N321 Care Plan # 2

Lakeview College of Nursing

Tasnim Mustafiz

Demographics (3 points)

Date of Admission 09/21/2022	Client Initials SP	Age 73	Gender Female
Race/Ethnicity White Caucasian	Occupation Retired	Marital Status Married	Allergies Albuterol, Benadryl, and Zoloft.
Code Status FULL	Height 5'4	Weight 137	

Medical History (5 Points)

Past Medical History: Acute on Chronic Congestive Heart Failure (HCC), Arteriosclerotic Heart Disease (ASHD), Cerebral Vascular Disease, Chest Pain, Chronic Hyponatremia, COPD, Diverticulitis of Colon, Heart Disease, Graves' Disease, Anxiety, Hemiplegia Following Cerebral Infarction Affecting Left Non-Dominant Side, High Cholesterol, Hypertension, Hyperthyroidism, Osteoarthritis, Parietal Lobe Infarction, Postoperative Hypothyroidism, Pulmonary Disease, Syndrome of Inappropriate ADH Production, Stroke.

Past Surgical History: Hysterectomy (2007), Appendectomy (2007), Breast Biopsy (2019), Cardiac Surg Procedure (2020), Right Carotid Endarterectomy (2020), Cholecystectomy (2007), Colon Surgery (2007), Colonoscopy (2007), Thyroidectomy (2021).

Family History: Patient's father had an aneurysm. Patients mother had a heart attack and high cholesterol. Her aunt from her mom's side also had a heart attack.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): PT reports that she has been smoking about 0.50 packs of cigarettes daily. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Assistive Devices: Patient uses a walker.

Living Situation: The patient lives in a house with her husband and two dogs.

Education Level: Patient dropped out of high school.

Admission Assessment

Chief Complaint (2 points): Aphasia, Dizziness, and Vision Problem.

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

Ms. Pierce is a 78-year-old female who came to the ER complaining of aphasia, dizziness, and Vision problems that started at about 1:00 p.m. The patient says symptoms include headaches, weakness, and shortness of breath. Her husband stated she had a recent stroke; she has been experiencing left-sided weakness, including her arm and leg, and uses a walker. Her husband says he can see her having difficulty talking and moving her left arm since the morning. She did take an aspirin earlier. Her husband brought her to the ER because the patient was still complaining of weakness. She reports she took the last dose of Eliquis last night.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Transient Ischemic Attack (TIA)

Secondary Diagnosis (if applicable): N/A

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

An episode of transient ischemic attack (TIA), which has symptoms resembling a stroke, occurs suddenly. A TIA typically lasts only a few minutes and has no lasting effects. A TIA, often known as a ministroke, maybe an alert. A stroke will eventually occur in

roughly 1 in 3 TIA patients, with about half happening within a year after the TIA. A TIA can act as a stroke warning sign and a window of opportunity to stop one.

Temporary ischemia episodes are often brief. While occasionally symptoms may linger up to 24 hours, most signs and symptoms go away within an hour. The signs and symptoms of a TIA are similar to those of an early stroke. They might include double vision, vertigo, abrupt onset of weakness, numbness, paralysis in the face, arm, or leg, usually on one side of the body, slurred or garbled speech, or difficulty understanding others to Haffman & Sullivan (2020). Depending on which part of the brain is affected, the patient may experience multiple TIAs, and the recurring signs and symptoms may be the same or different. The patient reported feeling weak all morning; the husband reports slurred speech and left-sided weakness.

The most important thing to do after a probable TIA is to get medical help immediately because TIAs typically happen hours or days before a stroke. If you believe you may have had a TIA, seek emergency medical care right away. You might be able to avoid having a stroke with prompt diagnosis and identification of possibly curable disorders. The most prevalent kind of stroke, an ischemic stroke, shares the same antecedents as a TIA. An obstruction in the blood flow to a portion of the brain causes an ischemic stroke.

