N311 Care Plan 1

Lakeview College of Nursing

Kelsy Marsh

Demographics (5 points)

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

Medical History (5 Points)

Past Medical History:

Diabetes Mellitus (HCC)

Syncopal episodes

Past Surgical History:

Cervical Laminectomy

Family History:

Unknown history

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

Smoking: The patient is a current some day smoker. The patient smokes cigarettes. The client's cigarette pack years are eighteen.

Smokeless tobacco: The patient stated that he has never used smokeless tobacco.

Alcohol: The patient stated that he has never consumed any alcoholic substances.

Drug: The patient stated that he has never taken any drug substances.

Vaping: The patient stated that he has never used any vaping products.

Admission Assessment

Chief Complaint (2 points): syncope, leg pain

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

The patient presents to the ED for Syncopal episodes and leg pain on 09/21/2022 **(Onset).** The patient first explains that he was diagnosed with left lower extremity fracture 4 days ago **(Location).** It is progressively worsening and the discomfort is constant **(Duration),** he now feels like the pain in his leg is a stabbing feeling **(Characteristics).** The pain that the patient feels in his left leg is making him feel dizzy **(Associated Manifestations).** The patient proceeds to say that any kind of movement is very painful for him **(Aggravating factors).** The patient has tried pain medication, such as Ibuprofen, which has helped slightly, but now is not helping as much. The patient has said that the best thing for his leg pain is to just rest **(Relieving Factors).** Currently, the patient denies any headaches, visual disturbance, dyspnea, chills, chest or abdominal pain, dysuria, hematuria or leg swelling **(Characteristics).** This patient has not been treated for this before, but has experienced similar occurrences before **(Treatment).**

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 Hypoatremia, 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. “It is caused by a

temporary drop in the amount of blood that flows to the brain". (Capriotti, 2020). Syncope is the acting of fainting, or the sudden, but temporary loss of consciousness. "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." (Capriotti, 2020). Syncope can happen if you have a sudden drop in blood pressure, heart rate, or changes that are within your blood. Some signs and symptoms of syncope include: blacking out, falling for no reason, feeling drowsy or groggy, headaches, feeling lightheaded and feeling unsteady or weak when standing." (Pagana, 2021). There are several tests to run on the patient to see if their situation is directly correlated with syncope. "A few of the tests that are used to determine the causes of syncope include: laboratory testing, Electrocardiogram (EKG or ECG), excersie stress test or blood volume determination." (Pagana, 2021). 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 signify kidney disease/malnutrition 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 Iron Deficiency. (Capriotti, 2022)**
Hct	38-50	**41.7**	**32.9**	**Hct was lower than the normal limits. This can indicate a lower amount of red blood cells. (Capriotti, 2022)**
Platelets	140-440	**178**	**132**	**Patient has high platelets, indicating blood clots can form in the blood vessels.**
WBC	4.0-12.0	**9.10**	**6.90**	**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.**
Neutrophils	40-68	**82.8**	**53.2**	**Patient had high neutrophils**

				indicating they were fighting an infection in their body. (Capriotti, 2022)
Lymphocytes	19.0-49.0	**12.9**	**37.7**	**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)**
Monocytes	3.0-13.0	**3.9**	**6.7**	**Monocytes were within the normal limits. If this range was not normal, it can be associated with a chronic or acute infection. (Capriotti, 2022)**
Eosinophils	0.0-8.0	**0.2**	**1.8**	**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)**
Bands	0-5	**N/A**	**N/A**	**Bands were not found.**

