

N311 Care Plan 1

Lakeview College of Nursing

Kelsy Marsh

**Demographics (5 points)**

<b>Date of Admission</b> 2-21-2022	<b>Client Initials</b> E.J.	<b>Age</b> 72 years old	<b>Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> N/A	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> Full code	<b>Height</b> 5'6"	<b>Weight</b> 250 lbs	

**Medical History (5 Points)****Past Medical History:**

Diabetes Mellitus (HCC)

**Past Surgical History:**

Cervical Laminectomy

**Family History:**

N/A

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

Current some day smoker (cigarettes)- Pack years: 18

Smokeless tobacco- never

Alcohol: never

Drug: never

Vaping: never

**Admission Assessment**

**Chief Complaint (2 points):** syncope, leg pain

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

**Onset:** Started on 09/21/2022

**Location:** Left lower extremity

**Duration:** Within a day or two

**Characteristic Symptoms:** leg pain

**Aggravating Factors:** movement

**Associated Manifestations:** N/A

**Relieving Factors:** pain medication and rest

**Treatments:** Rest for the left lower extremity. The patient isn't able to exercise due to not being able to exercise on a treadmill because of his leg injury. Continue the patient on pain medications as needed.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):**

Syncope, leg pain

**Secondary Diagnosis (if applicable):**

Acute Hypokalemia, Type 2 Diabetes Mellitus with Hyperglycemia (HCC), Chronic Hyponatremia, Acute Kidney Injury (HCC)

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

**People with syncope, have a high susceptibility of falling, which can cause physical harm to the patient and compromise their health. People who have problems with syncope often suffer from several different risk factors, including: cluttered environment, alteration in blood glucose level, faintness when turning their neck, insufficient knowledge of modifiable factors. It is important with these certain types of situations to provide the family with a list of all the things that they**

**need to do to prevent the patient from falling. Ask the family frequently during hospitalization whether the patient and family have questions about the modifications needed to prevent falls. It is important to also encourage the patient to express feelings about the fear of falling. Lastly, arrange for social service/case manager to make a home visit to help prepare the family for the patient’s return to a safe and healthy environment.**

**Pathophysiology References (2) (APA):**

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\*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	4.40- 5.80	5.05	4.09	Red blood cell count was lower than normal limits. This can put the patient at a risk of low oxygen and or anemia or shortness of breath. (Capriotti, 2022)
Hgb	13-16.5	13.5	11.2	HGB was lower than normal limits. This indicates an inadequate number of red blood cells in the body, which can lead to anemia or low oxygen. (Capriotti, 2022)

<b>Hct</b>	38-50	<b>41.7</b>	<b>32.9</b>	<b>Hct was lower than the normal limits. This can indicate a lower amount of red blood cells. (Capriotti, 2022)</b>
<b>Platelets</b>	140-440	<b>178</b>	<b>132</b>	<b>Patient has high platelets, indicating blood clots can form in the blood vessels.</b>
<b>WBC</b>	4.0-12.0	<b>9.10</b>	<b>6.90</b>	<b>White blood cells were within normal limits. If the patient had elevated/decreased WBC count, that would indicate the body's immune system not functioning properly.</b>
<b>Neutrophils</b>	40-68	<b>82.8</b>	<b>53.2</b>	<b>Patient had high neutrophils indicating they were fighting an infection in their body. (Capriotti, 2022)</b>
<b>Lymphocytes</b>	19.0-49.0	<b>12.9</b>	<b>37.7</b>	<b>Lymphocytes were lower than the normal limits. Low lymphocytes can be a sign of a weak immune system or ones body is fighting infection. (Capriotti, 2022)</b>
<b>Monocytes</b>	3.0-13.0	<b>3.9</b>	<b>6.7</b>	<b>Monocytes were within the normal limits. If this range was not normal, it can be associated with a chronic or acute infection. (Capriotti, 2022)</b>
<b>Eosinophils</b>	0.0-8.0	<b>0.2</b>	<b>1.8</b>	<b>Eosinophils were within the normal range. If this range was not normal, this could mean that the patient has an excessive amount of cortisol. (Capriotti, 2022)</b>
<b>Bands</b>	0-5	<b>N/A</b>	<b>N/A</b>	<b>Bands were not found.</b>