In contrast to a stroke, a TIA only causes a temporary blockage with no lasting effects. The development of cholesterol-containing fatty deposits termed plaques (atherosclerosis) in an artery or one of its branches, which transports oxygen and nutrients, is frequently the underlying cause of a transient ischemic attack (TIA). Plaques can cause a clot to form or reduce the blood flow through an artery. TIA may also be brought on by a

blood clot traveling from another region of the body, most frequently the heart, to an artery that supplies the brain. Some TIA and stroke risk factors are unavoidable. The risk may be higher if a family member has had a TIA or a stroke, one of the factors you can control. Risk increases with age, particularly after age 55. Men are slightly more likely than women to have a TIA or a stroke, but their risk increases as women age. You are substantially more likely to experience a stroke if you have had one or more TIAs. Among the many complications of sickle cell illness is stroke. Sickle cell anemia is another name for this genetic condition. Blood flow to the brain is hampered by sickle-shaped blood cells because they transport less oxygen and have a propensity to become lodged in artery walls. However, good sickle cell disease treatment can reduce your stroke risk. A patient can control risk factors such as high blood pressure, high cholesterol, cardiovascular disease, carotid artery disease, peripheral artery disease, diabetes, high levels of homocysteine, excess weight, and lifestyle changes (Clissold et al., 2020).

It is essential to diagnose the cause of TIA and choose a course of treatment as soon as the symptoms are assessed. Your doctor may use the following, including physical examination and tests, neurological examination, vision and eye movements, speech and language, strength, reflexes, and sensory system, as well as high blood pressure, high cholesterol levels, diabetes, and in some cases high levels of the amino acid homocysteine, to help identify the cause of the TIA and determine the risk of a stroke. The doctor may request a computed tomography (CT) or computerized tomography angiography (CTA) scan of the patient's head. CT scanning of the head employs X-ray beams to create a composite 3D view of the brain or to assess the arteries in the neck and brain, echocardiography, and arteriography (Clissold et al., 2020). Patient got a CT of the

abdomen, CT of the stroke photo, and CT of the head and chest XR; however, the provider also ordered an MRI.

Treatment aims to address the problem and avoid a stroke once the clinician has identified the TIA's underlying cause. Depending on the TIA's underlying cause, the medical professional may suggest surgery or a balloon treatment, prescribe medication to lessen blood clotting risk, or both. Following a TIA, doctors may prescribe several drugs to reduce the risk of stroke. The location, etiology, severity, and type of TIA all influence the treatment choice. Antiplatelet medications reduce the likelihood of platelets sticking together, a kind of circulating blood cell. Sticky platelets start to form clots when blood arteries are damaged, and blood plasma clotting proteins finish the job (Clissold et al., 2020). Aspirin is the antiplatelet drug that is used the most commonly. Anticoagulant medications include warfarin and heparin. Instead of affecting platelet activity, they affect the proteins in the clotting mechanism.

Pathophysiology References (2) (APA):

Clissold, B., Phan, T. G., Ly, J., Singhal, S., Srikanth, V., & Ma, H. (2020). Current aspects of Tia Management. *Journal of Clinical Neuroscience*, *72*, 20–25. https://doi.org/10.1016/j.jocn.2019.12.032

Hoffman, J. J., & Sullivan, N. J. (2020). *Davis advantage for medical-surgical nursing: Making connections to practice*. F.A. Davis.

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 – 6	3.68	4.1	PT has a low RBC count related to TIA (Pagana, 2018).
Hgb	12 – 16	11.8	11	PT has low Hgb due to anemia (Pagana, 2018).
Hct	35 – 37	32.9	35.8	PT has low Hct due to anemia (Pagana, 2018).
Platelets	150,000 – 400,000	290	256	
WBC	4,500 – 11,000	9.20	6.20	
Neutrophils	45 – 75	73.9	54.5	
Lymphocytes	20 – 40	13.7	30.2	PT has high lymphocytes due to body not making enough blood cells (Pagana, 2018).
Monocytes	4 – 6	8.6	8.9	PT has which is associated with dehydration (Pagana, 2018).
Eosinophils	Less than 7%	3	5.6	
Bands	50 – 65%	N/A	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	136	138	
K+	3.5 – 5	4.5	4.3	
Cl-	98 – 107	100	105	
CO2	21 – 31	24	23	
Glucose	70 – 100	93	100	
BUN	8 – 25	32	27	Patient's BUN is high due to dehydration (Pagana, 2018).

