N311 Care Plan #2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
11/26/2021	DB	63	Male
Race/Ethnicity	Occupation	Marital Status	Allergies
Caucasian	Retired Engineer	Single	NKA
Code Status	Height	Weight	
Full	73 In.	132lb.	

Medical History (5 Points)

Past Medical History: Alcohol dependence with alcohol induced persisting amnestic disorder, fatty liver, altered mental status, acute kidney failure, rhabdomyolysis, hypokalemia, thrombocytopenia, constipation, primary hypertension, acidosis, retention of urine, toxic encephalopathy, mild cognitive impairment, alcohol dependence

Past Surgical History: N/A

Family History: Father: Heart Attack Mother: Heart Disease

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

Patient has a history of abuse of alcohol since he was sixteen. “I have been drinking since I was sixteen”. He drinks about one to two gallons of fireball per week. Patient denied use of drugs or tobacco.

Admission Assessment

Chief Complaint (2 points): Requiring Increased Assistance (Impaired Mobility)

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

This is a 63-year-old patient who presented to the ER on 11/26/2021 with a history of hypertension, alcohol dependence, toxic encephalopathy, mild cognitive impairment. Patient arrived via private auto brought in by his two sons who state they found patient lying on the floor. Patient was found around 1200. Sons had concern for overdose on Ambien and alcohol

intoxication. Aggravating factors seemed to be assisting with morning routine and getting out of bed. Patient showed was unable to complete sentences, did not seem alert or awake to surroundings. Patients' pupils were pinpoint. Patient did not verbalize any relieving factors. As treatment patient was admitted to rehab with therapy on board.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Wernicke's Korsakoff

Secondary Diagnosis (if applicable): N/A

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

Wernicke's Korsakoff is between two disorders which can happen at the same time. "WKS is the result of thiamine deficiency that leads to acute symptoms (Wernicke syndrome) that if left untreated lead to the chronic irreversible Korsakoff syndrome" ("Wernicke-Korsakoff syndrome," 2021). In the situation for Wernicke's encephalopathy, it is a disease where the person suffers from thiamine deficiency usually caused by chronic alcohol abuse. "Wernicke syndrome is characterized by three main clinical symptoms: mental status changes (e.g., confused state), the inability to coordinate voluntary movement (ataxia) and eye abnormalities" ("Wernicke-Korsakoff syndrome," 2021). Characteristics from thiamine is that it is an important nutrient to metabolize glucose that is used in the brain for energy. Thiamine affects lots of parts of our body from nerve, muscle, and heart functions and it is what breaks down food to metabolize it for energy. "Korsakoff syndrome is characterized by memory impairment, specifically short-term memory loss (i.e., the inability to form new memories or retain new information" ("Wernicke-Korsakoff syndrome," 2021). Several ways to diagnose it is by blood tests that reveal thiamine labs, CT, & MRI's that can reveal brain abnormalities and changes. This patient had labs drawn and a CT scan done to show any abnormalities in the brain. The CT

showed a small area if encephalomalacia within right temporal lobe. The treatment for this disorder is, “immediately stop drinking alcohol and be given several injections of high doses of thiamine” (“Wernicke–Korsakoff syndrome,” 2021). It is important they have a healthy diet and get enough nutrients in their body as most alcoholics don’t bother to eat as their focus is on alcohol. This way there is energy to be metabolized. This patient is getting vitamin B-1 medication to treat his Thiamine deficiency due to his chronic use of alcohol.

Pathophysiology References (2) (APA):

Wernicke–Korsakoff syndrome. Alzheimer's Society. (2021, November 30). Retrieved March 2, 2022, from https://www.alzheimers.org.uk/about-dementia/types-dementia/wernicke-korsakoff-syndrome

Wernicke-Korsakoff syndrome. NORD (National Organization for Rare Disorders). (2021, June 8). Retrieved March 2, 2022, from https://rarediseases.org/rare-diseases/wernicke-korsakoff-syndrome/#:~:text=WKS%20is%20the%20result%20of,both%20are%20diagnosed%20with%20WKS.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8x10^6/ mcL	3.93mcl	N/A	Red Blood cells are low due to insufficient vitamins and low folic acid that produce RBC’s (Capriotti, 2020, p.294). My patient has low vitamin B-1 which helps produce RBC’s.
Hgb	12.0-15.8g/dL	14.4 g/dL	N/A	

