N431 Care Plan 1

Lakeview College of Nursing

Alexandria De Roeck

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
9/15/2022	AT	34	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed	Single	PCN- rash, Diphenhydramine= agitation
Code Status	**Height**	**Weight**	
Full	5’2’’	136	

Medical History (5 Points)

Past Medical History:

AT has permanent blindness, epilepsy, and is developmentally delayed. The patient was diagnosed with an optic glioma tumor on the left optic nerve in 1988. A craniotomy was performed to remove the optic glioma and optic nerve behind the left eye at 9 months of age, resulting in permanent vision loss in the left eye. The glioma metastasized on the right optic nerve, resulting in permanent damaging remaining in the right eye. The right eye has light and dark vision only. The patient is therefore legally blind. Chemotherapy and radiation therapy was used to treat the remaining glioma in 1989-1991. A combination of surgery, chemotherapy and radiation therapy resulted in a condition consistent with traumatic brain injury, and contributed to or caused developmental delays. Cumulative damage from surgery, chemotherapy, and radiation therapy is also suspected as the underlying cause of epilepsy. Epilepsy was diagnosed in 2009. There is a regular occurrence of seizures five to six times per week persists, even with daily medication. In 2017, AT experienced a stroke which has left him with left-sided weakness, earlier this year AT had multiple strokes affecting his mobility, eating/swallowing, and strength on the right side of his body.

Past Surgical History: AT underwent a crainotomy, optic nerve surgery, surgery to retreive an undescended testicle, and his PEG tube placement was on 6/10/22

Family History: AT's mother has diabetes. No other significant findings from other family members.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient has never used any tobacco, alcohol, or drugs.

Assistive Devices: The patient uses a hoyer lift at home.

Living Situation: The patient lives with his mother and father in a house.

Education Level:I was unable to assess as AT's dad was teleworking in the patient's room.

Admission Assessment

Chief Complaint (2 points): Aspiration pneumonia,Acute respiratory insufficiency secondary to above, Sepsis (fever, tachycardia, respiratory insufficiency, possible aspiration pneumonia)

History of Present Illness – OLD CARTS (10 points): AT is a 34 years old caucasian male who presented to the emergency department by his parents/primary caregivers for complaints of increased congestion cough for last 3 days. According to the parents, the patient has looked very uncomfortable in the last 3 or 4 days. He has been moaning, not following limited commands like he normally does, sounds very congested, and coughing up a lot. His temperature was 99° at home yesterday per his mother. According to the father, the patient has been progressively deteriorating. His symptoms are localized to the lungs and airway as well as his systemic baseline cognitive function. The parents state that the patient's symptoms are constant throughout the day but worsen in the mornings. The patient's parents state that AT's coughing usually helps clear some secretions but otherwise they are no relieving factors. The patient has not been hospitalized prior for pneumonia/sepsis before .

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Aspiration pneumonia

Secondary Diagnosis (if applicable): Sepsis

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

Aspiration pneumonia is the infectious pulmonary response that occurs after abnormal entry of fluids into the lower respiratory tract. The aspirated fluid includes oropharyngeal secretions, particulate matter, or gastric content. Aspiration pneumonitis refers to inhalational acute lung injury after aspiration of sterile gastric contents. On a cellular level, the mucociliary mechanism and alveolar macrophages should act as defenses in clearing micro aspirations from the secretions. The pathological process of aspiration pneumonia occurs when a predisposed individual's standard defense mechanisms fail. When aspirated fluid enters the bronchi, they trigger an anti-inflammatory reaction by releasing proinflammatory cytokines, tumor necrosis factor-alpha, and interleukins. Killing the usual organisms from the oral cavity and esophagus results in an infectious process. If the bacterial amount of aspirate is low, the typical host defenses will clear the secretions and prevent infection (Sanivarapu & Gibson, 2019). The signs and symptoms of aspiration pneumonia include chest pain, expectorating foul-smelling, greenish or dark phlegm (sputum), phlegm containing pus or blood, fatigue, fever, and shortness of breath. (Penn Medicine, 2019). Aspiration Pneumonia expected findings included a high white blood cell count and a high neutrophil count, and a sputum culture positive for a type of organism. The treatment for aspiration pneumonia usually includes antibiotics and an increase in PO

fluids. AT is currently on cephalexin 250mg per his G-tube. Upon admission AT had a WBC count of 18.24 and a neutrophil count of 13.38, which allude to an infection.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

