

N311 Care Plan #1

Lakeview College of Nursing

Elexus Williams

**Demographics (5 points)**

<b>Date of Admission</b> 10/05/2022	<b>Client Initials</b> R.O.	<b>Age</b> 76 y/o	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> USF Holland	<b>Marital Status</b> married	<b>Allergies</b> Sulfa antibiotics • <b>Reaction: hives and trouble breathing</b>
<b>Code Status</b> No CPR- selective treatment	<b>Height</b> 5'6"	<b>Weight</b> 111lb	

**Medical History (5 Points)**

**Past Medical History: bowel obstruction(HCC), carcinoma(HCC), congestive heart failure(HCC), chronic obstructive pulmonary disease(HCC), coronary artery disease, hyperlipidemia, hypertension, myocardial infarction(HCC),(7/20/2015), sleep apnea, and stroke(HCC),(2/01/2022)**

**Past Surgical History: coronary artery bypass graft, arterial, three; cardiac catheterization; lumbar fusion, back surgery(2016), upper gastrointestinal endoscopy(N/A, 10/24/2020), esophagogastroduodenoscopy with PEG(N/A, 12/18/2020), femoral-popliteal bypass graft(bilateral)(1/19/2021), central venous catheter(right, 2/22/2021), and upper gastrointestinal endoscopy(N/A, 3/01/2022)**

**Family History:**

**Mother- diabetes**

**Father- stroke**

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

**Patient reports that he quit smoking, smoking includes cigarettes. He has a 50.00 pack-year smoking history. Patient reports that he has never used smokeless tobacco. Patient reports previous drug use, drugs include marijuana and oxycodone. Patient reports no previous use of alcohol.**

### **Admission Assessment**

**Chief Complaint (2 points): altered mental status and agitation**

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

**The patient was admitted to the hospital on 10/05/2022 due to arriving at the emergency department with complaints of having altered mental status and agitation. Patient appeared to be agitated and confused, not being able to give detail history. Patients' wife was by the bedside and reported that this has been an ongoing episode for the past 2 days, not allowing the family to get much sleep at home because the patient has been becoming more and more agitated and aggressive. The patients' wife stated that he's on hospice care and as of 3 days ago the patient suddenly complained of pain on his left side of the body. The patient stated, "There's a sharp throbbing pain going down the side of my body" while touching the left side. The nurse with hospice care had told the family that there was nothing wrong with the patient. The patient then started the following day being aggressive and agitated. The patients' wife is not aware of aggravating or relieving factors for the patient. The patient has not sought any treatment at home such as over the counter meds or home remedies prior to this visit. Otherwise, patient has not experienced any vomiting, diarrhea, no fever, chills, or abnormal body movement.**

### **Primary Diagnosis**

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

**Secondary Diagnosis (if applicable): hyponatremia, acute kidney injury(HCC), community acquired pneumonia(10/05/2022), malignant neoplasm metastatic to right lung(HCC), tonsillar cancer(HCC)(02/08/2021), chronic obstructive pulmonary disorder(HCC) (01/10/2019), obstructive sleep apnea(10/19/2018)**

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

Acute encephalopathy is a term used for any diffuse disease of the brain that alters brain function or structure (National Institute of Neurological Disorders and Stroke, 2022). There are various causes of encephalopathy, the disease may be caused by a metabolic or mitochondrial dysfunction, chronic progressive trauma, poor nutrition, or lack of oxygen or blood flow to the brain infection from bacteria or viruses (National Institute of Neurological Disorders and Stroke, 2022), as well as a kidney disease, autoimmune diseases, diabetic ketoacidosis, brain tumor, and exposure to toxic substances such as alcohol, paints, solvents or radiation (Healthdirect Australia, 2021). Generally, people with acute encephalopathy, have symptoms of memory loss, reduced ability to think clearly or concentrate, drowsiness, changes in personality such as irritability, aggression, and impulsive behavior or having suicidal thoughts. (Healthdirect Australia, 2021). Symptoms are dependent upon the severity of the disease and the area of which it is targeting the body. Some other symptoms include involuntary muscle twitching, difficulty swallowing or speaking, unusual eye movements, tremors, muscle weakness, dementia, seizures, and loss of consciousness (Healthdirect Australia, 2021). Typically, if a doctor is wanting to rule out acute encephalopathy, they may try different tests such as, talking to the patient and examining them, doing blood tests, sampling the patients' spinal fluid by a lumbar puncture,

