N311 Care Plan #2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 6/6/2022	Client Initials M.S.	Age 72	Gender Male
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies None
Code Status Full Code	Height 68 Inches	Weight 202.8 lbs.	

Medical History (5 Points)

Past Medical History: Diabetes Meletus type 2, hypertension, weakness, atrial fibrillation, peripheral vascular disease, sleep apnea, hypercholesteremia, chronic kidney disease stage 3.0, and dysphasia**.**

Past Surgical History: N/A

Family History: N/A

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The patient was a previous smoker (patient would not say how much or how long her had smoked and neither did his medical record), no alcohol use, and no drug use.

Admission Assessment

Chief Complaint (2 points): Weakness

History of Present Illness – OLD CARTS (10 points): Patient states that his weakness has been “going on for months and did not give a specific time frame. The patient states that he has felt weakness all over his body but specifically in his legs the most. He says the weakness is always there, but it varies day to day in severity. He says the weakness feels like his arms and legs are “tied to weights”. He also stakes that is typically worse in the morning before he has had his breakfast, saying his breakfast gives him more strength. The patient does not have complaints of any pain currently.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cerebral Infarction

Secondary Diagnosis (if applicable): Dysphasia Following Cerebral Infarction

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

A cerebral infarction, also called an ischemic stroke, is an event where a clot travels into the brain, cutting off circulation to parts of the brain. This leads to ischemia and results in some tissues of the brain not receiving adequate oxygen to function. This ischemic event then ultimately leads to the death of tissue in the affected area. Thus, resulting in a cerebral infarction (Capriotti, 2020). According to Capriotti (2020), "The middle cerebral artery is a cerebral artery commonly affected by stroke because it supplies the brain with more than 80% of its blood flow. A clot or thrombus that causes ischemic stroke commonly arises from one of three mechanisms: arteriosclerosis of a cerebral artery, atrial fibrillation which causes a cardioembolic event, or carotid stenosis that can also cause an embolic event."

This patient has a history of atrial fibrillation which might have led to a cardiac event, causing his cerebral infarction. This patient shows signs of dysphasia, slurred speech, right-sided facial droop, trouble manipulating his right arm, trouble remembering the day and location, trouble remembering his memories and stories, generalized neurological deficit, and generalized weakness. These are all possible signs and symptoms that could arise after experiencing a cerebral infarction (Capriotti, 2020).

To diagnose stroke, there are a couple key findings that must be looked at. The first being a CT scan of the head. This diagnostic imaging test will help to visualize the stroke and where it is located. Unfortunately, current imaging techniques are unable to visualize strokes occurring

within the first few minutes of the stroke occurring (Kuriakose, D., & Xiao, Z. 2020). Currently, the treatment of this disease typically consists of Management of risk factors, physical therapy, occupational therapy, speech therapy, and neurorehabilitation (Kuriakose, D., & Xiao, Z. 2020). Currently, the client has been receiving biweekly physical therapy sessions and weekly speech therapy to improve his motor and cognitive function. The client has also been receiving medication to reduce his risk factors (such as losartan for his hypertension).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Kuriakose, D., & Xiao, Z. (2020). Pathophysiology and treatment of stroke: Present status and future perspectives. *International Journal of Molecular Sciences*, *21*(20), 7609. https://doi.org/10.3390/ijms21207609

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	**4.28-5.56**	**N/A**	**4.3**	**N/A**
Hgb	**13.0-17.0**	**N/A**	**16**	**N/A**
Hct	**38.1-48.9**	**N/A**	**42**	**N/A**
Platelets	**149-393**	**N/A**	**135**	This can be slightly low due to poor tissue perfusion related to the patients' peripheral vascular disease (Van Leeuwen and Bladh, 2021).
WBC	**4.0-11.7**	**N/A**	**11.9**	This slightly elevated WBC could be the result of chronic stress and inflammation due to living conditions in the nursing home, his dysphasia, and his inability to remember certain things (Van Leeuwen and Bladh, 2021).
Neutrophils	**45.3-79.0**	**N/A**	**57**	**N/A**
Lymphocytes	**11.8-45.9**	**N/A**	**27**	**N/A**
Monocytes	**4.4-12.0**	**N/A**	**7.3**	**N/A**
Eosinophils	**0.0-6.3**	**N/A**	**6**	**N/A**
Bands	**1-10**	**N/A**	**8.6**	**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-	**138-145**	**N/A**	**136**	With this sodium just being out of the minimum range, I believe his chronic use of NSAIDs (aspirin) can lower his sodium value enough to push it out of the normal range (Van Leeuwen and Bladh, 2021).