Overbaugh, J.L.H.K.H.C. K. (2021). *Lippincott coursepoint enhanced for Brunner & Suddarth's textbook of medical-surgical nursing*. [CoursePoint]. Retrieved from

Penn Medicine. (2019, July 23). *Aspiration pneumonia - Symptoms and causes*. Www.pennmedicine.org. https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/aspiration-pneumonia

Sanivarapu, R. R., & Gibson, J. (2019, September 29). *Aspiration pneumonia*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470459/

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	**4/1-5.7**	**4.40**	**4.75**	**Within normal limits (Pagana et al., 2021).**
Hgb	**12-18**	**12.9**	**13.9**	**Within normal limits (Pagana et al., 2021).**
Hct	**37-51**	**39.3**	**42.3**	**Within normal limits (Pagana et al., 2021).**
Platelets	**140-400**	**290**	**327**	**Within normal limits (Pagana et al., 2021).**

WBC	**4-11**	**18.24**	**12.72**	**AT's high WBC level is related to the patient's septic response (Pagana et al., 2021).**
Neutrophils	**1.6-7.7**	**13.38**	**6.86**	**AT's neutrophils are high due to his infection from aspiration pneumonia (Pagana et al., 2021).**
Lymphocytes	**1-4.8**	**2.18**	**4.54**	**Within normal limits (Pagana et al., 2021).**
Monocytes	**2-8**	**2.08**	**0.76**	**AT's high level of monocytes are due to his infection but as the infection was controlled they decreased to a low number (Pagana et al., 2021).**
Eosinophils	**1-4**	**3.3**	**6.4**	**AT's infection and sepsis most likely cause the elevated eosinophils (Pagana et al., 2021).**
Bands	**0-5**		**0.9**	**Within normal limits (Pagana et al., 2021).**

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**	**142**	**144**	**Within normal limits (Pagana et al., 2021).**
K+	**3.5-5**	**3.6**	**4.3**	**Within normal limits (Pagana et al., 2021).**
Cl-	**98-106**	**103**	**102**	**Within normal limits (Pagana et al., 2021).**
CO2	**23-30**	**26.0**	**29.0**	**Within normal limits (Pagana et al., 2021).**
Glucose	**74-106**	**100**	**95**	**Within normal limits (Pagana et al., 2021).**
BUN	**10-20**	**13**	**20**	**Within normal limits (Pagana et al., 2021).**
Creatinine	**0.5-0.8**	**0.71**	**0.75**	**Within normal limits (Pagana et al., 2021).**

Albumin	**3.5-5.7**	**3.1**	**N/A**	**Protein is lost through the GI tract during the inflammatory process. AT's infection is the likely cause of low albumin (Pagana et al., 2021).**
Calcium	**8.8-10.2**	**8.4**	**9.4**	**The patient's low calcium could be due to his under functioning thyroid and pituitary gland or hypocalcemia could be caused by an electrolyte imbalance through his TPN (Pagana et al., 2021).**
Mag	**1.6-2.6**	**6.2**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Phosphate	**2.2-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.2-0.8**	**0.7**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Alk Phos	**40-150**	**142**	**N/A**	**Within normal limits (Pagana et al., 2021).**
AST	**5-34**	**26**	**N/A**	**Within normal limits (Pagana et al., 2021).**
ALT	**0-55**	**44**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Amylase	**40-140**	**N/A**	**N/A**	**N/A**
Lipase	**0-160**	**28**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Lactic Acid	**0.5-2.0**	**N/A**	**N/A**	**N/A**
Troponin	**0-0.03**	**N/A**	**N/A**	**N/A**
CK-MB	**3-5%**	**N/A**	**N/A**	**N/A**
Total CK	**200-395**	**N/A**	**N/A**	**N/A**

