N321 Care Plan # 1

Lakeview College of Nursing

Molly Niemerg

Demographics (3 points)

Date of Admission 9/11/22	Client Initials GF	Age 95	Gender Male
Race/Ethnicity White	Occupation Patient unable to answer.	Marital Status Widow	Allergies No known allergies
Code Status Full Code	Height Unable to assess height due to no document in Cerner.	Weight 46.900 kg	

Medical History (5 Points)

Past Medical History:

- Hypertension
- Type 2 Diabetes
- Chronic Kidney Disease

Past Surgical History:

- Aortic valve replacement w/ bioprosthetic
- Left hip surgery
- Right knee replacement – 15 years ago
- Bilaterally cataracts surgery

Family History:

- Patient's daughter stated "no known family history that she knew of"

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

- Smoke cigarettes for 10 years one pack a day.
- Patient drank whiskey and beer off and on throughout his life. Patient was unable to specify how many years.
- No drug history noted.

Assistive Devices:

- Patient uses a cane and walker every day. Occasionally uses a wheelchair for long distances.

Living Situation:

- Patient lives at home by himself with a dog. Patient does drive independently to get the necessities such as groceries. Neighbors check up on him daily. Daughter lives two hours away but visits occasionally.

Education Level:

- Patient is more acceptable to learning by demonstrating and using the teach-back method.

Admission Assessment

Chief Complaint (2 points): Patient complained of left hip pain.

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

- Patient started complaining of after hip surgery. The patient's pain is located on the left side of his hip. The pain comes and goes but gets worse when told to extend his right leg for therapy. The characteristics includes a "stabbing" pain that extends throughout his entire leg and rated the pain a 6 on the numeric scale. Therapy and cold weather make the stabbing pain reappear. However, elevating and not moving the leg treats the pain. The patient stated, "I refuse to let them do all these unnecessary tests on me." Therefore, patient has not been treated for the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Beginning to show signs of hyponatremia**.**

Secondary Diagnosis (if applicable): N/A

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

The patient shown possible signs of hyponatremia. The patient is on a regular diet and has no restrictions on fluids. The patient was consistently drinking fluids throughout the whole shift. The etiology of hyponatremia includes the syndrome of inappropriate antidiuretic hormone. Sodium is a significant solute of extracellular fluid (Rondon & Badireddy, 2022). Hyponatremia is caused when sodium is diluted within the water in the bloodstream, and water excretion is impaired (Capriotti, 2020). Osmolarity is clinically significant with hyponatremia because water intake and excretion should be equal to maintain a regular function. “When there is an acute drop in the serum osmolality, neuronal cell swelling occurs because of the water shift from the extracellular space to the intracellular space” (Capriotti, 2020). Two consequences lead to swelling of the brain cells. The swelling of the brain inhibits antidiuretic hormone secretion in the hypothalamus, and hypothalamic thirst center on neurons (Capriotti, 2020). This process leads to the elimination of diluted urine. The other consequence is an “immediate cellular adaptation with loss of electrolytes, and over the next few days, there is a more gradual loss of organic intracellular solutes” (Capriotti, 2020). An increase in antidiuretic hormone secretion causes water reabsorption in the kidneys, which causes the opposite effect because of suppression (Rondon & Badireddy, 2022). Inappropriate secretion of the antidiuretic hormone causes impaired water excretion by the kidneys despite the average or increased plasma volume, which leads to hyponatremia (Rondon & Badireddy, 2022). “Baroreceptors are a common cause in triggering ADH secretion. “Baroreceptors trigger ADH secretion due to decreased effective circulating volume, nausea, pain, stress, and drugs” (Rondon & Badireddy, 2022). Cortisol deficiency is another factor in large amounts of ADH released. Adrenal insufficiency causes a significant amount of ADH released when cortisol is decreased. Hyponatremia treatment

includes restriction of water intake with the help of diuretics if the etiology is fluid overload. Otherwise, looking more into the source of the antidiuretic hormone will help with the etiology.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives.* Philadelphia: F.A. Davis.