brain scans such as CT scans or MRI scans, or an EEG, to measure electrical activity in the brain, or testing the patients' mental state and ability (Healthdirect Australia, 2021). There are different approaches to treatment that can be taken depending on severity and what's causing encephalopathy to occur. The different treatments can include, antibiotics, this might be used to treat encephalopathies that are caused or triggered by infections. Another treatment could be anticonvulsants being prescribed to manage seizures. If encephalopathy is more severe, the treatments may include dialysis or organ transplant, if the patient is having a liver or kidney problem (Healthdirect Australia, 2021). Encephalopathy can be reversible, but with a chronic disease there's a greater chance that there will be episodes and the patient will need ongoing treatments. The patient is currently taking antibiotics as a treatment for this disease.

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

Healthdirect Australia. (2021, June). *Encephalopathy*. healthdirect. Retrieved October 12, 2022, from <https://www.healthdirect.gov.au/encephalopathy>

U.S. Department of Health and Human Services. (2022, July 25). *Encephalopathy*. National Institute of Neurological Disorders and Stroke. Retrieved October 12, 2022, from <https://www.ninds.nih.gov/health-information/disorders/encephalopathy>

### **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	4.2-5.4	3.22	3.26	Levels are low due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Hgb	12-16	9.6	10.0	Levels are low due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Hct	36-47	29.0	29.1	Levels are low due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Platelets	150-400	323	347	
WBC	5-10	14.90	13.80	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Neutrophils	40-68	85.0	88.1	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Lymphocytes	19-49	6.1	4.1	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Monocytes	3-13	8.6	7.7	
Eosinophils	0-8.0	N/A	N/A	
Bands	0-6	N/A	N/A	

**NOTE: Eosinophils values were not obtained during this visit.**

**Bands values were not obtained during this visit.**

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-	136-145	129	133	Levels are low due to the patient having a secondary diagnosis of hyponatremia. (Pagana, 2019)
K+	3.5-5	3.9	3.6	
Cl-	98-106	99	101	
CO2	23-30	26	29	
Glucose	74-106	95	83	
BUN	10-20	32	35	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Creatinine	0.5-1.1	17	27	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Albumin	3.5-5	3.2	3.1	Levels are low due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Calcium	9-10.5	9.2	9.6	
Mag	1.3-2.1	2.8	2.2	Levels are high due to the patient having a secondary diagnosis of acute kidney injury, which is renal failure. (Pagana, 2019)
Phosphate	3-4.5	N/A	N/A	

<b>Bilirubin</b>	<b>0.3-1</b>	<b>0.6</b>	<b>0.4</b>	
<b>Alk Phos</b>	<b>30-120</b>	<b>109</b>	<b>111</b>	

**NOTE: Phosphate values were not obtained during this visit.**

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today’s Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>Yellow, clear</b>	<b>Yellow,clear</b>	<b>N/A</b>	
<b>pH</b>	<b>5.0-9.0</b>	<b>5.0</b>	<b>N/A</b>	
<b>Specific Gravity</b>	<b>1.003-1.030</b>	<b>1.007</b>	<b>N/A</b>	
<b>Glucose</b>	<b>Negative</b>	<b>Negative</b>	<b>N/A</b>	
<b>Protein</b>	<b>Negative</b>	<b>Trace!</b>	<b>N/A</b>	<b>There is a trace of protein in the urine due to the patient having a diagnosis of acute kidney disease, allowing the protein to leak into the urine. (Pagana, 2019)</b>
<b>Ketones</b>	<b>Negative</b>	<b>Negative</b>	<b>N/A</b>	
<b>WBC</b>	<b>Negative(0-5,hpf)</b>	<b>Negative</b>	<b>N/A</b>	
<b>RBC</b>	<b>Negative(0-2,hpf)</b>	<b>Negative</b>	<b>N/A</b>	
<b>Leukoesterase</b>	<b>Negative</b>	<b>Negative</b>	<b>N/A</b>	