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-	133-144	<b>132</b>	141	The patient's sodium levels were slightly below normal limits. This could indicate a consumption of too many fluids or a possible kidney failure. (Capriotti, 2022)
K+	3.5-5.1	<b>2.7</b>	<b>2.6</b>	The patient's potassium levels were slightly below normal limits. This could result from vomiting, diarrhea, or the use of diuretics. (Capriotti, 2022)
Cl-	98-107	<b>93</b>	106	The patient's chloride levels were low. This could indicate heart failure or lung disease.
CO2	21-31	<b>27</b> (Venous)	28	CO2 was within normal limits.
Glucose	70-99	<b>483</b>	91	Patience glucose was extremely high due to being a diabetic. (Capriotti, 2022)
BUN	7-25	<b>38</b>	<b>34</b>	BUN was higher than normal limits. This could show a kidney problem. (Capriotti, 2022)
Creatinine	0.5-1.20	<b>2.07</b>	<b>1.56</b>	Creatine was slightly higher than normal. This may indicate a problem in the kidneys. (Capriotti, 2022)
Albumin	3.5-5.7	<b>3.8</b>	N/A	Albumin was in normal limits.
Calcium	8.8-10.2	<b>8.8</b>	N/A	Calcium was in normal limits
Mag	1.6-2.6	<b>2.8</b>	N/A	The patient's Magnesium levels were slightly elevated. This could be an indication of Addison disease, kidney disease or dehydration.

<b>Phosphate</b>	3.0-4.5	N/A	N/A	<b>Phosphates were not noted.</b>
<b>Bilirubin</b>	0.3-1	N/A	N/A	<b>Bilirubin was not noted.</b>
<b>Alk Phos</b>	34-104	<b>36</b>	N/A	<b>Alk phos was within normal limits.</b>

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
<b>Color &amp; Clarity</b>	Clear/ yellow	<b>Clear/ Yellow</b>	N/A	<b>Urine color and clarity was within normal limits. This could indicate a UTI. (Capriotti, 2022)</b>
<b>pH</b>	5.0-9.0	<b>7.0</b>	N/A	<b>pH was within normal limits.</b>
<b>Specific Gravity</b>	1.003-1.030	<b>1.020</b>	N/A	<b>Patient specific gravity was within normal limits.</b>
<b>Glucose</b>	Negative	<b>3+</b>	N/A	<b>Patient's glucose was within normal limits.</b>
<b>Protein</b>	Negative	N/A	N/A	<b>Protein levels were within normal limits. If this was high, it shows a problem with the kidneys. (Capriotti, 2022)</b>
<b>Ketones</b>	Negative	<b>Negative</b>	N/A	<b>Patient's is keytones were negative which is normal.</b>
<b>WBC</b>	Negative	<b>Negative</b>	N/A	<b>This may indicate a infection in the bladder or urine track. (Capriotti, 2022)</b>
<b>RBC</b>	Negative	<b>Negative</b>	N/A	<b>Red blood cells in the urine could indicate kidney stones or a kidney infection. (Capriotti, 2022)</b>
<b>Leukoesterase</b>	N/A	N/A	N/A	<b>Leukoesterase was not noted.</b>

**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
<b>Urine Culture</b>	Negative < 10,000 Positive > 100,000	N/A	<b>PENDING</b> N/A	<b>Abnormal urine culture may indicate a UTI or bladder infection. (Capriotti, 2022)</b>
<b>Blood Culture</b>	Negative	N/A	<b>PENDING</b> N/A	<b>If there is a positive blood culture this means there is an infection or bacteria in the blood. (Capriotti, 2022)</b>
<b>Sputum Culture</b>	Normal URT	N/A	<b>PENDING</b> N/A	<b>Abnormal septum culture will indicate a fungal infection within the body. (Capriotti, 2022)</b>
<b>Stool Culture</b>	Normal intestinal flora	N/A	<b>PENDING</b> N/A	<b>Abnormal stool culture will indicate a disease or cancer in the body. (Capriotti, 2022)</b>

#### **Lab Correlations Reference (1) (APA):**

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

#### **Diagnostic Imaging**

- **XR Left Tibia/Fibula (views x4)**
  - **Finding: acute comminuted fracture was noted involving the neck of the fibula. No displacement was noted. The Tibia appears to be normal.**
- **XR Pelvis (1-2 views)**

- **Finding: Mild arthritic changes were noted within both hip joints. Bones of the pelvis were documented as intact. The sacroiliac joints, that links the pelvis and lower spine looked normal. There were no other bony abnormalities noted on the imaging.**
- **XR Knee minimum (views x4)**
  - **Finding: Acute comminuted fracture of the neck of the fibula was noted. Joint space appears normal. Distal femur and upper tibia appear normal. The patella appears normal.**
- **XR Left Femur minimum (views x2)**
  - **Finding: No fractures were found or any dislocation. No bony abnormality was observed. No joint abnormality was observed.**
- **CT Head/Brain (without contrast)**
  - **Finding: The 3<sup>rd</sup>, 4<sup>th</sup> and lateral ventricles show mild atrophy. The sulci also showed signs of atrophy. The brainstem and cerebrum, as well as the remainder of the posterior fossa, all appear to be normal.**