Rondon, H., & Badireddy, M. (2022). Hyponatremia. National library of medication: National center for biotechnology information. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK470386/

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	"4.35-5.65 trillion cells/L" (Mayo Clinic, 2020).	4.28 trillion cells/L	3.94 trillion cells/L	"Chronic kidney disease is a disease that cause your body to produce fewer red blood cells than normal" (Mayo Clinic, 2022)
Hgb	"13.2-16.6 grams/d" (Mayo Clinic, 2020).	12.8 grams/d	11.7 grmas/d	"Kidneys make a hormone that signals your bone marrow to make red blood cells, chronic kidney disease affects this process" (Cleveland Clinic, 2022)
Hct	"42%-50%" (Mayo Clinic, 2020).	38.7%	35.5%	"Hyponatremia can affect low hematocrit, otherwise kidney disease contributes to low hematocrit" (Cleveland Clinic
Platelets	"135,000-317,000 billion/L" (Mayo Clinic, 2020).	268 billion/L	252 billion/L	N/A
WBC	"3,400-9,600 cells/mcL" (Mayo Clinic, 2020).	6.9 cells/mcL	5.0 cells/ mcL	N/A
Neutrophils	"40% to 60%"	72.2%	62.8%	"Injury and inflammation can increase like a fractured elbow causes

				an increase in neutrophil count" (Cleveland Clinic, 2022)
Lymphocytes	"20% to 40%"	16.3%	21.6%	N/A
Monocytes	"2% to 8%"	7.7%	10.8%	"Inflammation is a common cause of monocytosis due to the fractured elbow" (Health Line, 2022)
Eosinophils	"1% to 4%"	3.2%	3.9%	N/A
Bands	"0% to 3%"	0.6%	0.9%	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-	"135-145 mmol/L" (Shrimanker & Bhattarai, 2021).	139 mmol/ L	141 mmol/L	N/A
K+	"3.6-5.5 mmol/L" (Shrimanker & Bhattarai, 2021).	4.3 mmol/L	4.4 mmol/L	N/A
Cl-	"97-105 mEq/L" (Cleveland Clinic, 2021).	105 mEq/L	105 mEq/L	N/A
CO2	"20-29 mmol/L" (Cleveland Clinic, 2022).	29 mmol/L	29 mmol/L	N/A
Glucose	"70-99 mg/dL" (Cleveland Clinic, 2018).	80 mg/dL	86 mg/dL	N/A
BUN	"8-20 mg/dL" (New Health Advisor,	30 mg/dL	32 mg/dL	"Chronic kidney disease, diabetes, and hypertension are all common causes of elevated BUN levels" (Cleveland Clinic, 2018)

	2022)			
Creatinine	“0.74-1.35 mg/dL” (Mayo Clinic, 2021)	1.49 mg/dL	1.57 mg/dL	“Diabetes and chronic kidney failure could both be valid reasons of elevated hematocrit” (Health Line, 2019)
Albumin	“3.4-5.4 g/dL” (UCSD Health, 2020).	4.2 g/dL	N/A	N/A
Calcium	“8.8-10.7 mg/dL” (Shrimanker & Bhattarai, 2021).	9.1 mg/dL	N/A	N/A
Mag	“1.8-2.2 mg/dL” (Health Line, 2018)	N/A	N/A	N/A
Phosphate	“2.8-4.5 mg/dL” (Mount Sinai,	N/A	N/A	N/A
Bilirubin	“1.2 mg/dL” (Mayo Clinic, 2020)	N/A	N/A	N/A
Alk Phos	“30-120 IU/L” (Cleveland Clinic, 2021)	110 IU/L	N/A	N/A
AST	“8-33 U/L” (Cleveland Clinic, 2021).	19 U/L	N/A	N/A
ALT	“7-56 U/L” (Cleveland Clinic, 2021).	13 U/L	N/A	N/A
Amylase	“23-85 U/L” (Health Line, 2022)	N/A	N/A	N/A
Lipase	“0-160 U/L” (Health Line, 2022)	N/A	N/A	N/A
Lactic Acid	“4.5-19.8	N/A	N/A	N/A

	mg/dL" (UCSF Health, 2019)			

