

N321 Care Plan #2

Lakeview College of Nursing

Haley Shaw

Demographics (3 points)

Date of Admission 3/1/22	Client Initials R.S.	Age 61	Gender female
Race/Ethnicity Non-Hispanic or Latino	Occupation Not employed	Marital Status married	Allergies penicillins
Code Status Full code	Height 5'7	Weight 259 lbs 3.2 oz	

Medical History (5 Points)

Past Medical History: anemia, asthma, GERD, cirrhosis, HTN

Past Surgical History: EGD/colonoscopy, hysterectomy, spine surgery (lumbar)

Family History: none

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

former smoker/ quit date: 12/28/2000 (21 years ago)

Assistive Devices: walker

Living Situation: Eden (assisted living)

Education Level: high school diploma

Admission Assessment

Chief Complaint (2 points): syncope & fall

History of Present Illness – OLD CARTS (10 points): Patient had a fall 2/28/2022 while going to the bathroom. She has no memory of LOC. Patient complains of posterior neck and left rib pain. She also has lower abdominal pain and dysuria. The pain is sharp and constant. Patients states the pain is worse when she moves. Nothing makes it better and she has had no previous treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): syncope

Secondary Diagnosis (if applicable): UTI

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

Syncope's pathophysiology can be characterized as a drop in systemic blood pressure that induces a drop in global cerebral blood flow, resulting in a loss of consciousness. The loss of consciousness can be caused by a sudden halt of cerebral blood flow for 6 to 8 seconds. The interaction between the circulatory system and the autonomic nervous system causes syncope. Internal homeostasis is maintained by the autonomic nerve system, which regulates blood pressure, heart rate, fluid and electrolyte balance, and body temperature. When orthostatic intolerance, postural hypotension, and syncope/presyncope are considered as a continuum, a disturbance of homeostasis can be linked to all three. Brain hypoxia, which is usually caused by a drop in cerebral perfusion pressure, causes syncope or presyncope. However, not all blood pressure drops result in cerebral hypoxia. This is because the cerebral circulation is self-regulating, ensuring that brain perfusion is maintained even when mean blood pressure changes significantly. Over a range of cerebral perfusion pressure (CPP) of 50 to 150 mm Hg or mean arterial pressure (MAP) of 60 to 160 mm Hg, this homeostatic mechanism keeps regional cerebral blood flow steady.

Pathophysiology References (2) (APA):

Syncope. (n.d.). Retrieved March 7, 2022, from <https://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/cardiology/syncope/>

Thompson, A. D., & Shea, M. J. (2022, February 22). *Syncope - cardiovascular disorders*. Merck Manuals Professional Edition. Retrieved March 7, 2022, from <https://www.merckmanuals.com/professional/cardiovascular-disorders/symptoms-of-cardiovascular-disorders/syncope>

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.5-5.2	2.56	2.47	Patient has cirrhosis (Pagana et al., 2019).
Hgb	11-16	8.6	8.3	Patient has anemia (Pagana et al., 2019).
Hct	34-47	25.9	25.3	Patient has anemia (Pagana et al., 2019).
Platelets	140-400	79	63	Patient has thrombocytopenia (Pagana et al., 2019).
WBC	4-11	4.59	3.57	Patient has a UTI (Pagana et al., 2019).
Neutrophils	1.6-7.7	3.25	2.38	
Lymphocytes	19-49	17.6	21	
Monocytes	3-13	10.2	10.4	
Eosinophils	0-8	0.7	0.3	
Bands	N/A	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-	136-145	136	136	
K+	3.5-5.1	3.5	3.6	

