N441 Care Plan

Lakeview College of Nursing

Name: Christine Nlandu

Demographics (3 points)

Date of Admission 2/26/22	Client Initials TC	Age 55	Gender M
Race/Ethnicity Caucasian/White	Occupation A bartender	Marital Status Single	Allergies No known allergies
Code Status Full code	Height 5'7"	Weight 222lb 0.1 oz	

Medical History (5 Points)

Past Medical History: bipolar disorder, depression, emphysema of lung, hypertension, heart failure, anxiety, delirium tremors, and chronic obstructive pulmonary disease (COPD)

Past Surgical History: Foot surgery after an accident.

Family History: Mother: heart failure and diabetes mellitus. Sisters: hypertension, osteoarthritis, and rheumatoid arthritis.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Current cigarette smoking 1 pack a day for 20 years, alcohol abuse 10 to 15 shots per day for 25 years, drug use (Methamphetamines) twice a week for 5 years, and never used smokeless tobacco.

Assistive Devices: N/A

Living Situation: The patient lives with his mother.

Education Level: Eight grade.

Admission Assessment

Chief Complaint (2 points): Left side chest and shoulder pain. Left side weakness.

History of Present Illness – OLD CARTS (10 points): A 55-year-old presented on an acute basis for left side chest, shoulder pain, and weakness, which started one hour before admission. It is progressively worsening, and the pain is constant. "The pain was stabbing and radiating to the left shoulder." The client states that the left side became weak and could not feel it. The client took aspirin at home but did not help at all. Walking makes the pain worse. The patient had shortness of breath and rated his pain about 9/10. He denied other respiratory symptoms. He has other active problems like COPD, alcohol abuse 10 to 15 shots a day, is a current smoker 1 pack a day, and uses methamphetamine. Also, emphysema of the lung and high blood pressure (HTN). The national institutes of health stroke scale was 4, and the patient was given tPA (preventive therapy for thrombus), nicardipine drip (HTN), and artisan for alcohol withdrawal.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cerebrovascular accident.

Secondary diagnosis (if applicable): Substance abuse.

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

The cerebral vascular accident is also called a stroke. The stroke occurs when cerebral blood flow is disrupted to the brain. Stroke is the 5th leading cause of death in the United States, and about 795,000 people experience it each year (Hinkle & Cheever, 2018). Stroke is divided into two categories, including ischemic and hemorrhagic stroke. Ischemic stroke occurs when there is an occlusion resulting in significant hypoperfusion. A hemorrhagic stroke happens when blood extravasation into the brain or subarachnoid space (Capriotti, 2020). Ischemic stroke constitutes approximately 87% and hemorrhagic

about 13 % (Hinkle & Cheever, 2018). Both stokes have some similarities, but the diagnosis, treatment, pathology, and nursing care are different. The ischemic stroke is also called a brain attack, which results from clot formation. The clot forms when blood vessels are injured by high blood pressure, atherosclerosis, or cholesterol. In DVT, clots can also move from the calf to the brain, which blocks the vessels, and brain cells do not get blood supply (Capriotti, 2020). During a brain attack, the disruption of blood flow initiates the cellular metabolic called ischemic cascade. The ischemic cascade starts when blood flow to the brain decreases less than 25 ml per minute (Hinkle & Cheever, 2018). The mitochondria shift aerobic to anaerobic respiration, which increases lactic acid, causing a change in PH. When blood flow is interrupted or decreased in a specific part of the brain, it damages or infarction of cells within seconds. The person experiencing ischemic stroke loses 1.9 million neurons each minute if it is not treated, and the brain ages 3.6 years for every hour spent without treatment (Hinkle & Cheever, 2018).

Clinical manifestations of stroke are numbness weakness of the face, arm, or leg, especially in one side of the body. Also, trouble speaking or understanding, confusion, change in mental status, sudden severe headache, visual disturbance, difficulty walking, dizziness, or loss of balance. Stroke affects sensory, cranial nerve, and cognitive dysfunction. Expected findings of stroke are high blood pressure, decrease in oxygen saturation, hyperthermia, may alter intracranial pressure. Some lab tests are done immediately after admission, including complete blood counts (CBC) and clotting time such as prothrombin and partial thromboplastin time (Hinkle & Cheever, 2018). A quick computerized tomography (CT) scan is done within 25 minutes when the patient is admitted to the emergency department. CT scan

helps differentiate the cause of the interruption of blood flow, which is hemorrhagic or ischemic, to determine the treatment. Magnetic resonance imaging (MRI) and electrocardiogram (ECG) are other imaging tests. The stroke patient is treated with thrombolytic medication if the onset is within three hours. The patient should not be under anticoagulants and should not have a head injury history in the past three months. Other treatments include aspirin, removing the clot from surgery, or using a stent (Hinkle & Cheever, 2018).