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	**"0.8-1.1" (Medline Plus, 2021).**	**N/A**	**N/A**	**N/A**
PT	**"11 to 13.5 seconds" (Medline Plus, 2021).**	**N/A**	**N/A**	**N/A**
PTT	**"25-35 seconds" (UCSF, 2020)**	**N/A**	**N/A**	**N/A**
D-Dimer	**"220-500 ng/ mL" (Mayo Clinic,**	**N/A**	**N/A**	**N/A**
BNP	**"100 pg/mL" (Cleveland Clinic, 2022)**	**N/A**	**N/A**	**N/A**
HDL	**"Above 40 mg/dL" (John Hopkins Hospital, 2020).**	**N/A**	**N/A**	**N/A**
LDL	**"Less than 100 mg/dL" (John Hopkins Hospital, 2020).**	**N/A**	**N/A**	**N/A**
Cholesterol	**"Less than 200 mg/dL" (John Hopkins,**	**N/A**	**N/A**	**N/A**

	2020).			
Triglycerides	**"Less than 150 mg/dL" (John Hopkins Hospital, 2020).**	**N/A**	**N/A**	**N/A**
Hgb A1c	**"Below 5.7%" (Medline Plus, 2022)**	**N/A**	**N/A**	**N/A**
TSH	**"0.5-5.0 mIU/L" (UCLA Health, 2022)**	**N/A**	**N/A**	**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	**"Urine is clear or light yellow in color" (New Health Advisor, 2022).**	**Light, yellow, clear**	**N/A**	**N/A**
pH	**"4.6-8.0" (Medline Plus, 2021)**	**6.0**	**N/A**	**N/A**
Specific Gravity	**"1.005-1.030" (UCSF Health, 2020)**	**1.016**	**N/A**	**N/A**
Glucose	**"Less than 130 mg/d" (New Health Advisor, 2022).**	**Normal**	**N/A**	**N/A**
Protein	**"Less than 150 mg/d" (New Health**	**Trace (A)**	**N/A**	**N/A**

	Advisor, 2022).			
Ketones	**"None" (New Health Advisor, 2022).**	**Negative**	**N/A**	**N/A**
WBC	**"Less than 2-5 WBCs/HPF" (New Health Advisor, 2022).**	**<1**	**N/A**	**N/A**
RBC	**"4 RBC/HPF" (Medline Plus, 2021)**	**<1**	**N/A**	**N/A**
Leukoesterase	**"A negative test result is normal" (Mount Sinai, 2021)**	**Negative**	**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	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

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Blood glucose test. Cleveland Clinic. (2018). Retrieved from https://my.clevelandclinic.org/health/diagnostics/12363-blood-glucose-test

Blood urea nitrogen (BUN) test: Test Details & Results. Cleveland Clinic. (2018). Retrieved from https://my.clevelandclinic.org/health/diagnostics/17684-blood-urea-nitrogen-bun-test

B-type natriuretic peptide (BNP) test. Cleveland Clinic. (2022). Retrieved from https://my.clevelandclinic.org/health/diagnostics/22629-b-type-natriuretic-peptide#:~:text=For%20people%20who%20don't,for%20people%20over%20age%2075.

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Hematocrit test: What it is, levels, high & low range. Cleveland Clinic. (2022). Retrieved from https://my.clevelandclinic.org/health/diagnostics/17683-hematocrit

Lactic acid. ucsfhealth.org. (2019). Retrieved from https://www.ucsfhealth.org/medical-tests/lactic-acid-test#:~:text=This%20test%20is%20most%20often%20done%20to%20diagnose,%28mg%2FdL%29%20%280.5%20to%202.2%20millimoles%20per%20liter%20%5Bmmol%2FL%5D%29.

Leukocyte Esterase urine test. Mount Sinai Health System. (2021). Retrieved from https://www.mountsinai.org/health-library/tests/leukocyte-esterase-urine-test

Lipid panel. Johns Hopkins Medicine. (2020). Retrieved from https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/lipid-panel#:~:text=Normal%3A%20Less%20than%20150%20mg,high%3A%20Above%20500%20mg%2FdL

Low hemoglobin: Causes, signs & treatment. Cleveland Clinic. (2022). Retrieved from https://my.clevelandclinic.org/health/symptoms/17705-low-hemoglobin

Mayo Foundation for Medical Education and Research. (2020). *Bilirubin test*. Mayo Clinic. Retrieved from https://www.mayoclinic.org/tests-procedures/bilirubin/about/pac-20393041

