N311 Care Plan # 2

Lakeview College of Nursing

Toni Andres

Demographics (5 points)

Date of Admission 11-25-2019	Client Initials M.B.	Age 65	Gender Male
Race/Ethnicity White	Occupation Retired-Carpenter	Marital Status Divorced	Allergies NKA
Code Status DNR	Height 72.0	Weight 193.4	

Medical History (5 Points)

Past Medical History   : (ONGOING)

Abnormal EKG
Anemia
Anxiety
Ataxia
Atypical chest pain
BPH- (Benign prostatic hyperplasia)
Chronic systolic congestive heart failure, NYHA class 2
Clostridium difficile
Depression
Dizziness
Dyslipidemia
GERD- (Gastroesophageal reflux disease)
Hemiplegia
High cholesterol
History of CVA in adulthood
History of medication noncompliance
HTN- (Hypertension)
Hypersensitive cardiovascular disease
Left-sided CVA
MRSA)- Methicillin-resistant staphylococcus Aureus
Neuropathy
Nonischemic Cardiomyopathy
Pulmonary hypertension
Recurrent falls
Short of breath
Tobacco dependency

Past Surgical History:
Catheterization of both left and right heart without graft (01-30-2019)
Occlusion and stenosis of right vertebral artery

Family History:
Father: (Deceased)- Heart attack
Sister: Cardiovascular disease

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):
Alcohol:
Past user
Average drinks per episode in the last year: 0
Quit drinking 16 years ago
Previous treatment:
       Alcoholics anonymous
       Inpatient/outpatient (2/17/2020)
Former smoker:
       Cigarettes
Substance use:
       Previous-Marijuana 1-2 times per month

Admission Assessment

Chief Complaint (2 points):
Pain in the left foot.

History of Present Illness – OLD CARTS (10 points):
The patient is a 65-year-old male with a history of ataxia following cerebral infarction and chronic right-side heart failure. The patient is in a wheelchair due to ataxia and hemiplegia of his left side. The patient presented today for a complaint of pain in the left foot. He states that his left foot is his bad foot that doesn't move because of numerous strokes he has had, and it gets bumped against things a lot. The onset of the pain was the date of his admission. The location of the pain is in his left foot. The duration of the pain is constant, with some days being worse than others. The pain level was 3/10. The characteristic of the pain was achy and throbbing, and sometimes sharp depending on what it was bumped against. Aggravating factors were whatever the foot was bumped up against. No relieving factors were known. The patient had tried heat and ice but said it would stop hurting if people would stop running him into things. He is given pain medication for relief of symptoms. His present vital signs are T: 97.5ºF (temporal) HR: 55 RR: 18 BP: 118/72 Sp02: 90% (room air).

Primary Diagnosis

Primary Diagnosis on Admission (3 points):
Ataxia following cerebral infarction.

Secondary Diagnosis (if applicable):
Chronic right heart failure

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

Pathophysiology of ischemic stroke

The term ischemic stroke is described when tissue damage is caused by reduced blood flow to all or part of the brain. Most strokes occur acutely, or are of sudden onset, although in some cases this may be a chronic condition (Majid & Kassab, 2022).
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Disease Process
      Ischemic strokes are caused by a reduction or complete blockage of blood flow to the brain. This reduction of blood flow can be due to, severe stenosis, occlusion of a blood vessel, or decreased systemic perfusion, which can be the result of heart failure, low blood pressure or loss of blood. Depending on the type of stroke it will influence the type of treatment to be used. Ischemia is usually caused by several things such as embolism, which refers to a clot or other material formed in another area of the vascular system that travels to the sight of the clot formation and causes blockage and ischemia. It can be caused by thrombosis, which is an obstruction of a blood vessel due to an occlusion of that blood vessel and by lacunar infarction from small vessel disease. About 80 percent of all strokes are categorized as ischemic strokes (Majid & Kassab, 2022).

