N441 Care Plan

Lakeview College of Nursing

Morgan Wagner

03/22/2022

Demographics (3 points)

Date of Admission 02/28/2022	**Client Initials** S.C.	**Age** 67 years-old	**Gender** female
Race/Ethnicity African American	**Occupation** Unemployed (used to be a social worker)	**Marital Status** Single	**Allergies** none
Code Status Full Code	**Height** 5'3"	**Weight** 79 lbs 4.8 oz	

Medical History (5 Points)

Past Medical History: acute cervical myofascial strain, degenerative joint disease of the cervical spine, sprain of right shoulder, dental abscess and caries, gingivitis, arm and neck pain

Past Surgical History: nasal septum surgery, tonsillectomy

Family History: mother – died of kidney disease at 78 years-old, father – died from CVA at 71, brother – heart disease

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

cigarettes – smokes every day, 1 pack per week for "as long as she can remember"

no smokeless tobacco or alcohol use

cocaine – would not elaborate, frequent user

Assistive Devices: glasses

Living Situation: lives at home alone

Education Level: some college

Admission Assessment

Chief Complaint (2 points): Patient would not answer door, EMS plus fire department were called and found patient with generalized weakness, right facial droop, and a blood sugar of 92

History of Present Illness – OLD CARTS (10 points): S.C. is a 67-year-old female with a past medical history of acute cervical myofascial strain, degenerative joint disease of the cervical

spine, sprain of right shoulder, dental abscess and caries, gingivitis, and arm and neck pain. Patient presents to the emergency department (ED) with a change in mental status and right facial droop, but patient could not elaborate a timeline from the symptoms. Due to the generalized weakness and altered mental status, patient did not meet criteria for tPA after code stroke was called. In addition, patient notably has severe protein calorie malnutrition with a body mass index of 15. A urine toxicology screen revealed that the patient was positive for cocaine, yet patient was extremely drowsy in the ED. The ED physician reported miotic pupils, hence Narcan was given. Patient did not take any medications at home to relieve symptoms. Patient was admitted due to profound weight loss for a full medical work up.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): acute metabolic encephalopathy

Secondary Diagnosis (if applicable): HIV positive

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

Acute metabolic encephalopathy is identified by the clinical state of global cerebral dysfunction in the absence of structural brain disease (Lindberg & Mohney, 2018). Metabolic encephalopathy (ME) is among the most common types of encephalopathy, with clinical manifestations ranging from subtle neurological effects to a coma with decorticate posturing (Lindberg & Mohney, 2018). All types of ME play a role in interfering with the function ascending reticular activating system and its projections to the cerebral cortex; this leads to altered levels of awareness, consciousness, and arousal (Lindberg & Mohney, 2018). The physiology of ME includes interruptions of polysynaptic pathways and an alteration of

excitatory-inhibitory amino acid balance (Lindberg & Mohney, 2018). ME may also be produced by electrolyte imbalances that alter membrane excitability (Lindberg & Mohney, 2018).

The manifestations of encephalopathy are dependent on the type and cause of the specific diagnosis. An accurate assessment and examination may be difficult to perform on patients suspected to have ME due to confusion or uncooperating. Signs and symptoms of ME include confusion, memory loss, personality changes, and trouble thinking clearly or focusing (Malmo, 2019). Patients may also experience drowsiness, seizures, tremors, trouble speaking, and uncontrolled muscle weakness or twitching.

Based on the findings from a physical assessment and examination, physicians may also order additional testing to confirm a ME diagnosis. Diagnostic tests and labs that may be utilized for a patient with suspected ME include concentration and memory tests, blood work, urinalysis, spinal fluid tests, CT scan, MRI, and electroencephalography (EEG) test (Malmo, 2019). These diagnostic tests can determine the type of encephalopathy and any damage the disease may have caused.

Just as the signs and symptoms of encephalopathy diagnose the specific type, the treatment plan correlates the same way. Treatment plans will vary from patient to patient and the etiology of ME and any cognitive and physical impairments (Malmo, 2019). General treatment for ME may include providing a low stimulation environment in a quiet room, limiting all restraints, and avoiding factors known to cause or aggravate the confusion and altered mental state (Malmo, 2019). In addition, physicians will also recommend frequent patient reorientation and early mobilization (Malmo, 2019).