The emergency team performed lab tests like CBC, D-dimer, and complete metabolic panel in this client. The MRI, ECG, chest extrait, and CT scan were done to rule out the hemorrhagic stroke. The NIHSS was 4, and the patient was given tPA prophylactically after meeting the criteria. Other medications administered immediately after admission are nicardipine and Ativan. Clinical data correlated to this patient is 69% of participants with a history of hypertension, 88% were overweight or obese, and 80% of smokers did not realize those were a risk factor for developing stroke (Hinkle & Cheever, 2018, P. 2014). Since client has a history of hypertension, which is a significant risk factor for developing stroke.

Pathophysiology References (2) (APA):

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

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical Nursing* (14th ed.). Wolters Kluwer.

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	**M:4.5-6 million F: 4-5.5 million**	**4.88**	**4.86**	
Hgb	**M: 14-16g/dl F: 12-15 g/dl**	**11.7**	**11.7**	**Hgb decreases during anemia, recent hemorrhage, fluid retention, chronic illness, and renal failure. The client has chronic diseases and fluid retention due to heart failure (Hinkle & Cheever, 2018).**
Hct	**M: 35-47% F: 42-52%**	**37.4**	**37.5**	
Platelets	**150,000-400,000 cells mm3**	**146**	**181**	**Platelets decrease during transfusion reaction, sepsis, decreased production from the bonne marrow, overactive spleen, and certain medications. The client is taking gabapentin, resulting in thrombocytopenia (Jones & Bartlett, L, 2020, P.544).**
WBC	**4,500-11,000 cell/mm3**	**9.40**	**17.50**	**Elevated WBC is due to infection, inflammation, leukemia, stress, and steroid use. Client has inflammation due to cerebrovascular accident (Hinkle & Cheever, 2018)**
Neutrophils	**45-75%**	**71.7**	**93.6**	**Neutrophil are elevated during inflammation, infection, leukopenia, stress, and steroid usage. Client has inflammatory process caused by cerebrovascular accident (Hinkle & Cheever, 2018)**
Lymphocytes	**20-40%**	**13.8**	**3.0**	**Lymphocytes decrease in immunosuppression, HIV/AIDS, and bonne morrow suppression. The patient's BMI is 34.77, which indicate obesity, decreasing immune system (Hinkle & Cheever, 2018).**
Monocytes	**4-6%**	**11.4**	**4.4**	**Elevated monocytes occur during chronic infection, inflammation, autoimmune disease, leukemia, and tuberculosis. Client has an**

				inflammation due cerebrovascular accident (Hinkle & Cheever, 2018).
Eosinophils	**¿ 7%**	**2.6**	**0.0**	
Bands	**0-0.5%**	**0.5**	**0.0**	

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 mmol/L**	**137**	**142**	
K+	**3.5-5.0 mmol/L**	**4.7**	**4.6**	
Cl-	**98-107 mmol/L**	**101**	**105**	
CO2	**35-45 mm Hg**	**30**	**33**	**CO2 is loss during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has anxiety, lung disease, and tremors (Hinkle & Cheever, 2018).**
Glucose	**70-100 mg/ dL**	**98**	**209**	**Glucose tests the level of sugar in the blood. Diabetes fasting glucose is more than 126 in diabetes patient. Patient may develop diabetes and is under antidepressant, high blood pressure, nicotine medications. High blood glucose is a side effect of these medications. Also, the client drinks alcohol and coffee, stress, which can increase his blood sugar as well (Hinkle & Cheever, 2018).**
BUN	**8-25 mg/dL**	**14**	**27**	**BUN increases during renal failure, heart failure, myocardial infarction, kidney disease, shock, dehydration, excessive protein intake, diabetes mellitus, gastrointestinal bleed, urinary tract obstruction. The patient has**