Signs and symptoms
An ischemic stroke can present certain symptoms depending on what region of the brain is affected. Most ischemic strokes share certain symptoms including vision problems, blindness in one eye, double vision. Depending on the affected artery, there could be weakness or paralysis on one or both sides, loss of coordination, confusion, and drooping of the face. Dizziness and or vertigo could also be a sign of a stroke. Dizziness is the feeling of being lightheaded, woozy, or unbalanced. Vertigo is a spinning sensation like the room is moving (Majid & Kassab, 2022).

Diagnostics Testing
      Diagnosing a cerebral vascular accident as quickly as possible can be lifesaving and could minimize or even prevent permanent neurologic damage. The history of the patient could provide insight to the diagnosis but immediate triage and getting the patient to CT or MRI is most crucial. It is also important to assess vital physiologic function prior to sending the patient for imaging (Oliveira-Filho & Mullen, 2021)

Treatment
      The obvious stabilization of airway, breathing, and circulation are the main priority in a cerebrovascular accident along with a neurological evaluation. Some treatments may include control of blood pressure, fluid management, treating abnormal glucose levels, and treatment of fever and infection. In certain circumstances, a drug called TPA (tissue plasminogen activator) can be given up to 4.5 hours after symptoms of a stroke present. This drug dissolves the blood clot causing the stroke, restoring the blood flow. Care in a dedicated stroke unit of a facility

would also be a beneficial treatment and is related to better outcomes (Oliveira-Filho & Mullen, 2021)
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Pathophysiology References (2) (APA):

Majid, MB, ChB, FRCP, A., & Kassab, MD, M. (2022, February 23). *Pathophysiology of ischemic stroke*. UpToDate. Retrieved March 2, 2022, from https://www.uptodate.com/contents/pathophysiology-of-ischemic-stroke?search=pathophysiology+of+a+cerebrovascular+accident&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Oliveira-Filho, MD, MS, PhD, J., & Mullen, MD, M. T. (2021, March 5). *Initial assessment and management of acute stroke*. UpToDate. Retrieved March 2, 2022, from https://www.uptodate.com/contents/initial-assessment-and-management-of-acute-stroke?search=treatment+of+a+cerebrovascular+accident&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H2191640006

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

CBC <mark>Highlight All Abnormal Labs</mark>—**Explanations must be in complete sentences and contain in-text citations in APA format.** *No recent lab or diagnostic tests were listed.*

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	NA	NA	NA	
Hgb	NA	NA	NA	

Hct	NA	NA	NA	
Platelets	NA	NA	NA	
WBC	NA	NA	NA	
Neutrophils	NA	NA	NA	
Lymphocytes	NA	NA	NA	
Monocytes	NA	NA	NA	
Eosinophils	NA	NA	NA	
Bands	NA	NA	NA	

Chemistry <mark>Highlight All Abnormal Labs</mark>—**Explanations must be in complete sentences and contain in-text citations in APA format.** *No recent lab or diagnostic tests listed.*

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	NA	NA	NA	
K+	NA	NA	NA	
Cl-	NA	NA	NA	
CO2	NA	NA	NA	
Glucose	NA	NA	NA	
BUN	NA	NA	NA	
Creatinine	NA	NA	NA	
Albumin	NA	NA	NA	
Calcium	NA	NA	NA	
Mag	NA	NA	NA	
Phosphate	NA	NA	NA	

Bilirubin	NA	NA	NA	
Alk Phos	NA	NA	NA	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—**Explanations must be in complete sentences and contain in-text citations in APA format.** *No recent lab or diagnostic tests listed.*

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

Cultures <mark>Highlight All Abnormal Labs</mark>—**Explanations must be in complete sentences and contain in-text citations in APA format.** *No recent lab or diagnostic tests listed.*

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	NA	NA	NA	

Blood Culture	NA	NA	NA	
Sputum Culture	NA	NA	NA	
Stool Culture	NA	NA	NA	

Lab Correlations Reference (1) (APA):
There was no recent lab tests to reference.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):
There was no recent diagnostic tests to reference.

Diagnostic Imaging Reference (1) (APA):
There was no recent diagnostic imaging to reference.

