N311 Care Plan #5

Lakeview College of Nursing

Scott Bradley

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
11/25/2019	MB	66	Male
Race/Ethnicity	Occupation	Marital Status	None
Caucasian	Carpenter	Divorced	
Code Status	Height	Weight	Religion:
DNR	72” (183 cm)	190.0# (83.4 kg)	Agnostic

Medical History (5 Points)

Past Medical History: Currently a resident in a long-term care facility

- Three cerebral vascular accidents
- Occlusion and stenosis at the right vertebral artery.
- Ataxia following cerebral infarction
- Hemiplegia and hemiparesis following cerebral infarction affecting the left side.
- 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 stated 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, my patient, a 66-year-old Caucasian male presented with impaired mobility and incapacity to care for himself independently at home. My patient stated that he had no pain at the time of the incident. He stated that he suffered from a "dizzy spell" while working on the wiring in the attic at his home. He suffered this initial dizzy spell three years ago. His dizzy spell stemmed from a cerebral vascular accident (CVA) resulting in permanent left-side hemiplegia and hemiparesis. He described the incident as being confusing. He did not understand what was happening to him. He further stated he was unable to keep himself from falling. He suffered multiple falls and injured his left arm. Due to the patient suffering from a CVA, he is not able to transfer himself out of his bed or to and from his wheelchair. 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 and frequent repositioning provided by staff. When I asked the patient the severity of his pain on a numeric pain scale of 0 to 10, 0 representing no pain and 10 being the most excruciating pain imaginable, he replied, "I am not in any pain right now." 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):

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 blood supply to the brain. This initiates an anoxic event. Brain tissue is highly susceptible to oxygen deprivation. Within minutes brain tissue begins to die initiating a spiral of hazardous events. The initial injury leads to further injury as spilled 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. Since the brain is tightly packed within the cerebral vault's hard-shell the inflammation response increases inter-cranial pressure. Increased pressure further jeopardizes the living brain tissue. If left unchecked, the increasing pressure can result in brainstem herniation and death. Signs and symptoms of a CVA experienced by our client included sudden dizziness and inability to maintain balance and walk. He also experienced frequent falls, along with left side weakness

and paralysis (Mayo Clinic 2020). More definitive tests include angiograms, CT scans, and MRIs (Capriotti, 2020, p. 814).

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% two 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 that as we will experience increased marijuana use we can expect to see an increase in the number of CVAs as well.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

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

Mayo Clinic. (2020). Stroke – Diagnosis and treatment - Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/copd/diagnosis-treatment/drc-20353685

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 10^6 / µL)	♂ 4.7 – 6.1 (Pagana et al., 2020, p. 770)	4.54 ↓	Not Available	Decreased red blood cell count resulting from anemia. (Pagana et al., 2020, p. 771)
Hgb (g / dL)	14 – 18 (Pagana et al., 2020, p. 488)	12.4↓	Not Available	Decreased hemoglobin levels resulting from anemia. (Pagana et al., 2020, p. 488)
Hct.%	40 – 52 (Pagana et al., 2020, p. 485)	38.3	Not Available	Decreased hematocrit levels due resulting from anemia. (Pagana et al., 2020, p. 485)
Platelets (X 10^9 / L)	150 – 400 (Pagana et al., 2020, p. 706)	332	Not Available	
WBC (X 10^9 / L)	5 - 10 (Pagana et al., 2020, p. 974)	20.2↑	Not Available	resulting from anemia. (Pagana et al., 2020, p. 485)
Neutrophils %	55 - 70 (Pagana et al., 2020, p. 974)	91.5%↑	Not Available	resulting from anemia. (Pagana et al., 2020, p. 485)
Lymphocytes %	20 - 40 (Pagana et al., 2020, p. 974)	2.5%↓	Not Available	
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	resulting from anemia. (Pagana et al., 2020, p. 485)
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)	136 - 145 (Pagana et al., 2020, p. 835)		147 ↑	Associated with diet
K+ (mEq / L)	3.5 -5 (Pagana et al., 2020, p. 724)		3.7	
Cl- (mEq / L)	98 – 106 (Pagana et al., 2020, p. 233)		101	
CO_2 (Bicarbonate) (mEq / L)	20 - 30 (Pagana et al., 2020, p. 233)		36 ↑	An increased bicarbonate level is associated with alkalosis. (Pagana et al., 2020, p. 106, 197)
Glucose (mg/ dL)	74 - 106 (Pagana et al., 2020, p. 462)		77	
BUN Blood Urea Nitrogen (mg / dL)	10 - 20 (Pagana et al., 2020, p. 155)		17	
Creatinine (mg / dL)	♂ 0.6 – 1.2 (Pagana et al., 2020, p. 301)		1.17	
Albumin (g / dL)	3.5 – 5 (Pagana et al., 2020, p. 746)		Not Available	
Calcium (mg / dL)	9 – 10.5 (Pagana et al., 2020, p. 189)		9.2	
Mag (mEq / L)	1.3 – 2.1 (Pagana et al., 2020, p. 597)		Not Available	
Phosphate (mg / dL)	3.0 – 4.5 (Pagana et al., 2020, p. 694)		Not Available	
Bilirubin (mg / dL)	0.3 – 1.0 (Pagana et al., 2020, p. 137)		Not Available	
Alk Phos (units / L)	30 – 120 (Pagana et al., 2020, p. 29)		Not Available	