Hct	36.0-47.0%	41.9%	N/A	
Platelets	140-440K/ mcL	414 mcL	N/A	
WBC	4.0-12.0K/ mcL	11.9 mcL	N/A	
Neutrophils	40-60%	79.7%	N/A	My patient is under stress causing neutrophils to be elevated, “they are the first responders to an infection, stressful event, or inflammatory reaction” (Capriotti, 2020, p.246).
Lymphocytes	19-49%	12.8%	N/A	My patient is under stress which causes a decrease in his lymphocytes, “Stress can reduce the number of natural killer cells or lymphocytes in the body, which are needed to fight viruses” (“*How does stress affect the immune system?” 2020)*.
Monocytes	3.0-13.0%	8.9%	N/A	
Eosinophils	0.0-8.0%	.2%	N/A	
Bands	0.0-10.0%	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-	134-144mmol/L	141 mmol/ L	N/A	
K+	3.5-5.1mmol/L	2.7mmol/L	N/A	My patient has a history of rhabdomyolysis which can be a reason for his low potassium. “Potassium deficit is related to muscle weakness.” (Capriotti, 2020, p.82).
Cl-	98-107mmol/L	91 mmol/L	N/A	My patient has a kidney dysfunction which causes electrolyte

				imbalances, “levels of electrolytes in your blood are regulated by your kidneys, an electrolyte imbalance such as hypochloremia may be caused by a problem with your kidneys” (Seladi-Schulman, 2018).
CO2	21-31mmol/L	23 mmol/L	N/A	
Glucose	70-99mg/dL	< 40 mg/dL	N/A	My patient had hypoglycemia due to malunion, alcohol abuse, and drug interactions and may have led to his fall. “Hypoglycemia can occur because of … alcohol abuse, drug interactions, surgery, and excess insulin or oral antidiabetic medication” (Capriotti, 2020, p.601)
BUN	7-25 mg/dL	148 mg/dL	N/A	My patient has acute kidney failure and from drinking excess alcohol leading dehydration and a high BUN level. “a high BUN level is not always an indicator of kidney dysfunction; it can result from dehydration, which highly concentrates the urea in the urine” (Capriotti, 2020, p.528)
Creatinine	0.50-1.20mg/dL	8.37 mg/dL	N/A	My patient has acute kidney failure meaning the glomerulus is affected which leads to high creatinine level “Accumulation of serum creatinine indicates decreased filtering of creatinine at the glomerulus. “Elevated serum creatinine and elevated BUN are caused by kidney dysfunction.” (Capriotti, 2020, p.528).
Albumin	3.5-5.7 g/dL	3 g/dL	N/A	It is slightly low since my patient has acute kidney failure and one of its symptoms is damaged glomerular capillaries. “Damage to the glomerular capillaries causes a loss of vital substances, such as albumin, from the blood” (Capriotti, 2020, p.538).

Calcium	8.6-10.3 mg/ dL	8.5mg/dL	N/A	It is known my patient has renal disease, “It is most commonly caused by lack of sufficient Ca++ in the diet, vitamin D deficiency, renal disease, or hypoparathyroidism.” (Capriotti, 2020, p.130).
Mag	1.6-2.6 mg/dL	3.4mg/dL	N/A	Patient has acute kidney disorder leading to his hyper-magnesium and his rhabdomyolysis that causes kidney dysfunction. “The most common cause of hypermagnesemia is renal dysfunction” (Capriotti, 2020, p.133).
Phosphate	2.4-4.5 units/L	N/A	N/A	
Bilirubin	0.3-1.0 mg/dL	.8 mg/L	N/A	
Alk Phos	34-104 units/L	75 units/L	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, Clear	Dark, yellow , Clear	N/A	My patient is probably dehydrated from drinking excess amount of alcohol, so it contributed to his dark color of urine. “A dehydrated person has an amber-colored urine, whereas a well-hydrated person has a light-yellow urine” (Capriotti, 2020, p.527).
pH	5.0-9.0	5.0	N/A	
Specific Gravity	1.003-1.013	1.024	N/A	My patient is dehydrated causing abnormal values. Dehydration causes elevated specific gravity levels due to fluid volume deficiency (Capriotti, 2020, p.127).
Glucose	Normal	Normal	N/A	

Protein	Normal	Abnormal	N/A	My patient has glomerular injury due to his acute kidney failure causing abnormal proteins. “Urine is abnormal and is usually an indication of glomerular injury” (Capriotti, 2020, p.527).
Ketones	Negative	Negative	N/A	
WBC	0.0-0.5	5	N/A	My patient’s acute kidney failure is the reasoning why his WBC is elevated. “A high amount (positive result) is indicative of either a bladder or kidney infection” (Capriotti, 2020, p.528).
RBC	0.0-3.0	2	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	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. VitalSource Bookshelf Online. Retrieved March 2, 2022, from

https://fadavisreader.vitalsource.com/reader/books/9781719641470/epubcfi/6/56[%3Bvnd.vst.idref%3Dc12]! /4/2/2/44/2

How does stress affect the immune system? University of Maryland Medical System. (2020, December 1). Retrieved March 2, 2022, from https://health.umms.org/2020/11/10/stress-immune-system/#:~:text=Stress%20and%20Immune%20System%20Function,to%20the%20American%20Psychological%20Association.