Creatinine	**0.6 – 1.3**	**1.34**	**1.19**	**PT has high creatinine related to heart disease (Pagana, 2018).**
Albumin	**3.5 – 5.2**	**3.9**	**N/A**	
Calcium	**8.6 – 10.2**	**8.9**	**8.7**	
Mag	**1.6 – 2.6**	**N/A**	**N/A**	
Phosphate	**2.5 – 4.5**	**N/A**	**N/A**	
Bilirubin	**0.1 – 1.4**	**N/A**	**N/A**	
Alk Phos	**34 – 104**	**59**	**N/A**	
AST	**10 – 30**	**15**	**N/A**	
ALT	**10 – 40**	**10**	**N/A**	
Amylase	**40 – 140 U/ L**	**N/A**	**N/A**	
Lipase	**11 – 82 U/L**	**N/A**	**N/A**	
Lactic Acid	**0.5 – 2.0 mmoL/L**	**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 Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**2 – 3**	**1.0**	**N/A**	**PT has low INR due to blood clot; it can relate to her TIA (Pagana, 2018).**
PT	**9.5 – 11.3**	**10.6**	**N/A**	
PTT	**30 – 40 sec**	**N/A**	**N/A**	
D-Dimer	**≤ 250**	**N/A**	**N/A**	
BNP	**< 100**	**263**	**N/A**	**PT has a high BNP due to having a TIA (Pagana, 2018).**

HDL	**>40**	**42**	**N/A**	
LDL	**< 130**	**110**	**N/A**	
Cholesterol	**< 200**	**163**	**N/A**	
Triglycerides	**< 150**	**55**	**N/A**	
Hgb A1c	**< 7**	**5.2**	**N/A**	
TSH	**0.5 – 5**	**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	**Yellow/Clear**	**Pending**	**N/A**	
pH	**1.005 – 1.035**	**N/A**	**N/A**	
Specific Gravity	**Negative**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**Negative**	**N/A**	**N/A**	
RBC	**Negative**	**N/A**	**N/A**	
Leukoesterase	**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	**No Culture**	**N/A**	**N/A**	
Blood Culture	**No Culture**	**N/A**	**N/A**	

Sputum Culture	**No Culture**	**N/A**	**N/A**	
Stool Culture	**No Culture**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT Abdomen Pelvis –

IMPRESSION:

1. **There is evidence of an aneurysm of the abdominal aorta. It is bilobed. The diameter of the upper aneurysm is 42 mm. The diameter of the lower aneurysm is 38 mm. Aorta, and its branches show severe atherosclerotic changes with calcified plaque.**
2. **Diverticulitis of sigmoid colon noted without diverticulitis.**
3. **Mild dilatation of small and large bowel noted. It is probably due to ileus.**

CT Stroke Photo –

IMPRESSION:

Mild atrophy. Microvascular ischemic changes were noted. No hemorrhage or mass effect. An old lacunar infarct was noted in the right thalamus.

CT Angiogram of Head –

IMPRESSION:

1. **Extensive calcification of the common carotid arteries and carotid bifurcations markedly advanced for age but unchanged from the April 2020 exam. No stenosis of the common carotid arteries.**
2. **Calcification of the subclavian arteries and the transverse aortic arch unchanged from the earlier study.**
3. **Calcification of the right and left carotid bifurcations and internal carotid arteries in the neck. No definite stenosis.**
4. **Both vertebral arteries are patent. The left vertebral is the slightly dominant vessel. There is calcification of the distal vertebral arteries bilaterally.**
5. **Calcification of the intracavernous internal carotid arteries bilaterally. The anterior and middle cerebral vessels are unremarkable.**
6. **Further evaluation with MRI is suggested.**

XR Chest Single View Portable –

IMPRESSION:

No acute disease.