				heart failure, and he is under furosemide (Hinkle & Cheever, 2018).
Creatinine	**0.6-1.3 mg/ dL**	**0.96**	**0.79**	
Albumin	**3.5-5.2 mg/ dL**	**4.1**	**3.3**	
Calcium	**8.6-10 mg/dL**	**9.7**	**8.9**	
Mag	**1.3-2.3 mEq/L**	**N/A**	**N/A**	
Phosphate	**2.5-4.5 mg/ dL**	**N/A**	**N/A**	
Bilirubin	**0.1-1.4 mg/ dL**	**0.2**	**N/A**	
Alk Phos	**44-147 U/L**	**N/A**	**N/A**	
AST	**10-30 U/L**	**71**	**25**	**AST increases in client suspected hepatocellular disease, injury, and inflammation. It may be found in liver, pancreas, kidneys, skeletal muscle, and brain. AST increase from cell death because the AST enzyme is released into the blood. This client may possibly have cells necrosis due to cerebrovascular accident and alcohol consumption, which affect the liver (Hinkle & Cheever, 2018).**
ALT	**10-40 U/L**	**62**	**47**	**ALT increases when liver is damaged, hepatocellular injury and inflammation of the liver and to monitor improvement or worsening of the disease. This patient may have a liver damage due to alcohol abuse (Hinkle & Cheever, 2018)**
Amylase	**30-110U/L**	**N/A**	**N/A**	
Lipase	**0-160 U/L**	**N/A**	**N/A**	

Lactic Acid	**0.5-2.2 mmol/L**	**N/A**	**N/A**	
Troponin	**I: < 0.03 ng/ml T:<0.1 ng/ml**	**0.03**	**N/A**	
CK-MB	**3-5 % of the total CK**	**N/A**	**N/A**	
Total CK	**26-174 U/L**	**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	**Normal range is 1.1 Therapeutic range is 2-3**	**1.0**	**N/A**	
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**13.3**	**N/A**	**PT is used for clot formation time to monitor warfarin sodium. Increasing in PT indicates that the client is at risk for bleeding (Hinkle & Cheever, 2018). The client is taking aspirin.**
PTT	**30-40 sec**	**43**	**N/A**	**PTT is used to monitor heparin therapy effectiveness and coagulation disorders. Increasing in PTT indicates risk for bleeding (Hinkle & Cheever, 2018). The client is taking aspirin, which could slightly increase the result.**
D-Dimer	**¿ 250 ng/mL**	**265**	**N/A**	**This test is used to diagnose the presence of thrombus in conditions such as pulmonary embolism, stroke, and deep vein thrombosis. Elevation in D-dimer indicates that the client has clot in the body but does not determine the location (Hinkle & Cheever, 2018).**
BNP	¿ 100 *ng/L*	**N/A**	**N/A**	

HDL	**> 60**	**N/A**	**N/A**	
LDL	¿130 *mg/dL*	**N/A**	**N/A**	
Cholesterol	¿200 *mg/dL*	**N/A**	**N/A**	
Triglycerides	¿ **150 mg/dL**	**N/A**	**N/A**	
Hgb A1c	**4-5.6 %**	**N/A**	**N/A**	
TSH	**0.5-5.0 mlU/L**	**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	**Colorless-yellow, clear**	**N/A**	**N/A**	
pH	**4.5-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.035**	**N/A**	**N/A**	
Glucose	**None**	**N/A**	**N/A**	
Protein	**None**	**N/A**	**N/A**	
Ketones	**None**	**N/A**	**N/A**	
WBC	**None**	**N/A**	**N/A**	
RBC	**None**	**N/A**	**N/A**	
Leukoesterase	None	**N/A**	**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	**80-100**	**N/A**	**N/A**	
PaCO2	**35-45**	**N/A**	**N/A**	
HCO3	**22-26**	**N/A**	**N/A**	
SaO2	**92-100%**	**89%**	**96%**	**Oxygen saturation decreased during sleep, alveoli issues, heart conditions, asthma, emphysema, bronchitis, and COPD. The patient has a history of COPD and emphysema (Hinkle & Cheever, 2018).**

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	**≥ 100,000/ml**	**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):

Jones & Bartlett Learning. (2020). *Nurse's drug handbook* (19th ed.). Burlington, MA.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

MRI: craniovertebral unremarkable prominence sulci and ventricles. Average flow in the basilar artery. Vertebral is smaller than the left.