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

Medications (5 required)

Generic/Brand	Amlodipine Besylate/Norvasc	Aspirin/Bayer	Atorvastatin Calcium/ Lipitor	Gabapentin/Neurontin	Hydrochlorothiazide tablet/Microzide
Dose	10mg	81mg	40mg	600mg	50mg
Frequency	1 time a day	1 time a day in the morning	1 time a day in the evening	4 times a day	1 time a day
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic: Calcium channel blocker Therapeutic: Antianginal, antihypertensive (Jones & Bartlett, 2021).	Pharmacologic: Salicylate Therapeutic: NSAID-Anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic(Jones & Bartlett, 2021).	Pharmacologic: HMG-C0A reductase inhibitor Therapeutic: Antihyperlipidemic (Jones & Bartlett, 2021).	Pharmacologic: 1-amino-methyl cyclohexane acetic acid Therapeutic: Anticonvulsant (Jones & Bartlett, 2021).	Pharmacologic: Thiazide diuretic Therapeutic: Diuretic (Jones & Bartlett, 2021).
Mechanism of Action	Amlodipine works by blocking the voltage-dependent L-type calcium channels, thereby inhibiting the initial influx of calcium. Reduced intracellular calcium leads to decreased vascular smooth muscle contractility, increased smooth muscle relaxation, and resultant vasodilation. Additionally, amlodipine has been shown to improve vascular endothelial function in hypertensive patients. In summary, amlodipine decreases blood pressure by inducing smooth muscle relaxation and vasodilatation (Bulsara, 2022)	Aspirin blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthetics. Aspirin also relieves pain because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspirin inhibits platelet aggregation by interfering with production of thromboxane A2, a substance that stimulates platelet aggregation. Aspirin acts on the heat regulating center in the hypothalamus and causes peripheral vasodilation, diaphoresis and heat loss. (Jones & Bartlett, 2021)	Atorvastatin increases the number of LDL (good cholesterol) receptors on the surface of hepatic cells. Competitively inhibits 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase. By preventing the conversion of HMG-CoA to mevalonate, statin medications decrease cholesterol production in the liver (McIver, 2021).	Gabapentin works by showing a high affinity for binding sites throughout the brain correspondent to the presence of the voltage-gated calcium channels, especially alpha-2-delta-1, which seems to inhibit the release of excitatory neurotransmitters in the presynaptic area which participate in epileptogenesis Gabapentin freely passes the blood-brain barrier and acts on neurotransmitters (Yasaei, 2021) .	Hydrochlorothiazide inhibits sodium chloride transport in the distal convoluted tubule. More sodium is then excreted in the kidney with accompanying fluid. (Herman, 2021)
Reason Client Taking	Essential (primary) Hypertension	Prevention of Cardiovascular Accident	Prevention of Cardiovascular Accident	Neuropathy	Chronic right heart failure
Contraindications (2)	1. Hypersensitivity to amlodipine. (Jones & Bartlett, 2021) 2. Patients with cardiogenic shock, severe aortic stenosis, unstable angina, severe hypotension, heart failure, and hepatic impairment.	1.Active bleeding or coagulation disorders 2.GI bleed or ulcers (Jones & Bartlett, 2021).	1. Patients with active liver disease. 2. Female patients who are pregnant or nursing (Jones & Bartlett, 2021).	1.Hypersensitivity to gabapentin or its components 2. Fever, nausea, diarrhea (Jones & Bartlett, 2021).	1. Anuria 2. Hypersensitivity to hydrochlorothiazide, other thiazides, sulfonamide-derived drugs or their components (Jones & Bartlett, 2021).

	(Bulsara, 2022).			
Side Effects/Adverse Reactions (2)	1.Headache 2. Peripheral edema (Bulsara, 2022).	1. Prolonged bleeding time 2.Tinnitus (Jones & Bartlett, 2021).	1. Myopathies such as muscle aches, muscle tenderness, muscle weakness 2. Increases the risk of developing diabetes mellitus (Jones & Bartlett, 2021).	1.Fatigue/dizziness/ headaches 2.Rhabdomyolysis (Jones & Bartlett, 2021).	1.In patients with renal dysfunction, this drug can cause azotemia. 2. Can cause electrolyte and/or fluid imbalances, including hypokalemia, hyponatremia, hypercalcemia, and/or hypomagnesemia (Jones & Bartlett, 2021).

