N311 Care Plan #4

Lakeview College of Nursing

Beatriz Amaya

Demographics (5 points)

Date of Admission 11/7/2020	Client Initials MB	Age 66	Gender M
Race/Ethnicity Caucasian	Occupation Retired Iron Worker	Marital Status Divorced	Allergies NKA
Code Status DNR	Height 6'0	Weight 165lbs.	

Medical History (5 Points)

Past Medical History: Anemia, Gastroesophageal reflux disease with esophagitis, ataxia following cerebral infarction, hemiplegia and hemiparesis, chronic right heart failure, weakness, visuospatial deficit, and spatial neglect following cerebral infarction, primary hypertension, mild cognitive major depressive disorder, localized edema, COVID-19,falling,hyperlipedmia, anxiety, occlusion, and stenosis of right artery

Past Surgical History:

Family History: Father: Heart Attack

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

Patient has a history of tobacco alcohol, and drug use.

Patient states they would smoke two packs a day every day from the age of sixteen and is a current user. Patient states they started to drink at the age of 16 and continues to be a current user. Patient would drink every day from between 1-12 bottles of beers. Patient states they would use drugs since the age of 16 and claims to be a current user. He expressed he would use drugs like codeine to relieve back pain once a week with unnamed amount of quantity.

Admission Assessment

Chief Complaint (2 points):Back Pain

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

Patient is complaining of back pain that has been going on for around forty years. The specific location is his fifth lumbar vertebra region of his back. The duration of this pain patient states, “My pain does not go away”. The pain felt is, “constant, tight and sharp”. Aggravating factors consists of moving around too much. Alleviating factors patient states, “laying down helps and elevating my legs help”. Treatment wise he expressed, “I used to go to the chiropractor four times a week” and he would take codeine to help with the pain. He currently takes tramadol and aspirin every six hours to help with his pain. Currently patient states his severity of pain is eight out of ten.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cerebral Infarction

Secondary Diagnosis (if applicable): N/A

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

A cerebral infarction is death of brain tissue which is lead from an ischemic stroke. An ischemic stroke can be from different causes, “ischemic stroke is due to either a thrombotic or embolic event that causes a decrease in blood flow to the brain” (Hui 2021,para 3). When not enough blood is being profuse to the brain it will cause life changing problems. In a thrombotic event there is something obstructing and blocking the flow of blood to the brain. In an embolic event there is a clot that travels, “source of the clot is the valve or chambers of the heart, for example, when a clot forms within the atria in atrial fibrillation and dislodges into the arterial vascular supply” (Hui 2021, para.6).

Common symptoms of stroke include hemiparesis, or hemiplegia, paralysis, loss of sensation in an extremity on one side of the body, slurred speech, and facial droop with weakness Hemiparesis or hemiplegia of limbs is observed on the opposite side of the cerebral hemisphere affected. (Capriotti,2020, p.812). My patient had localized edema, and ataxia, and left sided hemiparesis. Speech is clear with no signs of facial drooping.

Several different tests can be done to diagnose a cerebral infarction. There is an acronym known as FAST to asses for a stroke which is facial drooping, srm weakness, slurred speech, Time to call 911.Once at the hospital about every patient is then sent off to do an MRI or CT to theck for any bleeding or hemorrhaging in the brain. Labs are drawn CBC, BUN, Troponin, "PTT, PT, and INR, should also be done as the elevated levels can suggest a cause of hemorrhagic stroke" (Hui 2021,para.). Labs of the day of this incident were not found but a chemistry lab was drawn, and CT was done to show any changes since patient had the cerebral infarction.