Diagnostic Test Correlation (5 points):

The patient received a CT for Stroke, Chest XR, and CT Angiogram of the Head due to a previous stroke to see if she had another one. The patient had a CT of the abdominal Pelvis to see if there was an aneurysm of the abdominal aorta.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/ Generic	**Nitroglycerin/ Nitrostat**	**Polyethylene Glycol/MiraLAX**	**Losartan/ Cozaar**	**Levothyroxine/ Synthroid**	**Metoprolol Succinate/Toprol-xl**
Dose	**0.4 mg tab**	**15 mg tab**	**25 g**	**125 MCG**	**50 mg**
Frequency	**Sublingual every 5 min as needed**	**2 times daily PRN**	**Daily**	**Once daily**	**Once daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: Nitrate Therapeutic class: Antianginal, vasodilator**	**Pharmacologic class: Osmotic Therapeutic class: laxatives.**	**Pharmacologic class: Angiotensin receptor blocker Therapeutic class: Antihypertensive.**	**Pharmacologic class: Synthetic thyroxine Therapeutic class: Thyroid hormone Replacement.**	**Pharmacologic class: Beta, -adrenergic blocker Therapeutic class: Antianginal, Antihypertensive.**
Mechanism of Action	**May interact with nitrate receptors in vascular smooth muscle cell membranes. This interaction reduces nitroglycerin to nitric oxide, which activates the enzyme guanylate cyclase, increasing**	**Osmotic laxatives contain substances that are poorly absorbable and draw water into the lumen of the bowel.9 Polyethylene glycol functions is an osmotic laxative that causes increased**	**Blocks binding of angiotensin II to receptor sites in many tissues, including adrenal glands and vascular smooth muscle. Angiotensin II is a potent vasoconstrictor that also stimulates**	**Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis levothyroxine has all the following**	**Inhibits stimulation of beta, -receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize**

	the intracellular formation of cGMP. Increased GMP levels may relax the vascular smooth muscle by forcing calcium out of muscle cells, causing vasodilation. Venous dilation decreases venous return to the heart, reducing left ventricular end-diastolic pressure and pulmonary artery wedge pressure. Arterial dilation decreases systemic arterial pressure, vascular resistance, and mean arterial pressure. Thus, nitroglycerin reduces preload and afterload, decreasing myocardial	**water retention in the lumen of the colon by binding to water molecules, thereby producing loose stools.**	**the adrenal cortex to secrete aldosterone. The inhibiting effects of angiotensin II reduces blood pressure.**	**actions of endogenous thyroid hormone.**	**cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin.**

	workload and oxygen demand.				
Reason Client Taking	**PT is taking this to prevent acute anginal attacks.**	**PT is taking this to treat constipation ; adverse effects of the meds she is taking.**	**PT take it to manage hypertension.**	**PT taking this to treat hypothyroidism.**	**PT take this to manage hypertension.**
Contraindications (2)	**Acute MI (S.L), angle-closure glaucoma, cerebral hemorrhage, circulatory failure and shock, concurrent use of phosphodiesterase inhibitors.**	**Suspected bowel obstruction and inflamed bowel disease**	**Hypersensitivity to losartan or its components, uncorrected adrenal insufficiency.**	**Hypersensitivity to levothyroxine or its components, uncorrected adrenal insufficiency.**	**Hypersensitivity to metoprolol, other beta-blockers and Heart rate less than 45 beats/ minute.**
Side Effects/ Adverse Reactions (2)	**Insomnia and restlessness.**	**Swollen abdomen, and rectal hemorrhage.**	**Angioedema and hyperkalemia.**	**Tachycardia and heat intolerance.**	**Blurred vision and dry mouth.**
Nursing Considerations (2)	**-Check vital signs before every dosage adjustment and often during therapy. - Monitor frequently heart and breath sounds, level of consciousnes**	**- Assess patient for abdominal distention, presence of bowel sounds, and usual pattern of bowel function. - Assess color, consistency,**	**-Monitor blood pressure and renal function studies, as ordered, to evaluate drug effectiveness. -Periodically monitor patient's**	**-Be aware that levothyroxine therapy is not to be used for the treatment of obesity or for weight loss. -Monitor PT of the patient who is receiving**	**- Be aware that if the patient has pheochromocytoma, alpha-blocker therapy should start first, followed by metoprolol to prevent paradoxical increase in blood pressure**

