N311 Care Plan #3

Lakeview College of Nursing

Zachary Lensink

Demographics (5 points)

Date of Admission 6/22/2022	Client Initials S.C.	Age 67	Gender Female
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies None
Code Status DNR	Height 62 Inches	Weight 134 lbs.	

Medical History (5 Points)

Past Medical History: Hypothyroidism, hypertension, reduced mobility, Covid, COPD, CHF, weakness, unspecified convulsions, and pneumonia.

Past Surgical History: Esophagogastroduodenoscopy with peg placement (6/24/22), hysterectomy, and retinal detachment.

Family History: Mother: Hypertension and thyroid disorder.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): tobacco: Everyday smoker for 30 years, Alcohol: denies use, and Drugs: denies use.

Admission Assessment

Chief Complaint (2 points): Weakness (my pt. was nonverbal, so I am doing an OLDCARTS for weakness)

History of Present Illness – OLD CARTS (10 points): The patient stated that the weakness had started 3 days ago, and she feels the most weakness in her legs. The patient says this weakness has been constant. She says the weakness feels like her legs have weights tied to them, and her legs cannot support her body very well. She states that nothing makes it better and nothing makes it worse. She has not taken anything to help improve the weakness.

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) (Pathophysiology will be written for hypothyroidism since cerebral infarction was done last week):

Hypothyroidism occurs when the thyroid gland is unable to produce enough thyroid hormone to function properly. There are two ways in which this can happen: the first being when the thyroid gland itself is unable to produce enough thyroid hormone, and the second is when the lack of thyroid hormone is due to a pituitary and hypothalamus problem. This is when Thyroid stimulating hormone and thyrotropin-stimulating hormone are not secreted in enough quantities. These two hormones induce thyroid hormone production in the thyroid gland, so without these pathways, the thyroid cannot produce thyroid hormone (Patil, 2022). When thyroid hormones T3 and T4 are low or insufficient, hypothyroidism can occur (Capriotti, 2020).

Hypothyroidism comes with many signs and symptoms. The signs and symptoms this patient experienced are the following: Weight gain, dry skin, Dull facial expressions, and palpable thyroid gland. These symptoms, other than the enlarged thyroid gland, could also come from the patient's history of a cerebral infarction. The patient's past medical history could make all these symptoms more pronounced (Patil, 2022).

To test for hypothyroidism, lab diagnostic tests are often used while diagnostic imaging is not often common practice. Specifically, laboratory Serum TSH level is used to help providers diagnose hypothyroidism. In patients with hypothyroidism, the value of Serum TSH will come back high or elevated (Patil, 2022). A thyroid biopsy can also be performed to test for the presence of high lymphocyte counts (Capriotti, 2020).

Treating for hypothyroidism consists of thyroid hormone replacement therapy. The use of Levothyroxine monotherapy, the medication also used by this patient, is the most common way to treat hypothyroidism. This drug acts as the thyroid hormone itself, reducing the felt symptoms of hypothyroidism (Patil, 2022).

Pathophysiology References (2) (APA):

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

Patil, N., Rehman, A., & Jialal, I. (2022, August 8). *Hypothyroidism*. National Library of Medicine. Retrieved October 21, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK519536/

