

**Medications**

- Amiodarone hydrochloride 200mg daily PO
  - o Pharm class: Benzofuran derivative (Jones & Bartlett Learning, 2021)
  - o Thera class: Class III antiarrhythmic (Jones & Bartlett Learning, 2021)
  - o Taking for atrial fibrillation
  - o Ensure the patient is on a cardiac monitor during administration, monitor heart rate and rhythm for sudden changes
- Atorvastatin Calcium 40mg daily PO
  - o Pharm class: HMG-CoA reductase inhibitor (Jones & Bartlett Learning, 2021)
  - o Thera class: Antihyperlipidemic (Jones & Bartlett Learning, 2021)
  - o Taking for hyperlipidemia
  - o Ensure liver is functioning well and ask about any current muscle pain
- Pantoprazole 40mg daily PO
  - o Pharm class: Proton pump inhibitor (Jones & Bartlett Learning, 2021)
  - o Thera class: Antiulcer (Jones & Bartlett Learning, 2021)
  - o Taking for GERD/ulcer prevention
  - o Ensure balanced electrolytes; ensure liver, and GI tract are functioning well
- Apixaban 5mg daily PO
  - o Pharm class: Factor Xa inhibitor (Jones & Bartlett Learning, 2021)
  - o Thera class: Anticoagulant (Jones & Bartlett Learning, 2021)
  - o Taking to reduce the risk of a stroke due to atrial fibrillation
  - o Ensure the patient is not actively bleeding
- Hydrocodone bitartrate (NORCO) 10mg q6hrs prn pain
  - o Pharm class: Opioid (Jones & Bartlett Learning, 2021)
  - o Thera class: Opioid analgesic, Controlled substance II (Jones & Bartlett Learning, 2021)
  - o Taking for pain
  - o Ensure the respiratory rate is within normal limits, ensure the patient is not constipated, assess alertness
- Acetaminophen (NORCO) 325mg q6hrs prn pain
  - o Pharm class: Nonsalicylate, para-aminophenol derivative (Jones & Bartlett Learning, 2021)
  - o Thera class: Antipyretic, non-opioid analgesic (Jones & Bartlett Learning, 2021)
  - o Taking for pain
  - o Ensure the patient has not had more than 4g of acetaminophen that day, ensure the liver is functioning properly

**Physical Exam/Assessment**

**Date of Admission:** 4/21/2022  
**Admission Diagnosis/Chief Complaint:** Admission diagnosis: stroke; chief complaint: dizziness, confusion, fall  
**Age:** 60  
**Race/Ethnicity:** Caucasian  
**Allergies:** Ceftriaxone (urticaria), Tramadol (vertigo)  
**Code Status:** Full code  
**Height in cm:** 175.3 cm  
**Weight in kg:** 82.5 kg  
**Psychosocial Developmental Stage:** Integrity vs despair  
**Cognitive Developmental Stage:** High school, cognitive development appropriate for age  
**Braden Score:** 15  
**Morse Fall Score:** 85  
**Infection Control Precautions:** Standard precautions will be used for this patient