S.C. is a 67-year-old female patient who presented to the emergency department with complaints of a change in mental status and right facial droop. The patient was diagnosed with

acute metabolic encephalopathy, in addition to a stroke, due to the results of her blood work and CT scan. S.C. experienced an altered mental state for 1-2 days after admission, confirming her ME diagnosis. Her substance abuse, stroke, and severe caloric malnutrition may have contributed to her ME diagnosis. The patient is currently being treated for her stroke, substance abuse, and ME using a low stimulating environment and increased protein intake.

Pathophysiology References (2) (APA):

Lindberg, R. H., & Mohney, L. (2018, September 21). *Metabolic encephalopathies*. PM&R KnowledgeNow. https://now.aapmr.org/metabolic-encephalopathies/

Malmo, K. (2019, August 2). *What is encephalopathy?* WebMD. https://www.webmd.com/brain/what-is-encephalopathy

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**	**4.2**	**N/A**	
Hgb	**11-16**	**11**	**N/A**	
Hct	**34-47%**	**34.9**	**N/A**	
Platelets	**140-400**	**220**	**N/A**	
WBC	**4-11**	**4.20**	**N/A**	
Neutrophils	**1.6-7.7**	**6.8**	**N/A**	
Lymphocytes	**20-40%**	**29.7**	**N/A**	
Monocytes	**2-8%**	**12**	**N/A**	
Eosinophils	**1-4%**	**1.2**	**N/A**	
Bands	**<10%**	**N/A**	**N/A**	

*****normal lab rangers per Epic*****

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	N/A	
K+	3.5-5.1	4.0	N/A	
Cl-	98-107	101	N/A	
CO2	22-29	29	N/A	
Glucose	74-100	96	N/A	
BUN	10-20	13	N/A	
Creatinine	0.55-1.02	0.89	N/A	
Albumin	3.4-4.8	N/A	N/A	
Calcium	8.8-10	9.3	N/A	
Mag	1.6-2.6	N/A	N/A	
Phosphate	3-4.5	N/A	N/A	
Bilirubin	0.2-1.2	N/A	N/A	
Alk Phos	40-150	N/A	N/A	
AST	5-34	N/A	N/A	
ALT	0-55	N/A	N/A	
Amylase	30-220	N/A	N/A	
Lipase	8-78	N/A	N/A	
Lactic Acid	0.5-2	0.9	N/A	

Troponin	**0-0.03**	**N/A**	**N/A**	
CK-MB	**0.55-1.02**	**N/A**	**N/A**	
Total CK	**22-198**	**N/A**	**N/A**	

*****normal lab rangers per Epic*****

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**	**12.8**	**N/A**	
PTT	**25-35**	**33**	**N/A**	
D-Dimer	**<0.50**	**N/A**	**N/A**	
BNP	**<100**	**N/A**	**N/A**	
HDL	**40-59**	**38**	**N/A**	**Patient may have slightly low HDL levels due to smoking or lack of physical activity (Pagana et al., 2021).**
LDL	**<100**	**96**	**N/A**	
Cholesterol	**<200**	**145**	**N/A**	
Triglycerides	**<150**	**56**	**N/A**	
Hgb A1c	**<5.7**	**5.7**	**N/A**	
TSH	**0.35-4.94**	**N/A**	**N/A**	

*****normal lab rangers per Epic*****

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, colorless**	**Hazy, yellow**	**N/A**	

pH	**5-7**	**6.0**	**N/A**	
Specific Gravity	**1.003-1.035**	**1.025**	**N/A**	
Glucose	**(-)**	**(-)**	**N/A**	
Protein	**(-)**	**(-)**	**N/A**	
Ketones	**(-)**	**(-)**	**N/A**	
WBC	**0-25**	**(-)**	**N/A**	
RBC	**0-20**	**(-)**	**N/A**	
Leukoesterase	**(-)**	**(-)**	**N/A**	

