N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
2/26/22	R.G.S.	62 y/o	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	Sulfa drugs: rash
Code Status	**Height**	**Weight**	
Full code	176 cm (5’9)	89.4 kg (197 lbs.)	

Medical History (5 Points)

Past Medical History: Arthritis, Olecranon bursitis of left elbow, Hypertension

Past Surgical History: Arthrotomy elbow-bursectomy-tendon repair (left) (12/27/2017), Amputation of finger (2017), Appendectomy (1988), Hernia repair (1981)

Family History: <u>Mother:</u> Osteoporosis, <u>Father:</u> Kidney stones, <u>Grandfather:</u> Heart attack/heart disease

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): <u>Tobacco:</u> 1 pack per day, years smoked: 40, <u>Alcohol:</u> 1-2 times a year, 2-3 drinks on those occasions, years drinking: 44, <u>Recreational drug use:</u> Patient denies any use of other drugs besides prescribed medications

Assistive Devices: Patient uses no assistive devices besides reading glasses

Living Situation: Patient lives at home with his wife

Education Level: Patient graduated high school

Admission Assessment

Chief Complaint (2 points): Dizziness

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

On February 26th, a 62 y/o male arrived at the ER complaining of dizziness starting two days prior. Along with being dizzy, the patient reported left arm weakness and left-sided leaning while walking. The patient has been experiencing this dizziness since installing a curtain rod two days before coming in. He stated, “looking up made me feel dizzy, and I had to sit,” as well as feeling unsteady on his feet afterward. He denies any pain but noted that “I feel like I need to lean to the left while walking,” as well as saying that he feels “unsteady” on his feet. The patient denies experiencing any vertigo, vision changes, nausea or vomiting, or loss of consciousness. The patient reported that he thinks “looking up” makes his dizziness and unsteadiness worse. The patient also stated that laying down helped his dizziness but did not fully relieve it. The patient indicated that he relaxed at home and rested to treat his dizziness, but when rest was not helping, he decided it was time to come to the hospital. The patient reports the severity of his pain as a 0/10 and described his dizziness as “more uncomfortable than painful’.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): (Possible) Transient ischemic stroke

Secondary Diagnosis (if applicable): Hypertension

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

A transient ischemic stroke (TIA), also referred to as a mini stroke, is a medical emergency caused by an embolus that dislodges in an arteriosclerotic arterial vessel and causes an arterial occlusion in the brain (Capriotti, 2020). The difference between a complete stroke and a TIA is that in a TIA, the body's fibrinolytic system can dissolve the blockage and focal deficits disappear in less than 24 hours (Capriotti, 2020). In a complete stroke, deficits last longer or permanently due to prolonged brain tissue ischemia and cell death. However, in a TIA, these areas of ischemic damage are much smaller and known as lacunar infarcts (Capriotti, 2020). The survival of ischemic regions depends on surrounding circulation and the time spent without oxygen. As brain cells die, they are replaced by scar tissue called neuroglia (Capriotti, 2020). In complete strokes, these areas are large enough to affect cellular ion pumps, leading to the build-up of glutamate, causing an increase in intracellular calcium, leading to cell death (Capriotti, 2020). An estimated 20% to 25% of TIAs progress into a stroke, so they are considered a warning of an impending stroke and require rapid assessment and early intervention (Capriotti, 2020). TIAs are often associated with hypertension, smoking, and uncontrolled diabetes (Capriotti, 2020).

In individuals with a TIA, neurological signs and symptoms are often temporary and can last several minutes to hours, and deficits commonly resolve within an hour (Capriotti, 2020). Some symptoms include confusion, disorientation, communication problems, and memory impairment. Due to these symptoms, it is not uncommon for an individual suffering a TIA to be unaware of what happened. However, bystanders may notice it, so an interview with both the patient and bystander is key to diagnosing a TIA (Capriotti, 2020). Some other common signs and symptoms include weakness, numbness, or paralysis in the face, arm, or leg, typically on one side of the body, difficulty understanding others, blindness in one or both eyes, double vision, vertigo, or loss of balance and coordination (Mayo Clinic, 2020). The patient I cared for clinically experienced left-sided weakness and leaning to the left while walking.