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today’s Value</b>	<b>Explanation of Findings</b>
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<b>Urine Culture</b>	<b>No growth</b>	<b>N/A</b>	<b>N/A</b>	
<b>Blood Culture</b>	<b>No growth</b>	<b>Collected on admin(10/05/2022)</b>	<b>No growth</b>	
<b>Sputum Culture</b>	<b>No growth</b>	<b>N/A</b>	<b>N/A</b>	
<b>Stool Culture</b>	<b>No growth</b>	<b>N/A</b>	<b>N/A</b>	

**NOTE: No urine culture was obtained during this visit.**

**No sputum culture was obtained during this visit.**

**No stool culture was obtained during this visit.**

**Lab Correlations Reference (1) (APA): Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14<sup>th</sup> ed.). Elsevier.**

### **Diagnostic Imaging**

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

**CT head without intravenous contrast: for altered mental status and metastatic cancer;**

**impression: mild cerebral atrophy and mild periventricular matter disease are seen, as well as enlarged right parotid gland is seen. Could be due to right parotitis versus underlying neoplasm.**

**Patient received CT head without intravenous contrast due to altered mental status (Pagana, 2019). The CT indicated that there was mild cerebral atrophy and periventricular disease, which could be the cause of patient having altered mental**

**status. Mild cerebral atrophy can lead to problems with thinking, memory, and performing everyday activities (Cleveland Clinic, 2022).**

**XR Chest single view portable: for shortness of breath; impression: emphysema with COPD. Significant clearing of infiltrates in both lungs compared to previous examination.**

**Patient received XR chest view portable due to shortness of breath(Pagana, 2019).**

**The XR chest indicated that there was emphysema with COPD, which could be the cause of the patient experiencing shortness of breath. Emphysema is a type of COPD which makes it hard to breathe and gets worse over time (U.S. National Library of Medicine, 2022)**

**Diagnostic Imaging Reference (1) (APA): Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14<sup>th</sup> ed.). Elsevier**

***Brain atrophy: What it is, causes, symptoms & treatment.* Cleveland Clinic. (n.d.). Retrieved October 12, 2022, from <https://my.clevelandclinic.org/health/diseases/22515-brain-atrophy#:~:text=People%20with%20brain%20atrophy%2C%20also,the%20more%20impairment%20someone%20has.>**

**U.S. National Library of Medicine. (n.d.). *Emphysema | Emphysema symptoms | emphysema treatment.* MedlinePlus. Retrieved October 12, 2022, from <https://medlineplus.gov/emphysema.html#:~:text=What%20is%20emphysema%3F,of%20COPD%20is%20chronic%20bronchitis.>**

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

**Medications (5 required)**

<b>Brand/ Generic</b>	<b>Acetaminophen/ Tylenol</b>	<b>LORazepam/ Ativan</b>	<b>Nicotine/ Nicoderm CQ</b>	<b>Calcium Carbonate / TUMS</b>	<b>Haloperi dol lactate/H aldol</b>
<b>Dose</b>	<b>650mg</b>	<b>1mg</b>	<b>1 patch/21mg</b>	<b>1,000 mg</b>	<b>1 mg</b>
<b>Frequency</b>	<b>Every 4 hours PRN</b>	<b>Every 6 hours PRN</b>	<b>Daily PRN</b>	<b>Every 8 hours PRN</b>	<b>Every 6 hours PRN</b>
<b>Route</b>	<b>Oral</b>	<b>Intramuscula r</b>	<b>Transdermal</b>	<b>Oral</b>	<b>Intraveno us</b>