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
INR	**0.9-1.1**	**N/A**	**N/A**	**N/A**
PT	**11.7-13.8**	**N/A**	**N/A**	**N/A**
PTT	**25-36**	**N/A**	**N/A**	**N/A**
D-Dimer	**<0.5**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**
HDL	**<60**	**N/A**	**N/A**	**N/A**
LDL	**>70**	**N/A**	**N/A**	**N/A**
Cholesterol	**125-200**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**>5.7**	**N/A**	**N/A**	**N/A**
TSH	**0.35-4.94**	**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	**Colorless/ yellow**	**Yellow/ clear**	**Yellow/ Clear**	**Within normal limits (Pagana et al., 2021).**
pH	**5-9**	**7.0**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Specific Gravity	**1-1.03**	**1.015**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Glucose	**Neg**	**Neg**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Protein	**Neg**	**Neg**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Ketones	**Neg**	**Neg**	**N/A**	**Within normal limits (Pagana et al., 2021).**
WBC	**0-25**	**Neg**	**N/A**	**Within normal limits (Pagana et al., 2021).**
RBC	**0-20**	**Neg**	**N/A**	**Within normal limits (Pagana et al., 2021).**
Leukoesterase	**Neg**	**Small**	**N/A**	**Leukoesterase cells are WBC's that have been excreted through**

				the urine. The occurrence of these is mostly caused by the patient's high serum WBC level and his infection Pagana et al., 2021).

Arterial Blood Gas 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
pH	**7.35-7.45**	**N/A**	**N/A**	**N/A**
PaO2	**80-100**	**N/A**	**N/A**	**N/A**
PaCO2	**35-45**	**N/A**	**N/A**	**N/A**
HCO3	**22-26**	**N/A**	**N/A**	**N/A**
SaO2	**95-100**	**N/A**	**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	**Neg:<10,000 Pos:>100,000**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative URT**	**N/A**	**N/A**	**N/A**
Stool Culture	**Normal intestinal flora**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2021). *Mosby's diagnostic and laboratory test reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray on 9/17/22 and an MRI of the brain on 9/18/22 were completed.

Diagnostic Test Correlation (5 points):

CXR-Lungs/pleura: Pulmonary venous congestion with hazy lower lung opacities. No large pleural effusion or definite pneumothorax identified radiographically. Heart/mediastinum: Prominent cardiopericardial silhouette accentuated by portable technique. Bones/Soft Impression: Mild pulmonary venous congestion accentuated by portable technique. Hazy lower lung opacities may relate to trace pleural effusions with adjacent atelectasis/ infiltrates (Mayo Clinic Staff, 2022).

MRI of brain: Moderate stenosis of right carotid terminus, Mild stenosis of M1 segment of right middle cerebral artery, A1 segment of left ACA is likely hypoplastic occlusion cannot be entirely excluded, No significant vascular stenosis throughout the neck (Cleveland Clinic, 2022).

Diagnostic Test Reference (1) (APA):

Cleveland Clinic. (2022, May 9). *Brain MRI: What it is, purpose, procedure & results*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/22966-brain-mri

Mayo Clinic. (2022, March 5). *Chest x-rays - mayo clinic*. Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand/Generic	**Amlodipine Norvasc**	**Atorvastatin Lipitor**	**Levothryroixine**	**Acetaminophen Tylenol**	**Diphenoxylate Atropine lamotil**
Dose	**5mg**	**20mg**	**137mcg**	**650mg**	**25mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily PRN for pain**	**BID**
Route	**G-tube**	**G-tube**	**G-tube**	**G-tube**	**G-tube**
Classification	**Calcium-channel blocker**	**Antihyperlipidemic**	**Thyroid hormone replacement**	**Nonsalicylate non-opoid analgesic**	**Anticholinergic**
Mechanism of Action	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-COA reductase adn cholesterol synthesis in the liver and by increasing the number of LDL**	**Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system**	**Inhibits acetylcholine's muscarinic action at the neuroeffecotru junctions of smooth muscles, cardiac muscle, and exocrine glands, SA/AV**