The vital signs affected by a TIA include blood pressure and temperature, which both temporarily rise. Blood glucose levels, oxygen levels, heart rate, and respiratory rate may also be abnormal in individuals with a TIA. However, these do not follow a set pattern (Mayo Clinic, 2020). The patient I cared for in clinical had an elevated blood pressure of 221/132 upon his admission to the emergency department, which was his only abnormal vital sign. A complete blood count is commonly done on a TIA patient to rule out pathological processes with symptoms that mimic a TIA, such as hypoglycemia or hyperglycemia. Still, blood tests cannot diagnose this condition (Capriotti, 2020).

An MRI is used to diagnose a stroke or TIA because it can distinguish between cerebral hemorrhage and ischemia and can also determine the presence of a clot (Capriotti, 2020). The patient I treated had an MRI showing one previous old infarct area and one new site likely responsible for his symptoms. A brain CT scan helps rule out hemorrhage as the etiology of stroke. Once confident the patient is not experiencing a hemorrhage stroke, the patient can be started on thrombolytic therapy safely to break up clots (Capriotti, 2020). The patient I treated had a negative brain CT scan, so he had no active bleeding in his brain.

A physical and neurological exam helps support the diagnosis of a TIA. During these exams, special care is spent testing the patient's vision, eye movements, speech, strength, reflexes, and sensory system (Mayo Clinic, 2020). A stethoscope is used to listen to the carotid artery in the neck where a whooshing sound or bruit may indicate atherosclerosis. An ophthalmoscope is then used to look for cholesterol fragments or platelet fragments in the retina's tiny blood vessels at the back of the patient's eye (Mayo Clinic, 2020). A urinalysis may eliminate a UTI as a cause of neurological impairment since infection can affect older adults differently.

The treatment for a TIA mainly involves eliminating modifiable risk factors for a full-blown stroke. These risk factors include smoking, being overweight, high blood pressure, high cholesterol, physical inactivity, and poor nutrition (Mayo Clinic, 2020). A medication such as an antiplatelet or an anticoagulant may also be prescribed depending on the cause of the TIA to help stop clots from forming. To prevent clots, the patient I treated was put on clopidogrel and aspirin by their provider. The patient I treated has also decided to quit smoking to lower his risk of stroke.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Mayo Foundation for Medical Education and Research. (2020, March 7). *Transient ischemic attack (TIA)*. Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/diagnosis-treatment/drc-20355684

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 (26th)	Today's Value (28th)	Reason for Abnormal Value
RBC	3.90-4.98x10^6/uL	5.23	4.86	An increased RBC level can be due to cigarette smoking which the patient has a history of (Mayo Clinic, 2020).
Hgb	12.0-15.5 g/dL	16.3	14.9	An increased Hgb can also be due to cigarette smoking, which might be why the patient's labs are improving throughout his hospital stay (Mayo Clinic, 2020).
Hct	35-45%	47.0	43.7	Smoking and the scaring of the lungs overtime can also cause an increased Hct (Mayo Clinic, 2020).
Platelets	140-400x10^3/uL	261	251	
WBC	4.0-9.0x10^3/uL	10.8	8.7	Arthritis and smoking can both cause an increased WBC count, and the patient has a history of both (Mayo Clinic, 2020).
Neutrophils	1.60-7.70x10^3/uL	7.2	5.0	
Lymphocytes	1.00-4.90x10^3/uL	2.4	2.6	