<b>Classification</b>	<b>Antipyretic</b>	<b>Anxiolytic</b>	<b>Smoking cessation adjunct</b>	<b>Antacid</b>	<b>Antipsychotic</b>
<b>Mechanism of Action</b>	<b>Blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. (Jones &amp; Bartlett Learning, 2023)</b>	<b>Limbic system contains a highly dense area of benzodiazepine receptors, which may explain drug's antianxiety effects. Also, lorazepam hyperpolarizes neuronal cells, thereby interfering with their ability to generate seizures. (Jones &amp; Bartlett Learning, 2023)</b>	<b>Binds selectively to nicotinic ganglia, in the adrenal medulla, at neuromuscular junctions, and in the brain. By providing lower dose of nicotine than cigarettes, this drug reduces nicotine craving and withdrawal symptoms. (Jones &amp; Bartlett Learning, 2023)</b>	<b>Increase levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems. (Jones &amp; Bartlett Learning, 2023)</b>	<b>May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect. (Jones &amp; Bartlett Learning, 2023)</b>
<b>Reason Client Taking</b>	<b>Mild pain/more severe pain it requested</b>	<b>Agitation</b>	<b>Nicotine dependency</b>	<b>Heartburn Indigestion</b>	<b>Agitation</b>
<b>Contraindications (2)</b>	<b>Severe hepatic impairment and severe active liver disease</b>	<b>Acute angle closure glaucoma and hypersensitivity to lorazepam, other benzodiazepines, or their components</b>	<b>Hypersensitivity to nicotine or its components, including menthol or soy and concurrent smoking or use of other nicotine</b>	<b>Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation (I.V.) and</b>	<b>Dementia with Lewy bodies and severe toxic central nervous system comatose states, or</b>

			<b>products</b>	<b>renal calculi</b>	<b>depression.</b>
<b>Side Effects/ Adverse Reactions (2)</b>	<b>Hepatotoxicity and hemolytic anemia (with long term use)</b>	<b>Seizures and pancytopenia</b>	<b>Arrhythmias and bronchospas m.</b>	<b>Hypo tension and hypercalce mia</b>	<b>Cardiac arrest and hypother mia.</b>

**Medications Reference (1) (APA): Jones & Bartlett Learning, (2023). Nurse’s Drug Handbook (22<sup>nd</sup> ed.). Jones & Bartlett**

**Assessment**

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

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert, oriented to person and age. Patient did not know place or date of day. Appears to be confused, malnourished, chronically sick looking, agitated, and restless. Complains of pain (level 3)</b> <b>Well-groomed for condition</b>
<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>Skin color is usual for ethnicity.</b> <b>Skin intact, warm, and dry, upon palpation.</b> <b>No rashes, bruises, wounds, or lesions.</b> <b>Normal quantity, distribution, and texture of hair.</b> <b>Nails without clubbing or cyanosis.</b> <b>Skin turgor normal mobility.</b> <b>Braden Score: 14</b>

<p><b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Capillary refill less than 3 seconds fingers and toes bilaterally.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head is normocephalic and atraumatic                  Neck is symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules.                  Bilateral carotid pulses are palpable and 2+.                  No lymphadenopathy in the head or neck is noted.                  Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge. PERRLA bilaterally.                  No drainage or ear wax, hearing intact, bilateral auricles, no visible or palpable deformities, lumps or lesions.                  Nose has no drainage.                  Teeth are not present; no dentures.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>                  S1, S2, S3, S4, murmur etc.  <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 checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>S1 and S2 heard, no murmur or extra heart sounds.                  Regular rate and rhythm.                  Peripheral pulse regular. Pulses 2+ and symmetrical.                  Capillary refill less than 2</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds:</b> Location, character</p>	<p>Respirations are symmetrical with rate and pattern, non-labored.                  Breath sounds, clear throughout                  No wheezes or crackles noted.</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></p>	<p>Regular diet                  Current diet is mechanical soft                  5'6"                  111lbs                  Bowel sounds normoactive in four quadrants.                  Last BM was on 9/21/2022                  Abdomen is soft, no tenderness, and no mass.</p>