Mayo Foundation for Medical Education and Research. (2020). *Complete blood count (CBC)*. Mayo Clinic. Retrieved from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919

Mayo Foundation for Medical Education and Research. (2021). *Creatinine tests*. Mayo Clinic. Retrieved from https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646

Mayo Foundation for Medical Education and Research. (2022). *Low hemoglobin count causes*. Mayo Clinic. Retrieved from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

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Normal urinalysis results and clinical implications. New Health Advisor. (2022). Retrieved from https://www.newhealthadvisor.org/normal-urinalysis-result.html

Partial thromboplastin time (PTT). ucsfhealth.org. (2020). Retrieved from https://www.ucsfhealth.org/medical-tests/partial-thromboplastin-time-(ptt)

Phosphorus blood test. Mount Sinai Health System. (2021). Retrieved from https://www.mountsinai.org/health-library/tests/phosphorus-blood-test

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Shrimanker, I., & Bhattarai, S. (2021). *Electrolytes*. National Center for Biotechnology Information. Retrieved from https://www.ncbi.nlm.nih.gov/books

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U.S. National Library of Medicine. (2021). *Prothrombin Time (PT)*. MedlinePlus. Retrieved from https://medlineplus.gov/ency/article/003652.htm#:~:text=Normal%20Results&text=Most%20of%20the%20time%2C%20results,INR%20of%200.8%20to%201.1

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U.S. National Library of Medicine. (2021). *Urine pH test*. MedlinePlus. Retrieved from https://medlineplus.gov/ency/article/003583.htm#:~:text=Some%20medicines%20are%20more%20effective%20when%20urine%20is,labs%20use%20different%20measurements%20or%20test%20different%20samples.

Urine specific gravity. ucsfhealth.org. (2020). Retrieved from https://www.ucsfhealth.org/medical-tests/urine-specific-gravity-test

What are neutrophils? what can cause high or low neutrophil count. Cleveland Clinic. (2022). Retrieved from https://my.clevelandclinic.org/health/body/22313-neutrophils

What are normal range of BUN levels? New Health Advisor. (2022). Retrieved from https://www.newhealthadvisor.org/normal-bun-levels.html

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Patient had an X-ray on the spine lumbosacral 4. The patient had the x-ray done on September 11th, 2022. The X-ray showed a patient having moderate to severe levoscoliosis. No visualized fracture showed, and vertebral body heights are normal. A diffuse disc space narrowing and osteophytosis was noted.

Patient received a chest x-ray on September 11th, 2022. The x-ray showed the heart was a normal size and lungs were clear. No visualized pneumothorax or pleural effusion and osseous structures are intact.

Patient received an elbow complete 3 x-ray on September 11th, 2022. The x-ray showed a nondisplaced fracture from the tip of the olecranon process measuring 7 millimeters. Soft tissues were grossly unremarkable in the x-ray. The impression of the scan included a small 7-millimeter avulsion fracture from the olecranon process.

The patient received an x-ray on knee on September 11th, 2022. No acute fracture or malalignment was noted. Soft tissues are grossly unremarkable. Linear radiodensity out the patient was noted. The impression showed no acute osseous abnormality intact arthroplasty.

The patient received a CT of the brain/head without contrast on September 11th, 2022. “A computerized tomography (CT) scan combines a series of X-ray images taken form different angels around your body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside your body” (Mayo Clinic, 2022). Axial CT images of the head were obtained without contrast. Cerebrospinal fluid spaces are normal in size and configuration for the

patient's age. Parenchymal attenuation is normal. No extra-axial fluid collection, hemorrhage, mass, or evidence of an acute infarct. Calvarium is intact, moderate to severe volume loss noted. No paranasal sinus mucosal thickening noted on the CT.

Diagnostic Test Correlation (5 points):

The patient received a spine x-ray lumbosacral 4 due to the lower back pain the patient has been experiencing from a car accident. The patient received a chest x-ray due to the altered mental status the patient was experiencing when admitted. The patient was ordered a elbow x-ray due to the motor vehicle accident the patient was in and the abrasions on the patients skin. The patient was ordered a x-ray on the left knee due to the motor vehicle accident the patient was in followed by severe left knee pain. The last diagnostic tests the patient was ordered was a CT of the brain/head without contrast due to the confusions the patient was experience when admitted.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2022). *CT Scan*. Mayo Clinic. Retrieved from https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675

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

Home Medications (5 required)

Patient refused to take medications at home. All medications found at the home were expired.