Monocytes	0.2-0.95x10^3/uL	0.9	0.7	
Eosinophils	0.00-0.50x10^3/uL	0.3	0.3	
Bands	8-21 mg/dL	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-	135-145 mEq/L	134	137	Sodium disturbances are common in patients with brain injury because of the major role that the central nervous system plays in the regulation of sodium and water homeostasis (Saleem et al., 2020).
K+	3.5-5.1 mEq/L	3.7	3.9	
Cl-	98-107 mEq/L	103	106	
CO2	22-29 mEq/L	24	27	
Glucose	70-99 mg/dL	85	112	Stress, illness, and being inactive can all contribute to elevated glucose levels (Mayo Clinic, 2020).
BUN	6-20 mg/dL	9	15	
Creatinine	0.50-1.00 mg/dL	0.17	0.92	Low creatinine levels are common during aging due to muscle loss, as well as during periods of illness (MediLexicon, 2018).
Albumin	3.4-5.4 g/dL	3.8	N/A	
Calcium	8.4-10.5 mg/dL	8.4	8.9	
Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	3.4-4.5 mg/dL	N/A	N/A	
Bilirubin	0.2-1.0 mg/dL	0.4	N/A	

Alk Phos	44-147 uL	97	N/A	
AST	0-35 uL	15	N/A	
ALT	4-36 uL	20	N/A	
Amylase	60-120 uL	N/A	N/A	
Lipase	0-160 uL	N/A	N/A	
Lactic Acid	0.5-2.2 mmol/L	N/A	N/A	
Troponin	<0.04 ng/mL	0.00	N/A	
CK-MB	3-5%	N/A	N/A	
Total CK	22-198 uL	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	1.00	N/A	
PT	11.5-15.0	13.6	N/A	
PTT	25-35 Sec	41.4	N/A	A PTT result may be prolonged when a patient has an increased Hct which the patient does (Mayo Clinic, 2020).
D-Dimer	<0.05	N/A	N/A	
BNP	>400	N/A	N/A	
HDL	>60	41	N/A	Smoking as well as using beta blockers can both lower HDL levels (Mayo Clinic, 2020).
LDL	<130	141	N/A	Smoking, unhealthy diet, and lack of exercise can cause increased LDL levels (U.S. National Library of Medicine, 2020).
Cholesterol	<200	206	N/A	Smoking, unhealthy diet, and lack

				of exercise can cause increased cholesterol levels (U.S. National Library of Medicine, 2020).
Triglycerides	<150	124	N/A	
Hgb A1c	4.0-5.6%	N/A	N/A	
TSH	0.5-5.0	2.18	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	Clear/ Yellow	Clear/Yellow	N/A	
pH	5.0-9.0	7.0	N/A	
Specific Gravity	1.003-1.020	1.050	N/A	High specific gravity can be a sign of dehydration (MediLexicon, 2022).
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	Negative	Negative	N/A	
RBC	Negative	Negative	N/A	
Leukoesterase	Negative	Negative	N/A	

Arterial Blood Gas 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**

pH	7.35-7.45	N/A	N/A	
PaO2	10.7-13.3	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-26	N/A	N/A	
SaO2	92-100	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):

Mayo Foundation for Medical Education and Research. (2020, December 2). *High hemoglobin count causes*. Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/symptoms/high-hemoglobin-count/basics/causes/sym-20050862

Mayo Foundation for Medical Education and Research. (2020, June 27). *Hyperglycemia in diabetes*. Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631

Mayo Foundation for Medical Education and Research. (2020, November 24). *High white blood cell count causes*. Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/symptoms/high-white-blood-cell-count/basics/causes/sym-20050611

Mayo Foundation for Medical Education and Research. (2020, November 26). *High red blood cell count causes*. Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/symptoms/high-red-blood-cell-count/basics/causes/sym-20050858

MediLexicon International. (2018, November 2). *Low creatinine levels: Causes, symptoms, and treatments*. Medical News Today. Retrieved March 3, 2022, from https://www.medicalnewstoday.com/articles/319892#_noHeaderPrefixedContent

MediLexicon International. (2022, January 4). *Urine specific gravity test: What is it, and what do results mean?* Medical News Today. Retrieved March 3, 2022, from https://www.medicalnewstoday.com/articles/322125#:~:text=High%20specific%20gravity%20suggests%20that,dehydration