Seladi-Schulman, J. (2018, September 29). *Hypochloremia: Levels, symptoms, treatment, and more*. Healthline. Retrieved March 2, 2022, from https://www.healthline.com/health/hypochloremia#prevention

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT Brain/ Head w/o Contrast-

-Mild generalized cerebral volume loss

-Small area if encephalomalacia within right temporal lobe

-Chronic lacunar infarct noted on left basal ganglia

The CT was done though show any brain abnormalities since this patient did have a fall. It is important to rule out a brain bleed and any abnormalities in the brain. In this case Encephalomalacia was found in the right temporal lobe, “Encephalomalacia in this part of the brain can cause damage to memory, emotions, speech, sensory perception, and muscle control” (Law, 2017). This is pertinent and goes along with his diagnosis of Wernicke’s Korsakoff as it shows similar symptoms.

CT Spine Cervical w/o Contrast:

-Disc/Spinal/Neural-Disc spine narrowing C5-C6

-Posterior disc osteophyte formation C4-C6

-C5-C6 mild stenosis

This diagnostic imaging was done to show any abnormalities in the spine since patient was found on the floor to rule out any herniations or lesions in the spine. “An injury to the spinal cord at the C5-C6 level may cause pain, weakness, or paralysis in the arms and/or legs. There may be loss of bowel and bladder control or breathing problems in some cases” (Zigler, 2018). Patient was found to have mild stenosis C5-C6, and this is pertinent to his increased weakness in mobility and involuntary loss of bowel movements.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Keppra/ Levetiracetam	Zofran/ Ondansetron	Tylenol/ Acetaminophen	Protinox/ Pantoprazole	Ambien/ Zolpidem
Dose	500 mg	4 mg	650mg	40 mg	10mg
Frequency	BID	Q6 PRN	Q6 PRN	Daily	Daily
Route	PO	IV push	PO	PO	PO
Classification	Anticonvulsant	Antiemetic	Antipyretic, Nonopioid analgesic	Antiulcer	Hypnotic
Mechanism of Action	May protect against secondary generalized seizure by	Blocks serotonin receptors centrally in the chemo	Inhibits the enzyme cyclooxygenase, blocking prostaglandin	Interferes with gastric acid secretion by inhibiting the hydrogen-	May potentiate the effects of gamma aminobutyri

	preventing coordination of epileptiform burst firing (Jones, 2021).	receptor trigger zone and peripherally at vagal nerve terminals intestine (Jones, 2021).	production and interfering with pain impulse generation in peripheral nervous system (Jones, 2021).	potassium-adenosine triphosphate enzyme system or proton pump in gastric parietal cells (Jones ,2021).	c acid (GABBA) and other inhibitory factors (Jones, 2021).
Reason Client Taking	In case patient has a seizure	To prevent nausea and vomiting	To relieve any mild to moderate pain he may have	To treat his acidosis	Treat insomnia
Contraindications (2)	Hypersensitivity Levetiracetam Hypersensitivity to its components (Jones, 2021).	*Concomitant use of apomorphine *Hypersensitivity to ondansetron or its components (Jones ,2021) .	Hypersensitivity to acetaminophen Severe Hepatic Impairment (Jones 2021).	Concurrent therapy with rilpivirine-containing products Hypersensitivity to pantoprazole (Jones, 2021).	Hypersensitivity to zolpidem, Severe hepatic impairment (Jones, 2021).
Side Effects/Adverse Reactions (2)	Seizures, Suicidal Ideation, Hypotension, Leukopenia, Acute Kidney Injury (Jones ,2021).	Agitation, Hypotension, Serotonin syndrome, prolonged QT interval shock, laryngeal edema (Jones, 2021).	Hypotension, Stridor, Abdominal pain, Constipation, Atelectasis, hepatotoxicity (Jones, 2021)	Clostridium difficile associated diarrhea, Hepatic failure, Rhabdomyolysis, thrombocytopenia, Pancreatitis (Jones, 2021).	Suicidal ideation, aggressiveness, depression, throat tightness, hepatic injury (Jones, 2021).