Cl-	98-107	100	102	
CO2	22-29	27	27	
Glucose	74-100	329	247	Patient has diabetes (Pagana et al., 2019).
BUN	10-20	12	11	
Creatinine	0.55-1.02	0.81	0.69	
Albumin	3.4-4.8	2.4	N/A	Patient has cirrhosis (Pagana et al., 2019).
Calcium	8.9-10.6	7.9	7.4	Patient diagnosed with syncope (Pagana et al., 2019).
Mag	1.6-2.6	1.8	2.0	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.2-1.2	0.8	N/A	
Alk Phos	40-150	96	N/A	
AST	5-34	26	N/A	
ALT	0-55	14	N/A	
Amylase	N/A	N/A	N/A	
Lipase	N/A	N/A	N/A	
Lactic Acid	0.5-2.0	2.0	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	1.1	N/A	

PT	11.7-13.8	13.8	N/A	
PTT	22.4-35.9	33.2	N/A	
D-Dimer	N/A	N/A	N/A	
BNP	N/A	N/A	N/A	
HDL	N/A	N/A	N/A	
LDL	N/A	N/A	N/A	
Cholesterol	N/A	N/A	N/A	
Triglycerides	N/A	N/A	N/A	
Hgb A1c	N/A	N/A	N/A	
TSH	N/A	N/A	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	Yellow	N/A	
pH	5-7	6	N/A	
Specific Gravity	1.003-1.033	1.029	N/A	
Glucose	Negative	>500	N/A	Patient has UTI (Pagana et al., 2019).
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-25	>1000	N/A	Patient has UTI (Pagana et al., 2019).
RBC	0-20	42	N/A	Patient has UTI (Pagana et al., 2019).
Leukoesterase	Negative	small	N/A	Patient has UTI (Pagana et al., 2019).

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	E. Coli	N/A	Patient has UTI (Pagana et al., 2019).
Blood Culture	No growth	No growth	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): ECHO

Diagnostic Test Correlation (5 points): ECHO- diagnostic of syncope if it confirmed a diagnosis suspected from the clinical history or physical examination or if it revealed an unsuspected cardiac disorder considered to be the cause of syncope

Diagnostic Test Reference (1) (APA):

Sarasin, F. P. (2002). Role of echocardiography in the evaluation of syncope: A prospective study. *Heart*, 88(4), 363–367. <https://doi.org/10.1136/heart.88.4.363>

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

Home Medications (5 required)

Brand/Generic	Dicyclomine/ bentyl	Duloxetine/ Cymbalta	Folic acid	Furosemide/ Lasix	Gabapentin/ neurontin
Dose	10mg	30mg	1mg	40mg	600mg
Frequency	4x daily	Daily in evening	Daily	Daily	3x daily
Route	Mouth	Mouth	Mouth	Mouth	Mouth
Classification	anticholinergic	Selective serotonin and norepinephrine reuptake	Vitamins, Water- Soluble	Diuretic	anti- seizure

		inhibitor			
Mechanism of Action	Inhibits acetylcholine's muscarinic actions at post ganglionic parasympathetic receptors	Inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic activity in the CNS	synthesized by bacteria from the substrate, para-aminobenzoic acid (PABA)	Furosemide, like other loop diuretics, acts by inhibiting the luminal Na-K-Cl cotransporter in the thick ascending limb of the loop of Henle, by binding to the chloride transport channel, thus causing more sodium, chloride, and potassium to stay in the urine.	inhibition of the alpha 2-delta subunit of voltage-gated calcium channels
Reason Client Taking	Treats IBS	To relieve neuropathic pain	To make healthy red blood cells	Patient has obtained too much water	Neuropathic pain
Contraindications (2)	Angle closure glaucoma, GI obstruction	Chronic liver disease, hypersensitivity to duloxetine	Folic acid hypersensitivity Pernicious anemia.	Gout, diabetes	Suicidal thoughts, depression
Side Effects/Adverse Reactions (2)	Agitation, delirium	Aggression, abnormal dreams	Nausea, depression	Dehydration, electrolyte imbalance.	Diarrhea, mood changes
Nursing	Assess patient	Do not give	Keep	Monitor	Patients