K+	**3.5-5.1**	**N/A**	**3.9**	**N/A**
Cl-	**98-107**	**N/A**	**105**	**N/A**
CO2	**21-31**	**N/A**	**22**	**N/A**
Glucose	**74-109**	**N/A**	**339**	This high glucose can be the result of his type 2 diabetes mellitus. This is likely before he has taken his insulin and likely after a meal (Van Leeuwen and Bladh, 2021).
BUN	**7-25**	**N/A**	**27**	A slightly elevated BUN value is likely the result of his chronic stage 3.0 kidney disease (Van Leeuwen and Bladh, 2021).
Creatinine	**0.7-1.3**	**N/A**	**1.4**	This slightly high creatinine level is likely due to his history of Chronic stage 3.0 kidney disease (Van Leeuwen and Bladh, 2021).
Albumin	**3.5-5.2**	**N/A**	**3.5**	**N/A**
Calcium	**8.6-10.3**	**N/A**	**8.7**	**N/A**
Mag	**1.6-2.4**	**N/A**	**1.9**	**N/A**
Phosphate	**1.7-2.6**	**N/A**	**2.46**	**N/A**
Bilirubin	**0.3-1.0**	**N/A**	**0.6**	**N/A**
Alk Phos	**34-104**	**N/A**	**56**	**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	**Clear**	**N/A**	**Yellow**	**N/A**
pH	**5.0-8.0**	**N/A**	**5.7**	**N/A**
Specific Gravity	**1.005-1.034**	**N/A**	**1.033**	**N/A**
Glucose	**Normal**	**N/A**	**positive**	Similarly, to the blood glucose, the

				urine glucose can be the result of his type 2 diabetes mellitus. We are more likely to see glucose in the urine of a patient who has diabetes (Van Leeuwen and Bladh, 2021).
Protein	**Negative**	**N/A**	**negative**	**N/A**
Ketones	**Negative**	**N/A**	**positive**	**N/A**
WBC	**<=5**	**N/A**	**0.0**	**N/A**
RBC	**Negative**	**N/A**	**0.0**	**N/A**
Leukoesterase	**Negative**	**N/A**	**negative**	**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	**Negative**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Kee, J. L. (2017). Pearson handbook of laboratory & diagnostic tests with nursing implications (8th ed.). Pearson Publication.

Sarah Bush Lincoln Hospital (2022) Lab Values. Sarah Bush Lincoln Hospital.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

Diagnostic Imaging Reference (1) (APA): N/A

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Insulin**	**Lipitor/ Atorvastatin**	**Cozaar/ Losartan**	**Ecotrin/Aspirin**	**Eliquis/ Apixaban**
Dose	8 units	80mg tablet	25mg tablet	81mg tablet	5 mg tablet
Frequency	Mealtime	1x Daily	2x Daily	PRN up to 4 tablets daily	2x Daily
Route	Subcutaneous	PO	PO	PO, chewable	PO
Classification	Pharmacologic Class: "Human Insulin" Therapeutic Class: "Antidiabetic" (Jones, 2022).	Pharmacologic Class: "HMC-CoA reductase inhibitor" Therapeutic Class: "antihyperlipidemic" (Jones, 2022).	Pharmacologic Class: "Angiotensin II receptor blocker (ARB)" Therapeutic Class: "Antihypertensive" (Jones, 2022).	Pharmacologic Class: "Salicylate" Therapeutic Class: "NSAID" (Jones, 2022).	Pharmacologic Class: "Factor Xa inhibitor" Therapeutic Class: "Anticoagulant" (Jones, 2022).
Mechanism of Action	"Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle, and by	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the	"Blocks binding of angiotensin II receptor sites in many tissues, including adrenal glands and vascular smooth muscle.	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation	"Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation, induced by thrombin, by