**All Other Diagnostic Tests (10 points):**

N/A

**Diagnostic Imaging Reference (1) (APA):**

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\*Medications (5 required)**

<b>Brand/Generic</b>	<b>Pepcid/ Famotidine</b>	<b>Buspar/ Buspirone</b>	<b>Neurontin/ Gabapentin</b>	<b>Wellbutrin SR/ Bupropion SR</b>	<b>Lyrica/ Pregabalin</b>
<b>Dose</b>	<b>10mg</b>	<b>10mg</b>	<b>100mg</b>	<b>150mg</b>	<b>75mg</b>
<b>Frequency</b>	<b>DAILY</b>	<b>BID</b>	<b>BID</b>	<b>BID</b>	<b>BID</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	Pharmacologic class: Histamine- 2	Pharmacologic class: Azaspirone	Pharmacologic class: 1-amino-	Pharmacologic class: Aminoketon	Pharmacologic class: Gamma-

	blocker. Therapeutic class: antiulcer agent	Therapeutic class: Anxiolytic	methyl cyclohexane acetic acid Therapeutic class: anticonvulsant	e Therapeutic class: Antidepressant, smoking cessation adjunct	aminobutyric acid (GABA) analogue Therapeutic class: Analgesic, anticonvulsant Controlled Substance schedule: V
<b>Mechanism of Action</b>	<b>In normal digestion, parietal cells in the gastric epithelium secrete hydrogen (H+) ions, which combine with chloride ions (Cl-) to form hydrochloric acid (HCl).</b>	<b>May act as a partial agonist at serotonin 5-hydroxytryptamine receptors in the brain, producing anti-anxiety effects.</b>	<b>Structurally is like gamma-aminobutyric acid (GABA), the main inhibitory neurotransmitter in the brain. Inhibits the rapid firing of neurons associated with seizures.</b>	<b>Inhibits dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression.</b>	<b>Binds to alpha-delta site, an auxiliary subunit of voltage calcium channels, in CNS tissue where it may reduce calcium-dependent release of several neurotransmitters, possibly by modulating calcium channel function.</b>
<b>Reason Client Taking</b>	<b>To prevent duodenal ulcer</b>	<b>To manage anxiety</b>	<b>To manage postherpetic neuralgia</b>	<b>To treat depression</b>	<b>To relieve neuropathic pain associated</b>

					<b>d with diabetic peripheral neuropathy</b>
<b>Contraindications (2)</b>	<b>Hypersensitivity to famotidine, other H2-receptor antagonists, or their components.</b>	<b>Hypersensitivity to buspirone or its components, severe hepatic or renal impairment.</b>	<b>Hypersensitivity to gabapentin or its components.</b>	<b>Hypersensitivity to bupropion or its components, seizure disorder or conditions that increase risk of seizures (i.e. abrupt discontinuation of alcohol)</b>	<b>Hypersensitivity to pregabalin or its components.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Depression, confusion, seizures, hepatitis, pneumonia, erythema multiforme, anaphylaxis</b>	<b>Serotonin syndrome, Angioedema, blurred vision, urine retention, Myalgia</b>	<b>CNS tumors, intracranial hemorrhage, seizures, withdrawal precipitated seizure, hypotension</b>	<b>Coma, CVA, homicidal ideation, seizures, suicidal ideation, arrhythmias, pancreatitis</b>	<b>Intracranial hypertension, suicidal ideation, heart failure, ventricular fibrillation, hypoglycemia</b>

**Medications Reference (1) (APA):**

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's Drug Handbook* (20th ed.).

**Assessment Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT**

**ABNORMAL FINDINGS**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Patient is alert and oriented to person place and time. Patient is in no distress. Patient is cooperative. The patient appears to be the stated age. Patient is over well-groomed overall.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input type="checkbox"/>  <b>Type:</b></p>	<p>Patient’s temperature was 98.1. Patient skin is warm and dry. Patient's turgor was quick to return. Patient has no rashes, bruises or lesions. The Braden score was a 20. Patient does not have any drains present.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Patient's head and neck were symmetrical. Patient eyes were clear bilaterally. Patient ears or warm to the touch and had no deformities. Patient's nose was symmetrical with face. Patient's teeth were taken care of.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/>   N <input type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/>   N <input type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Patient’s rate and rhythm were both within normal limits. S1 and S2 were normal. No murmur, click, rub or gallop was heard. Patient's capillary refill was less than 3 to 5 seconds. Peripheral pulse was not obtained. No neck vein distention was present. No edema was visible.</p>