**Pathophysiology**

**Disease process:** A cerebrovascular accident or ischemic stroke is an embolus/thrombus that lodges in a cerebral artery and causes lack of blood/oxygen flow to the brain (Capriotti, 2020). Prolonged lack of blood/oxygen flow will lead to cerebral infarction or death of brain cells (Capriotti, 2020). Risks include hypertension, heart disease, smoking, diabetes, thrombocytosis, and a history of transient ischemic attacks (Capriotti, 2020). Signs and symptoms of an ischemic stroke include facial droop, unilateral weakness/numbness, and slurred speech (Capriotti, 2020). If a stroke is suspected, a CT scan should be completed as soon as possible. This will rule out a hemorrhagic stroke. After that is done, the patient should receive a CT angiography with contrast (Capriotti, 2020). This will show if/where the clot is in the brain. Also, a magnetic resonance angiography can be done which will be more detailed than a CTA (Capriotti, 2020). My patient experienced dizziness and confusion which can also be indicators of a stroke, especially after a fall. My patient's stroke was diagnosed with a CT of the brain  
**S/S of disease:** Weakness, facial droop, slurred speech/incoherent speech, dizziness, confusion numbness, difficulty walking, difficulty swallowing, difficulty understanding speech (Hinkle et al., 2022)  
**Method of Diagnosis:** Computed tomography scans and magnetic resonance imaging are the best ways to diagnose/detect a stroke (Capriotti, 2020)  
**Treatment of disease:** An ischemic stroke can be treated with alteplase/tPA (tissue plasminogen activator) as well as other "clot busting" agents (Hinkle et al., 2022). Patient will also be given an antiplatelet medication after they have had a stroke to try to prevent future strokes (Hinkle et al., 2022).

**Genitourinary Values/Diagnostics**

- last urinated earlier an hour before the examination. The patient denied any frequency, hesitancy, or pain with urination.
- **Calcium - 8.3mg/dL;** Most likely low due to lack of good diet. Pt states he has not eaten a lot since the fall (Capriotti, 2020) (Range = 8.5mg/dL-10.5mg/dL)
- **Total Protein - 5.6 g/dL** Most likely due to the patient's history of alcoholism (Capriotti, 2020) (Range = 6.0g/dL-8.3g/dL)
- **Hgb - 12.1g/dL;** Patient states he has not eaten a lot recently and lack of dietary iron can cause low hemoglobin (Range = 13.2g/dL -16.6g/dL)
- **Hematcrit - 35.2%** Low hematocrit due to the patient's lack of RBCs from his anemia (Range = 38.3%-46.6%)

**Admission History**

The patient is a 60-year-old male with an extensive past medical and surgical history. The patient arrived at the emergency department via private auto due to dizziness and confusion that stem from a fall 2 days prior. The patient states that he is not sure if he hit his head or had a syncopal episode from the fall. The patient arrived at the hospital and did not attempt to treat with medication or non-medical methods.

**Musculoskeletal:** The patient does not use supportive devices. The patient moved all extremities well. The strength and does require minimal ADL assistance. The Morse fall score was 85. The patient was 175.3 cm tall and weighed 82.5 kg.

**Neurological:** The patient was alert and oriented times 4 and moved all extremities well. The patient spoke clearly and at an appropriate volume.

**Most recent vital date/time and highlight if abnormal:** HR: 72 bpm, O<sub>2</sub>: 98% on room air, BP: 121/83, 18 respirations per minute, 36.9°C (Temporal) vitals taken on 4/25/2022 at 1100

- **CT head w/o contrast - Acute/subacute ischemic changes in right middle cerebral artery territory**
  - o This was done due to the patient having the symptoms of a stroke after a recent fall
- **CTA brain/head w/ contrast - no acute findings identified**
  - o This was done due to the CT scan which showed he had an ischemic stroke
- **Pain and pain scale used: Scale: Numeric (0-10), patient rated pain at 7/10 at 1100 on 4/25/2022**
  - o This was done due to the CT scan which showed he had an ischemic stroke
- **Chest Xray - Cardiomegaly, mild pulmonary edema**
  - o This was done due to the patient's dizziness and recent fall
- **Left shoulder Xray - No acute osseous abnormalities**
  - o This was done due to the patient complaining of left shoulder pain after his recent fall

