

Medications

Ativan (Lorazepam)

Pharmacological Class: Benzodiazepine (Jones & Bartlett, 2022)

Therapeutic Class: Anxiolytic (Jones & Bartlett, 2022)

Why the client is taking it: To reduce the patient's anxiety

Key nursing Assessment: Check patient's mental status

Heparin

Pharmacological Class: Anticoagulant (Jones & Bartlett, 2022)

Therapeutic Class: Anticoagulant (Jones & Bartlett, 2022)

Why the client is taking it: End-stage renal failure

Key nursing Assessment: Complete blood count

MiraLAX

Pharmacological Class: osmotic laxative (Jones & Bartlett, 2022)

Therapeutic Class: Osmotic Laxative (Jones & Bartlett, 2022)

Why the client is taking it: NPO diet

Key nursing Assessment: Ask up the last bowel movement

Piperacillin-tazobactam

Pharmacological Class: Beta Lactamase Inhibitor (Jones & Bartlett, 2022)

Therapeutic Class: Beta-lactamase Inhibitor (Jones & Bartlett, 2022)

Why the client is taking it: Prevents drug infection

Key nursing Assessment: Patient's urine specimens about on right heel

Demographic Data

Date of Admission: 09/14/22

Admission Diagnosis/Chief Complaint: Altered Mental State

Age: 92-year-old

Gender: Male

Race/Ethnicity: Caucasian

Allergies: N/A

Code Status: DNR

Height in cm: 182.9 cm

Weight in kg: 72 kg

Psychosocial Developmental Stage: Integrity vs. Despair

Cognitive Developmental Stage:

Braden Score: 8

Morse Fall Score: 19

Infection Control Precautions: Standard

Pathophysiology

Disease process: Altered mental state is a change in mental status caused by an underlying condition. The condition leads to changes in awareness and behaviors (Cleveland Clinic, 2022).

S/S of disease:

- Fatigue
- Hypersensitivity
- Respiratory distress

Method of Diagnosis:

- Neurological Assessments
- Head-to-Toe Assessment
- Assessing breathing patterns and oxygenation
- Urinalysis

Treatment of disease: Altered Mental state can be treated with antibiotics to treat underlying infections. It can also be treated by intravenous fluids for dehydration.

Lab Values/Diagnostics

BUN → 7-25 mg/dL → 28 (Renal Failure)

Creatinine → 0.50-1.20 → 5.27 (Renal Failure)

GFR, Non-African → >=60 → 10 (Renal Failure)

GFR, EST African → >=60 → 12 (Renal Failure)

Glucose → 70-99 → 64 (NPO restriction)

WBC → 4-12 → 12.20 (Infection)

RBC → 4.40-5.80 → 3.27 (Renal failure)

HGB → 13-16.5 → 9.7 (Renal failure)

HCT → 38-50% → 29.2 (Renal failure)

Platelet → 140-440 → 139 (Renal failure)

Neutrophils → 40-68% → 82.2 (Infection in the body)

Lymphocytes → 19-49% → 11.7 (Immunosuppressed)

Admission History

The patient was first being transferred to dialysis and appeared not to be acting like their normal self and had a weakness. The patient was then transferred to the hospital from the nursing home by their son and granddaughter. The patient is non-responsive and lethargic when admitted to the hospital. The patient's symptoms are ongoing and being monitored.

Medical History

Previous Medical History: Diabetes, Renal Failure, Hypertension, High Cholesterol, ESRD on dialysis, Gastroenteritis, Weakness, Hypokalemia, Arteriovenous Fistula
Prior Hospitalizations: 6/13/22- Physical deconditioning
 7/11/22- Cat scratch
 7/28/22- Vascular dementia without behavior disturbance