*****normal lab rangers per Epic*****

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**	**7.41**	**N/A**	
PaO2	**75-100**	**96**	**N/A**	
PaCO2	**38-42**	**49**	**N/A**	**Patient's elevated PaCO2 level may be due to lack of nutrients indicated by the severe malnutrition or neuromuscular weakness caused by the stroke (Pagana et al., 2021).**
HCO3	**22-26**	**29.1**	**N/A**	**Elevated HCO3 levels may be due to dehydration or electrolyte imbalances caused by the patient's severe malnutrition (Pagana et al., 2021).**
SaO2	**92-100%**	**98**	**N/A**	

*****normal lab rangers per Epic*****

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

Test	Normal	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
Urine Culture	**(-)**	**(-)**	**N/A**	
Blood Culture	**(-)**	**(-)**	**N/A**	
Sputum Culture	**(-)**	**(-)**	**N/A**	
Stool Culture	**(-)**	**(-)**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT scan

Diagnostic Test Correlation (5 points): A CT scan was performed per stroke protocol. The CT showed no acute abnormalities, but the physician determined there to be chronic atrophy and small vessel ischemic changes (Pagana et al., 2021).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

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

Home Medications (5 required)

Brand/Generic	**triamterene hydrochlorothiazide (Maxzide)**	**N/A**	**N/A**	**N/A**	**N/A**

Dose	**37.5-25mg**				
Frequency	**Take 1 tablet by mouth every day**				
Route	**Oral**				
Classification	**Potassium-conserving diuretic and a natriuretic agent**				
Mechanism of Action	**Exerts a diuretic effect on the distal renal tubule to inhibit the reabsorption of sodium in exchange for potassium and hydrogen (Jones & Bartlett Learning, 2019).**				
Reason Client Taking	**Patient is no longer taking this medication, but she may have been taking it for high blood pressure or kidney problems**				
Contraindications (2)	**Type 1 and 2 Diabetes** **Hyponatremia**				
Side Effects/Adverse Reactions (2)	**Nausea** **Fatigue**				
Nursing Considerations (2)	**Monitor blood glucose levels** **Assess input and output**				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Check electrolyte levels before administration** **Continue to monitor weight**				
Client Teaching needs (2)	**Do not take potassium**				

	supplements while on this medication Take at the same time each day				

Hospital Medications (5 required)

Brand/Generic	**amlodipine (Norvasc)**	**hydrocodone acetaminophen (Norco)**	**atorvastatin (Lipitor)**	**ondansetron (Zofran)**	**acetaminophen (Tylenol)**
Dose	**10 mg**	**5-325 mg**	**40 mg**	**4 mg**	**650 mg**
Frequency	**Take 1 tablet by mouth every day**	**Take 1 tablet by mouth every 8 hours as needed for pain**	**Take 1 tablet by mouth every day in the evening**	**Dissolve 1 tablet on top of the tongue every 6 hours as needed**	**Take 1 tablet every 6 hours as needed for mild pain**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Calcium Channel Blocker**	**Analgesic, Opioid Combo**	**antihyper-lipidemic, HMG-CoA reductase inhibitor**	**5-HT3 antagonist**	**Antipyretic/ analgesic**
Mechanism of Action	**Inhibits the transmembrane influx of calcium ions into vascular smooth muscle and cardiac muscle (Jones & Bartlett Learning, 2019).**	**Full opioid agonist with relative selectivity for the mu-opioid receptor, although it can interact with other opioid receptors at thigh doses (Jones & Bartlett Learning, 2019).**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL**	**Blocks the action of serotonin (Jones & Bartlett Learning, 2019).**	**Facilitates prostaglandin release which elevates pain threshold**

