

N311 Care Plan #5

Lakeview College of Nursing

Scott Bradley

**Demographics (5 points)**

<b>Date of Admission</b> 11/25/2019	<b>Client Initials</b> MB	<b>Age</b> 66	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Carpenter	<b>Marital Status</b> Divorced	<b>None</b>
<b>Code Status</b> DNR	<b>Height</b> 72"	<b>Weight</b> 190.0# 1 Kg / 2.2 # = 83.4 kg	<b>Religion:</b> Agnostic

**Medical History (5 Points)**

**Past Medical History: Currently a resident in a long-term acute care hospital**

- **Three cerebral vascular accidents**
- **Cardiac output rated at 18%**
- **Occlusion and stenosis at the right vertebral artery.**
- **Ataxia following cerebral infarction**
- **Hemiplegia and hemiparesis following cerebral infarction affecting left side non-dominant hand.**
- **Chronic right heart failure**
- **Primary hypertension**
- **Localized edema**
- **Anemia**
- **Hyperlipidemia**

**Past Surgical History:**

**No medical history**

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

- **Tobacco:**                   **Smoked 2 packs of menthol cigarettes until hospitalized.**
  
- **Alcohol:**                   **6 bottles of beer every day for his entire life**  
  
                                  **Add two shots (45mL each) of bourbon monthly.**
  
- **Recreational Drugs: smoked marijuana cigarettes daily**

**The resident stated that he has tried every illegal drug imaginable and was never one to be outdone. He further said he "tried them all" but only smoked pot daily.**

### **Admission Assessment**

**Chief Complaint (2 points): A lack of mobility and the inability to transfer himself.**

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

**In July of 2019, our client suffered an incapacitating dizzy spell while working on the wiring in the attic of his home. He stated he was unable to keep himself from falling. He managed to move from the attic to his bed. He suffered multiple falls, injuring his left arm. His ex-wife found him on the bed later that day. He was taken to the hospital by ambulance. Hospital staff determined he had suffered more than one cerebral vascular accident. He is now left-side hemiplegic. Aggravating factors include pain in his left arm which is worsened by his inability to reposition it. This suffering is alleviated by padding over the wheelchair armrest. He currently resides in a long-term healthcare facility.**

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points): cerebral vascular accident**

**Secondary Diagnosis (if applicable): none**

**Pathophysiology of the Disease, APA format (20 points): two primary factors**

Cerebral vascular accidents remain one of the primary afflictions impacting people worldwide. According to the World Health Organization, cerebrovascular accidents affect 15 million people worldwide. Five million of them will die. Another five million will remain permanently disabled (Jwarchan et al., 2020). Advancements in emergency medicine and treatment of cerebral vascular injuries mean more and more people are surviving. The increasing survival rate and an aging population lead to an ever-increasing number of debilitated survivors facing a lifetime of care.

A cerebral vascular accident (CVA) results from various contributing factors, including age, gender, race, lifestyle, hypertension, diabetes, trauma, and even dental disease (Loesche et al., 1998). The pathophysiology of a CVA results from a disruption of the brain's blood vessels. This initiates an anoxic event. Brain tissue is susceptible to oxygen deprivation. Within minutes brain tissue begins to die. A compound spiral of hazardous events begins. The initial injury leads to further injury as blood is toxic to brain tissue. The body's initial Inflammation response is compounded by the body's response to damaged and dying brain tissue. As the anoxic effects advance, more and more brain tissue begins to die, further triggering additional immune responses. The immune response causes local swelling. The brain is tightly packed within the cerebral vault's hardshell, increasing inter-cranial pressure. Increased pressure further jeopardizes the living brain tissue. If left unchecked, the increasing pressure can result in brainstem herniation and death.

Initial verification of a cerebral vascular accident begins with assessing the client's level of consciousness and pupillary response. Early indicators include an altered level of

consciousness, impaired speech, and altered pupillary response. Critical indicators of a CVA for our client included confusion and impaired mobility. More definitive tests include angiograms, CT scans, and MRIs.

Another area of interest with our client involves his daily use of cannabis and any contributing risk for a CVA. Any correlation between marijuana use and CVAs is of concern, given the increasing social and legal acceptance of marijuana. Since 2016, 28 states have decriminalized the use of marijuana. This study showed a positive correlation between marijuana use and increased risk of cerebral vascular accidents. It looked at 316,397 cannabis users ages 18 to 55 and found an increased risk of a CVA from 0.17% to 0.21%, with a  $P = 0.02$  (Kalla et al., 2018, p. 481). Another study found similar results. It looked at 2,496,165 cannabis users aged 15 to 54 and found an increased risk of cerebral vascular accident from 18.31% to 31.13%, with a  $P < 0.0001$  (Rumalla et al., 2016, p. 454). These results suggest we will see more CVAs increased marijuana use.