	extracellular calcium ions across slow calcium channels.	**receptors on liver cells to enhance LDL uptake and breakdown.**			**nodes, and the urinary bladder.**
Reason Client Taking	**HTN**	**Hypercholesteremia**	**Adrenal insufficiency**	**Pain**	**diarrhea/ soft stools**
Contraindications (2)	**Hypersensitivity** **unstable angina**	**Hepatic disease Elevated serum transaminase**	**diabetes** **coronary artery diease**	**Hepatic impairment Renal impairment**	**Obstructive jaundice** **hepatic disease**
Side Effects/Adverse Reactions (2)	**Pancreatitis** **syncope**	**Myasthenia gravis** **petechiae**	**cardiac arrest** **angioedema**	**atelectaisis** **hypokalemia**	**amnesia** **inspiratory stridor**
Nursing Considerations (2)	**Monitor blood pressure** **Assess the patient frequently for signs of chest pain**	**Assess liver function tests before starting Lipitor therapy Monitor for signs of uncontrolled blood glucose as Lipitor can affect glucose contol**	**Monitor the patient's who is receiving anticoagulants pt/INR** **Monitor the patient's thyroid function tests.**	**Calculate the total intake of acetaminophen to ensure that you are not over dosing the client.** **Monitor the end of a parental infusion to prevent the possibility of an air embolism.**	**Use cautiouslyy with the patient's who have cardiac conductionn problems** **Assess bladder and bowel elimination**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**The nurse should monitor the patient's blood pressure**	**Liver function tests and blood glucose if the patient**	**Assess the patient's PT/INR, T3.T3,calcitonin, and thyroid**	**Monitor the patient's renal and hepatic function**	**Assess the patient's I/Os as well as their**

	prior to administration.	**is diabetic**	**stimulation hormone, as ordered**	**tests.**	**CMP for any electrolyte imbalances**
Client Teaching Needs (2)	**The patient should have their blood pressure checked routinely for hypotension. Take the medication with food to prevent GI upset.**	**Emphasize the importance of having liver function tests completed. The drug should be taken at the same time every day.**	**Instruct the patient that hormone replacement therapy is a life-long therapy. Intruct the patient to the medication at least 30 mins before breakfast o**	**Caution the patient not to excced the daily dose. Teach the patient ot monitor for signs of hepatotoxicity.**	**Advise the patient to notify the provider if they is any elimination difficulty Inform the patient and family that this medication normally inhibits sweating.**

Hospital Medications (5 required)

Brand/Generic	**Amlodipine Norvasc**	**Atorvastatin Lipitor**	**Clobazam Onfi**	**Clonazepam**	**Clopidogrel Plavix**
Dose	**5mg**	**20mg**	**2.5mg**	**0.5 mg**	**75mg**
Frequency	**Daily**	**Bedtime**	**Daily**	**Daily/PRN**	**Daily**
Route	**G-Tube**	**G-Tube**	**G-Tube**	**G-Tube**	**G-Tube**

Classification	**Calcium-channel blocker**	**Antihyperlipidemic**	**Anticonvulsant**	**Anticonvulant/ Benzodiazepam**	**Platelet inhibitor**
Mechanism of Action	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels.**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-COA reductase adn cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.**	**Involves potentiation of GABAergic neurotransmission which causes binding at the benzodiazepine site of the GABA a receptor to stop seizure activity.**	**Potentiates the effects of gamma-amniobutyric acid.**	**binds to adenosine diphosphate recpetiors on the surface of activated platelets.**
Reason Client Taking	**HTN**	**Hypercholesteremia**	**Seizure**	**Seizure**	
Contraindications (2)	**Hypersensitivity** **unstable angina**	**Hepatic disease Elevated serum transaminase**	**Hepatic disease** **decreased lung function**	**acute narrow angle glaucoma** **hepatic disease**	**Active bleeding** **hypersensitivity to clopidogrel**
Side Effects/Adverse Reactions (2)	**Pancreatitis** **syncope**	**Myasthenia gravis** **petechiae**	**Abdominal distention** **respiratory depression**	**myalgia** **anemia**	**glomerulopathy** **pruritis**
Nursing Considerations (2)	**Monitor blood**	**Assess liver**	**Monitor the patient**	**Monitor patient**	**Monitor patient**