<p>Considerations (2)</p>	<p>for tachycardia before giving Don't give drug by IV route</p>	<p>to patients with renal impairment Monitor patient serum sodium level</p>	<p>physician informed of patient's response to therapy. Monitor patients on phenytoin for subtherapeutic plasma levels.</p>	<p>daily weight, intake and output</p>	<p>should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.</p>
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Hospital Medications (5 required)

<p>Brand/ Generic</p>	<p>Enoxaparin/ Lovenox</p>	<p>Bupirone/ bustab</p>	<p>Ceftriaxone</p>	<p>Fentanyl</p>	<p>Guaifenesin</p>
<p>Dose</p>	<p>40mg</p>	<p>15mg</p>	<p>1g</p>	<p>50mcg</p>	<p>200mg</p>
<p>Frequency</p>	<p>Daily</p>	<p>2x daily</p>	<p>Daily</p>	<p>Every 4hrs PRN</p>	<p>Every 4hrs PRN</p>
<p>Route</p>	<p>SubQ</p>	<p>Oral</p>	<p>IV push</p>	<p>IV push</p>	<p>Oral</p>
<p>Classification</p>	<p>low molecular weight heparins</p>	<p>antianxiety</p>	<p>cephalosporin antibiotics</p>	<p>opioid</p>	<p>expectorant</p>

Mechanism of Action	It binds to and potentiates antithrombin III, a serine protease inhibitor, to form a complex that irreversibly inactivates factor Xa	suppressing serotonergic activity while enhancing dopaminergic and noradrenergic cell firing	inhibiting the mucopeptide synthesis in the bacterial cell wall.	fentanyl is a synthetic opioid agonist, which acts primarily at the μ-opioid receptor.	thought to act as an expectorant by increasing the volume and reducing the viscosity of secretions in the trachea and bronchi
Reason Client Taking	Prevent DVT	anxiety	Treat UTI	Severe pain	Cough, congestion
Contraindications (2)	Active gastric or duodenal ulcers, Hemorrhagic cerebrovascular accident.	Sever, hepatic impairment, hypersensitivity to buspirone	liver problems, disease of the gallbladder.	Acute respiratory depression , Acute alcoholism	overactive thyroid gland., diabetes.
Side Effects/Adverse Reactions (2)	Confusion, CVA	Anger, ataxia	Chills, fever	Agitation, amnesia	Dizziness, drowsiness
Nursing Considerations (2)	Assess for signs of bleeding and hemorrhage, including bleeding gums, nosebleeds, unusual bruising, black/tarry stools, hematuria, and a fall in hematocrit	Use cautiously in patient with renal impairment Safety precautions for possible CNS depression	Monitor signs of pseudomembranous colitis, including diarrhea, abdominal pain, fever, pus or mucus in stools, and other severe or prolonged GI problems	Fentanyl interferes with respiratory function and pupil reaction, - Assess the therapeutic response and in breakthrough cancer pain	only recommended for use during pregnancy and breastfeeding when benefit outweighs the risk. Guaifenesin may cause a skin rash,

	<p>or blood pressure. Notify physician or nursing staff immediately if enoxaparin causes excessive anticoagulation.</p>			<p>consider adjustment of background analgesia where this is appropriate</p>	<p>headache, nausea, and vomiting.</p>
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress:</p>	<p>A&O x3 Slow to respond</p>
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<p>Overall appearance:</p>	
<p>INTEGUMENTARY: Skin color: white Character: dry Temperature: warm Turgor: WNL Rashes: no Bruises: chin Wounds: chin Braden Score: 18 Drains present: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: supple, tender on palpitation of posterior neck Ears: WNL Eyes: Nose: WNL Teeth: WNL</p>	<p>PERRLA, bruise on chin, sluggish eye movement, peripheral vision deficit left care, erythema left eye, mild swelling left eye</p>
<p>CARDIOVASCULAR: Heart sounds: S1/S2 appreciated, no murmurs, gallops, or rubs S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: WNL Capillary refill: WNL Neck Vein Distention: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Edema Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Location of Edema:</p>	
<p>RESPIRATORY: Accessory muscle use: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Breath Sounds: Location, character Bilateral equal air entry, no crackles or wheezes</p>	
<p>GASTROINTESTINAL: Diet at home: WNL Current Diet: adequate Height: 5'7 Weight: 259 lbs 3.2 oz Auscultation Bowel sounds: WNL Last BM: 3/3/22 Palpation: Pain, Mass etc.: Inspection: Distention: no</p>	