**Pathophysiology References (2) (APA):**

- Jwarchan, B., Yogi, N., Adhikari, S., Bhandari, P., & Lalchan, S. (2020). A study of prevalence and predictors of acute ischemic CVA patients admitted to Manipal Teaching Hospital, Pokhara, Nepal. *Eastern Green Neurosurgery*, 2(1), 42–46. <https://doi.org/10.3126/egn.v2i1.27462>
- Kalla, A., Krishnamoorthy, P. M., Gopalakrishnan, A., & Figueredo, V. M. (2018). Cannabis use predicts risks of heart failure and cerebrovascular accidents: results from the National Inpatient Sample. *Journal of cardiovascular medicine*, 19(9), 480-484. <https://doi.org/10.2459/jcm.0000000000000681>
- Loesche, W. J., Schork, A., Terpenning, M. S., Chen, Y.-M., Kerr, C., & Dominguez, B. L. (1998). The relationship between dental disease and cerebral vascular accident in elderly United States veterans. *Annals of Periodontology*, 3(1), 161–174. <https://doi.org/10.1902/annals.1998.3.1.161>
- Rumalla, K., Reddy, A. Y., & Mittal, M. K. (2016). Association of Recreational Marijuana use with aneurysmal subarachnoid hemorrhage. *Journal of Stroke and Cerebrovascular Diseases*, 25(2), 452–460. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2015.10.019>.

### 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 complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC (X 10 <sup>6</sup> / $\mu$ L)	$\sigma$ 4.7 – 6.1 (Pagana et al., 2020, p. 770)	4.54 ↓	Not Available	Decreased red blood cell count resulting from dehydration. (Pagana et al., 2020, p. 771)
Hgb (g / dL)	14 – 18 (Pagana et al., 2020, p. 488)	12.4 ↓	Not Available	Decreased hemoglobin levels result from a decrease in plasma volume due to dehydration. (Pagana et al., 2020, p. 488)
Hct. %	40 – 52 (Pagana et al., 2020, p. 485)	38.3	Not Available	Decreased hematocrit levels due to dehydration. (Pagana et al., 2020, p. 485)
Platelets (X 10 <sup>9</sup> / L)	150 – 400 (Pagana et al., 2020, p. 706)	332	Not Available	
WBC (X 10 <sup>9</sup> / L)	5 - 10 (Pagana et al., 2020, p. 974)	20.2 ↑	Not Available	It is associated with a lack of movement due to hemiplegia. (Pagana et al., 2020, p. 974)
Neutrophils %	55 - 70 (Pagana et al., 2020, p. 974)	91.5% ↑	Not Available	It is associated with a lack of movement due to hemiplegia. (Pagana et al., 2020, p. 975)
Lymphocytes %	20 - 40 (Pagana et al., 2020, p. 974)	2.5% ↓	Not Available	I could not find an answer to this.
Monocytes %	2 - 8 (Pagana et al., 2020, p. 974)	5.6%	Not Available	
Eosinophils %	1 - 4 (Pagana et al., 2020, p. 974)	0.1% ↓	Not Available	Low eosinophils are not necessarily associated with a disease process.
Bands			Not Available	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na- (mEq / L)	<b>136 - 145</b> (Pagana et al., 2020, p. 835)		<b>147 ↑</b>	Associated with diet
K+ (mEq / L)	<b>3.5 - 5</b> (Pagana et al., 2020, p. 724)		<b>3.7</b>	
Cl- (mEq / L)	<b>98 – 106</b> (Pagana et al., 2020, p. 233)		<b>101</b>	
CO <sub>2</sub> (Bicarbonate) (mEq / L)	<b>20 - 30</b> (Pagana et al., 2020, p. 233)		<b>36 ↑</b>	An increased bicarbonate level is associated with alkalosis. (Pagana et al., 2020, p. 106, 197)
Glucose (mg/ dL)	<b>74 - 106</b> (Pagana et al., 2020, p. 462)		<b>77</b>	
BUN Blood Urea Nitrogen (mg / dL)	<b>10 - 20</b> (Pagana et al., 2020, p. 155)		<b>17</b>	
Creatinine (mg / dL)	♂ <b>0.6 – 1.2</b> (Pagana et al., 2020, p. 301)		<b>1.17</b>	
Albumin (g / dL)	<b>3.5 – 5</b> (Pagana et al., 2020, p. 746)		<b>Not Available</b>	
Calcium (mg / dL)	<b>9 – 10.5</b> (Pagana et al., 2020, p. 189)		<b>9.2</b>	
Mag (mEq / L)	<b>1.3 – 2.1</b> (Pagana et al., 2020, p. 597)		<b>Not Available</b>	
Phosphate (mg / dL)	<b>3.0 – 4.5</b> (Pagana et al., 2020, p. 694)		<b>Not Available</b>	
Bilirubin (mg / dL)	<b>0.3 – 1.0</b> (Pagana et al., 2020, p. 137)		<b>Not Available</b>	
Alk Phos ( units / L)	<b>30 – 120</b> (Pagana et al., 2020, p. 29)		<b>Not Available</b>	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be 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	<b>amber yellow</b>  (Pagana et al., 2020, p. 930)			<b>No urine lab results are available.</b>
pH Urine	<b>4.6 – 8</b>  (Pagana et al., 2020, p. 930)			
Specific Gravity	<b>1.005 – 1.030</b>  (Pagana et al., 2020, p. 930)			
Glucose (in a fresh sample)	<b>negative</b>  (Pagana et al., 2020, p. 930)			
Protein (mg / dL)	<b>0 – 8</b>  (Pagana et al., 2020, p. 930)			
Ketones	<b>negative</b>  (Pagana et al., 2020, p. 930)			
WBC	<b>negative</b>  (Pagana et al., 2020, p. 930)			
RBC	<b>≤ 2</b>  (Pagana et al., 2020, p. 930)			
Leukoesterase	<b>negative</b>  (Pagana et al., 2020, p. 930)			