CT scan: right carotids are well demonstrated, and no evidence for significant stenosis. The Head does not show abrupt occlusion or evidence of aneurism or narrowing.

XR: Lungs elevated left hemidiaphragm with some atelectatic. Change in left base blunting of left CP angle. The remaining lung is clear. The left upper lobe is unremarkable. Heart: cardiomegaly, elevated left hemidiaphragm with volume loss and some atelectatic changes in left base compared to June 2021. The aorta appears unremarkable, the mediastinum is within normal limits.

ECG: sinus tachycardia.

Diagnostic Test Correlation (5 points):

CT was performed to determine the cause of stroke. Chest XR single view portable to rule out pneumonia. MRI was done to identify any brain damage. ECG was performed to rule out MI. The client was diagnosed with a cerebrovascular accident due to an increase in d-dimer. All test images do not show any evidence of thrombus.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical nursing*** **(14th ed.). Wolters Kluwer.**

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

Home Medications (5 required)

Brand/Generic	**Aspirin Bayer** **(Jones & Bartlett, L, 2020, P. 97-99)**.	**Acetaminophen Tylenol** **(Jones & Bartlett, L, 2020, P.9-12).**	**Fluoxetine/ Prozac** **(Jones & Bartlett, 2020, P. 510-513).**	**Amlodipine besylate/ Norvasc** **(Jones & Bartlett, 2020, P.61-62).**	**Chlordiazepoxide /Librium** **(Jones & Bartlett, 2020, P. 227-228).**
Dose	**8**1 mg	**650 mg**	**15 mg**	**5 mg**	**25 mg**
Frequency	**Daily**	**Every 4 hours PRN**	**Daily**	**Daily**	**3 times a day**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**NSAID**	**Antipyretic, Nonopioid analgesic**	**Antidepressant**	**Antihypertensive**	**Controlled substance schedule IV**
Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Anti-inflammato**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse**	**Selectively inhibits the reuptake of the neurotransmitter serotonin by central nervous system neurons and increases the**	**Norvasc binds to dihydropyridine and no dihydropyridine cell membrane receptor sites on myocardial and vascular**	**Librium may potentiate the effects of gamma-aminobutyric acid and other inhibitory neurotransmitters by binding to specific**

	ry	**generation in the peripheral nervous system.**	**amount of serotonin available in nerve synapses.**	**smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channel. It relaxes coronary and vascular smooth muscle, decreasing peripheral vascular resistance and reducing blood pressure.**	**benzodiazepine receptors. It blocks cortical and control emotional behavior.**
Reason Client Taking	**To reduce the risk of CVA**	**To relieve pain and fever.**	**Depression**	**To control hypertension.**	**Alcohol withdrawal and anxiety syndrome**
Contraindications (2)	**Active bleeding & hypersensitivity**	**Sever hepatic impairment & active liver disease.**	**Concurrent use with pimozide and MAO within 14 days.**	**Hypersensitivity to amlodipine or its components.**	**Hypersensitivity to chlordiazepoxide or its components.**
Side Effects/Adverse Reactions (2)	**CNS: confusion & depression**	**Neutropenia & hemolytic anemia**	**Malignancy syndrome & unusual bleeding.**	**Arrhythmia & hypotension.**	**Suicidal ideation & hypotension**
Nursing Considerations (2)	**Do not crush timed-release tablet & ask about tinnitus.**	**Long-term use monitor liver enzyme (AST, ALT) and renal**	**Monitor client with depression & gastrointestinal bleeding.**	**Monitor patient with impaired liver function & assess patient frequently**	**Be aware of suicide ideation & monitor patient for thrombophlebitis.**

		function.		**for chest pain.**	
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Monitor GI bleeding and allergies.**	**Monitor for liver and renal function**	**Ask the patient if they are taking MAO.**	**Assess blood pressure before and during treatment.**	**Liver function**
Client Teaching needs (2)	**Report tarry stool & take the drug with food to avoid GI distress.**	**Teach client to recognize signs of hepatoxicity & do not exceed the prescribed dose, take as directed**	**This drug increases the risk of serotonin syndrome & causes mild pupillary dilation.**	**Notify the provider if develop dizziness, arm or leg swelling, and difficult breathing. Take the drug with food to reduce GI upset.**	**Avoid alcohol &opioid or antiacid**