Previous Surgical History: Lithotripsy

Social History: N/A

Active Orders

- Diet NPO (Pt is waiting on speech therapy consult)
- IP consult to nephrology (Pt has end-stage renal failure)
- Basic Metabolic Panel with Calcium Total (Routine)
- Complete blood count with DIFF (Routine)
- Phosphorus (PO₄)
- Uric Acid (Blood assay)
- Vitamin D, 25 hydroxy total (Vitamin deficiency)
- MRI Without contrast (To rule out stroke possibility)
- MRI Right foot without contrast non joint (Routine)
- US Bilateral carotid duplex (Stroke rule out)
- Pt evaluates and treat (decondition)
- Speech and language pathology evaluate and treat (swallow evaluation)
- Pulse oximeter, spot (decreased oxygenation)
- Admission weight (Routine)
- Insert/maintain peripheral IV (Routine for pts medicine and fluids)
- Intake and output (Routine but pt is currently NPO)
- Up as tolerated
- Vital signs -every 15 mins (Monitor decline in vitals)
- Wound/ostomy consult (pt has pressure sores right heel)

Physical Exam/Assessment

General: Patient is not alert and responsive and responds to painful stimuli by groaning. Patient shows signs of distress when being moved and overall appearance is lethargic.

Integument: Skin is white and intact with minimal ecchymosis and scaly. Skin is warm to touch with elastic skin turgor and no signs of rashes. Patient does have a stage 3 pressure sore on the right heel and a tension injury on right calf.

HEENT: Head is symmetrical of skull and face, dentation is good, mucous membranes are dry and cracked. Nasal structure is normal. Patient is slightly hard of hearing.

Cardiovascular: Clear S1 and S2 sounds. No gallops or murmurs. Normal rate and rhythms bilaterally 2+ radial pulse. Capillary reflex is intact, with dependent edema in upper extremities.

Respiratory: Unlabored respirations, regular respiration patterns, equal lung aeration. Clear breath sounds.

Genitourinary: The patient is NPO there is no urine output and is currently in dialysis for end-stage renal failure.

Gastrointestinal: NPO diet, diabetic diet at home, unsure of last bowel movement, bowel sounds are active.

Musculoskeletal: Patient has a fistula in upper left arm, Patient strength is 1/5, a slight flicker of contraction with severe weakness.

Neurological: Patient is unable to follow commands, speech is impaired, patient cannot be fully awakened.

Most recent VS (include date/time and highlight if abnormal): 09/15/22 0700: T: 96.9 R:18 P:73 **B/P: 92/40** Oxygen: 98. 1100 am vitals not available patient was getting an MRI at that time.

Pain and pain scale used: Non-verbal indicators of pain, signs of discomfort when nurse assessed patient.

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<p align="center">Nursing Diagnosis 1</p> <p>Risk for pressure ulcer related to bed mobility, as evidenced by right heel stage 3 pressure ulcer.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Impaired physical mobility, is related to weakness, as evidenced by the inability to do their own movement.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Acute confusion related to Altered mental state medical diagnosis, as evidenced by the patients impaired mobility.</p>
<p align="center">Rationale</p> <p>Due to the inability to do physical movement and being in bed.</p>	<p align="center">Rationale</p> <p>Due to general weakness in the lower and upper extremities.</p>	<p align="center">Rationale</p> <p>Due to sudden changes in speech and physical mobility. Patient is verbally non-responsive and unable to keep awake for long periods of time.</p>
<p align="center">Interventions</p> <p>Intervention 1: Protect bony prominences with foaming padding. Intervention 2: Change the patient’s position at least every 2 hours.</p>	<p align="center">Interventions</p> <p>Intervention 1: Encourage attendance at physical therapy sessions. Intervention 2: Monitor daily any evidence of immobility complications.</p>	<p align="center">Interventions</p> <p>Intervention 1: Monitor neurological status on a regular basis to detect improvement or decline. Intervention 2: Use appropriate safety measures to protect the patient from injury.</p>
<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • Patient was turned to different sides every two hours • Patient had heel protectors for pressure ulcer. 	<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • Patient was in bed most of the day with not many physical movements • Physical therapy came in for a consult 	<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • Patient had a neurological assessment done by the provider • Patient had bed rails up • Patients bed was lowered to prevent fall

References (3) (APA):

Altered Mental Status (AMS): Causes, Symptoms & Treatment. (n.d.). Cleveland Clinic. Retrieved September 19, 2022, from

<https://my.clevelandclinic.org/health/diseases/23159>

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

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