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				No cultures available
Blood Culture				
Sputum Culture				
Stool Culture				

**Lab Correlations Reference (1) (APA):**

Sarah Bush Lincoln Hospital provided all reported lab value ranges unless otherwise annotated.

Pagana, K. D., Pagana, T. J., Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier. ISBN 978-0-323-60969-2.

### **Diagnostic Imaging**

#### **All Other Diagnostic Tests (10 points):**

**CT scan of the brain showed no evidence of acute inter-cranial hemorrhage, midline shift, or Mass Effect.**

**Chest X-ray showed no acute cardiopulmonary process.**

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand</b>	Neurontin	Microzide	Lopressor	Flomax	Norvasc
<b>Generic</b>	Gabapentin  (Jones & Bartlett Learning, 2022, p. 605)	Hydrochlorothiazide  (Jones & Bartlett Learning, 2022, p. 647)	Metoprolol tartrate  (Jones & Bartlett Learning, 2022, p. 871)	Tamsulosin HCL  (Jones & Bartlett Learning, 2022, p. 1266)	Amlodipine Besylate  (Jones & Bartlett Learning, 2022, p. 67)
<b>Dose</b>	600 mg	50 mcg	25 mg	0.4 mg	10 mg
<b>Frequency</b>	1 Tablet 4 X a day	1 Tablet Daily	Twice Daily	Daily	Daily
<b>Route</b>	By mouth	By mouth	By mouth	By mouth	By mouth
<b>Pharmacologic class</b>	1-amino-methyl cyclohexane acetic acid	thiazide diuretic	beta adrenergic blocker	Alpha-adrenergic antagonist	Calcium channel blocker
<b>Therapeutic class</b>	Anticonvulsant	Diuretic	Antianginal, antihypertensive	Benign prostatic hyperplasia agent	Antianginal, anti-hypertensive
<b>Mechanism of Action</b>	It is structurally similar to gamma-aminobutyric acid, the primary inhibitory neurotransmitter in the brain.  However, the exact mechanism of action is unknown.  (Jones & Bartlett Learning, 2022,	promotes movement of sodium, chloride, and water from the blood in the peritubular capillaries into the distal convoluted tubule.  (Jones & Bartlett Learning, 2022, p. 648)	Inhibit stimulation of beta-receptor sites in the heart. This results in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.  (Jones & Bartlett Learning, 2022, p. 872)	Blocks alpha-adrenergic receptors in the prostate.  (Jones & Bartlett Learning, 2022, p. 1266)	Binds to cell membrane receptors on the myocardial and vascular smooth muscle cells. It inhibits the influx of extracellular calcium ions across the slow calcium channels.  (Jones & Bartlett Learning, 2022, p. 68)