Brand/Generic	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Dose	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Frequency	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Route	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Classification	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Mechanism of Action	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Contraindications (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Side Effects/Adverse Reactions (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Hospital Medications (5 required)

Brand/Generic	Brand Name: enoxaparin Generic Name: Lovenox	**N/A**	**N/A**	**N/A**	**N/A**
Dose	30 mg	**N/A**	**N/A**	**N/A**	**N/A**
Frequency	1x Daily	**N/A**	**N/A**	**N/A**	**N/A**
Route	Subcutaneous Injection	**N/A**	**N/A**	**N/A**	**N/A**
Classification	“Pharmacological	**N/A**	**N/A**	**N/A**	**N/A**

	class: Low-molecular-weight heparin" (Nurses Drug Handbook, 2021, p. 452). "Therapeutic class: Anticoagulant" (Nurses Drug Handbook, 2021, p. 452).				
Mechanism of Action	"Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen can't convert to fibrin and thrombus can't form." (Nurses Drug Handbook, 2021, p. 453-454).	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	To prevent blood clots from occurring	**N/A**	**N/A**	**N/A**	**N/A**
Contraindications (2)	"A contraindication to Lovenox is pork products or their components. Another contraindication includes heparin (including low-molecular-weight heparins)" (Nurses Drug Handbook, 2021, p. 454).	**N/A**	**N/A**	**N/A**	**N/A**
Side	"Confusion is an	**N/A**	**N/A**	**N/A**	**N/A**

Effects/Adverse Reactions (2)	adverse reaction of Lovenox" "Anemia is another adverse reaction to enoxaparin" (Nurses Drug Handbook, 2021, p. 454).				
Nursing Considerations (2)	"Be aware that drug isn't recommended for patient with prosthetic heart valves, especially pregnant women, because of risk of prosthetic valve thrombosis, if enoxaparin is needed, monitor peak and trough antifactor Xa levels often and adjust dosage as needed" (Nurses Drug Handbook, 2021, p. 454). "Use cautiously in those with bleeding diathesis, diabetic retinopathy, hepatic or renal impairment, recent GI hemorrhage or ulceration, or uncontrolled hypertension. Expect delayed elimination in elderly patients and those with renal insufficiency" (Nurses Drug Handbook, 2021, p. 454).	**N/A**	**N/A**	**N/A**	**N/A**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.), (p. 452, 453, 454, Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert, responsive, and has no acute distress. Patient is oriented to person and date of birth. Patient had a hard time forming words to describe where he was at. Appearance of the patient is appropriate with a hospital gown.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 17** **Drains present: Y☐ N ☒** **Type:**	Skin color is usual for ethnicity with no signs of cyanosis and clubbing. Skin was warm and dry upon palpation. Skin turgor is non-tenting with normal mobility. No rashes, lesions, or wounds noted. Patient had bruising noted on right arm. Patient has a Braden Score of 17. Patient has no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable. Patient has a nodule on the left side of the neck. Bilateral carotid pulses are palpable and 2+. Bilateral auricles no visible or palpable deformities, lumps, lesions. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. PERRLA not intact. Patient uses glasses. Patent nasal conditions. Septum is midline. Bilateral sinuses are nontender to palpation. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Detention is good, oral mucosa overall is moist and pink without lesions noted. Patient has dentures. .
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. Peripheral pulses 3+. Capillary refill less than 3 seconds fingers and toes bilaterally. There is no edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐**	Normal rate and rhythm of respirations. Respirations were symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes,