			receptors on liver cells to enhance LDL uptake and breakdown (Jones & Bartlett Learning, 2019).		
Reason Client Taking	**Patient may be taking to treat high blood pressure or chest pain**	**Patient is taking for moderate to severe pain**	**Patient may be taking to control cholesterol**	**Patient is taking to help prevent and treat nausea**	**Patient is taking for mild to moderate pain**
Contraindications (2)	**Severe liver disease Significantly low blood pressure**	**Acute liver problems Shock**	**active hepatic disease, breastfeeding, pregnancy**	**Hyponatremia Extrapyramidal disease**	**Hepatic dysfunction, severe renal impairment**
Side Effects/Adverse Reactions (2)	**Headache Edema of the ankles or feet**	**Nausea/ Vomiting Drowsiness**	**Arrhythmias, Hypoglycemia, Angioedema**	**Constipation Dizziness**	**Nausea, rash, stomach pain**
Nursing Considerations (2)	**May cause gingival hyperplasia Grapefruit juice may increase levels of drug**	**Monitor for excessive sedation or changes in mood and behavior Assess for symptoms of respiratory distress**	**Know that atorvastatin is used in patients with homozygous familial hypercholeste-rolemia as an adjacent to other lipid-lowering treatments or alone only if other treatments aren't available, know that atorvastatin should not be used in patients**	**Assess for drowsiness or dizziness that might affect gait or balance Report balance problems to provider**	**Assess client for stomach discomfort/distention Monitor for signs of hypersensitivity**

			taking cyclosporine, gemfibrozil, or telaprevir because of high risk for rhabdomyolysis with acute renal failure		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for signs of congestive heart failure Monitor intake and output**	**Assess patient's level of pain prior to administration After drug has taken effect, assess level of pain again**	**Evaluate serum cholesterol and triglyceride levels regularly Assess for muscle pain, tenderness, or weakness**	**Monitor fluid and electrolyte levels Instruct patient how to take oral disintegrating tablet**	**Hepatic and renal labs, (creatinine, AST,ALT,GTT)**
Client Teaching needs (2)	**Educate patient about additional interventions to help control blood pressure Instruct patient of how to take blood pressure at home**	**Monitor for signs and symptoms of nausea Take medication as prescribed**	**Avoid foods high in fat or cholesterol Avoid drinking alcohol**	**May be taken with or without food Instruct patient the use of this medication**	**Teach the client about taken recommended or prescribed dose, and not to take with alcohol**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented x person, place, and time** **No acute distress** **Partially groomed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Brown skin tone** **Warm and dry upon palpation** **Skin turgor normal mobility** **No rashes, bruises, wounds, or lesions** **Normal quantity, distribution, and texture of hair** **Nails without clubbing or cyanosis** **Capillary refill less than 3 seconds in fingers and toes bilaterally** **No drains present** **Braden Score of 18**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are symmetrical** **Trachea is midline without deviation** **Thyroid is not palpable, no noted nodules** **Bilateral carotid pulses are 2+** **No lymphadenopathy noted** **Bilateral auricles pink and moist without lesions** **Bilateral canals clear with pearly grey tympanic membrane** **Septum is midline without deviation** **Turbinates are pink and moist with no polyps or bleeding visible** **Bilateral frontal sinuses are nontender to palpation** **No congestion or rhinorrhea** **Bilateral sclera white, cornea clear, conjunctiva pink** **Pupils equal and reactive to light bilaterally** **EOMs intact bilaterally** **No visible drainage of eye bilaterally** **Lids are pink and moist without discharge** **Posterior pharynx and tonsils are moist and**

	pink without exudate noted **Tonsils size 1+** **Uvula is midline** **Soft palate rises and falls symmetrically** **Hard palate intact** **Dentition is poor** **Oral mucosa is moist and pink without lesions noted** .
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:**	**Clear S1 and S2 without murmurs, gallops or rubs** **Normal rate and rhythm** **Capillary refill less than 3 seconds in toes and fingers bilaterally** **No neck vein distention** **No edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	**Normal rate and patter of respirations** **Respirations symmetrical and non-labored** **Lung sounds clear throughout anterior and posterior bilaterally** **No wheezes, crackles, or rhonchi noted** **No ET tube**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	**Poor diet at home** **Normal diet at hospital with increased protein intake** **5'3"** **79 lbs 4.8 oz** **Abdomen is soft, nontender** **No organomegaly or masses noted upon palpation of all four quadrants** **Bowel sounds are normoactive in all four quadrants** **No CVA tenderness** **No distention, hernia, incisions, or ostomy** **Last bowel movement on 03/08 in AM**