**Medical History**

**Previous Medical History:** Abdominal aortic aneurysm, atrial fibrillation, anemia, chronic chest pain, chronic stable angina, chronic obstructive pulmonary disease, type 2 diabetes mellitus, gastroesophageal reflux disease, hyperlipidemia, hypothyroidism, myocardial infarction, thoracic aortic aneurysm, orthostatic hypotension  
**Prior Hospitalizations:** Nausea, vomiting, chest pain (4/8/2022), syncope (2/21/2022), syncope, chest pain (1/30/2022), chest pain, shortness of breath (12/21/2021), Chest pain, headache (12/01/2021)  
**Previous Surgical History:** Diagnostic sigmoidoscopy (2021), cardiac catheterization (2018), esophagogastroduodenoscopy biopsy (2018), angioplasty (2014)  
**Social History:** Alcohol: sober since 2018, 6-10 drinks per day for 20 years prior to 2018; Cigarettes: 1 pack per day for 40 years, still smokes today; Drugs: no current/past drug use

**Active Orders**

- Blood glucose monitoring - patient is a type 2 diabetic
- Cardiac monitoring - patient has afib and has had previous myocardial infarctions
- Neuro checks - the patient was admitted for a stroke
- Smoking cessation - smoking increases the likelihood of a blood clot, and the patient was admitted an ischemic stroke and has had myocardial infarctions
- OT/PT - the patient was admitted for a fall and a stroke and needs rehabilitative services

<p style="text-align: center;"><b>Nursing Diagnosis 1</b></p> <p>Ineffective tissue perfusion (cerebral) related to ischemic stroke as evidence by CT head/brain showing ischemic stroke.</p>	<p style="text-align: center;"><b>Nursing Diagnosis 2</b></p> <p>Impaired gas exchange related to chronic obstructive pulmonary disease as evidence by a previous failed pulmonary function test.</p>	<p style="text-align: center;"><b>Nursing Diagnosis 3</b></p> <p>Risk for unstable glucose level related to type 2 diabetes mellitus as evidence by elevated A1C and elevated fasting glucose levels.</p>
<p style="text-align: center;"><b>Rationale</b></p> <p>This was chosen because if the brain is not perfusing properly, all other organ systems will shut down and eventually the patient will experience cardiopulmonary arrest.</p>	<p style="text-align: center;"><b>Rationale</b></p> <p>This was chosen because long term ineffective gas exchange can lead to elevated CO<sub>2</sub> levels and mean that the body is not receiving enough oxygen to perfuse properly.</p>	<p style="text-align: center;"><b>Rationale</b></p> <p>This was chosen because long term uncontrolled diabetes can have severe effects on the rest of the body, such as, decreased wound healing, blood clots, and diabetic ketoacidosis.</p>
<p style="text-align: center;"><b>Interventions</b></p> <p><b>Intervention 1:</b> Neuro checks every 4 hours <b>Intervention 2:</b> Ensure the patient is taking his apixaban as prescribed</p>	<p style="text-align: center;"><b>Interventions</b></p> <p><b>Intervention 1:</b> Supplemental oxygen as needed for dyspnea on exertion <b>Intervention 2:</b> Use of incentive spirometer as ordered</p>	<p style="text-align: center;"><b>Interventions</b></p> <p><b>Intervention 1:</b> Check blood glucose before meals and before bed <b>Intervention 2:</b> Administer insulin in accordance with the sliding scale</p>
<p style="text-align: center;"><b>Evaluation of Interventions</b></p> <p>The patient responded well to these interventions and recognized the importance of these interventions and their role in early detection/prevention of a stroke. The patient adequately complied with these interventions.</p>	<p style="text-align: center;"><b>Evaluation of Interventions</b></p> <p>The patient did not respond well to the interventions. The patient was okay with using oxygen as needed, however, use of oxygen with exertion made him not want to exert himself. Also, the patient was noncompliant with the use of the incentive spirometer. He repeatedly stated, "I'll be just fine without using that thing."</p>	<p style="text-align: center;"><b>Evaluation of Interventions</b></p> <p>The patient responded well to these interventions. While he did not like the finger sticks or insulin injections, he let the staff complete the in accordance with the provider's orders. The patient's blood glucose level remained stable while in the hospital.</p>

**References (3) (APA):**

- Capriotti, T. M. (2020). *Davis advantage for pathophysiology introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company.
- Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.
- Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook* (20th ed.).

