

Medications

- Clopidogrel 75mg, oral daily
 - Antiplatelet, platelet aggregation inhibitor
 - the patient is taking Plavix to prevent blood clots due to A-fib and other cardiac history
 - The nurse must monitor the patient's PT/INR and ensure that they are in the therapeutic level. Cardiac monitoring is indicated if the patient is on ECG monitor.
- Metoprolol 25mg, oral daily
 - Antihypertensive, beta blocker
 - The patient takes metoprolol to manage HTN
 - The patient's blood pressure must be monitored and assessed for presence of edema daily (Vallerand et al., 2017)
- Atorvastatin 40mg oral daily
 - HMG-CoA reductase inhibitor, antihyperlipidemic
 - The patient takes atorvastatin to manage hyperlipidemia.
 - Atorvastatin may affect blood sugar, so the patient's blood sugar levels should be checked, especially that the patient is diabetic (Jones & Bartlett Learning, LLC, 2021).
- Acetaminophen 650mg, rectal PRN every 4 hours for pain 1-3/10
 - Nonsalicylate, antipyretic, analgesic
 - The patient can be given acetaminophen for pain as needed.
 - The patient's temperature, pain, type of pain, characteristics of pain, and blood sugar levels (Vallerand et al., 2017).
- Levothyroxine 175mcg, oral daily
 - Hormone, synthetic thyroxine
 - The patient takes levothyroxine to replace missing thyroid hormones.
 - The patient's pulse and BP should be checked routinely (Vallerand et al., 2017). Levothyroxine may cause tachyarrhythmias.

Demographic Data

Date of Admission: 9/20/2022
Admission Diagnosis/Chief Complaint: unsteady gait when walking
Age: 82
Gender: Male
Race/Ethnicity: Caucasian
Allergies: Morphine, Penicillin, Sulfa, Pregabalin
Code Status: DNR
Height in cm: 177.8cm
Weight in kg: 79.6kg
Psychosocial Developmental Stage: Adult
Cognitive Developmental Stage: Adult
Braden Score: 19
Morse Fall Score: 60 – high risk
Infection Control Precautions: contact – gown and gloves

Pathophysiology

The patient was diagnosed with unsteady gait when walking. He is 82 years-old and susceptible to age related musculoskeletal weakness. According to Capriotti & Frizzell (2020), human aging is marked by loss of muscle mass. Cells depend on energy intake and usage in order to properly function, both at the cellular level, but also tissue, and organismal level. As aging progresses, the body becomes more intolerant to glucose, and may become unable to properly use energy (Capriotti & Frizzell, 2020). Some symptoms associated with ineffective glucose usage present in diabetics are dizziness, fatigue, and nausea. The patient presented to the ED with dizziness and fatigue, which can be due to low blood sugar levels. He was diagnosed with unsteady gait when walking, which can be a result of both low blood sugar, and muscle weakness due to aging. Observation of the client's gait is a simple way to diagnose gait abnormality. This can be treated by using supportive devices such as walkers and canes. Due to the patient's blood sugar levels also being low, proper insulin administration and diet are essential to provide the muscles with enough energy to operate at closer to ideal levels.

Admission History

The patient presented to the ED with complaints of fatigue, dizziness for over a week. He reported that he had been taking care of his wife, and this has caused him to be whittled down. He denied any fevers, chills, or pain at this time. The patient thought that rest would help resolve his fatigue so he did not come in initially. Rest did not resolve his symptoms and finally decided to come into the ED.

Lab Values/Diagnostics

Lab	Normal Value	Most Recent Value	Admission Value
PT	11.7 – 13.8 sec	23.3	N/A
INR	0.9 – 1.1 ratio	2.1	N/A
TSH	0.350 – 4.90 [IU]/mL	0.021	
CMP			
Calcium	8.9 – 10.6mg/dL	N/A	8.5
Glucose	74 – 100 mg/dL	N/A	56
Total Protein	6.0 – 8.0 g/dL	N/A	1.9
CO2	22.0 – 29.0 mmol/L	N/A	18

The patient's PT and INR are elevated due to clopidogrel, a blood thinner. The patient is put in the therapeutic level due to his increased risk of blood clots due to A-fib. His TSH is below normal because of hypothyroidism. His calcium, protein and glucose are low because the patient has not been adequately taking care of himself due to weakness and fatigue.

Medical History

Previous Medical History: COPD, CAD, Hypertension, BPH, Diabetes Mellitus Type-II, MRSA infection in the nose, A-fib, hypothyroidism, hyperlipidemia
Prior Hospitalizations: 4/18/2022 for acute coronary syndrome
 5/10/2022 for rib pain
Previous Surgical History: bronchoscopy, abdominal aortic aneurysm repair, EGD, colonoscopy, left side heart catheterization
Social History: The patient is a former 2 packs a day smoker for 40 years, totaling to 80 pack years. According to EMR review, he quit on 10/13/1995, which means he has not smoked for 26.9 years. He has no drug or alcohol use history.