	pressure **Assess the patient frequently for signs of chest pain**	**function tests before starting Lipitor therapy Monitor for signs of uncontrolled blood glucose as Lipitor can affect glucose contol**	**closely for any type of rash** **Watch for signs of dependency from the patient**	**closely for loss of effectiveness during a seizure** **Use cautiously in patient's with mixed seizure disorder**	**for signs of anaphylaxsis** **Use clopidogrel cautiously in patient's with hepatic impairment**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**The nurse should monitor the patient's blood pressure prior to administration.**	**Liver function tests and blood glucose if the patient is diabetic**	**NA**	**Monitor the blood drug level, CBC, and liver enzymes during therapy as ordered**	**Monitor the patient's liver function tests as ordered**
Client Teaching Needs (2)	**The patient should have their blood pressure checked routinely for hypotension.** **Take the medication with food to prevent GI upset.**	**Emphasize the importance of having liver function tests completed.** **The drug should be taken at the same time every day.**	**Emphasize that when discontinuing this medication the patient will need to taper the dosage.** **Inform the patient and the patient's parents to discontinue the medication at the first sign of a rash and to notify the**	**Emphasize the patient cannot stop taking the medication abruptly and that the dose will need to be tapered down.** **Instruct the patient or family to report signs of urinary difficulty.**	**Educate the patient to avoid the use of NSAIDs** **Advise the patient that bleeding may occur for a longer period of time**

			provider if this occurs.		

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x 0, minimal distress as the patient moans occasionally, well-appearing
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Pink Warm Dry Normal skin turgor mobility No rashes, bruises, or wounds 13 No
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, the trachea is midline without deviation, the thyroid is non-palpable, no noted nodules, No lymphadenopathy is noted in head or neck. Eyes are white and clear, the conjunctiva is pink, small crust lines the eyes bilaterally.

	The septum is midline, moist, and pink, some congestion, no bleeding or polyps noted, Dentition is good, oral mucosa is pink and a little dry .
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,S2, without murmurs, gallops, or rubs. Normal rate rhythm NSR 2+, intact >3 seconds No No
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 No Course crackles throughout all lung fields and very wet sounding bilaterally
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:**	. NPO NPO 5’2’’inches 136 lbs Normoactive in all four quadrants 0947 None noted G-tube None None None No No Yes PEG, 20 French
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:**	 Yellow Clear 250cc No No Underdeveloped due to adrenal insufficiency

Catheter: Y ☐ N ☐ **Type:** **Size:**	Yes External Catheter 14 fr
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	. A&O x O diminished Hoyer lift Weak Yes Yes 50 Max assist, hoyer lift, 3+ people Yes
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 No No Yes A&O x 0 Underdeveloped The patient is unable to articulate speech The client is not conscious to his environment
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 client likes to toys and rattles to stimulate his hands. Most of his body is weak due to strokes and epilepsy so he is able to occupy himself with these toys. N/A the client's religion. The client's parents take very good care of their son. There is no sign of neglect like pressure injuries. Mom and dad take turns being at the hospital so there is most likely at least one of them in the room. Both parents work from home to ensure round-the-clock care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0726	**66**	**118/78**	**18**	**97.8**	**97**
1103	**61**	**112/72**	**21**	**97.6**	**95**

Vital Sign Trends: AT's vital signs remained stable throughout the day.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0726	**Nonverbal cues did not allude to the client experiencing pain**				
1103	**Nonverbal cues did not allude to the client experiencing pain**				

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18g
Location of IV:	Lower right forearm
Date on IV:	9/15/22
Patency of IV:	The IV is patent
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Transparent Tegaderm

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
534 ml, 120 mls of saline mixed with his medications, 30mls of normal saline to	**the patient excreted 150 mls of urine during my shift and one incontinent bowel**

flush his g-tube, and his tube feeding was running at 96 mls an hour,	**movement.**

Nursing Care

Summary of Care (2 points)

Overview of care: During my shift, I passed around 10 medications, assisted in repositioning, and provided oral care. During my shift, I obtained vitals for other patients because the healthcare tech was overworked.

Procedures/testing done: N/A

Complaints/Issues: The client is not experiencing anything reportable today, he is due to discharge tomorrow following stable labs.

Vital signs (stable/unstable): Vital signs were stable throughout my shift.

Tolerating diet, activity, etc.: The patient is NPO and has a G-tube, he tolerated feedings and his medications through this route.

Physician notifications: The patient remained stable so there was no need to inform the physician of his status

Future plans for the client: The patient will be discharged home tomorrow with his family.

Discharge Planning (2 points)

Discharge location: The patient will be discharged back to his home with his mother and father.

Home health needs (if applicable): The family already employs home health nurses to help lighten responsibilities and provide respite care.