Hospital Medications (5 required)

Brand/ Generic	**Atorvastatin Lipitor (Jones & Bartlett, L, 2020, P. 106-108).**	**Pantoprazole Protonix (Jones & Bartlett, L, 2020, P. 950-953).**	**Clopidogrel Plavix (Jones & Bartlett, L, 2020, P. 262-263).**	**Furosemide/ Lasix (Jones & Bartlett, L, 2020, P. 538-541).**	**Enoxaparin Sodium/ Lovenox (Jones & Bartlett, L, 2020, P. 404-407).**
Dose	**40 mg**	**40 mg**	**75 mg**	**20 mg**	**40 mg**
Frequency	**Daily**	**Daily**	**Daily**	**daily**	**Daily**
Route	**oral**	**oral**	**Oral**	**IV push**	**Subcutaneous injection**

Classification	**HMG-CoA reductase inhibitor & antihyperlipidemic**	**Proton pump inhibitor, antiulcer**	**Platelet inhibitor**	**Loop diuretic**	**Anticoagulant**
Mechanism of Action	**Reduce cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in liver by increasing LDL receptors on liver to enhance LDL uptake and breakdown.**	**Interfere with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system.**	**Binds to adenosine diphosphate receptors on the surface of activated platelets. It blocks ADP.**	**Inhibit sodium and water reabsorption in loop of Henle and increase urine formation.**	**Enoxaparin potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors, which prevent clot formation.**
Reason Client Taking	**To reduce risk of dyslipidemia**	**To decrease stomach acid and protects its lying.**	**The client has CVA and decreases the risk of clot formation.**	**To reduce edema caused by heart failure**	**To prevent clots formation**
Contraindications (2)	**Hepatis disease & headache.**	**Contra indicted with concurrent therapy with rilpivirine-containing products &hypersensitivity to pantoprazole.**	**Peptic ulcer & intracranial hemorrhage**	**Anuria & hypersensitivity to furosemide**	**Active major bleeding & a history of heparin induced thrombocytopenia.**

Side Effects/Adverse Reactions (2)	**Cognitive impairment & depression**	**Anxiety & chest pain**	**Confusion & depression**	**Arrhythmia & thromboembolism.**	**Hemorrhage & anaphylactic shock.**
Nursing Considerations (2)	**Atorvastatin is not used in patient taking cyclosporine & Monitor diabetes patient because atorvastatin can affect blood glucose control**	**Flush IV line with normal saline solution & Giving the IV over two minutes reconstitute with 10 ml of normal saline.**	**Avoid clopidogrel in patient with genetic variation in CYP2C19 & determine if the client has a history of hypersensitivity like hemorrhagic reaction.**	**Patients who are allergic to sulfonamides may also be allergic to furosemide & weight the patient daily.**	**Use extreme caution in client with an increased risk of hemorrhage and report changes in sensory or motor function.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Before initiating therapy monitor cholesterol, triglyceride, and liver function.**	**Before and during treatment monitor GI symptoms.**	**Monitor platelet and signs of bleeding.**	**Check potassium level.**	**Assess for bleeding before and during therapy.**
Client Teaching needs (2)	**Take the drug at the same time each day & consult the provider before taking over the counter medicine.**	**Do not chew or crash take it as whole & expect symptom relieve in two weeks.**	**Avoid taking other NSAID & report sign of bleeding.**	**Avoid taking it before bedtime, avoid drinking alcohol and report rigging in the ear.**	**Notify the provider if bleeding occurs & Avoid NSAID or aspirin increasing the risk of GI bleeding. Educate the client how self-administer the medicine.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's drug handbook* (19th ed.). Burlington, MA.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and confused. The client is well groomed, but he is not oriented to place, time and situation. He does not have an acute distress.** **Patient speaks English well and slightly slow.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Braden score: 18.** **Patient's skin is warm, pink, and dry upon palpation. The patient has bruises in abdomen due to enoxaparin subcutaneous injections, no rash, lesion or wound, hair normal distribution. No clubbing finger, normal skin turgor. Capillary refill less than 3 seconds fingers and toes bilaterally.**
HEENT: **Head/Neck:** **Ears:**	**Head and neck symmetrical, tracheal midline without deviation, carotid pulse 2+ bilateral.**