	inhibiting hepatic glucose production" (Jones, 2022).	number of LDL receptors on liver cells to enhance LDL uptake and breakdown" (Jones, 2022).	Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex to secrete aldosterone" (Jones, 2022).	with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside" (Jones, 2022).	inhibiting factor Xa, apixaban decreases thrombin generation and thrombus development" (Jones, 2022).
Reason Client Taking	The patient is a type 2 diabetic.	The patient has Hypercholesteremia.	The patient has hypertension.	To reduce the risk of MI and to reduce inflammation and pain.	The patient has a history of cerebral infarction
Contraindications (2)	"Chronic Lung disease and hypoglycemia" (Jones, 2022).	"Active hepatic disease and unexplained persistent rise in serum transaminase" (Jones, 2022).	"Concurrent aliskiren therapy and hypersensitivity to losartan" (Jones, 2022).	"Active bleeding and coagulation disorders" (Jones, 2022).	"Active pathological bleeding and severe hypersensitivity" (Jones, 2022).
Side Effects/Adverse Reactions (2)	"Confusion and drowsiness" (Jones, 2022).	"Abnormal dreams and arrythmias" (Jones, 2022).	"Headache and malaise" (Jones, 2022).	"GI bleeding and CNS depression" (Jones, 2022).	Hemorrhagic Stroke and syncope" (Jones, 2022).

Medications Reference (1) (APA):

Jones, D. W. (2022). *Ndh: Nurse's Drug Handbook* (21st ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alertness:** Patient was alert and oriented x2 **Orientation:** Patient was able to verify name and date of birth, but he was not able to give location or reason for being at the facility. **Distress:** Patient is in no acute distress **Overall appearance:** Patient was well-groomed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color:** Patient's lower extremities were cyanotic. The patient has a history of poor perfusion. Color in other areas was appropriate for ethnicity. **Character**: The patient's skin was dry and intact. **Temperature**: Patient's extremities were cool to the touch. The patient has a history of poor perfusion **Turgor**: Loose with rebound, no tenting **Rashes**: None **Bruises**: Bruises visible bilaterally on the anterior shins. **Wounds**: None **Braden Score:** 21.0
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck:** Trachea midline, thyroid nonpalpable, lymph nodes nonpalpable, oral mucosa is pink and moist without exudate. Uvula is midline, tonsils are 1. Soft palate rises and falls symmetrically. Hard palate intact. **Ears**: Auricles are symmetrical, no deformities, drainage, or lesions. Patient did have excessive ear wax bilaterally **Eyes**: PERRLA, patient's pupils constricted normally, EOM intact. Sclera appears slightly yellow bilaterally, lids are free of drainage or lesions bilaterally, conjunctiva is pink and moist bilaterally. Cornea appears slightly cloudy. **Nose**: Septum is midline, no sign of epistaxis, lesions or polyps, no tenderness to frontal or maxillary sinuses. **Teeth**: Patient has good dentition .

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:**	**Capillary Refill:** Fingertips blanched in 3 seconds. Toes blanched in 6-7 seconds
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**N/A**
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:**	**Diet at home:** Regular diet **Current Diet:** Regular diet **Height**: 68 Inches **Weight**: 202.8 lbs. **Last BM:** This morning **Inspection**: N/A **Distention**: N/A **Incisions**: N/A **Scars**: N/A **Drains**: N/A **Feeding tubes/PEG tube:** N/A
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**N/A**