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	amber yellow (Pagana et al., 2020, p. 930)			No urine lab results are available.
pH Urine	4.6 – 8 (Pagana et al., 2020, p. 930)			
Specific Gravity	1.005 – 1.030 (Pagana et al., 2020, p. 930)			
Glucose (in a fresh sample)	negative (Pagana et al., 2020, p. 930)			
Protein (mg / dL)	0 – 8 (Pagana et al., 2020, p. 930)			
Ketones	negative (Pagana et al., 2020, p. 930)			
WBC	negative (Pagana et al., 2020, p. 930)			
RBC	≤ 2 (Pagana et al., 2020, p. 930)			
Leukoesterase	negative (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.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

My patient received two additional diagnostic tests. The first was a computerized tomography (CT) scan. A CT scan provides cross-sectional images of soft tissues within the body (Capriotti, 2020, p. 814). A CT scan is pertinent to my client as it confirms damage to the brain resulting from a CVA. His CT scan showed no evidence of acute inter-cranial hemorrhage, midline shift, or mass effect.

The second diagnostic test he received was a chest X-Ray. An X-Ray is pertinent to my client in that it could show any broken bones or other damage from his frequent falls associated with his CVA or other contributing events leading up to his CVA. His X-Ray results showed no acute cardiopulmonary processes.

References: minimum of one scholarly source

Capriotti, T. (2020). Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

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

Medications (5 required)

Brand Generic	Neurontin Gabapentin (Jones & Bartlett Learning, 2022, p. 605)	Microzide Hydrochlorothiazide (Jones & Bartlett Learning, 2022, p. 647)	Lopressor Metoprolol tartrate (Jones & Bartlett Learning, 2022, p. 871)	Flomax Tamsulosin HCL (Jones & Bartlett Learning, 2022, p. 1266)	Norvasc Amlodipine Besylate (Jones & Bartlett Learning, 2022, p. 67)
Dose	600 mg	50 mcg	25 mg	0.4 mg	10 mg
Frequency	1 Tablet 4 X a day	1 Tablet Daily	Twice Daily	Daily	Daily
Route	By mouth	By mouth	By mouth	By mouth	By mouth
Pharmacologic class Therapeutic class	1-amino-methyl cyclohexane acetic acid Anticonvulsant	thiazide diuretic Diuretic	beta adrenergic blocker Antianginal, antihypertensive	Alpha-adrenergic antagonist Benign prostatic hyperplasia agent	Calcium channel blocker Antianginal, anti-hypertensive
Mechanism of Action	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, p. 605)	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)

Reason Client Taking	neuropathy	chronic right heart failure	Hypertension	BPH	Primary hypertension
Contraindications (2)	Hypersensitivity to gabapentin or its components. No second contraindication provided	Anuria Hypersensitivity to it or its components.	Heart rate less than 45 beats per minute Hypersensitivity to it or its components.	Hypersensitivity to Tamsulosin HCL or its components. No second contraindication was provided.	Hypersensitivity to and low dipping or its components. No second contraindication provided
Side Effects/Adverse Reactions (2)	Agitation Altered proprioception,	Asthenia Dizziness	Anxiety, confusion, dizziness, insomnia. arrhythmias	Arrhythmia Atrial fibrillation	Hypotension Arrhythmia
Client Teachings	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	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.	Take immediately after the same meal every day. Do not crush or chew.	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.	Take with food Take a missed dose as soon as possible and resume the next dose in 24 hours.

Medications Reference (1) (APA):

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

Mayo Clinic. (2019). Blood urea nitrogen (BUN) test - Mayo Clinic. Mayoclinic. https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	A&O X 4 He is well-groomed and appropriately dressed. He shows no sign of acute distress.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 14 Drains present: Y☐ N ☒ Type:	 White Dry Warm Without tenting No rashes, lesions, or bruises. 3 Sensory perception 3 Moisture 1 Activity 1 Mobility 3 Nutrition 1 Friction and shear 12 = High risk for pressure injury
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	 The Head and neck are symmetrical. Ears have no visible deformities. Pupils appear to be narrow at approximately 3 millimeters The nose shows no sign of bleeding or discharge, or obstruction The teeth seemed to be discolored, but the patient showed no signs of dental pain or difficulty eating
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:	not assessed
RESPIRATORY:	No accessory muscles are being used.