	<b>p. 605)</b>				
<b>Reason Client Taking</b>	<b>neuropathy</b>	<b>chronic right heart failure</b>	<b>to regulate heart rate</b>	<b>BPH</b>	<b>Primary hypertension</b>
<b>Contraindications (2)</b>	<b>Hypersensitivity to gabapentin or its components.  No second contraindication provided</b>	<b>Anuria  Hypersensitivity to it or its components.</b>	<b>Heart rate less than 45 beats per minute  Hypersensitivity to it or its components.</b>	<b>Hypersensitivity to Tamsulosin HCL or its components.  No second contraindication was provided.</b>	<b>Hypersensitivity to and low dipping or its components.  No second contraindication provided</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Agitation  Altered proprioception,</b>	<b>Asthenia  Dizziness</b>	<b>Anxiety, confusion, dizziness, insomnia.  arrhythmias</b>	<b>Arrhythmia  Atrial fibrillation</b>	<b>Hypotension  Arrhythmia</b>
<b>Client Teachings</b>	<b>Do not take within two hours after taking an antacid.  take a missed dose as soon as possible but not within two hours of the next dose  do not stop taking abruptly</b>	<b>Take in the morning to avoid having to urinate at night.  Take with food  Eat a diet of potassium-rich food like bananas, fruits, dates, and tomatoes.</b>	<b>Take immediately after the same meal every day.  Do not crush or chew.</b>	<b>Take medicine about 30 minutes after the same meal each day.  Notify the prescriber if he misses several days of therapy. Do not restart taking medicine at the previous dosage.</b>	<b>Take with food  Take a missed dose as soon as possible and resume the next dose in 24 hours.  .</b>

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2022). *Nurse's drug handbook*

Assessment

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

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p><b>A&amp;O X 4</b>  <b>He is well-groomed and appropriately dressed.</b>  <b>He shows no sign of acute distress.</b></p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score: 14</b>  <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type:</b></p>	<p><b>White</b>  <b>Dry</b>  <b>Warm</b>  <b>Without tenting</b>  <b>No rashes, lesions, or bruises.</b></p> <p><b>3 Sensory perception</b>  <b>3 Moisture</b>  <b>1 Activity</b>  <b>1 Mobility</b>  <b>3 Nutrition</b>  <b>1 Friction and shear</b>  <b>12 = High risk for pressure injury</b></p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>    <b>Nose:</b>    <b>Teeth:</b></p>	<p><b>The Head and neck are symmetrical.</b>  <b>Ears have no visible deformities.</b>  <b>Pupils appear to be narrow at approximately 3 millimeters</b>  <b>The nose shows no sign of bleeding or discharge, or obstruction</b>  <b>The teeth seemed to be discolored, but the patient showed no signs of dental pain or difficulty eating</b></p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur, etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Location of Edema:</b></p>	<p><b>not assessed</b></p>
<p><b>RESPIRATORY:</b></p>	<p><b>No accessory muscles are being used.</b></p>

<p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>Breath sounds are not audible.</p>
<p><b>GASTROINTESTINAL:</b></p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>    Distention:</p> <p>    Incisions:</p> <p>    Scars:</p> <p>    Drains:</p> <p>    Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    Type:</p>	<p>The resident is in the long-term care he has no dietary restrictions. He ordered from the available menu. H completed his meal. He asked his ex-wife to bring him snacks on her next visit.</p> <p>72 inches</p> <p>196 pounds</p> <p>bowel</p> <p>3/24/2022</p> <p>No</p> <p>No</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>
<p><b>GENITOURINARY:</b></p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    Type:</p> <p>    Size:</p>	<p>Light yellow</p> <p>300 milliliters</p>
<p><b>MUSCULOSKELETAL:</b></p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Hemiplegic, left side flaccid</p> <p>Very limited range of motion on left side</p> <p>Contractures secondary to left side hemiplegia</p> <p>Wheelchair and Hoyer lift</p> <p>Very weak</p>