	s, fluid intake and output, and pulmonary artery wedge pressure, if possible.	**and amount of stool produced.**	**serum potassium level, as ordered, to detect hyperkalemia.**	**anticoagulants, as a dosage adjustment may be required.**	**from attenuation of beta-mediated vasodilation in skeletal muscle. - Monitor the patient for evidence of worsening heart failure during dosage increases. If heart failure worsens, expect to increase the diuretic dosage and possibly decrease the metoprolol dosage or temporarily discontinue the drug, as prescribed. Metoprolol dosage shouldn't be increased until worsening heart failure has been stabilized.**

Hospital Medications (5 required)

Brand/ Generic	**Aspirin**	**Atorvastatin/ Lipitor**	**Clopidogrel/ Plavix**	**Enoxaparin/ Lovenox**	**Lorazepam/ Ativan**
Dose	**81 mg**	**80 mg**	**75 mg**	**30 mg**	**1 mg**
Frequency	**Daily**	**Nightly**	**Daily**	**Every 24 hours**	**Daily**
Route	**Oral**	**Oral**	**oral**	**Subcutaneous**	**Intravenous**
Classification	**Pharmacologic class: Salicylate Therapeutic class: NSAID**	**Pharmacologic class: HMG-CoA reductase inhibitor Therapeutic class: Antihyperlipidemic**	**Pharmacologic class: Platelet inhibitor Therapeutic class: Platelet aggregation inhibitor**	**Pharmacologic class: Low-molecular-weight Heparin Therapeutic class: Anticoagulant**	**Pharmacologic class: Benzodiazepine Therapeutic class: Anxiolytic**
Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, essential mediators in the inflammatory response, cause local vasodilation with swelling and pain. With the**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.**	**Binds to adenosine diphosphate receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein Ilb/Illa receptors and prevents fibrinogen from attaching to receptors. Without fibrinogen, platelets can't**	**Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin Ill, enoxaparin rapidly binds with and inactivates clotting factors. Without thrombin, fibrinogen can't convert to fibrin, and thrombus can't form.**	**It may potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibits excitatory stimulation, which helps control**

	blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspirin inhibits platelet aggregation by interfering with the production of thromboxane A2 is a substance that stimulates platelet aggregation. Aspirin acts on the heat-regulating center in the		**aggregate and form thrombi. E Contraindications**		**emotional behavior. Limbic, the system contains a highly dense area of benzodiazepine receptors, which may explain the drug's antianxiety effects. Also, lorazepam hyperpolarizes neuronal cells, interfering with their ability to generate seizures.**

	hypothalamus and causes peripheral vasodilation, diaphoresis, and heat loss.				
Reason Client Taking	**PT take this to relieve mild pain.**	**PT taking this control lipid levels as an adjunct to cardiac diet.**	**PT is taking this due to previous stroke.**	**PT had hip replacement and this meds prevent DVT.**	**PT have anxiety.**
Contraindications (2)	**Active bleeding or coagulation disorders and current or recent Gl bleed or ulcers**	**Active hepatic disease, hypersensitivity to atorvastatin or its components.**	**Active pathological bleeding, including intracranial hemorrhage and peptic ulcer; hypersensitivity to clopidogrel or its components.**	**Active major bleeding and hypersensitivity to benzyl alcohol.**	**Acute angle-closure glaucoma; hypersensitivity to lorazepam other benzodiazepines, and their components.**
Side Effects/ Adverse Reactions (2)	**CNS depression and heartburn.**	**Arrhythmias and amnesia.**	**Fatal intracranial bleeding and chest pain.**	**Bloody stools and pulmonary edema.**	**Respiratory depression and seizures.**
Nursing Considerations (2)	**-Be aware that elderly patients and dehydrated febrile children are at higher risk for toxicity. -Monitor**	**-Expect to measure lipid levels 2 to 4 weeks after therapy starts to adjust dosage as directed, and to repeat periodically until lipid levels are within the**	**-Determine if the patient has a history of hypersensitivity that may have included a hematologic reaction to any other thienopyridine drug,**	**-Use enoxaparin with extreme caution in patients with a history of heparin-induced thrombocytopenia (HIT). - Use also extreme caution in**	**-Before starting lorazepam therapy in a patient with depression, make sure the patient takes an antidepressant because of the increased risk of**