Saleem, S., Yousuf, I., Gul, A., Gupta, S., & Verma, S. (2020, January). *Hyponatremia in stroke*. Annals of Indian Academy of Neurology. Retrieved March 4, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3992770/

Sheldon G. Sheps, M. D. (2020, April 18). *Can blood pressure medication raise my triglycerides?* Mayo Clinic. Retrieved March 3, 2022, from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure-medications/faq-20057975

U.S. National Library of Medicine. (2020, October 2). *LDL: The "bad" cholesterol*. MedlinePlus. Retrieved March 3, 2022, from https://medlineplus.gov/ldlthebadcholesterol.html#:~:text=If%20you%20have%20a%20high,is%20a%20condition%20called%20atherosclerosis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

-CT Angio brain/head w/contrast: showed negative results of hemorrhage

-CT Angio neck w/contrast: no abnormalities

-XR of chest: no abnormalities

-EKG: rate 71, rhythm normal sinus rhythm, intervals normal, no acute ST changes

-MRI: 1.) New acute infarct (non-hemorrhagic)

2.) Old small infarct zone (previous)

Diagnostic Test Correlation (5 points):

An EKG is used in TIA patients to check for abnormalities such as a prolonged QT, indicating preexisting coronary artery disease. An EKG is also helpful in checking for myocardial ischemia or infarction, as well as abnormal rhythms that may lead to a clot forming (Capriotti, 2020). The XR of the patient's chest was used to look for underlying pulmonary or cardiac conditions which may have contributed to the patient's suspected TIA (Capriotti, 2020). The head and neck CT scans help determine if the stroke or TIA is hemorrhagic or ischemic, which decides the treatment method (Capriotti, 2020). In this patient's case, the TIA was ischemic, and the patient was placed on blood thinners, which would have caused the patient to bleed out if his condition was hemorrhagic. The best diagnostic tool for brain occlusions is an MRI scan because it allows for the visualization of the clot and areas of infarction (Capriotti, 2020). This patient had two damaged areas of ischemia in the brain, one from a previous injury and one responsible for his most recent visit.

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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

Home Medications *****Highlighted meds are also hospital meds, Pt only has one home med**

Brand/Generic	Advil/ ibuprofen	Plavix/ clopidogrel	Prinivil/ lisinopril	Bayer/aspirin	Lipitor/atorvastatin
Dose	800 mg	75 mg	40 mg	81 mg	20 mg
Frequency	Every 8 hours, PRN	Daily	Daily	Daily	Daily at bedtime
Route	PO	PO	PO	PO	PO
Classification	**Pharm**: NSAID **Thera:** Analgesic/anti-inflammatory/antipyretic	**Pharm:** P2Y12 platelet inhibitor **Thera:** Platelet aggregation inhibitor	**Pharm:** angiotensin-converting enzyme (ACE) inhibitor **Thera:** antihypertensive	**Pharm:** salicylate **Thera:** NSAID	**Pharm:** HMG-CoA reductase inhibitor **Thera:** antihyperlipidemic