There are a variety of treatments that can be taken. Some patients take medicine to reduce clots "treated with aspirin to decrease platelet aggregation and clot formation" (Capriotti, 2020, p.816). The treatment my patient is receiving is physical therapy, Tramadol every six hours for pain, and baclofen for his muscle spasms. Patient also mentioned to take Aspirin.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. VitalSource Bookshelf Online. Retrieved March 2, 2022, from https://fadavisreader.vitalsource.com/reader/books/9781719641470/epubcfi/6/56[%3Bvnd.vst.idref%3Dc12]! /4/2/2/44/2

Hui, C. (2021, September 29). *Ischemic stroke*. StatPearls [Internet]. Retrieved March 13, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK499997/

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

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	4.0-5.8x10^6/ mcL	**N/A**	**N/A**	**N/A**
Hgb	12.0-15.8g/dL	**N/A**	**N/A**	**N/A**
Hct	36.0-47.0%	**N/A**	**N/A**	**N/A**
Platelets	140-440K/ mcL	**N/A**	**N/A**	**N/A**
WBC	4.0-12.0K/ mcL	**N/A**	**N/A**	**N/A**
Neutrophils	40-60%	**N/A**	**N/A**	**N/A**
Lymphocytes	19-49%	**N/A**	**N/A**	**N/A**
Monocytes	3.0-13.0%	**N/A**	**N/A**	**N/A**
Eosinophils	0.0-8.0%	**N/A**	**N/A**	**N/A**
Bands	0.0-10.0%	**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-	134-144mmol/L	**147**	**N/A**	**Sodium was high due to**
K+	3.5-	**3.7**	**N/A**	

	5.1mmol/L			
Cl-	98-107mmol/L	**101**	**N/A**	
CO2	21-31mmol/L	**36**	**N/A**	**CO2 was high due to ().**
Glucose	70-99mg/dL	**77**	**N/A**	
BUN	7-25 mg/dL	**17**	**N/A**	
Creatinine	0.50-1.20mg/dL	**1.17**	**N/A**	
Albumin	3.5-5.7 g/dL	**N/A**		
Calcium	8.6-10.3 mg/dL	**9.3**		
Mag	1.6-2.6 mg/dL	**N/A**		
Phosphate	2.4-4.5 units/L	**N/A**		
Bilirubin	0.3-1.0 mg/dL	**N/A**		
Alk Phos	34-104 units/L	**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, Clear	**N/A**	**N/A**	**N/A**
pH	5.0-9.0	**N/A**	**N/A**	**N/A**

Specific Gravity	1.003-1.013	**N/A**	**N/A**	**N/A**
Glucose	Normal	**N/A**	**N/A**	**N/A**
Protein	Negative	**N/A**	**N/A**	**N/A**
Ketones	Negative	**N/A**	**N/A**	**N/A**
WBC	0.0-0.5	**N/A**	**N/A**	**N/A**
RBC	0.0-3.0	**N/A**	**N/A**	**N/A**
Leuko esterase	Negative	**N/A**	**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**	**N/A**
Blood Culture	Negative	**N/A**	**N/A**	**N/A**
Sputum Culture	Negative	**N/A**	**N/A**	**N/A**
Stool Culture	Negative	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. VitalSource Bookshelf Online. Retrieved March 2, 2022, from https://fadavisreader.vitalsource.com/reader/books/9781719641470/epubcfi/6/56 [%3Bvnd.vst.idref%3Dc12]! /4/2/2/44/2

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT of brain/head w/ contrast

Patient had a cerebral infarction which is why they had to get a CT of the brain with contrast to visualize any bleeding or hemorrhaging in the brain. "CT scans may be performed to help diagnose tumors, investigate internal bleeding, or check for other internal injuries or damage" (Computed Tomography, para.4).The CT revealed no hemorrhaging. Mild ischemic stenosis with degenerative changes. Showed mid cerebral and cerebellar atrophy. The infarction was related to the ischemic stenosis and atrophy in the brain.

Diagnostic Imaging Reference (1) (APA):

Computed Tomography (CT) SCAN. Johns Hopkins Medicine. (n.d.). Retrieved March 13, 2022, from https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-scan#:~:text=CT%20scans%20may%20be%20performed,a%20tissue%20or%20fluid%20biopsy.