Equipment needs (if applicable): N/A the family already have a Hoyer lift and all of AT's medical equipment.

Follow-up plan: AT has a visit to his neurologist later this month.

Education needs: The family needs education on AT's new medications. The family is proficient in all other aspects of AT's care.

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

Nursing Diagnosis ● 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	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Impaired Gas exchange related to aspiration pneumonia as evidenced by impaired airway clearance, seizure	**This nursing diagnosis was chosen because the client's primary diagnosis was pneumonia. Today, AT was still congested throughout his lungs and airway.**	**1. Change the patient's position every 2 hours to mobilize secretions and allow aeration of all lung fields** **2. Record the patient's intake and output to monitor fluid status**	**1. The patient will have normal breath sounds.**	**The patient's lung fields still sounded congested upon auscultation. The client tolerated all medication and maitian oxygenation on room air.**

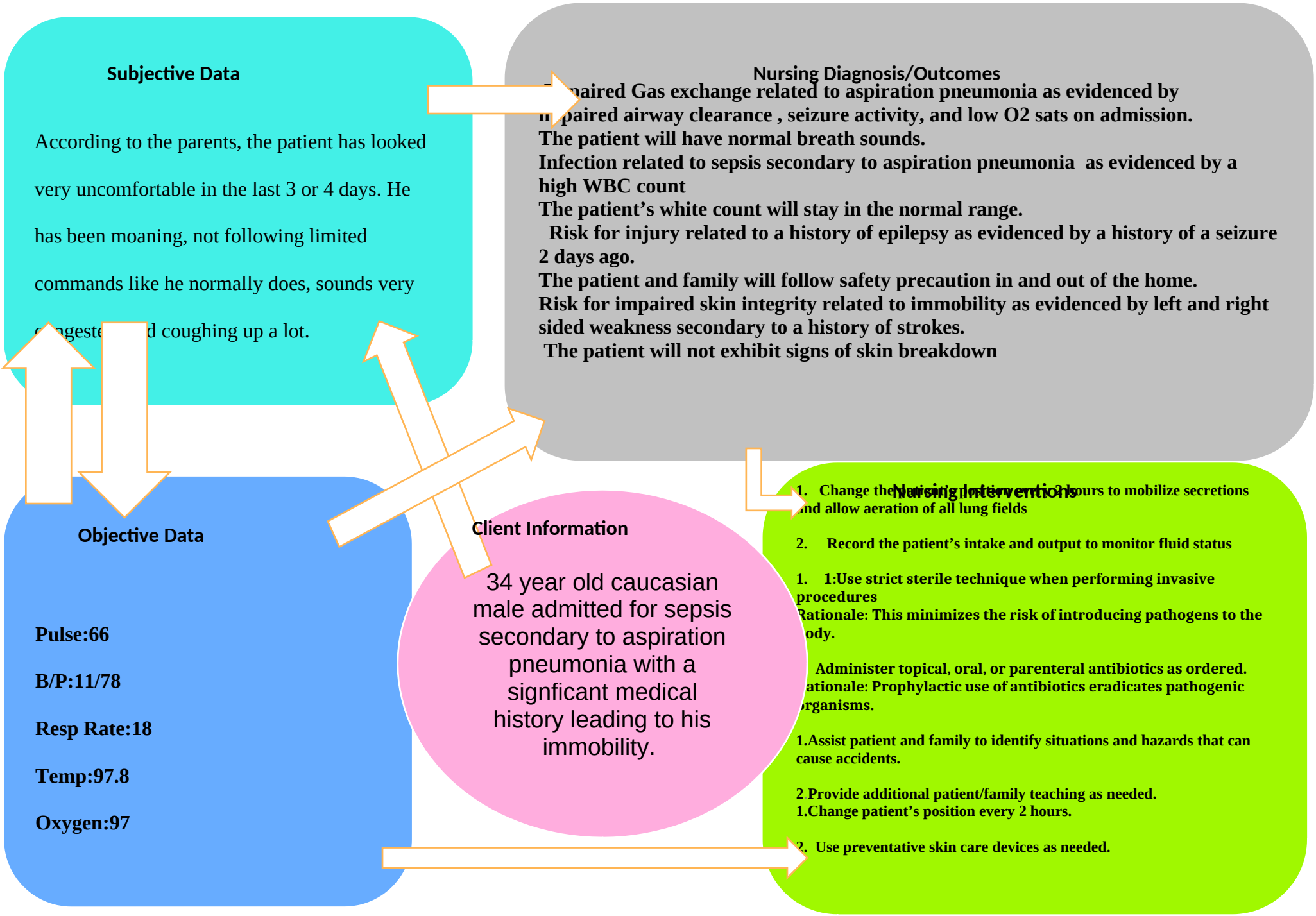
activity, and low O2 sats on admission.				
2. Infection related to sepsis secondary to aspiration pneumonia as evidenced by a high WBC count	**This diagnosis was chosen because the client WBC count was elevated due to AT developing sepsis.**	**1. 1:Use strict sterile technique when performing invasive procedures Rationale: This minimizes the risk of introducing pathogens to the body.** **2. Administer topical, oral, or parenteral antibiotics as ordered. Rationale: Prophylactic use of antibiotics eradicates pathogenic organisms.**	**1. The patient's white count will stay in the normal range.**	**The patient tolerated his antibiotic well. Sarah and Alexandria were sure to be vigilant in using aseptic technique.**
3. Risk for injury related to a history of epilepsy as evidenced by a history of a seizure 2 days ago.	**This diagnosis was chosen because AT has a history of epilepsy and was actively having seizures while hospitalized.**	**1.Assist patient and family to identify situations and hazards that can cause accidents.** **2.Provide additional patient/family teaching as needed.**	**1. The patient and family will follow safety precaution in and out of the home.**	**Sarah and Alexandria assessed AT's for signs of possible injury and corrected any threats. The patient and family are knowledgeable on what to do for AT's seizures.**
4. Risk for impaired skin integrity	**This nursing diagnosis was chosen because AT is**	**1.Change patient's position every 2 hours.**	**1. The patient will not exhibit signs of skin**	**The patient remained free from signs of skin breakdown. Sarah**