Eyes: **Nose:** **Teeth:**	**Thyroid is not palpable. Ear canal clear and tympanic membrane pearly grey. PERLA, Conjunctive pink, wears glasses, nose midline no polyp, does not use denture but two teeth are broken during hospitalization. NO lymphadenopathy in the head and neck.**
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:**	**Normal S1 and S2. The patient is on telemetry, no murmur, rubs, or gallops noted. peripheral pulse 2+ throughout bilateral, capillary refill less than 3, no cyanosis and edema. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube: N/A** **Size of tube: NA/** **Placement (cm to lip): N/A** **Respiration rate: 18** **FiO2: N/A** **Total volume (TV): N/A** **PEEP: N/A** **VAP prevention measures: N/A**	**Normal rate and pattern of respiration; respiration is symmetrical non-labored bilateral, lungs sounds are diminished bilateral with crackles no wheezes, or friction noted anterior and posterior. The client is on 3L/min of oxygen.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height: 5' 7"** **Weight: 222lb 0.1 oz** **Auscultation Bowel sounds:** **Last BM: More than a week** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒**	**The patient is on cardiac diet in hospital but does not respect that at home. Abdomen is soft, nontender, no mass, noted during palpation for all four quadrants. Hypoactive bowel sound in all quadrants. No CVA tenderness noted. The patient had bowel movement for more than a week. Bruises noted due to enoxaparin subcutaneous injections. No incision, drains, wound or scars noted.**

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:** **CAUTI prevention measures:** **Avoiding catheter use**	**The urine was yellow, normal quantity about 200 ml/urination, no pain during urination. The genital area is dry and clean.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 65** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is alert and oriented to person, confused place, time, and situation. Hand grips and pedal pushers and pulls show normal and equal strength. He tested negative for Homan sign. All extremities have full range of motion, equal strength 4/5 and the client is weak. Patient is able to eat alone but not able to do other ADL and is on-bed rest due to confusion and risk of fall. The patient does not use support devices. Deep tendons reflexes 2+ bilateral. No DVT noted. The patient failed once during clinical and was not injured. He is getting out of bed without pressing the call light, and the alarms did not get off.**
NEUROLOGICAL:	**The patient is awake, oriented time one,**

MAEW: Y ☒ N☐ **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**PERLA, equal strength, confused, wears glasses, and slow pace of speech.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.: pray and loves God.** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patient is using family support for coping method, quit school during eighth grade, he is a Christian, lives home with his mother. He has a good family support. Normal developmental level for her age.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**69**	**160/94**	**18**	**98.1**	**89% 1L/min O2**
1206	**84**	**134/73**	**17**	**98.4**	**96% 3L/min O2**

Vital Sign Trends/Correlation:

The blood pressure decreased after medication administration at 10 am. The oxygen flow was increased, which improved O2 saturation. All other vital signs are within normal range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**
1206	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge left cephalic vein and 20-gauge Dorsal venous network of right arm. **Location of IV: left cephalic vein and Dorsal venous network of right arm.** **Date on IV: 03/07/22** **Patency of IV: Easy flushed** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: Clear, dry, and intact.**	The IVs were locked with normal saline
Other Lines (PICC, Port, central line, etc.)	
Type: N/A **Size: N/A** **Location: N/A** **Date of insertion: N/A** **Patency: N/A** **Signs of erythema, drainage, etc.: N/A** **Dressing assessment: N/A** **Date on dressing: N/A** **CUROS caps in place: Y ☐ N ☒** **CLABSI prevention measures: N/A**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
900 ML	**550 ML**

Nursing Care

Summary of Care (2 points)

Overview of care: The client will go to the med-surge floor and be discharged after improvement.

Procedures/testing: CT, MRI, chest x-ray, ECG, and other labs.

Complaints/Issues: The client did not have complaints during clinical. But he is confused and fell once. He is getting out of bed without pressing the call light, and the alarms did not get off.

Vital signs (stable/unstable): Some vital signs are unstable, and others are stable.

Tolerating diet, activity, etc.: The client tolerated the diet and ate most of his food.

Physician notifications: Wean the oxygen before discharge and do CPR if cardiac arrest occurs. CIWA protocol for alcohol withdrawal, telemetry, and neurologist consult.

Future plans for the client: The patient will go to a nursing home for 10-14 days until he can perform self-care.