	salicylate levels in patients receiving long-term therapy. Ask about tinnitus. This reaction usually occurs when blood aspirin level reaches or exceeds the maximum dosage for therapeutic effect.	**desired range. - Monitor diabetic patient's blood glucose levels because atorvastatin therapy can affect blood glucose control.**	**such as prasugrel or ticlopidine because allergic cross-reactivity has been reported. -Use clopidogrel cautiously in patients with severe hepatic or renal disease, risk of bleeding from surgery or trauma, or conditions that predispose to bleeding.**	**patients with an increased risk of hemorrhage as from active ulcerative or angiodysplasia GI disease.**	**suicide in patients with untreated depression. -Use extreme caution when giving lorazepam to elderly patients, especially those with compromised respiratory function because the drug can cause hypoventilation, respiratory depression, sedation, and unsteadiness.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 Ndh: Nurse's Drug Handbook*.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and Oriented to person, place, and time.** **Not in apparent distress** **Clean and well groomed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**White, normal for race** **Dry** **Warm** **Normal turgor** **No rash or lesions** **No bruises noted** **No wounds noted** **16**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical** **A pink, moist ear with no apparent lesions.** **Sclera was white,** **cornea was clear, conjunctiva** **was pink, with no drainage noted.** **Top and bottom teeth present**
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:**	**S1 and S2 sounds are present with no** **murmurs, rubs, or gallops** **Normal rhythm** **1+ symmetric** **Normal, 3-5 seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal rates and rhythm bilaterally.**
GASTROINTESTINAL:	**Normal diet**

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:**	**Cardiac diet** **5'4** **137** **Present in all quadrants** **This afternoon** **No pain or mass noted** **No lesion or rashes** **No distinction** **No incision** **No scars** **No drains** **No wound** **No ostomy** **No nasogastric**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **Normal output related to dialysis** **900 mL** **No pain** **N/A, I did not do an inspection.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐ - Yes** **Needs assistance with equipment ☐ - Yes, with a walker.** **Needs support to stand and walk☐ - No.**	**No deficits noted** **No pain, paralysis, or pallor. Pulse is normal.** **Normal ROM** **Walker** **Needs ADL assistance** **No, for fall risk** **Fall Score: 40** **Activity/Mobility Status: Independent, but weak.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐**	**Oriented to person, place, and time.** **Friendly and cooperative.** **Good speech; however is it a little hard to**

Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☒ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**understand.** **Life side weakness due to pervious stroke** **No LOC, she is alert.**
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):**	**She likes to play watch TV, play with her two dogs, and hangout with her grandkids.** **No deficits noted.** **Christian; however, does not practice.** **PT is married.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:55 PM	75	145/74	17	97.7	96
02:47 PM	61	166/76	18	97.5	97

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:55 PM	0 – 10	N/A	PT reports no pain at this time.	N/A	N/A
2:47 PM	0 – 10	N/A	PT reports no pain at this time.	N/A	N/A

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:**	Peripheral IV Location: Left Hand Date/Time: 09/21/22; 1723 Size: 20 Gauge Dry, clean, and intact. No erythema, drainage, ect. No fluid running at this moment.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
PO 660 mL	**900 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient is not in her room at this moment; she went to get some diagnostic labs done. At 1245 patient arrived back in her room. The student nurse entered the patient's room, introduced herself, took her vitals, and performed a head-to-toe assessment. The patient's BP is high. The student nurse let the nurse know. 2:10, the patient wakes up from her nap patient initiate to order lunch student nurse helps the patient order her food. While waiting patient falls asleep. When the lunch arrives, patient wakes up and starts eating. 0250 student nurse gets 2ed set of vitals. The student let the nurse know that the patient's blood pressure was high. 0320 patient walked to the restroom patient urinated and voided. 0400 nurse notified the patient she would be getting discharged; the student nurse took out the patient's IV and got the patient ready for discharge. 0430 patient's husband picks up the patient from the hospital.