<p><b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 105</p> <p><b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)?</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b>          *****  <b>Needs support to stand and walk?</b> <input type="checkbox"/></p>	<p><b>Morris fall scale</b>          25 History of falling          15 Secondary diagnosis          30 Ambulatory 4079 aid          0 IV          20 Gate or transferring          15 forgets limitations  <b>105 High Risk</b></p> <p><b>No.</b>  <b>Yes</b></p> <p>Yes, he cannot stand or walk.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>.</p> <p><b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>.</p> <p>Not able to assess reactivity to light and accommodation, pupils were very narrow at approximately 3 millimeters.</p> <p>The patient is hemiplegic with the left side flaccid.</p> <p>Slightly combative          Clear          No sensory deficits noted          A&amp;O X 4</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b></p> <p><b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>The resident challenges authority and likes to engage staff.</p> <p>Agnostic, not religious.          Lives in a long-term health care facility.          He receives visits from his ex-wife.</p> <p>.</p>

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

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>0857 hrs. 3-24-22</b>	<b>55</b>	<b>118 / 74</b>	<b>22</b>	<b>97.3</b>	<b>94% Room Air</b>

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0727 hrs. 3-10-22</b>	<b>0</b>	-----	-----	-----	-----

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>360 ml = coffee 6 ounces orange juice 6 ounces</b>	<b>urine output 300mL</b>

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

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include complete nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, the status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Impaired mobility</b>  (Phelps, 2020, p. 373)</p>	<p>The resident is at risk for injury to his left arm related to his left side hemiplegia, as evidenced by his recent complaint of pain and discomfort at his left elbow.</p>	<p>1. Assess the patient skin every two hours to maintain skin integrity.  2. Monitoring record daily evidence of complications related to impaired bed mobility.  (Phelps, 2020, p. 375)</p>	<p>1. The patient will not exhibit complications associated with impaired bed mobility such as altered skin integrity.”  (Phelps, 2020, p. 374)</p>	<p>“The patient shows no evidence of pain or skin breakdown.”  (Phelps, 2020, p. 379)</p>
<p><b>2. Fear</b>  (Phelps, 2020, p. 224)</p>	<p>The resident is at risk for complications due to the presence of</p>	<p>1. encourage the patient to identify the source of fear try to assess</p>	<p>1. The patient states the cause of fear.  (Phelps, 2020, p.</p>	<p>“The patient demonstrates effective use of coping mechanisms.”</p>

	<p><b>fear as related to his persistent combative speech and uncooperative behaviors.</b></p>	<p><b>the patient's understanding of the situation, knowing that their perceptions may be erroneously based</b></p> <p><b>2. “explain all treatments and procedures, answering any patient’s questions. Present information at the patient’s level of understanding or acceptance to reduce the patient’s anxiety and enhance cooperation.”</b></p> <p><b>(Phelps, 2020, p. 226)</b></p>	<p><b>227)</b></p>	<p><b>(Phelps, 2020, p. 227)</b></p>
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**Other References (APA):**

Heffernan, A. J., Judge, S., Petrie, S. M., Godahewa, R., Bergmeir, C., Pilcher, D., Nanayakkara, S. (2021). Association Between Urine Output and Mortality in Critically Ill Patients: A \*\*\*\*Machine Learning Approach. *Critical Care Medicine*, Volume 50, Number 3, 24 June 2021, p. e263-e271(9). <https://doi.org/10.1097/CCM.0000000000005310>

**Concept Map (20 Points)**

**Subjective Data**

incapacitating fall while working on the wiring in the attic of his home. He stated he was unable to keep himself from falling. He managed to move from the attic to his bed. He suffered multiple falls injuring his left arm. His ex-wife found him on the bed later that day. He was taken to the hospital by ambulance. Hospital staff determined he had suffered more than one cerebral vascular accident. He is now left-side hemiplegic. Aggravating factors include pain in his left arm which is worsened by his inability to reposition it. This suffering is alleviated by padding over the wheelchair armrest. He currently resides in a long-term healthcare facility.

**Nursing Diagnosis/Outcomes**

Impaired bed mobility (Phelps, 2020, p. 373)

The patient will not exhibit complications associated with impaired bed mobility such as altered skin integrity” (Phelps, 2020, p. 374)

Fear (Phelps, 2020, p. 224)

The patient states the cause of fear.

**Objective Data**

Time 07:57 hours, 3/24/22  
Pulse 55  
B/P 118/74  
Resp Rate 22  
Temp 97.3  
Oxygen 94% Room Air

**Client Information**

The resident is a 66-year-old Caucasian male currently in residence at the Mattoon Health Care Hospital. He is suffering from left side hemiplegia due to 3 cerebral vascular accidents.

**Nursing Interventions**

Assess the patient skin every two hours to maintain skin integrity.  
1. encourage the patient to identify the source of fear try to assess the patient's understanding of the situation knowing that their perceptions may be erroneously based