Breath Sounds: Location, character	crackles, or rhonchi noted.
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:**	Patient is on a regular diet at home and currently. No height documented in Cerner. Patient weighed 46.90 kilograms. Bowel sounds are active in all four quadrants. Patient could not recall when the last bowel movement was. No distention, incisions, drains, or wounds noted. Patient had knee and hip surgery where scars were reported. Patient could not recall left or right side of the surgeries.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine was yellow and clear. Patient urinated a moderate amount. Genitals are intact.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 75** **Activity/Mobility Status:** **Independent (up ad lib) ☐ No** **Needs assistance with equipment ☐ No** **Needs support to stand and walk ☐ Yes**	Nail bed is bilaterally pink. Nail bed is firm and shiny bilaterally. Patient has an active range of motion on the right side. Patient refused to move left leg due to hip pain. Patient was not able to move left arm due to a broken elbow. Patient's strength was 5+ on the right side and 0 on the left side. Patient uses a cane and walker for supportive devices. Patient scored 75 on Morse fall risk assessment which indicates a high risk. Patient reported falling 15 times in the last year. Patient is not independent. Patient does not need assistance with equipment. Patient does need support to stand and walk.
NEUROLOGICAL:	Patient is oriented to person, place, situation, and

MAEW: Y ☐ N☒ **PERLA: Y ☐ N☒** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	time. Impaired cognition to memory is noted. Patient has trouble remembering and needs a few seconds to recall certain events. Patient moves 2 extremities well due to a broken elbow and pain to the left hip. PERRLA was not intact. Unable to test strength due to refusal and broken elbow. Speech is clear and soft. Sensory is intact. Patient was alert and answered all questions appropriately.
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):**	Patients' coping methods include pet therapy. Patient lives alone. Neighbors are willing to help. The Patient's daughter lives 2 hours away. Patient still drives and goes to the grocery store independently. The patient does not have the capability of making fully informed decisions.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
2:44 a.m.	**44 bpm**	**128/66 mmHg**	**18 RR**	**36.1 Celsius**	**97%**
8:00 a.m.	**50 bpm**	**161/66 mmHg**	**18 RR**	**36.3 Celsius**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:00 a.m.	**Numeric**	**N/A**	**0**	**N/A**	**N/A**
10:30 a.m.	**Numeric**	**Left hip**	**6**	**“Stabbing”**	**Allow the patient to lay down and do noninvasive exercises throughout his stay to increase mobility.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Patient has 22 gauge IV in his right hand. The IV was put on September 11th, 2022. No signs of erythema or drainage noted. Patient does not have any orders for IV fluids at this time. IV dressing is clean, dry, and intact. The IV insertion site is patent.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL of orange juice, 600 mL of water, 240 mL of coffee. Patient ate 100% of breakfast which include eggs, hashbrowns, toast, and raisin bran.	**Patient voided 75 mLs in toilet at 1000.**

Nursing Care

Summary of Care (2 points)

Overview of care: I assisted the patient to the restroom. I assisted with helping display his breakfast meal and sitting the patient upright. Bath, nail, and hair care was offered, but patient denied the help.

Procedures/testing done: No procedures were done throughout clinical time.

Complaints/Issues: The client complained of left hip pain. The patient also stated he was not going to move it for the physical therapist during the assessment.

Vital signs (stable/unstable): The blood pressure was high being 166/66 due to the past medical history of hypertension.

Tolerating diet, activity, etc.: Patient ate 100% of his meal for breakfast. During ambulation patient did not want to move with his left leg due to fear of pain he had before.

Physician notifications: The patient had no changes in status while student nurse was with him.

Future plans for client: The staff was going to make a referral to a nursing home due to lack of support from home.

Discharge Planning (2 points)

Discharge location: Staff was referring the patient to a nursing home. Plans were being further assessed that day. Student was unable to participate in the discharge planning.

Home health needs (if applicable): N/A

Equipment needs (if applicable): The patient uses a cane, walker, and wheelchair if moving far distances.

Follow up plan: The patient needs to follow up with his orthopedic doctor due to the fractured elbow. If patient agrees he will need follow ups with the physical therapist after going to physical therapy.

Education needs: Patient needs to be taught how to properly push up from a chair and bed. The patient also needs to display how to use a cane properly.