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** ☐	**Neurovascular status:** N/A **ROM**: Active **Supportive devices:** Wheel Chair. Patient has chronic generalized weakness and is unable to walk on his own. **Strength**: N/A **ADL Assistance:** N/A **Fall Score: 24 (High risk)** **Activity/Mobility Status:** N/A **Needs assistance with equipment:** Wheelchair **Needs support to stand and walk:** Yes
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Orientation: A and O x2** **Speech: slurred** **Patients seems to have a right-sided deficit. The patient has right-sided facial droop. The patient states "I have trouble using my right arm." These are likely due to his previously stated primary diagnosis of cerebral infarction.**
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):**	**N/A**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:33	**74**	**120/68**	**16**	**98.6**	**95%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:26	**Numeric**		**0**	Patient was not	

				experiencing any pain currently.	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
8oz of sweet tea	**1 incontinent episode in wheelchair** **(amount unmeasured)**

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 this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired standing related to insufficient strength as evidence by weakness and history of cerebral infarction	This nursing diagnosis was chosen because it is important regarding the patient's ADLs in the nursing home. The lack of ability	1.Use a gait belt when necessary to support the patient and prevent falls. 2.Encourage independence by helping	1. The patient will achieve the highest level of independence possible when standing (Phelps, 2020).	The patient did not respond positively to this. The patient did not seem to have the motivation to engage himself in the outcome goal. I also explained to him how working

(Phelps, 2020).	to stand on one's own creates difficult challenged the patient must overcome every day.	the patient use assistive devices to complete ADLs (Phelps, 2020).		on this goal would help him feel better.
2. Chronic confusion related to cerebral vascular accident as evidence by inability to remember where he is or remember previous memories (Phelps, 2020).	This diagnosis was chosen because this also effects the patient's ability to perform ADLs. Memory is pertinent to maintaining safety and quality of living.	1. asses the patients' cognitive abilities and changes in behavior to provide baseline data for comparison. 2.Assess the patient for depression to determine need for treatment (Phelps, 2020).	1. The patient experiences no injury due to chronic confusion, and the patient does not exhibit signs of depression (Phelps, 2020).	Likewise, the patient did not feel motivated by these goals even after explanation and support. The patient did however agree that it would be a good thing to not become injured due to his forgetfulness.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Patient states that his weakness has been "going on for months and did not give a specific time frame. The patient states that he has felt weakness all over his body but specifically in his legs the most. He says the weakness is always there, but it varies day to day in severity. He says the weakness feels like his arms and legs are "tied to weights". He also stakes that is typically worse in the morning before he has had his breakfast, saying his breakfast gives him more strength. The patient does not have complaints of any pain currently.

Nursing Diagnosis/Outcomes

1. Impaired standing related to insufficient strength as evidence by weakness and history of cerebral infarction (Phelps, 2020). The patient did not respond positively to this. The patient did not seem to have the motivation to engage himself in the outcome goal. I also explained to him how working on this goal would help him feel better.
2. Chronic confusion related to cerebral vascular accident as evidence by inability to remember where he is or remember previous memories (Phelps, 2020). Likewise, the patient did not feel motivated by these goals even after explanation and support. The patient did however agree that it would be a good thing to not become injured due to his forgetfulness.

Objective Data

Vitals: pulse: 74, BP: 120/68, RR: 16, T: 98.6, SPO2: 95%

Clinically significant lab results:

Platelets: 135

WBC: 11.9

Na: 136

Blood Glucose: 339

BUN: 27

Creatinine: 1.4

Urine Glucose: Positive

Client Information

This client is a 72-year-old white male who is retired and married. He has no allergies and is a full code. He is 68 inches tall and weighs 202.8 lbs. This client was diagnosed with a cerebral infarction and admitted to Mattoon healthcare on 6/6/2022. Patient has a history of Diabetes Meletus type 2, hypertension, weakness, atrial fibrillation, peripheral vascular disease, sleep apnea, hypercholesterolemia, chronic kidney disease stage 3.0, and dysphasia.

Nursing Interventions

Diagnosis 1:

1.Use a gait belt when necessary to support the patient and prevent falls.

2.Encourage independence by helping the patient use assistive devices to complete ADLs (Phelps, 2020).

Diagnosis 2:

1. asses the patients' cognitive abilities and changes in behavior to provide baseline data for comparison.

2.Assess the patient for depression to determine need for treatment (Phelps, 2020).