</b></p> <p><b>only take once per day just before going to bed</b></p> <p><b>maybe taken without food</b></p>	<p><b>large amounts of grapefruit juice</b></p>	
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2022). *Nurse's drug handbook*

I had trouble coming up with the proper way to reference this book. So, I contacted the authors and the project manager at Jones and Bartlett learning materials. Joanna Gallant, the project manager, reached out to her editorial team. She emailed me with the APA format shown above and ensured me that it was correct formatting. I thought this bibliography entry looked sparse, so I included her direct contact information here:

**Joanna Gallant**

**Product Manager**

**Ascend Learning | Safety & Security**

**25 Mall Road, Burlington, MA 01803**

**joanna.gallant@jblearning.com**

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Assessment

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

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Type:</b></p>	
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</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: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b></p>	

<p><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: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b></p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b>              <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: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	
<p><b>NEUROLOGICAL:</b>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b></p>	

<b>Sensory: LOC:</b>	
<b>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion &amp; what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</b>	

**Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp. Rate	Temp	Oxygen
0830hrs 2-24-22	70	122/76	18	97.4 F	94%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0830hrs 2-24-22	No pain	-----	-----	-----	-----

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
6 oz milk, 8 oz water (14 oz 30ml/oz) =  420ml	Toileted X 1

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

Nursing	Rationale	Interventions	Outcome Goal	Evaluation
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<p><b>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>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>(2 per dx)</b></p>	<p><b>(1 per dx)</b></p>	<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, the status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Impaired Memory</b></p>	<p>Evidenced by the client’s inability to recall recent events.</p>	<p>1. Label patient’s possessions and photos, keeping them in the same place as much as possible to reduce confusion and create a secure environment.</p> <p>2. Teach the patient ways to cope with memory loss.</p>	<p>1. On my next interaction with the client, I will go over personal items in his room with him. I’ll ask him about each item to determine his level of understanding. Based on his response, I will make an appropriate label for that item.</p>	<p>during subsequent interactions, I will review these now labeled personal items with the client to determine how well the labels are assisting him with his memory</p>
<p><b>2. Social Isolation</b></p>	<p>Evidenced by the client’s being a widower and having elderly daughters who do not</p>	<p>1. Address limitations that interfere with the patient's ability to form social relationships.</p>	<p>1. On my next visit, I will inquire about obtaining a laptop with a built-in camera, microphone, and internet access.</p>	<p>During subsequent interactions with the client, I will ask the client to demonstrate how to connect to a social web page. I</p>

	<p><b>live nearby</b></p>	<p><b>2. Assess the home environment's influence on the patient's social life.</b></p>	<p><b>The goal will be to arrange the computer to easily connect to an appropriate social media web page allowing the client to interact with others.</b></p>	<p><b>will assist the client in overcoming obstacles and make it as easy as possible for him to socialize with others.</b></p>
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**Other References (APA):**

**Phelps, L. L. (2020). Sparks & Taylor's nursing diagnosis reference manual. Wolters Kluwer.**

**Concept Map (20 Point**

### N311 CARE PLAN 2

characteristics. The client reports his short term memory is just not available to him when he needs it or like it used to be.

**Aggravating Factors:** His short-term memory tends to worsen when he gets frustrated.

**Otherwise,** the client states that nothing makes his memory worse.

**Relieving Factors:** The client states that his medications make things better.

#### Treatments & Responses

- He is currently being treated with pharmaceutical interventions.

- He uses a large desk calendar and an address book To help him remember important dates

#### Subjective Data

#### Objective Data

Time 0830, 2/24/22  
Pulse 70  
B/P 122/76  
Resp Rate 18  
Temp 97.49  
Oxygen 94%

#### Client Information

The client is a 92-year-old Caucasian male who is a retired army 1<sup>st</sup> Sergeant. Upon retiring after 20 years of active-duty service he continued to serve in uniform as a junior ROTC instructor. He is 72 inches tall and weighs 192 pounds. He has no known allergies and a DNR code status.

#### Nursing Diagnosis/Outcomes

Impaired Memory - evidenced by the client's inability to recall recent events  
On my next interaction with the client, I will go over personal items in his room with him. I'll ask him about each personal item to determine his level of understanding. based on his response I will make an appropriate label for that item.

Social Isolation - evidenced by the client's being a widower and having elderly daughters who do not live nearby  
Address limitations that interfere with the patient's ability to form social relationships.  
Assess the influence of the home environment on the patient social life.

#### Nursing Interventions

Label his personal possessions and photos, keep them in the same place as much as possible to reduce confusion and create a secure environment.

I will inquire about obtaining a laptop with a built-in camera, microphone, and internet access on my next visit. The goal will be to arrange the computer to easily connect to an appropriate social media web page allowing the client to interact with others. During subsequent interactions with the client, I will ask the client to demonstrate how to connect to a social web page. I will assist the client in overcoming obstacles and make it as easy as possible for him to socialize with others.