Active Orders

Glucose check every 4 hours – the patient is diabetic so his blood sugar needs to be tracked to determine need for insulin administration
 VS, routine – the patient's HR and BP are especially important due to his extensive cardiac history
 OT/PT consult evaluation – the patient came in for dizziness and his primary diagnosis is unsteady gait when walking, OT/PT evaluation is important in determining whether he is ready to be discharged and can take of himself at home
 I/O every shift – due to patient's cardiac history, I/O is important to track whether he is having any cardiac status changes
 Food service, regular diet – the patient's DM type-II is controlled enough that he is allowed to have a regular diet

Physical Exam/Assessment

General: The patient is pleasant, well-groomed, neat and verbal; he does not show any signs of distress or pain; he shows a receptive and eager attitude during assessment; gait is steady and able to walk on his own; patient is often talking on the phone

Integument: Upon inspection, no cuts, lesions, drainage, redness or bruises were noted. His skin is cool and dry; the patient has an 18G peripheral IV catheter on his left, lower, posterior forearm

HEENT: head is normocephalic, atraumatic; no JVD noted; no tracheal or septal deviation noted; oral mucosa intact and uvula is unable to be visualized at this time due to patient not sticking his tongue out; there were no open sores in the mouth and on the lips; no bleeding or drainage noted in both ears, nose and throat; both ears are clear with minor earwax present; the patient is unable to hear through the right ear, and left ear is hearing is slightly impaired; the patient wears dentures

Cardiovascular: S1 and S2 heart sounds are present with no S3 or S4 auscultated; no murmur, no gallops or bruits auscultated; heart rate is normal; pulses are present in all extremities, however posterior tibial pulses in lower extremities are weak bilaterally; dorsalis pedis pulses unable to be palpated bilaterally; bilateral radial pulses are strong; no peripheral edema noted on all extremities

Respiratory: normal respiratory rate and rhythm; lung sounds are diminished in the lower lobes and clear in the upper lobes; no crackles, rhonchi, or wheezing auscultated; respirations are nonlabored; chest rises and depresses equally

Genitourinary: no cuts, bruises, rash, or lesions upon inspection of both genital and perineal areas; the patient denies any urinary discharge or pain at this time; the patient states that he urinates 41 times a day with small amount of urine excreted; the patient is circumcised, and does not have any urethral or suprapubic catheter on

Gastrointestinal: the patient describes his defecate to be "squirting"; his last reported bowel movement is on 9/21/2022; his bowel sounds are normoactive in all quadrants; no organomegaly, distension, or pain upon palpation; no ascites noted

Musculoskeletal: hand grips are +3 bilaterally, pedal pushes and pulls +3 bilaterally, the patient has normal ROM in all extremities; neuropathy on both legs

Neurological: PERRLA; MAEW; patient is alert and oriented to person, place, time, and situation x4, neuropathy on both legs

Most recent VS (include date/time and highlight if abnormal): 1108am: HR - 67, Respirations - 16, Temp - 98.7 degrees F, BP - 107/57 supine, O2 sat - 95% on 3L nasal cannula

Pain and pain scale used: denies pain at 1108 am, patient does not show nonverbal signs of pain

<p style="text-align: center;">Nursing Diagnosis 1</p> <p>Ineffective health management related to Diabetes Mellitus Type-II and aging, as evidenced by low blood serum levels and low blood protein.</p>	<p style="text-align: center;">Nursing Diagnosis 2</p> <p>Risk for infection related to Diabetes Mellitus Type-II as evidenced by MRSA infection in the nose.</p>	<p style="text-align: center;">Nursing Diagnosis 3</p> <p>Risk for falls related to dizziness and fatigue, as evidenced by unsteady gait when walking.</p>
<p style="text-align: center;">Rationale</p> <p>The patient needs to properly take care of himself and eat properly. As a result of taking care of his wife as well, the patient may have neglected to take care of himself and will need to be educated on the matter. The patient can suffer fatal injuries as a result of low blood sugar levels and weakness.</p>	<p style="text-align: center;">Rationale</p> <p>Inadequate management of blood sugar can lead to increased risk for infections. Infections, especially in the elderly, can be fatal and must be addressed.</p>	<p style="text-align: center;">Rationale</p> <p>Due to the patient's extensive cardiac history, recent episodes of dizziness and fatigue, the patient is at a much higher risk for falls. Fall injuries in the elderly can be catastrophic so the patient will need support in this area.</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Encourage the patient to monitor his own health status and actively participate in caring for himself (Phelps, 2020)</p> <p>Intervention 2: Help the patient identify an internal motivator to perform healthy and sustainable behaviors (Phelps, 2020).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Encourage the patient to increase fluid intake to help with mucous secretions (Phelps, 2020).</p> <p>Intervention 2: Monitor the patient's temperature routinely to identify any developing or progressing infections (Phelps, 2020).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Teach and provide patients with safety precautions to reduce the likelihood of falling (Phelps, 2020).</p> <p>Intervention 2: Educate the patient on the proper use of assistive devices, especially because of instances of unsteady gait (Phelps, 2020).</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient should be able to verbalize ways in which he would take care of himself and make a plan in incorporating these when taking care of his wife. The patient may be able to identify an internal motivator to help him take care of himself by eating a proper diet.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient will show no signs of developing infections. His temperature will remain in normal range, and any deviation from desired normal limits will be relayed to the provider for further evaluation. The patient's fluid intake will also increase.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient will receive additional resources on how to improve home environment to prevent falls from occurring. The patient will also better understand, demonstrate, and verbalize the proper use of assistive devices such as a cane or walker.</p>

References (3) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

Jones & Bartlett Learning, LLC. (2021). *Nurse's drug handbook* (20th ed). Jones & Bartlett Learning, LLC.

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

Vallerand, A. H., Deglin, J. H., & Sanoski, C. A. (2017). *Davis's drug guide for nurses*. F.A. Davis Company.