Mechanism of Action	Blocks activity of cyclooxygenase, an enzyme needed to synthesize prostaglandins responsible for inflammation, pain, swelling, and vasodilation providing relief from the above.	Binds to ADP receptors on the surface of platelets. This blocks ADP, which deactivates nearby glycoprotein receptors and prevents fibrinogen from attaching to receptors stopping thrombi formation.	May reduce blood pressure by inhibiting conversion of angiotensin 1 to angiotensin 2, which is a potent vasoconstrictor that stimulates adrenal cortex to secrete aldosterone. May also inhibit renal and vascular production of angiotensin 2, decreased release of this reduces sodium and water reabsorption and increases excretion, thereby reducing blood pressure	Blocks activity of cyclooxygenase, an enzyme needed to synthesize prostaglandins responsible for inflammation, pain, swelling, and vasodilation providing relief from the above. Acts on the heat-regulating center in the hypothalamus causing vasodilation.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.
Reason Client Taking	The patient is taking this to relieve pain from his arthritis.	The patient is taking this to reduce thrombotic events such as MI and stroke.	The patient takes this to control his hypertension.	The patient takes this to reduce the risk for clots and ischemic stroke.	The patient takes this to control his cholesterol levels.
Contraindications (2)	-aspirin: decreased stroke preventative effects of aspirin while taking ibuprofen, pt. takes this -Alcohol use: Increased risk of adverse GI effects, pt. reports drinking	-aspirin: Increased risk of bleeding -Active bleeding: intracranial hemorrhage	-Alcohol: increased hypotensive effect -NSAIDs: reduced antihypertensive effect, possibly reduced renal function in elderly Pts who are volume-depleted	-ACE inhibitors: decreased antihypertensive effects -NSAIDs: increased GI effects -Alcohol use: increased risk for ulcers	-Grapefruit juice: Increased blood atorvastatin level -Alcohol: increases risk of liver dysfunction on this medication
Side Effects/Adverse Reactions (2)	-CNS: CVA -CV: hypertension	-SKIN: Stevens-Johnson syndrome -CNS: fatal intracranial bleeding	-CNS: CVA -CV: hypotension	-GI: GI bleeding -HEME: prolonged bleeding time	-ENDO: hyperglycemia/hypoglycemia -HEME: thrombocytopenia
Nursing Considerations (2)	-GI tract bleeding may occur without warning symptoms, elderly is at greatest risk -Monitor patient closely for thrombotic events including MI and stroke because NSAIDs increased risk	-Monitor patient who takes aspirin closely because risk of bleeding is increased - Use cautiously with severe hepatic or renal disease	-Notify prescriber if Pt has persistent, nonproductive cough -Monitor for dehydration, which can lead to hypotension especially if Pt experiences diarrhea or vomiting	-Monitor Pt for signs of bleeding like bloody stools -Don’t crush timed-release aspirin tablets unless directed	-Expect this medication to be used in Pts with multiple risk factors of CAD, such as smokers and those with a history of hypertension -This medication is used in Pts with homozygous familial hypercholesterolemia as an adjunct to other lipid lowering treatments or alone
Key Nursing	-Monitor BP, drug may cause	-Monitor blood cell count as	-Monitor blood pressure, hold	-No key assessments	-Liver function tests should be run when therapy starts

Assessment(s)/Lab(s) Prior to Administration	hypertension or worsen it -Monitor CBC for decreased Hgb and Hct, drug may worsen anemia	ordered whenever signs and symptoms suggest hematologic problem -Monitor the patient for extreme paleness, fever, neurologic changes, and weakness	medication for excessive hypotension -Monitor potassium levels this medication may cause hyperkalemia	required for use	to monitor for liver disfunction -Expect to measure lipid levels 2-4 weeks after therapy starts and repeat until lipid levels are in desired range
Client Teaching Needs (2)	-Inform Pt that full therapeutic effect for arthritis may take 2 weeks or longer -Urge Pt to avoid alcohol, aspirin, and corticosteroids while taking this medication	-Do not discontinue medication abruptly -Instruct the Pt to monitor for signs of bleeding or bruising	-Do not use salt substitutes containing potassium -Instruct Pt to report dizziness especially during first few days of therapy	-Take aspirin with food to avoid GI upset -Stop taking this medication if any bleeding occurs such as tarry stools, or coffee ground stools	-This medication is not a substitute for a low-cholesterol diet -Tell Pt to take drug at the same time each day to maintain its effects

Hospital Medications (5 required)