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	**132**	**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	**2.7**	**2.6**	**The patient's potassium levels were slightly below normal limits. This low level can be**

				created from caffeine intake, medication side effects or inadequate dietary intake of potassium. (Capriotti, 2022)
Cl-	98-107	**93**	**106**	**The patient's chloride levels were low. This could indicate heart failure or lung disease.**
CO2	21-31	**27 (Venous)**	**28**	**CO2 was within normal limits.**
Glucose	70-99	**483**	**91**	**Patience glucose was extremely high due to being a diabetic. (Capriotti, 2022)**
BUN	7-25	**38**	**34**	**BUN was higher than normal limits. This could show a kidney problem. (Capriotti, 2022)**
Creatinine	0.5-1.20	**2.07**	**1.56**	**Creatine was slightly higher than normal. This may be because of the patient's acute kidney injury. (Capriotti, 2022)**
Albumin	3.5-5.7	**3.8**	**N/A**	**Albumin was in normal limits.**
Calcium	8.8-10.2	**8.8**	**N/A**	**Calcium was in normal limits**
Mag	1.6-2.6	**2.8**	**N/A**	**The patient's Magnesium levels were slightly elevated. This could be an indication of Addison disease, kidney disease or dehydration.**
Phosphate	3.0-4.5	**N/A**	**N/A**	**Phosphates were not noted.**
Bilirubin	0.3-1	**N/A**	**N/A**	**Bilirubin was not noted.**
Alk Phos	34-104	**36**	**N/A**	**Alk phos was within normal limits.**

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

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

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

The x-rays listed were all completed due to the recent fall that the patient had. These x-rays were all done to ensure that the patient did not have any injuries or fractures due to the several recent falls within the patient's past.

The CT of the head and brain was obtained due to the recent fall that the patient experienced. The CT was taken of the head and brain to ensure that there was not any bleeding or injuries.

All Other Diagnostic Tests (10 points):

- **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 3rd, 4th 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.**

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 <u>different</u> medications must be completed*Medications (5 required)**

Brand/Generic	**Pepcid/ Famotidine**	**Buspar/ Buspirone**	**Neurontin/ Gabapentin**	**Wellbutrin SR/ Buproprion**	**Lyrica/ Pregabalin**

				SR	
Dose	**10mg**	**10mg**	**100mg**	**150mg**	**75mg**
Frequency	**DAILY**	**BID**	**BID**	**BID**	**BID**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	Pharmacologic class: Histamine- 2 blocker. Therapeutic class: antiulcer agent (Jones & Bartlett Learning, 2022).	Pharmacologic class: Azaspirone Therapeutic class: Anxiolytic (Jones & Bartlett Learning, 2022).	Pharmacologic class: 1-amino-methyl cyclohexane acetic acid Therapeutic class: anticonvulsant (Jones & Bartlett Learning, 2022).	Pharmacologic class: Aminoketone Therapeutic class: Antidepressant, smoking cessation adjunct (Jones & Bartlett Learning, 2022).	Pharmacologic class: Gamma-aminobutyric acid (GABA) analogue Therapeutic class: Analgesic, anticonvulsant Controlled Substance schedule: V (Jones & Bartlett Learning, 2022).
Mechanism of Action	**In normal digestion, parietal cells in the gastric epithelium secrete hydrogren (H+) ions, which combine with chloride ions (Cl-) to form hydrochloric acid (HCl).** (Jones & Bartlett Learning, 2022).	**May act as a partial agonist at serotonin 5-hydroxytryptamine receptors in the brain, producing antianxiety effects.** (Jones & Bartlett Learning, 2022).	**Structurally is like gamma-amino butyric acid (GABA), the main inhibitory neurotransmitter in the brain. Inhibits the rapid firing of neurons associated with seizures.** (Jones &	**Inhibits dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression.** (Jones & Bartlett Learning, 2022).	**Binds to alpha-delta site, an auxillary subunit of voltage calcium channels, in CNS tissue where it may reduce calcium-dependent release of several**