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

Nursing Diagnosis	Rationale	Interventions	Outcome	Evaluation

• 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	• Explain why the nursing diagnosis was chosen	**(2 per dx)**	**Goal (1 per dx)**	• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Deficient knowledge related to alteration in cognitive functioning as evidenced by being A&O x2.	**The patient was unable to identify where he was and what time it was.**	**1."Establish environment of mutual trust and respect to enhance learning" (Nursing Diagnosis, 2020, p. 349).** **2."Have patient give return demonstration of any skills taught" (Nursing Diagnosis, 2020, p. 350).**	**Patient will be A&O x4 with the use of external aids upon discharge.**	**The patient was able to demonstrate using the cane properly to the restroom.**
2. Impaired physical mobility related to decrease in muscle strength as evidenced by a nondisplaced left fracture of the olecranon process.	**Patient has a hard time using the bathroom due to the fractured elbow. Patient wanted to keep using his left hand to push off the bed.**	**1. "Refer patient to a physical therapist for development of mobility regimen to help rehabilitation musculoskeletal deficits" (Nursing Diagnosis, 2020, p. 378).** **2.Install a toilet riser and a grab bar for the patient to use during his recovery process to help with the loss of muscle strength.**	**1. The patient will demonstrate proper technique of sitting-to-standing from the bed and the toilet at least three times prior to discharge.**	**The patient demonstrated proper technique from sitting-to-standing from the bed and the toilet at least three times.**

3. Risk for falls related impaired physical mobility as evidence by 15 falls within the last year.	**The patient reported at least 15 previous falls within the last year. The patient scored a 75 on the Morse Fall Risk Assessment .**	**1. "Improve environmental safety factors as needed. Doing frequent assessments of patient's environment is necessary to make sure new risks have not occurred" (Nursing Diagnosis, 2020, p. 209).** **2. Assessing the patient's ability to use his call light for assistance.**	**The patient will demonstrate using his cane properly to reduce fall risk upono discharge.**	**The patient was free from falls for a month and demonstrated proper cautious technique when walking.**

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.), p. 209, 349, 350, 378. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

"I do not take my medications at home."
"I will not move my left leg because it hurts to move it up and down."
"I have to put pressure on my left hand to get up."
"Usually when I fall, I roll till I find something to push up on."
"I fell in the woods and had to use a tree to help me get up."
"I yelled at the ambulance driver for putting a needle in my arm and bringing me here."
"They made me do a bunch of useless tests that never figure out anything."
"I was driving to find my wife" (Patient has been a widow for 7 years)

Nursing Diagnosis/Outcomes

Deficient knowledge related to alteration in cognitive functioning as evidence by being A&O x2.
Outcome- Patient will be A&O x4 with the use of external aids upon discharge.
Impaired physical mobility related to decrease in muscle strength as evidenced by a nondisplaced left fracture of the olecranon process.
Outcome- The patient will demonstrate proper technique of sitting-to-standing from the bed and the toilet at least three times prior to discharge.
Risk for falls related to impaired physical mobility as evidence by 15 falls within the last year.
The patient will demonstrate using his cane properly to reduce fall risk upon discharge.

Objective Data

*A&O x2
*No acute distress and well groomed
*Abnormal Vital signs taken at 0244
*Pulse-44 bpm
*Abnormal Vital Signs taken at 0800
*Pulse-50 bpm
*Blood Pressure-161/66 mmHg
*X-ray of elbow indicated a nondisplaced fracture from the tip of the olecranon process.
*Patient uses cane, walker, and wheelchair if needed
*RBC- 3.94
*Hemoglobin-11.7
*Hematocrit- 35.5%
*Neutrophils- 62.8%
*Monocytes-10.8%
*Creatinine- 1.57
*BUN-32

Client Information

95-year-old male with a history of falls is admitted for altered mental status and confusion. Patient has a history of diabetes, hypertension, and chronic renal failure. The resident is noncompliant when transferring to the bathroom due to putting pressure on left hand.

Nursing Interventions

"Establish environment of mutual trust and respect to enhance learning" (Nursing Diagnosis, 2020, p. 349)
"Have a patient give a return demonstration of any skills taught" (Nursing Diagnosis, 2020, p. 350).

"Refer patient to a physical therapist for development of mobility regimen to help rehabilitation musculoskeletal deficits" (Nursing Diagnosis, 2020, p. 378)
Install a toilet riser and a grab bar for the patient to use during his recovery process to help with the loss of muscle strength.

"Improve environmental safety factors as needed. Doing frequent assessments of patient's environment is necessary to make sure new risks have not occurred" (Nursing Diagnosis, 2020, p. 209).
Assessing the patient's ability to use his call light for assistance.