Procedures/testing done: CT Abdomen Pelvis, CT Stroke Photo, CT Angiogram of Head, XR Chest Single View Portable.

Complaints/Issues: Patient verbalized no pain and complained.

Vital signs (stable/unstable): Vitals are stable throughout the day; however, blood pressure is slightly higher than normal.

Tolerating diet, activity, etc.: Patient had a good lunch. Patient walked to the restroom by herself. She was happy to get discharge.

Physician notifications: The physician orders PT once a week and suggested MRI.

Future plans for client: Patient will need to follow a cardiac diet. There's going to be physical therapy every week.

Discharge Planning (2 points)

Discharge location: Patient's home.

Home health needs (if applicable): N/A

Equipment needs (if applicable): Walker.

Follow up plan: Patient needs to get MRI done. Follow up with physician with MRI result.

Education needs: Follow cardiac diet, review medication, and importance of PT once a week.

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	**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.

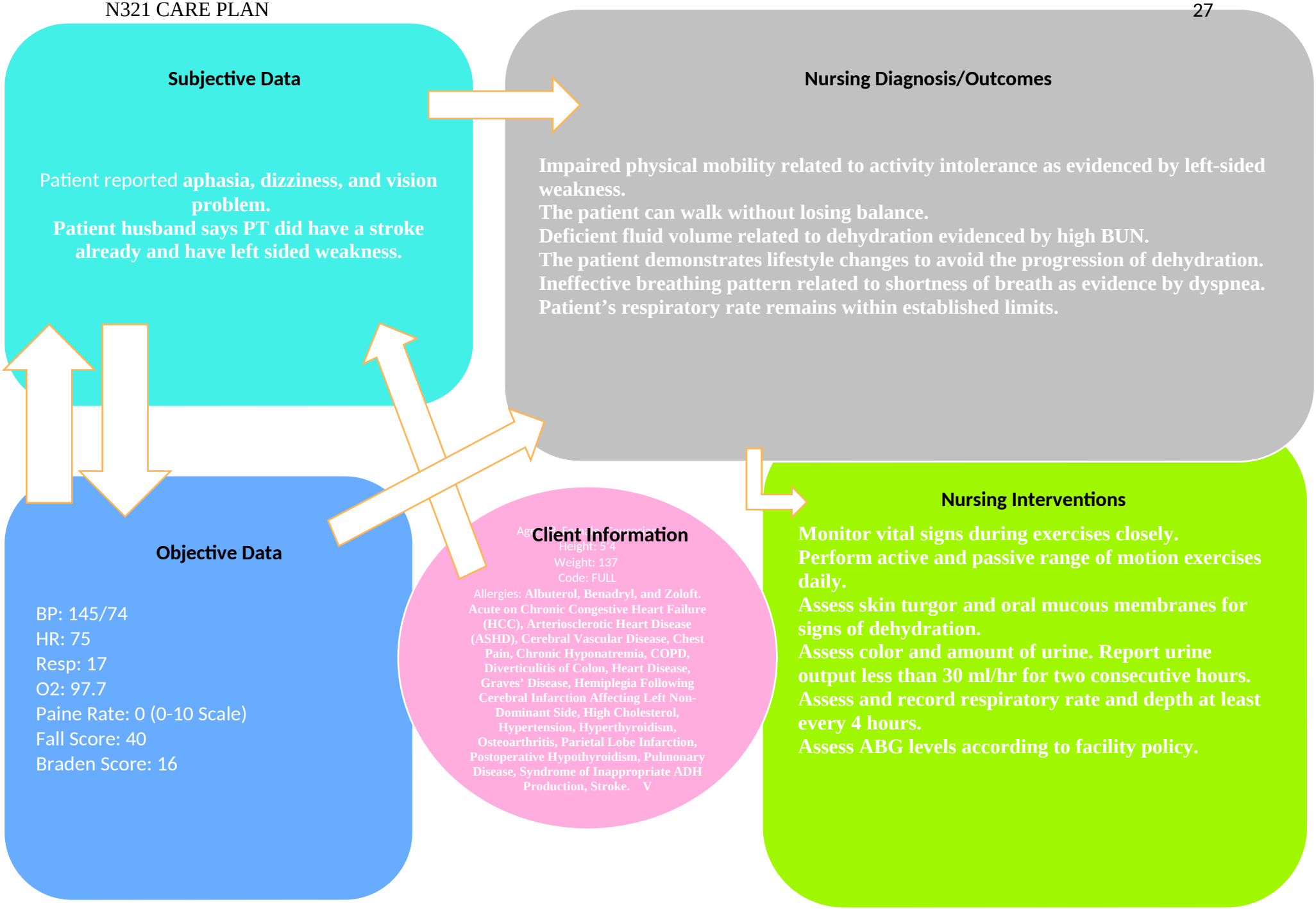
priority – highest priority to lowest priority pertinent to this client				
Impaired physical mobility related to activity intolerance as evidenced by left-sided weakness.	**The patient complained of left-side weakness due to an old stroke.**	**Monitor vital signs during exercises closely. Perform active and passive range of motion exercises daily.**	**The patient can walk without losing balance.**	**Patient carries out activities of daily living (ADLs) without heart rate exceeding or dropping below set limits.**
Deficient fluid volume related to dehydration evidenced by high BUN.	**The patient's BUN was 32 at admission.**	**Assess skin turgor and oral mucous membranes for signs of dehydration. Assess color and amount of urine. Report urine output less than 30 ml/ hr for two consecutive hours.**	**The patient demonstrates lifestyle changes to avoid the progression of dehydration.**	**Patient and her husband demonstrate understanding of factors precipitating fluid volume deficit.**
Ineffective breathing pattern related to shortness of breath as evidence by dyspnea	**The patient's O2 was 94 at admission.**	**Assess and record respiratory rate and depth at least every 4 hours. Assess ABG levels according to facility policy.**	**Patient's respiratory rate remains within established limits.**	**Patient reports feeling rested each day.**