related to immobility as evidenced by left and right sided weakness secondary to a history of strokes.	**only able to use his arms and hands. He is a high risk for skin breakdown and pressure sores.**	**2. Use preventative skin care devices as needed.**	**breakdown**	**and Alexandria noticed that his SVD sleeve tubings were making an indent in his thigh so they readjusted the location of the tube to prevent skin breakdown.**

Other References (APA):

Phelps. (2020). *Sparks & Taylor's nursing diagnosis reference manual.* Wolters Kluwer Medical.

Concept Map (20 Points):


Subjective Data
According to the parents, the patient has looked very uncomfortable in the last 3 or 4 days. He has been moaning, not following limited commands like he normally does, sounds very
d coughing up a lot.
Nursing Diagnosis/Outcomes
paired Gas exchange related to aspiration pneumonia as evidenced by
paired airway clearance , seizure activity, and low O2 sats on admission.
The patient will have normal breath sounds.
Infection related to sepsis secondary to aspiration pneumonia as evidenced by a high WBC count
The patient's white count will stay in the normal range.
Risk for injury related to a history of epilepsy as evidenced by a history of a seizure 2 days ago.
The patient and family will follow safety precaution in and out of the home.
Risk for impaired skin integrity related to immobility as evidenced by left and right sided weakness secondary to a history of strokes.
The patient will not exhibit signs of skin breakdown
Objective Data
Pulse:66
B/P:11/78
Resp Rate:18
Temp:97.8
Oxygen:97
Client Information
34 year old caucasian male admitted for sepsis secondary to aspiration pneumonia with a signficant medical history leading to his immobility.
Nursing Interventions
1. Change the patient's position every 2 hours to mobilize secretions and allow aeration of all lung fields
2. Record the patient's intake and output to monitor fluid status
1. 1:Use strict sterile technique when performing invasive procedures
Rationale: This minimizes the risk of introducing pathogens to the body.
Administer topical, oral, or parenteral antibiotics as ordered.
Rationale: Prophylactic use of antibiotics eradicates pathogenic organisms.
1.Assist patient and family to identify situations and hazards that can cause accidents.
2.Provide additional patient/family teaching as needed.
1.Change patient's position every 2 hours.
2. Use preventative skin care devices as needed.