Wounds: **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**No NG tube, feeding tube, or PEG tube**
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:**	**Clear, yellow urine** **pH of 6.0** **Urine not measured (wearing depends)** **No pain with urination** **No dialysis** **Genitals clean** **No catheter**
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** ☐	**Neurovascular status intact** **Upper extremities bilaterally and left leg have full ROM** **Right foot drop with pain** **Patient wears glasses** **Hand grips and left pedal pushes/pulls demonstrate normal and equal strength (2+)** **Right foot pushes/pulls slightly weaker** **No swelling, tenderness, or deformities** **Patient needs assistance when getting out of bed, but can perform other ADL** **Moderate fall risk with a Morse Fall Score of 25**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert and oriented x person, place, and time** **Strength is equal in upper extremities bilaterally, left low extremity is stronger than the right** **Moves all extremities well, except right foot** **No focal deficits** **LOC stable**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**Patient expressed that she copes with everyday life by smoking and sometimes using recreational drugs** **Normal developmental level, may be slightly altered due to encephalopathy**

environment, family structure, and available family support):	**No religion practiced** **Very little support system from friends and family**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0750	**91**	**133/72**	**18**	**98.2F**	**100%**
1005	**83**	**129/71**	**16**	**97.8F**	**99%**

Vital Sign Trends/Correlation:

Patient's vital signs remained stable throughout the clinical day.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0750	**0-10**	**N/A**	**0**	**N/A**	**N/A**
1005	**0-10**	**N/A**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22g **Location of IV: dorsal arch vein (top of right hand)** **Date on IV: 03/01/22** **Patency of IV: flushes without difficulty** **Signs of erythema, drainage, etc.: no erythema or drainage** **IV dressing assessment: clean and intact**	Normal Saline at 125mL/hr
Other Lines (PICC, Port, central line, etc.)	N/A
Type: **Size:** **Location:**	N/A

Date of insertion: **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☐ N ☐** **CLABSI prevention measures:**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
500mL – continuous IV normal saline **8 oz (240 mL) - Ensure**	**Not measured**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is currently stable. Patient is being monitored for her severe caloric malnutrition and newly diagnosed HIV. The current problem list established includes non-sustained ventricular tachycardia, right foot pain and drop, newly diagnosed HIV positive, severe protein calorie malnutrition, acute metabolic encephalopathy, substance abuse disorder, hypertension, unintentional weight loss, vitamin D deficiency, and cachexia.

Procedures/testing done: blood work and CT scan

Complaints/Issues: no expressed complaints or issues

Vital signs (stable/unstable): Vital signs stable

Tolerating diet, activity, etc.: Patient seems to be tolerating her new diet well, consisting of an increased protein intake.

Physician notifications: Initiate high protein diet, take daily weights, and start telemetry monitoring

Future plans for client: Schedule a consult for counseling for HIV diagnosis

Discharge Planning (2 points)

Discharge location: Patient plans to go back home after discharge

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Decide on plan of care regarding new diagnoses

Education needs: Patient needs education regarding HIV positive diagnosis, hypertension, severe malnutrition, and substance abuse disorder.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client