			Bartlett Learning, 2022).		**neurotransmitters, possibly by modulating calcium channel function.** (Jones & Bartlett Learning, 2022).
Reason Client Taking	**To prevent duodenal ulcer** (Jones & Bartlett Learning, 2022).	**To manage anxiety** (Jones & Bartlett Learning, 2022).	**To manage posttherpetic neuralgia** (Jones & Bartlett Learning, 2022).	**To treat depression** (Jones & Bartlett Learning, 2022).	**To relieve neuropathic pain associated with diabetic peripheral neuropathy** (Jones & Bartlett Learning, 2022).
Contraindications (2)	**Avoid if you have stomach cancer. Avoid using this if you experience chronic kidney disease.** (Jones & Bartlett Learning, 2022).	**Avoid if you are in renal failure or renal impairment. Avoid using if you currently experiencing hepatic disease.** (Jones & Bartlett Learning, 2022).	**Avoid if you are taking losartan, ethacrynic acid or caffeine. Avoid using if you experience myasthenia gravis or myoclonus.** (Jones & Bartlett Learning, 2022).	**Avoid using if you have a seizure disorder or conditions that increase risk of seizures (i.e. abrupt discontinuation of alcohol)** (Jones & Bartlett Learning, 2022).	**Avoid taking if you experience suicidal thoughts, or experience depression. Avoid taking if you have a decrease in sharpness of vision**

					called reduced visual acuity. (Jones & Bartlett Learning, 2022).
Side Effects/Adverse Reactions (2)	**Depression, confusion, seizures, hepatitis, pneumonia, erythema multiforme, anaphylaxis** (Jones & Bartlett Learning, 2022).	**Serotonin syndrome, Angioedema, blurred vision, urine retention, Myalgia** (Jones & Bartlett Learning, 2022).	**CNS tumors, intracranial hemorrhage, seizures, withdrawal precipitated seizure, hypotension** (Jones & Bartlett Learning, 2022).	**Coma, CVA, homicidal ideation, seizures, suicidal ideation, arrhythmias, pancreatitis** (Jones & Bartlett Learning, 2022).	**Intracranial hypertension, suicidal ideation, heart failure, ventricular fibrillation, hypoglycemia** (Jones & Bartlett Learning, 2022).

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	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.

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	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.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	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.
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:**	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.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Patient's breath sounds were clear. Patient was not using accessory muscle to breathe.

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:**	Patient's diet is good overall. Patient is on a carb-controlled diet, due to his diabetes. Bowel sounds were active within all four quadrants. There are no feeding tube in place and no ostomy bag in place. Last BM was not obtained. The patients abdomen was soft and flat. The patient did not present with any scars, incisions, drains or wounds. The patient's age is seventy-two years of age. The patient's weight is two-hundred and fifty pounds.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Patient's urine is clear and yellow. Patient has no pain with urination. Patient is not on dialysis. Patient does not have a catheter.

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☐**	The Patient has no deficits. 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. The patient has crutches to ambulate due to the fractured leg. The patient needs assistance with equipment.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	PERRLA is intact. Strength is equal. Speech is clear. Patient is oriented to person place and time. MAEW: no. The patient does not have any obvious sensory deficits. The patient is awake and alert. The patient is not lethargic.
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):**	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.

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)

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

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL	***The patient refused to change out of his jeans, and stated that he, "hasn't had to use the bathroom yet."**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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	**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.

this client				
1. Risk for fall related to sudden decrease of blood pressure secondary to syncope.	**A diverse strategy is required to plan a personalized fall prevention program for nursing care in every health care setting.**	**1. Assess severity of sensory or motor deficits, environmental hazards and inadequate lighting, medication use, improper use of assistive devices.** **2. Make necessary changes in environment (i.e. remove throw rugs).**	**1. Patient and family will identify factors that increase potential for falling.**	**Patient will exhibit improved balance; cognition; risk control; knowledge: fall prevention; safe home environment; fall prevention behavior; falls occurrence**
2. Acute pain/Impaired physical mobility related to left leg being in pain as evidence by acute fracture that was seen on the x-ray.	**Identify level of functioning using a functional mobility scale. Communicate patient's skill level to all staff members to provide continuity and preserve identified level of independence.**	**1. Perform ROM exercises to joints unless contraindicated at least once every shift to prevent joint contractures and muscular atrophy.** **2. Make sure to manage the pain levels for the patient.**	**1. The patient will maintain muscle strength and joint ROM.**	**Ambulation; Ambulation: Wheelchair: Joint movement; hip; joint movement: passive; mobility; Transfer performance; discharge readiness: independent living; discharge readiness; supported living.**

Other References (APA):

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

Concept Map (20 Points):