Other References (APA):

Phelps, L.L. (2020). ***Sparks and Taylor's Nursing Diagnosis Reference Manual*** **(11th ed.).**

Wolters Kluwer

Concept Map (20 Points):


Subjective Data
Patient reported aphasia, dizziness, and vision problem.
Patient husband says PT did have a stroke already and have left sided weakness.
Nursing Diagnosis/Outcomes
Impaired physical mobility related to activity intolerance as evidenced by left-sided weakness.
The patient can walk without losing balance.
Deficient fluid volume related to dehydration evidenced by high BUN.
The patient demonstrates lifestyle changes to avoid the progression of dehydration.
Ineffective breathing pattern related to shortness of breath as evidence by dyspnea.
Patient's respiratory rate remains within established limits.
Objective Data
BP: 145/74
HR: 75
Resp: 17
O2: 97.7
Paine Rate: 0 (0-10 Scale)
Fall Score: 40
Braden Score: 16
Client Information
Height: 5'4
Weight: 137
Code: FULL
Allergies: Albuterol, Benadryl, and Zoloft. Acute on Chronic Congestive Heart Failure (HCC), Arteriosclerotic Heart Disease (ASHD), Cerebral Vascular Disease, Chest Pain, Chronic Hyponatremia, COPD, Diverticulitis of Colon, Heart Disease, Graves' Disease, Hemiplegia Following Cerebral Infarction Affecting Left Non-Dominant Side, High Cholesterol, Hypertension, Hyperthyroidism, Osteoarthritis, Parietal Lobe Infarction, Postoperative Hypothyroidism, Pulmonary Disease, Syndrome of Inappropriate ADH Production, Stroke. V
Nursing Interventions
Monitor vital signs during exercises closely.
Perform active and passive range of motion exercises daily.
Assess skin turgor and oral mucous membranes for signs of dehydration.
Assess color and amount of urine. Report urine output less than 30 ml/hr for two consecutive hours.
Assess and record respiratory rate and depth at least every 4 hours.
Assess ABG levels according to facility policy.