Accessory muscle use: Y☐ N ☒ Breath Sounds: Location, character	Breath sounds are not audible.
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation bowel sounds: 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:	 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. 72 inches 196 pounds bowel 3/24/2022 No No None None None None
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	 Light yellow 300 milliliters
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y☒ N ☐	. Hemiplegic, left side flaccid Very limited range of motion on left side Contractures secondary to left side hemiplegia Wheelchair and Hoyer lift Very weak

Fall Risk: Y ☒ N☐ Fall Score: 105 Activity/Mobility Status: Independent (up ad lib)? ☐ Needs assistance with equipment ********** Needs support to stand and walk?☐	 Morris fall scale 25 History of falling 15 Secondary diagnosis 30 Ambulatory aid 0 IV 20 Gate or transferring 15 forgets limitations 105 High Risk No. Yes Yes, he cannot stand or walk.
NEUROLOGICAL: MAEW: Y ☐ N☒ PERLA: Y ☐ N☐. Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒ Orientation: Mental Status: Speech: Sensory: LOC:	. Not able to assess reactivity to light and accommodation, pupils were very narrow at approximately 3 millimeters. The patient is hemiplegic with the left side flaccid. Slightly combative Clear No sensory deficits noted A&O X 4
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):	 The resident challenges authority and likes to engage staff. Agnostic, not religious. Lives in a long-term health care facility. He receives visits from his ex-wife. .

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

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

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0727 hrs. 3-10-22	0	----------	----------	----------	----------

Intake and Output (2 points)

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

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

Nursing Diagnosis • Include complete 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 • My own words	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, the status of goals and outcomes, modifications to plan.
1. Impaired mobility related to his CVA as evidenced by left-side hemiplegia and by his needing to be transferred with a Hoyer lift.	The nursing diagnosis was chosen because of the client's chief complaint was his inability to transfer himself from his bed to his wheelchair.	1. Assess the patient skin every two hours to maintain skin integrity. (Wayne, 2019) 2. Implement a passive and active assistant range of motion exercises for all extremities to maintain muscle strength stamina and range of motion. (Wayne, 2019)	1. The patient will perform passive and active range of motion exercises daily to ensure no further muscle atrophy or loss of range of motion excluding any age-related atrophy and preventing the formation of pressure injuries on his elbow due to immobility for the duration of the patient stay at the nursing home.	Goal met: The patient skin integrity remains intact as evidenced by no formation of pressure ulcer. The patient participates in active range of motion exercises on his right side daily.

2. Disturbed thought process related to CVA as evidenced by inaccurate and inappropriate comments to the staff.	This nursing diagnosis was chosen as a result of the patient repeatedly challenging and verbally provoking staff with inappropriate comments as well as insisting that he has the ability to transfer himself from his bed to his wheelchair.	1. Present the reality of the situation concisely and briefly without challenging ideological thinking. Avoid vague or evasive remarks. 2. Implement re-socialization activities to encourage the patient to more appropriately engage others. (Wayne, 2022)	1. The Patient begins to appropriately interact and cooperate with staff and peers in the community setting.	Goal met: by the end of the first week the patient demonstrates at least one daily interaction with staff that is neither combative nor verbally inappropriate.

Other References (APA):

Wayne, G. (2019, March 18). *Impaired Physical Mobility – Nursing Diagnosis & Care Plan*. Nurseslabs. https://nurseslabs.com/impaired-physical-mobility

Wayne, G. (2022, March 19). *Disturbed Thought Processes – Nursing Diagnosis & Care Plan*. Nurseslabs. https://nurseslabs.com/disturbed-thought-processes/

Concept Map (20 Points)

Subjective Data

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. 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.

2 Nursing Diagnosis/Outcomes

Impaired mobility related to his CVA as evidenced by left-side hemiplegia and by his needing to be transferred with a Hoyer lift

The patient will perform passive and active range of motion exercises daily to ensure no further muscle atrophy or loss of range of motion excluding any age-related atrophy and preventing the formation of pressure injuries on his elbow due to immobility for the duration of the patient's stay at the nursing home.

Disturbed thought process related to CVA as evidenced by inaccurate and inappropriate comments to the staff.

The Patient begins to appropriately interact and cooperate with staff and peers in the community setting.

Objective Data

Time07857hours, 3/24/22
Pulse55
B/P118/74
Resp Rate 22
Temp97.3
Oxygen94% 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 (all 4)

Assess the patient skin every two hours to maintain skin integrity.

Implement passive and active assistant range of motion exercises for all extremities to maintain muscle strength stamina and range of motion.

Present the reality of the situation concisely and briefly without challenging ideological thinking. Avoid vague or evasive remarks.

Implement re-socialization activities to encourage the patient to more appropriately engage others.