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Patient's breath sounds were clear. Patient was not using accessory muscle to breathe.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Type:</b></p>	<p>Patient's diet is good overall. Patient has to watch what they eat due to diabetes. Bowel sounds were within normal limits. There are no feeding tube in place and no ostomy bag in place. Last BM was not obtained.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Type:</b>          <b>Size:</b></p>	<p>Patient's urine is clear and yellow. Patient has no pain with urination. Patient is not on dialysis. Patient does not have a catheter.</p>

<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Patient has full range of motion besides left leg. Patient is a fall risk due to age, fractures in the left leg, mobility weakness, altered elimination. No equipment is needed to move patient. Fall score is a 9.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>PERRLA is intact. Strength is equal. Speech is clear. Patient is oriented to person place and time.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Patient has a wife. The patient’s brother and sister-in-law came to visit him, and he seemed excited to talk to them. Patient developmental level is within normal limits.</p>

**Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:00 am	60	116/95	18	97.1	100%

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>7:00 am</b>	<b>0-10</b>	<b>Left Leg</b>	<b>5</b>	<b>Throbbing</b>	<b>Rest/Therapy</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>480 mL</b>	<b>*The patient refused to change out of his jeans, and stated that he, “hasn’t had to use the bathroom yet.”</b>

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>● Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>● Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>● Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>● How did the client/family respond to the nurse’s actions?</li> <li>● Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Risk for fall related to sudden decrease of blood pressure secondary to syncope.</b></p>	<p><b>A diverse strategy is required to plan a personalized fall prevention program for nursing care in every health care setting.</b></p>	<p><b>1. Assess severity of sensory or motor deficits, environmental hazards and inadequate lighting, medication use, improper use of assistive devices.</b></p> <p><b>2. Make necessary changes in environment (i.e. remove throw rugs).</b></p>	<p><b>1. Patient and family will identify factors that increase potential for falling.</b></p>	<p><b>Patient will exhibit improved balance; cognition; risk control; knowledge: fall prevention; safe home environment; fall prevention behavior; falls occurrence</b></p>
<p><b>2. Acute pain/Impaired physical</b></p>	<p><b>Identify level of functioning</b></p>	<p><b>1. Perform ROM exercises to joints unless</b></p>	<p><b>1. The patient will maintain muscle strength and joint ROM.</b></p>	<p><b>Ambulation; Ambulation: Wheelchair: Joint ROM.</b></p>

<p><b>mobility related to left leg being in pain as evidence by imaging that was done.</b></p>	<p><b>using a functional mobility scale. Communicate patient's skill level to all staff members to provide continuity and preserve identified level of independence.</b></p>	<p><b>contraindicated at least once every shift to prevent joint contractures and muscular atrophy.</b></p> <p><b>2. Turn and reposition patient every 2 hours.</b></p>		<p><b>movement; hip; joint movement: passive; mobility; Transfer performance; discharge readiness: independent living; discharge readiness; supported living.</b></p>
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**Other References (APA):**

Phelps, L. L. (2020). In *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.).

Essay, Wolters Kluwer.

**Concept Map (20 Points):**

**Subjective Data:**

**Left leg pain  
Casual smoker  
No alcohol use  
No drug use**

**Nursing Diagnosis/Outcomes:**

**Risk for fall related to sudden decrease of blood pressure secondary to syncope. Patient will exhibit improved balance; cognition; risk control; knowledge: fall prevention; safe home environment; fall prevention behavior; falls occurrence**

**Acute pain/Impaired physical mobility related to left leg being in pain as evidence by imaging that was done. Ambulation; Ambulation: Wheelchair: Joint movement; hip; joint movement: passive; mobility; Transfer performance;**

**discharge readiness: independent living; discharge readiness; supported living.**

**Client Information:**

**72-year-old Male  
Caucasian  
Syncope Episodes  
Left Leg Pain  
Dizziness  
Diabetes mellitus  
Cervical laminectomy**

**Objective Data:**

**5'6"  
250 pounds  
Pulse- 60  
BP- 116/95  
Respiration- 18  
Temperature- 97.1  
Oxygen- 100%**

**Nursing Interventions:**

**Assess severity of sensory or motor deficits, environmental hazards and inadequate lighting, medication use, improper use of assistive devices.**

**Make necessary changes in environment (i.e. remove throw rugs).**

**Perform ROM exercises to joints unless contraindicated at least once every shift to prevent joint contractures and muscular atrophy.**

**Turn and reposition patient every 2 hours.**