<p><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 checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p><b>Skin warm, dry, and intact.</b>  <b>No distention.</b>  <b>No incisions.</b>  <b>No scars.</b>  <b>No drains.</b>  <b>No wounds.</b></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 checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p><b>Yellow</b>  <b>Clear</b>  <b>Adequate output</b></p> <p><b>Genitals are of standard appearance</b></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 checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" 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 checked="" type="checkbox"/>  <b>Needs support to stand and walk</b> <input checked="" type="checkbox"/></p>	<p><b>All extremities have full range of motion (ROM).</b>  <b>Client uses a hooyer lift.</b>  <b>Grips equal bilaterally.</b>  <b>1 assist with ADL's.</b>  <b>Fall Risk</b>  <b>Fall Score: 45 – Medium risk</b>  <b>Needs hooyer lift, 2 person assist</b>  <b>Hand grips and pedal pushes and pulls demonstrate normal and equal strength.</b>  <b>Balanced and smooth gait.</b></p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" 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><b>Confused conscious, but agitated and restless.</b>  <b>Full neurologic exam wasn't performed as patient doesn't follow commands.</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b></p>	

<p><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>The patient uses prayer as a coping method.  <b>Development not normal, confused and agitated.</b>                  The patient practices Christianity and values it very much, used to go to church every Sunday in the past when health was better.                  Patient lives at home with family in a good size house, in good conditions.                  Patient states that family support is his ex wife and daughter whom help him at home along with hospice care.</p>
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**Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:10a	71	151/83	16	97.8	89(on room air)

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

Time	Scale	Location	Severity	Characteristics	Interventions
7:10a	3/10	Behind right ear	Mild	Consistent, throbbing	Reposition pillow

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
240mL	400mL

**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?                             <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
<p><b>1. At risk for impaired skin integrity related to patient needed a hoyer lift to move in and out of bed as evidence by Braden Scale being a 14.</b></p>	<p><b>The patient requires the use of equipment, such as a hoyer lift with the assist of 2 people to help get the patient out of the bed.</b></p>	<p><b>1.Encourage ambulation, getting out of bed with hoyer lift for at least 2 hours.</b></p> <p><b>2.Performing ROM exercises every 4 hours while patient is awake.</b></p>	<p><b>1. Patient should achieve his highest mobility level possible.</b></p>	<p><b>Patient was monitored, assisted with, and performed ROM every 4 hours while awake.</b></p>
<p><b>2. At risk for falls related to alteration in cognitive functioning as evidence by Morse Scale being a 45.</b></p>	<p><b>The patient requires constant reminding of where they are, location wise, and the today’s date. Patient also is very confused and agitated.</b></p>	<p><b>1. Assess the patients’ ability to use the call bell or other safety emergency system.</b></p> <p><b>2. Identify factors that may cause or contribute to injury</b></p>	<p><b>1. The patient should identify resources in the community to help the patient with ongoing fall prevention.</b></p>	<p><b>Patient was seen using the call bell when needed something that was clear across the room instead of attempting to get out of bed without assistance.</b></p>

		<b>from a fall.</b>		
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**Other References (APA): N/A**

**Concept Map (20 Points):**

**Subjective Data**

The patient states ““There’s a sharp throbbing pain going down the side of my body” while touching the left side of their body.

**Nursing Diagnosis/Outcomes**

At risk for falls related to alteration in cognitive functioning as evidence by Morse Scale being a 45.

At risk for impaired skin integrity related to patient needed a hoyer lift to move in and out of bed as evidence by Braden Scale being a 14.

**Objective Data**

Patient needs assistance ambulating via hoyer lift.  
Patient needs dentures to assist better with eating.  
Patient needs assistance with mobility in bed to reduce the risk of skin breakdown.

**Client Information**

Robert O’Neil  
Married Caucasian male  
Height: 5’6”  
Weight: 111lbs  
No CPR- Selective treatment  
Allergic to sulfa antibiotics  
Worked for USF Holland

**Nursing Interventions**

Encourage ambulation, getting out of bed with hoyer lift for at least 2 hours.

.Performing ROM exercises every 4 hours while patient is awake.

Assess the patients’ ability to use the call bell or other safety emergency system.

Identify factors that may cause or contribute to injury from a fall.