Discharge Planning (2 points)

Discharge location: Nursing home

Home health needs (if applicable): The patient will need physical and occupational therapy.

Equipment needs (if applicable): N/A

Follow-up plan: The client will see his primary provider 14 days after discharge.

Education needs: Diet, medication, and substance abuse disorder.

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. Impaired gas exchange related to altered oxygen supply as	**This diagnosis was chosen because client exhibit confusion, which is a sign of low oxygen.**	1.**Administer O2 therapy and monitor O2 saturation** **2.** **Elevate the head**	**1. Patient will demonstrate improved ventilation and adequate**	**Patient is free from low oxygen saturation symptoms and the O2Sat is 96% on**

evidenced by patient oxygen saturation of 89%.		**of the bed, assist client to assume a position to ease work breathing.**	**oxygenation.**	**3L/min. Patient states "I am feeling much better now."**
2. Ineffective cerebral tissue perfusion related to disruption of blood flow as evidenced by patient had left side weakness.	**This diagnosis was chosen because low blood flow to the brain leads to cell damage, which is an emergency and needs medical attention to determine the location and degree of damage.**	**1. Monitor arterial blood gasses values as ordered.** **2.Assess pallor, cyanosis, and quality of pulse rate.**	**1. To improve perfusion and decrease the risk of cell necrosis.**	**Patient shows signs of improving peripheral blood flow and free of central nervous system signs.**
3. Risk of injury related to decrease of strength, loss of muscle control and coordination as evidenced by client fall during my clinical.	**The diagnosis is chosen because the client is at high fall risk. Fall is the main cause of injury during hospitalization.**	**1.Complete a fall risk assessment that includes functional ability, contributing factors, use of mobility device or bedrails.** **2 Put the bed at the lower level.**	**1. The client will be able to prevent injury by practicing falls prevention protocols and maintaining treatment regimen to regain normal balance.**	**The patient was able to go to the restroom under supervision, could move and change position in bed without help.**
4. Ineffective coping related to cognitive perceptual changes as evidenced by difficult	**The client did not press the call light to get help and states that "I used to do anything by myself."**	**1. Determine the level of independence and assist when necessary.** **2. Identify previous methods of dealing with**	**1. The client will verbalize acceptance of self in situation.**	**The patient expresses his feelings and calls nursing staff when he wants to go the bathroom.**