Medications Reference (1) (APA):

Bulsara, K. G. (2022, January 24). *Amlodipine*. StatPearls [Internet]. Retrieved March 2, 2022,

from https://www.ncbi.nlm.nih.gov/books/NBK519508/#__NBK519508_ai__

Herman, L. L. (2021, August 10). *Hydrochlorothiazide*. StatPearls [Internet]. Retrieved March 2,

2022, from https://www.ncbi.nlm.nih.gov/books/NBK430766/

Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook.*

McIver, L. A. (2021, September 9). *Atorvastatin*. StatPearls [Internet]. Retrieved March 2, 2022,

from https://www.ncbi.nlm.nih.gov/books/NBK430779/

Yasaei, R. (2021, December 27). *Gabapentin*. StatPearls [Internet]. Retrieved March 2, 2022,

from https://www.ncbi.nlm.nih.gov/books/NBK493228/

Assessment

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y ☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y ☐ N ☐** **Breath Sounds: Location, character**	.

GASTROINTESTINAL:
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N ☐
Nasogastric: Y ☐   N ☐
  Size:
Feeding tubes/PEG tube   Y ☐   N ☐
  Type:
	.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
  Type:
  Size:	

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐**	.

Strength Equal: Y ☐ N ☐ if no - **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	.

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:05	**55**	**118/72**	**20**	**97.5º F**	**90% RA**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:08	**Number 0-10**	**Left foot**	**3**	**Constant, some days worse than others**	**Acetaminophen**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240mL	**No output noted at time of visit**

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
1. Risk for injury, susceptible to physical damage due to environmental conditions interacting with the individuals adaptive and defense resources, which may compromise health as evidenced by left-sided hemiplegia of the left side due to a cerebrovascular accident (Phelps et al., 2020).	1. Risk for injury due to a fall in relation to left sided hemiplegia could cause the patient to lose their balance by not being able to stabilize their weight to appropriately maneuver without falling.	1. Assess and document any motor, mental or sensory deficits. 2. Assess patients' ability to use call lights, bed rails, and bed positioning controls (Phelps et al., 2020).	1. Confirm the patient is able to use the call light, adjust the bed rail and use the bed positioning controls by the end of the intake admission process.	The patient was able to use the call light.
1. Powerlessness, the lived experience of lack of control over a situation, including a perception that one's actions do not not significantly affect an outcome as evidenced by ataxia due to a cerebrovascular accident	2. Powerless of not being able to help ones own self, not being able to maintain control of bodily functions or participate in daily activities they once had.	1. Encourage patient to express feelings and concerns 2. Modify the patients living environment when possible, to meet the patients self care needs (Phelps et al., 2020).	1. Set aside time three times a week to discuss with the patient the events of daily activities and what they would like to see happen.	The patient expressed displeasure of how rushed he felt during mealtimes and wanted more time to eat

(Phelps et al., 2020).				

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Patient stated his left foot hurt
Patient stated people kept running him into things causing his left foot to hurt
Patient stated he had four strokes

Nursing Diagnosis/Outcomes

Risk for injury, susceptible to physical damage due to environmental conditions which may compromise health as evidenced by left-sided hemiplegia of the left side due to a cerebrovascular accident.

Confirm the patient is able to use the call light, adjust the bed rail and use the bed positioning controls by the end of the intake admission process.

Objective Data

Direct observation of left-sided hemiplegia
T: 97.5°F (temporal)
HR: 55
RR: 18
BP: 118/72
Sp02: 90% (room air).

Client Information

65-year-old male with a history of ataxia following cerebral infarction and chronic right-side heart failure. The patient is in a wheelchair due to ataxia and hemiplegia of his left side. The patient presented today for a complaint of pain in the left foot. He states that his left foot is his bad foot that doesn't move because of numerous strokes he has had, and it gets bumped against things a lot. The onset of the pain was the date of his admission. The location of the pain is in his left foot.

Nursing Interventions

Assess and document any motor, mental or sensory deficits.
Assess patients' ability to use call lights, bed rails, and bed positioning controls
Encourage patient to express feelings and concerns
Modify the patients living environment when possible, to meet the patients self care needs