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

Medications (5 required)

Brand/ Generic	Tylenol/ Acetaminophen	Lioresal /Baclofen	Pepcid/ Famotidine	Ativan/ Lorazepam	Tramadol/ Ultram
Dose	325 mg	20mg	40mg	.5mg	50mg
Frequency	Q6, PRN	BID	Every Morning	PRN Tue-Sun	Q6
Route	PO	PO	PO	PO	PO
Classification	Pharmacological: Non-salicylate, par aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic	Pharmacologic: skeletal muscle relaxants Therapeutic: ant spasticity agents	Pharmacologic: Histamine-2 blocker Therapeutic: Antiulcer agent	Pharmacologic: Benzodiazepine Therapeutic: Anxiolytic	Pharmacologic: Opioid antagonist Therapeutic: Opioid analgesic
Mechanism of Action	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous syndrome" (Jones,2021, p.9).	"Inhibits reflexes at the spinal level. Therapeutic Effects: Decreased muscle spasticity; bowel and bladder function may also be improved" (*Baclofen, para.1*).	"Reduces HCI formation by preventing histamine from binding with H2 receptors on the surface of partial cells, by doing so the drug helps prevent peptic ulcers from forming and helps heal existing ones" (Jones, 2021, p.442).	"May potentiate the effect of gamma aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS" (Jones,2021, p.669).	**"**Binds with mu receptors and inhibits the reuptake of non-epinephrine and serotonin, which may account for tramadol's analgesic effect "(Jones, 2021, p.1091).
Reason Client Taking	Pain	Muscle Spasms	GERD	Anxiety	Pain

Contraindications (2)	"Hypersensitivity to acetaminophen or its components, severe hepatic impairment" (Jones, 2021, p.9).	Hypersensitivity to baclofen Hypersensitivity to its components	"Hypersensitivity to famotidine, other H2 receptors antagonist or their components" (Jones, 2021, p .443).	"Hypersensitivity to Lorazepam, Acute angle closure glaucoma" (Jones,2021, p.669).	"Hypersensitivity to tramadol or its components; known for suspected gastrointestinal obstruction" (Jones, 2021, p.1091).
Side Effects/ Adverse Reactions (2)	Hypertension, Muscle spasms (Jones, 2021, p.9).	Weakness, Depression (*Baclofen,para 3).*	Anxiety, depression (Jones, 2021, p .443).	Ataxia, depression (Jones,2021, p.669).	(Jones,2021, p.1091).

Medications Reference (1) (APA):

Baclofen. Baclofen | Davis's Drug Guide for Rehabilitation Professionals | F.A. Davis PT Collection | McGraw Hill Medical. (n.d.). Retrieved March 13, 2022, from https://fadavispt.mhmedical.com/content.aspx?bookid=1873§ionid=139002636

Jones, D.W. (2021). *Nurse's drug handbook.* (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation. Alert and Oriented times four (A&O x4). The patient showed no signs of distress. Overall physical appearance was well groomed, maintained, and cared for.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	N/A
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	N/A .
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:**	N/A
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	N/A
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	N/A

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	N/A
M: **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** ☐	Patients' neurovascular status is intact. Active ROM intact on right side. Left side upper and lower extremities active ROM is not present due to hemiparesis. Passive range of motion on left upper and lower extremities present with no limitations. Patient uses wheelchair and Hoyer lift as an assistive device. Strength is not equal as right upper and lower extremities is 3+. Left sided is 1+ as effort was made but no strength was shown due to his left sided hemiparesis. Patient needs assistance for ADL's. Patient is a fall risk with a score of 45. Mobility status is moderate help as two assistive personals are needed to assist with Hoyer lift when transferring patient and with dressing. Patient needs assistance with Hoyer and wheelchair transferring. Patient is not able to stand/walk.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒**	Patient is not able to move all extremities. Patient can move right sided upper and lower extremities. Patient cannot move left upper and lower extremities by himself. Patient shows PERLA as pupils are round and react to light and