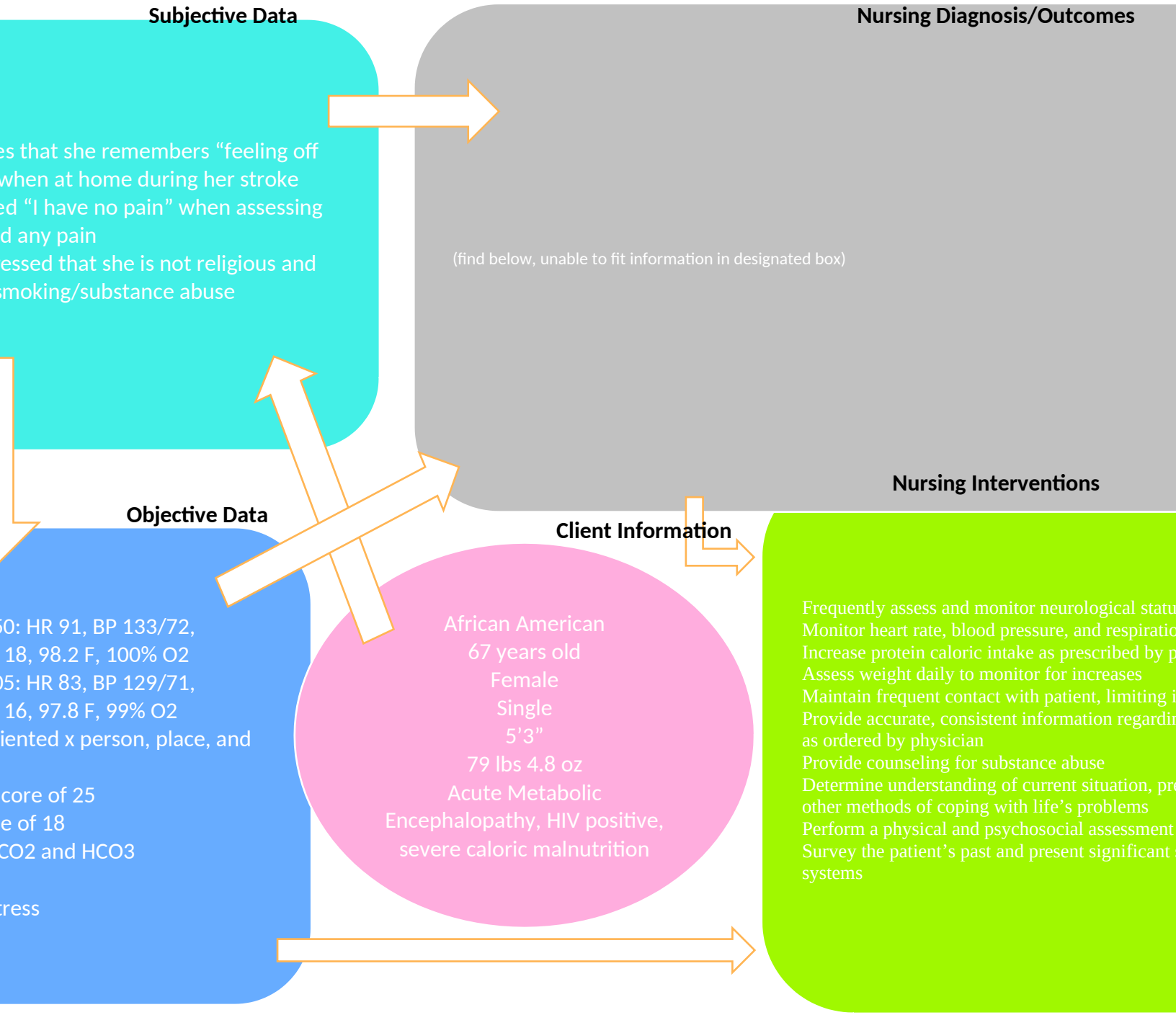
• Listed in order by priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
1. Ineffective cerebral tissue perfusion related to stoke as evidence by the CT scan findings	**Patient experienced a stoke at home, with symptoms of a facial droop and generalized weakness. With these manifestations and a CT scan, patient was diagnosed with a stroke causing ineffective tissue perfusion.**	**1.Frequently assess and monitor neurological status 2.Monitor heart rate, blood pressure, and respirations closely**	**1. Patient will display no further deterioration or recurrence of deficits**	**Patient understood her diagnosis of a stroke but showed little to no motivation to learn about the cause or prevention of another.**
2. Imbalanced nutrition: less than body requirements related to poor nutritional intake as evidence by overall appearance of patient and weight	**Patient was brought to the ED with clear manifestations of a stroke but was also found to be significantly malnourished with a weight of only 79 pounds.**	**1. Increase protein caloric intake as prescribed by provider 2.Assess weight daily to monitor for increases**	**1. Patient will gain and maintain a healthy weight for her bodily size**	**Patient understood the seriousness of her caloric malnutrition. She verbally agreed to and repeated back the importance of increasing her protein to gain weight.**
3. Risk for anxiety and fear related to new diagnosis of positive HIV as evidence	**While receiving treatment for the stroke and severe caloric malnutrition, it was also**	**1.Maintain frequent contact with patient, limiting isolation**	**1. Patient will begin to cope with diagnosis and verbalize awareness of feelings**	**Patient was very closed off and distracted after the discussion with her provider. RN tried to**