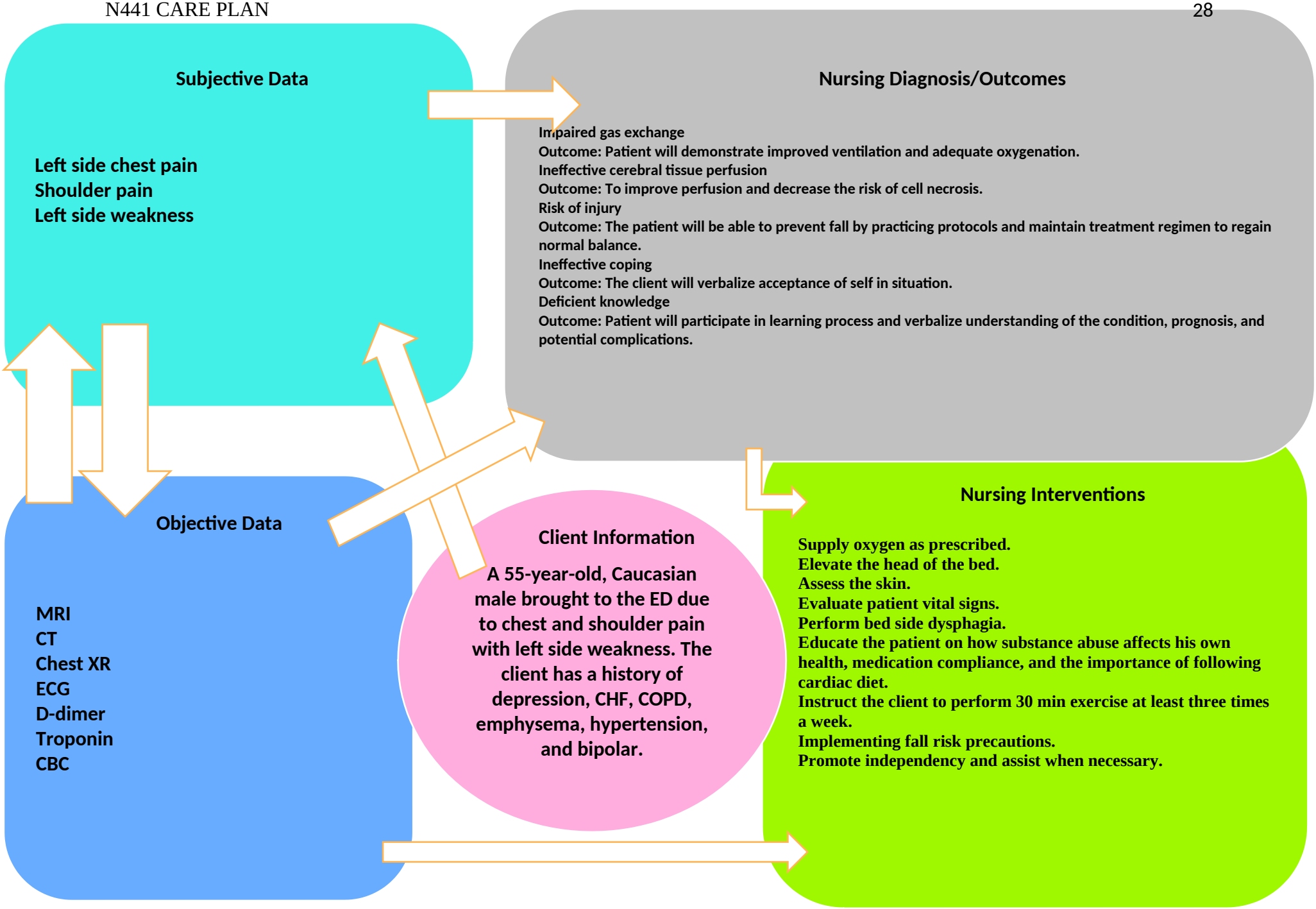
asking for help.		**life problems. Determine the presence of support systems.**		
5. Deficient knowledge related to mental illness problems which interfere with learning as evidenced by inaccurate follow-through of instructions	**The patient is not following cardiac diet at home and still using alcohol 10 to 15 shots a day, one pack of cigarette a day, and Methamphetamine, which are main risk factors of stroke, hypertension, and cardiac diseases.**	**1. Identify individual risk factors such as smoking hypertension, and obesity.** **2. Reinforce the current therapeutic regimen, including medication and lifestyle change.**	**1. Patient will participate in learning process and verbalize understanding of the condition, prognosis, and potential complications. Client verbalizes understanding of therapeutic regimen and lifestyle change.**	**The patient and his mother welcomed the teaching; they both seemed to understand the actions the patient must take to engage in diversion from substance use, medication regimen, and lifestyle change.**

Other References (APA):

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical nursing*** **(14th ed.). Wolters Kluwer.**

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*** **(5th ed.). Elsevier.**

Concept Map (20 Points):


Subjective Data
Left side chest pain
Shoulder pain
Left side weakness
Nursing Diagnosis/Outcomes
Impaired gas exchange
Outcome: Patient will demonstrate improved ventilation and adequate oxygenation.
Ineffective cerebral tissue perfusion
Outcome: To improve perfusion and decrease the risk of cell necrosis.
Risk of injury
Outcome: The patient will be able to prevent fall by practicing protocols and maintain treatment regimen to regain normal balance.
Ineffective coping
Outcome: The client will verbalize acceptance of self in situation.
Deficient knowledge
Outcome: Patient will participate in learning process and verbalize understanding of the condition, prognosis, and potential complications.
Objective Data
MRI
CT
Chest XR
ECG
D-dimer
Troponin
CBC
Client Information
A 55-year-old, Caucasian male brought to the ED due to chest and shoulder pain with left side weakness. The client has a history of depression, CHF, COPD, emphysema, hypertension, and bipolar.
Nursing Interventions
Supply oxygen as prescribed.
Elevate the head of the bed.
Assess the skin.
Evaluate patient vital signs.
Perform bed side dysphagia.
Educate the patient on how substance abuse affects his own health, medication compliance, and the importance of following cardiac diet.
Instruct the client to perform 30 min exercise at least three times a week.
Implementing fall risk precautions.
Promote independency and assist when necessary.