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	accommodate to light. Strength is not equal as right upper and lower extremities show 3+ strength. Left side upper and lower extremities show 1+ strength. Patient is oriented to person, place, time, and situation. (Alert and oriented x4). Mentally shows alertness. Speech is clear. Patients sensory is intact. Patient uses glasses to help with visual sensory. Patient's level of consciousness is 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):**	N/A

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:30	**56**	**118/82**	**14**	**97.9**	**95% RA**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:00	0-10	Back pain on Fifth Lumbar Vertebrae	8	Constant, Sharp, Tight	-Tramadol -Elevating lower extremities -Adjusting bed to comfort

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600mL	Incontinent of urine x2

(240 mL orange juice, 240 mL coffee, 120 mL of chicken broth	

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

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 transform mobility related to impaired balance as evidence by ataxia following cerebral infarction and his hemiparesis on left side. (Phelps,2020, p.643).	This nursing diagnosis was chosen due to his ataxia and hemiparesis of his left side needing a Hoyer lift and wheelchair to help transfer also due to his weak muscle strength 1+ during musculoskeletal assessment.	1.Physical therapy to get strength back on left sided hemiparesis to at least 2+ strength when assessing musculoskeletal portion of physical assessment. 2.Give patient a counselor to talk about emotions due to his life drastic lifestyle change due to his hemiparesis	**1.** Goal for patient to gain strength in left side to 2+ after meeting with physical therapy three times a week**.**	Family responded well and agreed with interventions in place. Patient liked the goal and tried his best to increase his muscle strength and ROM. Goal was achieved after two weeks but needs to continue therapy to maintain strength and progression.

2. Chronic pain syndrome related to back pain for more than six months evidence by pain rating of 8. (Phelps,2020,p.427).	This nursing diagnosis was chosen because of patient back pain over 40 years and pain rating scale of eight.	**1**. Pain management make sure medicine is given at right time and reevaluating pain after pain medication is given **2.**Teach patient relaxation techniques and muscle therapy to relieve pain (Phelps,2020,p.42 7)	1. The goal is to keep patients pain level at his tolerable level of 5 out of 10 after pain medicatio n is given every six hours.	The goal was met family was glad to see patient in a good mood and see him not complain of much pain during visit. The patient is satisfied with his pain medication given every 6 hours and pain level stayed at 5 after pain med reevaluation was done.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

"My pain does not go away"
"My pain is 8 out of 10"
The pain felt is, "constant, tight and sharp".
"Laying down helps and elevating my legs help".
"I used to go to the chiropractor four times a week"

Nursing Diagnosis/Outcomes

Nursing Diagnosis 1: Impaired transform mobility related to impaired balance as evidence by ataxia following cerebral infarction and his hemiparesis on left side. (Phelps,2020, p.643).

Outcome 1: Family responded well and agreed with interventions in place. Patient liked the goal and tried his best to increase his muscle strength and ROM. Goal was achieved after two weeks but needs to continue therapy to maintain strength and progression.

Nursing Diagnosis 2: Chronic pain syndrome related to back pain for more than six months evidence by pain rating of 8.(Phelps,2020,p.427).

Outcome 2: The goal was met family was glad to see patient in a good mood and see him not complain of much pain during visit. The patient is satisfied with his pain medication given every 6 hours and pain level stayed at 5 after pain med reevaluation was done.

Objective Data

Vital Signs:
Temp:97.9
HR:56
RR:14
Oxygen:95% RA
B/P:118/82

Client Information

This is a 66-year-old patient who presents to the Mattoon health care long term rehab due to ataxia following cerebral infarction and history of hemiplegia and hemiparesis, chronic right heart failure, weakness, localized edema, occlusion and stenosis of right artery.

Nursing Interventions

Nursing Intervention 1:

Nursing intervention 2:
. Pain management make sure medicine is given at right time and reevaluating pain after pain medication is given

2.Teach patient relaxation techniques and muscle therapy to relieve pain (Phelps,2020, p.427)

depressive disorder, localized