	by tearful patient	**discovered that the patient is HIV positive. The patient is little to no support system, and began to cry when the provider was explaining her diagnosis**	**2 Provide accurate, consistent information regarding prognosis as ordered by physician**		**comfort her about the situation, but patient would not communicate back. Staff will continue to monitor and educate patient.**
4.	**Ineffective individual coping related to substance abuse as evidence by addiction of recreational drugs**	**Although patient would not go into detail, she did reveal that she uses cocaine regularly to aid in coping with everyday life.**	**1.Provide counseling for substance abuse 2. Determine understanding of current situation, previous, and other methods of coping with life's problems**	**1. Patient will exhibit effective coping skills/problem solving and initiate necessary lifestyle changes**	**Patient was very closed off during the conversation about her substance abuse. Patient added limited information to the discussion and did not seem pertinent about using other coping mechanisms.**
5.	**Risk prone health behavior related to smoking, substance abuse, and severe malnutrition as evidence by inadequate social support**	**Due to patient new diagnoses of a stroke, severe caloric malnutrition, substance abuse, and HIV positive, she has been putting herself and her health at risk due to the behaviors**	**1. Perform a physical and psychosocial assessment 2.Survery the patient's past and present significant support systems**	**1. Patient will demonstrate an increase in interest and participation in self-care**	**The patient expressed the same attitude toward her health behavior as she did when discussing her substance abuse and positive HIV results. RN will continue to monitor**

Other References (APA):

Phelps, L. (2020). *Sparks & taylor's nursing diagnosis reference manual*. Lippincott Williams & Wilkins.

Concept Map (20 Points):


Subjective Data
es that she remembers “feeling off
when at home during her stroke
ed “I have no pain” when assessing
d any pain
essed that she is not religious and
smoking/substance abuse
Nursing Diagnosis/Outcomes
(find below, unable to fit information in designated box)
Nursing Interventions
Objective Data
50: HR 91, BP 133/72,
18, 98.2 F, 100% O2
05: HR 83, BP 129/71,
16, 97.8 F, 99% O2
iented x person, place, and
core of 25
e of 18
CO2 and HCO3
tress
Client Information
African American
67 years old
Female
Single
5’3”
79 lbs 4.8 oz
Acute Metabolic
Encephalopathy, HIV positive,
severe caloric malnutrition
Frequently assess and monitor neurological statu
Monitor heart rate, blood pressure, and respiratio
Increase protein caloric intake as prescribed by p
Assess weight daily to monitor for increases
Maintain frequent contact with patient, limiting i
Provide accurate, consistent information regardi
as ordered by physician
Provide counseling for substance abuse
Determine understanding of current situation, pr
other methods of coping with life’s problems
Perform a physical and psychosocial assessment
Survey the patient’s past and present significant
systems

Nursing Diagnosis/Outcome:

1. **Ineffective cerebral tissue perfusion related to stoke as evidence by the CT scan findings**

- **Patient understood her diagnosis of a stroke but showed little to no motivation to learn about the cause or prevention of another.**

2. **Imbalanced nutrition: less than body requirements related to poor nutritional intake as evidence by overall appearance of patient and weight**

- **Patient understood the seriousness of her caloric malnutrition. She verbally agreed to and repeated back the importance of increasing her protein to gain weight.**

3. **Risk for anxiety and fear related to new diagnosis of positive HIV as evidence by tearful patient**

- **Patient was very closed off and distracted after the discussion with her provider. RN tried to comfort her about the situation, but patient would not communicate back. Staff will continue to monitor and educate patient.**

4. **Ineffective individual coping related to substance abuse as evidence by addiction of recreational drugs**

- **Patient was very closed off during the conversation about her substance abuse. Patient added limited information to the discussion and did not seem pertinent about using other coping mechanisms.**

5. **Risk prone health behavior related to smoking, substance abuse, and severe malnutrition as evidence by inadequate social support**

- **The patient expressed the same attitude toward her health behavior as she did when discussing her substance abuse and positive HIV results. RN will continue to monitor**