<p>Incisions: no Scars: no Drains: no Wounds: no Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: yellow Character: clear Quantity of urine: WNL Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: WNL Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: straight Size: 16</p>	
<p>MUSCULOSKELETAL: Neurovascular status: altered awareness ROM: WNL Supportive devices: side rails, bed alarm Strength: WNL ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 18 Activity/Mobility Status: needs assistance Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: A&Ox3 Mental Status: slow to respond Speech: slow to respond Sensory: WNL LOC: WNL</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): accepting, calm Developmental level: WNL</p>	

Religion & what it means to pt.: N/A Personal/Family Data (Think about home environment, family structure, and available family support): married, lives at assisted living facility	
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Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0729	82	106/51	18	98.5	93
1152	82	112/56	20	97.6	94

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0729	0-10	Chin	5	Dull	Pain meds
1152	0-10		0		

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20g Location of IV: forearm Date on IV: 3/3/22 Patency of IV: WDL Signs of erythema, drainage, etc.: no IV dressing assessment: WDL	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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120	unavailable

Nursing Care

Summary of Care (2 points)

Overview of care: diagnostic for syncope

Procedures/testing done: echo, ECG 12 lead

Complaints/Issues: UTI

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: WNL

Physician notifications: find diagnostic for syncope

Future plans for client: neuro consult pending

Discharge Planning (2 points)

Discharge location: assisted living

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: once determined cause of syncope follow up

Education needs: educate on importance of using walker and glucose levels

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • 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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Unstable blood glucose level related to high blood glucose as evidenced by glucose lab 247</p>	<p>Patient has high glucose level.</p>	<p>1.asses for the underlying cause of change in glucose</p> <p>2.protect patient from injury such as falls</p>	<p>1. patient will have glucose level serums in desired range</p>	<p>Patient has no episodes of hyperglycemia</p> <p>Patient verbalizes glucose management plan</p>
<p>2. Risk for impaired mobility related to syncope as evidenced by fall score of 18</p>	<p>Patient is unable to move without assistance.</p>	<p>1. perform ROM exercises to joints at least once every shift</p> <p>2. Turn & position patient every 2 hours</p>	<p>1. patient will maintain safety while in bed</p>	<p>Patient maintains muscle strength & joint ROM</p> <p>Patient carries out mobility regimen</p>
<p>3. Risk for falls</p>	<p>Patient has risk for falls</p>	<p>1.identify factors that</p>	<p>1. patient and or family will</p>	<p>Patient demonstrates the</p>

<p>related to syncope as evidenced by fall score 18</p>	<p>related to syncope</p>	<p>may cause or contribute to injury from a fall</p> <p>2.improve environmental safety factors as needed</p>	<p>develop strategies to maintain safety</p>	<p>ability to move about without falling</p> <p>Patient and family are able to point out things in the environment that put them at risk</p>
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Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Pain: 0
Patient complains of pain on chin

Nursing Diagnosis/Outcomes

Stable blood glucose level related to high blood glucose as evidenced by glucose lab of 247
patient will have glucose level serums in desired range

Risk for impaired mobility related to syncope as evidenced by fall score of 18
patient will maintain safety while in bed

Risk for falls related to syncope as evidenced by fall score 18
patient and or family will develop strategies to maintain safety

Objective Data

Alert & oriented x3
Pulse: 82
B/P: 112/56
Resp rate: 20
Temp: 97.6
Oxygen: 94

Client Information

61-year-old female
married
syncope
allergy to penicillins
Height: 5'7
Weight: 259lbs

Nursing Interventions