Medications Reference (1) (APA):

Jones, D.W. (2021). *Nurse's drug handbook.* (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	N/A
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☐ Type:	N/A
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	N/A
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:	N/A
RESPIRATORY: Accessory muscle use: Y☐ N ☐ Breath Sounds: Location, character	N/A
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM:	N/A

Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y ☐ N ☐ Nasogastric: Y ☐ N ☐ Size: Feeding tubes/PEG tube Y ☐ N ☐ Type:	
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☐ Dialysis: Y ☐ N ☐ Inspection of genitals: Catheter: Y ☐ N ☐ Type: Size:	N/A
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☐	N/A
NEUROLOGICAL: MAEW: Y ☐ N☐ PERLA: Y ☐ N☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	N/A

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):	N/A

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:00	87	153/87	14	98.3	97% RA

Hypertension due to his past medical history

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:00	0/10	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Ate one meal at breakfast	Incontinent of stool x1 bowel movement

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by"	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

components • Listed in order by priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
1. Impaired mobility as related to decrease in muscle strength as evidence by alteration in cognitive (Phelps, 2019, p.376-379).	This nursing diagnosis was chosen because prior to being admitted to rehab patient was independent of his self-care. Once admitted to rehab patient was incontinent, unable to provide self-care, and increased need of assistance (x2 personal assistance) to complete ADL's.	1.Using gait belt and 2 personal assistance at side when transferring patient. 2.Physical Therapy-Try exercises to strengthen his muscles practicing ROM to tolerate slowly learning to complete ADLs with less assistance being able to sit up in bed and transfer to wheelchair with minimal assistance.	1. Patient will show progression of muscle strength by going to therapy twice a week to sitting himself up in bed and transferring to wheelchair with minimal assistance required within two weeks.	The family was glad to see the patient showing more effort in trying to improve his mobility strength. The client struggled but enjoyed going to therapy and eventually was able to sit himself up in bed with assistance of one personal assistant to transfer from bed to wheelchair.
2. Ineffective coping related to insufficient sense of control as evidence by excessive	This nursing diagnosis was chosen due to the patient having a heavy dependence on alcohol as said in his	1. Arrange to spend uninterrupted period with patient. Try to identify factors that exacerbate patients in	1.Patient will express the need for a change to find better coping behaviors. Communicate about reducing the amount of alcohol intake reducing to	The family was glad the patient was open to looking for help. The patient was ready for a change and to limit his drinking to enjoy life and not waste

alcohol ingestion (Phelps, 2019, p.133-137).	medical history and reason for his admission.	ability to cope (Phelps, 2019, p.133-137). 2.Have patient increase self-care performance levels gradually to allow self-paced progress (Phelps, 2019), p.133-137.	less than a gallon of fire ball per week.	away the years he has left. Goal was met as patient has reduced to drinking only half a gallon per week and talking to family members to cope with his drinking problems.

Other References (APA):

Law, K. (2017, May 25). *What is encephalomalacia?* The Law offices of Howard Kitay. Retrieved March 2, 2022, from https://kitaylaw.com/what-is-encephalomalacia/

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Zigler, J. (2018, April 10). *All about the C5-C6 spinal motion segment*. Spine-Health. Retrieved March 2, 2022, from https://www.spine-health.com/conditions/spine-anatomy/all-about-c5-c6-spinal-motion-segment

Concept Map (20 Points):

Subjective Data

"I started drinking since I was **sixteen"**
"I used to be an engineer"
"I have no pain right now I am doing great"
"It was nice to meet you"

Nursing Diagnosis/Outcomes

Diagnosis: Impaired mobility as related to weakness in assisting to get up from bad evidence by his increased need of assistance for ADL's

Outcome: The family was glad to see the patient showing more effort in trying to improve his mobility strength. The client struggled but enjoyed going to therapy and eventually was able to sit himself up in bed with assistance of one personal assistant to transfer from bed to wheelchair.

Diagnosis: Ineffective coping related to insufficient sense of control as evidence by excessive alcohol ingestion (Phelps, 2019).

Outcome: The family was glad the patient was open to looking for help. The patient was ready for a change and to limit his drinking to enjoy life and not waste away the years he has left. Goal was met as patient has reduced to drinking only half a gallon and talking to family members to cope with his drinking problems.

Objective Data

Vital Signs:
Temp:98.3
Heart Rate:89
Oxygen:97 % RA
B/P: 153/87
Pupils were pinpoint

Client Information

This is a 63 year old patient with a history of hypertension, alcohol dependence, toxic encephalopathy, and mild cognitive impairment. Patient was admitted on 11/26/2021 due to being found lying on the floor. Patient was not able to make complete sentences. Suspicion of overdose on Ambien and use of alcohol. Patient was A&O x 0 upon admission.

Nursing Interventions

Intervention: 1.Using gait belt and two personal assistance at side when transferring **patient.**
2.Physical Therapy-Try exercises to strengthen his muscles to tolerate slowly learning to complete ADLs with less assistance being able to sit up in bed and transfer to wheelchair with minimal assistance. 1. . Arrange to spend uninterrupted period with patient. Try to identify factors that exacerbate patients in ability to cope (Phelps, 2019).

2.Have patient increase self-care performance levels gradually to allow self-paced progress (Phelps, ,2019).