Brand/Generic	Coreg/ carvedilol	Lovenox/ enoxaparin	NicoDerm/ nicotine patch	Protonix/ pantoprazole	Apresoline/ hydralazine
Dose	2.25 mg	40 mg/0.4 mL	21 mg	40 mg	10 mg=0.5 mL
Frequency	Twice a day	Once daily while in hospital	One per 24 hours	Daily	PRN for hypertension every 4 hours
Route	PO	SQ	Transdermal	PO	IV push
Classification	**Pharm:** nonselective beta blocker and alpha 1 blocker **Thera:** antihypertensive	**Pharm**: low-molecular-weight heparin **Thera:** anticoagulant	**Pharm**: nicotinic agonist **Thera:** smoking cessation adjunct	**Pharm:** proton pump inhibitor **Thera**: antiulcer	**Pharm:** Vasodilator **Thera:** Antihypertensive
Mechanism of Action	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.	Potentiates the action of antithrombin 3, a coagulation inhibitor. By binding with this enoxaparin inactivates clotting factors. Without thrombin, fibrinogen cannot convert to fibrin and clots can’t form.	Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, in adrenal medulla, at neuromuscular junctions, and in the brain. By providing a lower dose than cigarettes, this drug reduces nicotine cravings	Interferes with gastric acid secretion by inhibiting proton pump, in gastric parietal cells. Inhibits the final step of gastric acid production	Exerts vasodilating effect on vascular smooth muscle and interferes with calcium metabolism. Dilates arteries, not veins, which minimizes orthostatic hypotension and has positive inotropic effect on the heart.

			and withdrawal symptoms.		
Reason Client Taking	The patient takes this to treat his hypertension.	The patient is taking this medication in the hospital as a prophylaxis treatment for blood clots.	The patient is taking this medication to help him stop smoking.	The patient is taking this to treat his GERD.	The patient is taking this to treat his hypertension.
Contraindications (2)	-Beta blockers: increased risk of bradycardia -Severe hepatic impairment especially in the elderly	-NSAIDs: Increased risk for bleeding -Active bleed	-Acetaminophen: increased therapeutic effects -Caffeine: increased therapeutic effects	-Zinc: may cause precipitation or discoloration -Warfarin: increased INR, PT, and bleeding risk	-Beta blockers: increased effects of both drugs -Antihypertensives: risk for severe hypotension
Side Effects/Adverse Reactions (2)	-CV: bradycardia -ENDO: hyperglycemia/ hypoglycemia	-CNS: CVA -HEME: hemorrhage	-CV: arrhythmias -SKIN: facial flushing, sweating	-MS: rhabdomyolysis -HEME: thrombocytopenia	-RESP: dyspnea -CV: orthostatic hypotension
Nursing Considerations (2)	-This drug is not routinely held for prior to surgeries due to its benefits outweighing risks associated with anesthesia -Pt should not stop this drug abruptly	-Use extreme caution in patients with history of heparin induced thrombocytopenia -Do not give drug as IM injection	-Remove patch before MRI to avoid burns -Handle patch with gloves and dispose of patch properly	-Don't give within 4 weeks of H. pylori testing, may lead to false negative -If therapy lasts longer than 3 years b12 absorption may be declined	-Hydralazine may change color when exposed to metal filter -Give with food to increase bioavailability
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-Monitor blood glucose levels -Monitor for hypotension	-Monitor platelet counts -Monitor serum potassium level for elevation	-No key nursing assessments required for use of this medication	-Monitor PT or INR during therapy if Pt takes oral anticoagulant -Monitor urine output, this medication may cause nephritis	-Monitor BP with the patient lying, sitting, and standing to check for orthostatic hypotension -Monitor ANA titer, CBC, and lupus erythematosus cell preparation before therapy begins and periodically as ordered
Client Teaching Needs (2)	-Warn Pt medication may cause orthostatic hypotension or dizziness -Instruct Pt to take medication whole and do not crush timed release capsules, instead open and sprinkle on cold applesauce and don't chew	-Do not expel air bubble from syringe -Alternate injection sites	-Rotate patch sites -Do not open patch until ready for use because nicotine is lost when patch is exposed to air	-Swallow whole, do not crush this medication -Notify prescriber if diarrhea occurs and becomes severe	-Advise patient to change position slowly, especially in the morning -Instruct patient to notify prescriber about fever, joint and muscle aches, and sore throat

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert to verbal/physical stimuli** **A&O x3** **No distress noted, Pt is very pleased to be going home soon** **Pt is well-groomed and nourished**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color appropriate for ethnicity** **Skin warm, dry, and intact** **Instant recoil less than 2 secs** **No rashes, bruising, or wounds** **21** **No drains noted**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Atraumatic, normocephalic, no tracheal deviation, rise and fall of thyroid present** **Lymph nodes non-palpable** **TMs normal bilaterally, normal hearing, no drainage or pain** **Pupils equal round reactive to light, EOMs intact, no eye irritation** **Nose normal no polyps** **Mouth mucosa pink and moist, teeth intact, no tonsil swelling**
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:**	**Regular rate and rhythm, no murmurs rubs or gallops, normal S1 and S2, Pedal pulses equal 3+, radial pulses equal 3+, cap refill <3 secs, No JVD or edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	**Normal respiratory effort with no accessory muscle use, lungs clear to auscultation**

Breath Sounds: Location, character	**bilaterally, no wheezing rhonchi or crackles, rise and fall of chest equal**
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:**	**Normal diet at home** **Low-fat diet in hospital** **176 cm** **89.4 kg** **Bowel sounds heard in all 4 quadrants, 6 sound per minute** **2/25/22** **No pain, guarding, or masses noted upon palpation** **Abdomen soft and nontender, no distention incision scars drains, or wounds noted**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear, free of particles** **Voided x2 (Unable to measure Pt walked to floor washroom a lot to urinate)** **Pt reports no abnormalities of genitalia**
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 ☐**	**Alert, awake, and responsive** **Pt reports no headache, numbness, or tingling** **Pt uses no assistive devices** **Strength in upper extremities equal 5+** **Strength in lower extremities not equal (L-side 4+) (R-side 5+)** **45 high fall risk** **Independent with one standby** **No assistance needed with equipment or 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:**	**Left lower extremity weaker 4+, Pt limps to left while walking** **A&O x3** **Pt cognitive and shows normal thought process** **Speech appropriate for age** **Senses intact** **Awake and alert**
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):**	**Pt stated that he enjoys spending time with his wife at home** **Erik Ericksons stage: Integrity vs despair** **Not religious** **Lives at home with his wife**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	65 beats per min	137/84 mm/ hg	18 respirations per minute	36.2 Celsius	98%
1100	63 beats per minute	149/ 84 mm/hg	16 respirations per minute	36. Celsius	96%

Vital Sign Trends: The patient's elevated blood pressure is expected due to his hypertension issues. His blood pressure has been lowered a lot since admission with his newly prescribed antihypertensives. His blood pressure upon admission was 221/132 mm/hg.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**Numeric**	**N/A**	**0/10 no pain**	**N/A**	**N/A**
1100	**Numeric**	**N/A**	**0/10 n pain**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 g Rt hand 2/27/22 No phlebitis or infiltration, catheter is intact Saline-locked Dry and intact dressing

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
530 mL water **400 mL coffee** **Total: 930 mL**	**Voided x1 estimated around 200 mL** **Total: 200 mL**

Nursing Care

Summary of Care (2 points)

Overview of care:

The patient did not have much going on today. He took care of his own ADLs and I only really passed medications to him and performed my assessment.

Procedures/testing done:

The patient had no procedure or testing today, he stayed up on floor 3 the whole time.

Complaints/Issues:

The patient's only complaint was wanting coffee and craving cigarettes. He did ask about the nicotine patches we were putting on him, he was curious where he could buy those for outside of the hospital which leads me to believe that he might be ready to quit smoking now after his TIA warning.

Vital signs (stable/unstable):

Vital signs were relatively stable, besides the patient's high blood pressure.

Tolerating diet, activity, etc.:

The patient is eating well, and enjoys walking the hallways, he reported feeling restless while stuck in the hospital.

Physician notifications:

No notifications were made to the physician.

Future plans for client:

The patient has upcoming neuro and cardio consults planned to evaluate his condition.

Discharge Planning (2 points)

Discharge location: His home with wife.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient should continue to take his new prescribed medications and make lifestyle changes to lower his blood pressure and cholesterol levels.

Education needs: The patient may benefit from education on smoking cessation, such as patches and gum.

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 ineffective cerebral perfusion related to TIA, as evidenced by the patients MRI infarct zones, and the patient's symptoms of left sided weakness.	This diagnosis was chosen because the patient's primary diagnosis was a TIA, which involved ischemia of brain tissue.	-.Gave antihypertensive medication carvedilol - Move patient flat in bed to encourage blood flow to infarct zones	1. Patient will be A&0 x4 before I leave.	Goal not met, patient did not know what time it was, but still has improved since the morning.
2. Risk for unstable blood pressure related to the patient's hypertension as evidenced by his blood pressure reading of 221/132 mm/hg, and his reported smoking.	This diagnosis was chosen because the patients blood pressure was very elevated upon admission and continued to be slightly elevated even after the administration of his antihypertensives.	-Gave ace inhibitor Lisinopril -Educate patient on how smoking can cause hypertension, as well as other lifestyle changes that can be made.	1. Blood pressure reading will decrease after morning medications.	Goal partially met; patients' blood pressure decreased by the time I left.
3. Impaired physical mobility related to the patient's TIA,	This diagnosis was chosen because the patient has experienced some decline in his	-Place bed in lowest position and items in easy to reach spots -Stand by patient while	1. Patient will ambulate on his own but under surveillance.	Goal not met, patient loves walking the hallways and is feeling "pent up" in his room so he walks a lot by himself.

as evidenced by left sided limping during ambulation and his statements about his left side “not feeling right”.	walking abilities since his TIA and leans to the left now during ambulation.	he’s ambulating		
4. Risk for injury including falls related to patient’s TIA symptoms as evidenced by left sided leaning, his fall risk score of 45, and many of his medications causing orthostatic hypotension.	This diagnosis was chosen because the patient reported feeling “unsteady” and because with his recent TIA walking has become more difficult for him.	-Give client slip resistant socks -Educate patient about orthostatic hypotension, and which medications may cause it.	1. Patient will answer questions correctly about orthostatic hypotension.	Goal met, the patient fully understands how low blood pressure may affect his abilities, and how he must move slowly when feeling dizziness.

Other References (APA):

Concept Map (20 Points):

Subjective Data

"Left side feels weak"
"my left side just doesn't feel right"

Nursing Diagnosis/Outcomes

-**Risk for ineffective cerebral perfusion**: Goal: Patient will be A&0 x4 before I leave. Goal almost met
-**Risk for unstable BP:** Goal: Blood pressure reading will decrease after morning medications. Goal partially met
-**Impaired physical mobility**: Goal: Patient will ambulate on his own but under surveillance Goal not met
-**Risk for injury/falls:** Goal: Patient will answer questions correctly about orthostatic hypotension. Goal fully met

Objective Data

-High cholesterol levels
-MRI: showed infarcts
-CT/urinalysis/XR of chest: ruled out other causes

Client Information

-62 y/o male
-Diagnosis of TIA
-Chief complaint: Dizziness, left-sided weakness
-PMH: HTN
-Smoker

Nursing Interventions

Gave antihypertensive medication carvedilol
Move patient flat in bed to encourage blood flow to infarct zones
Gave ace inhibitor Lisinopril
Educate patient on how smoking can cause hypertension, as well as other lifestyle changes that can be made.
Place bed in lowest position and items in easy to reach spots
Stand by patient while he's ambulating
Give client slip resistant socks
Educate patient about orthostatic hypotension, and which medications may cause it.