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**	**4.04**	A slightly low RBC count could be the result of a nutritional deficit in iron or vitamins needed to produce red blood cells. The reason for this lack of nutrition could be due to the patient being on enteral feeding through a G-tube at a nursing home (Van Leeuwen, 2021).
Hgb	**13.0-17.0**	**N/A**	**12.3**	Hemoglobin, RBCs, and HCT are all correlated. Due to Hemoglobinopathies, if one of these values is low or high, the others will typically follow (Van Leeuwen, 2021).
Hct	**38.1-48.9**	**N/A**	**36.6**	Hemoglobin, RBCs, and HCT are all correlated. Due to Hemoglobinopathies, if one of these values is low or high, the others will typically follow (Van Leeuwen, 2021).
Platelets	**149-393**	**N/A**	**187**	**N/A**
WBC	**4.0-11.7**	**N/A**	**8.1**	**N/A**
Neutrophils	**45.3-79.0**	**N/A**	**83.2**	A slightly elevated neutrophil count could be due to an immune response to a bacterial infection (Capriotti, 2020).
Lymphocytes	**11.8-45.9**	**N/A**	**10.7**	**N/A**
Monocytes	**4.4-12.0**	**N/A**	**5.6**	**N/A**
Eosinophils	**0.0-6.3**	**N/A**	**0.3**	**N/A**
Bands	**1-10**	**N/A**	**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-	**138-145**	**N/A**	**141**	**N/A**
K+	**3.5-5.1**	**N/A**	**3.3**	The slightly low Potassium could be the result of chronically taking medication for hypertension. This is likely the case due to the patient's history of hypertension (Van Leeuwen, 2021).
Cl-	**98-107**	**N/A**	**99**	**N/A**
CO2	**21-31**	**N/A**	**51.1**	The high CO2 value could be due to quite a few reasons related to this patient. This patient is a long-time smoker with COPD, requiring 3L of constant oxygen therapy. This can make it difficult to expel the CO2 from the lungs. The result could also be due to her Hypothyroidism. Hypothyroidism can lead to reduced expulsion of CO2 due to weak breathing response (Van Leeuwen, 2021).
Glucose	**74-109**	**N/A**	**102**	**N/A**
BUN	**7-25**	**N/A**	**23**	**N/A**
Creatinine	**0.7-1.3**	**N/A**	**0.79**	**N/A**
Albumin	**3.5-5.2**	**N/A**	**3.9**	**N/A**
Calcium	**8.6-10.3**	**N/A**	**9**	**N/A**
Mag	**1.6-2.4**	**N/A**	**1.9**	**N/A**
Phosphate	**1.7-2.6**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3-1.0**	**N/A**	**0.4**	**N/A**
Alk Phos	**34-104**	**N/A**	**65**	**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**	**clear**	**N/A**
pH	**5.0-8.0**	**N/A**	**6.0**	**N/A**
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	**N/A**
Glucose	**Normal**	**N/A**	**Normal**	**N/A**
Protein	**Negative**	**N/A**	**Negative**	**N/A**
Ketones	**Negative**	**N/A**	**Negative**	**N/A**
WBC	**<=5**	**N/A**	**6**	An elevated WBC in the urine combined with the elevated neutrophil count seen earlier may be the result of a urinary tract infection. This patient is nonverbal and immobile. The patient might not be able to be cleaned frequently enough to prevent these types of infections in the nursing home (Van Leeuwen, 2021).
RBC	**Negative**	**N/A**	**Negative**	**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	**Microzide/ hydrochlorothiazide**	**Keppra/ Levetiracetam**	**Ecotrin/ Aspirin**	**Plavix/Clopidogrel**	**Euthyrox/ Levothyroxine**
Dose	12.5mg	1,000mg	81mg tablet	75mg	88mcg
Frequency	1x Daily	BID	2x daily	1x Daily	1x Daily
Route	PO	PO	PO, chewable	PO	PO
Classification	"Pharmacologic Class: Thiazide diuretic Therapeutic Class: Diuretic" (Jones, 2022).	"Pharmacologic Class: pyrrolidine derivative Therapeutic Class: anticonvulsant" (Jones, 2022).	Pharmacologic Class: "Salicylate" Therapeutic Class: "Antiplatelet" (Jones, 2022).	"Pharmacologic Class: Platelet inhibitor Therapeutic Class: Platelet aggregation inhibitor (Jones, 2022).	"Pharmacologic Class: Synthetic thyroxine Class: "thyroid hormone replacement" (Jones, 2022).

Mechanism of Action	Promotes the movement of sodium, chloride, and water from the blood in peritubular capillaries into nephron's distal convoluted tubule. Initially, it may decrease cardiac output, extracellular fluid volume, or plasma volume." (Jones, 2022).	"May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. Levetiracetam doesn't seem to involve inhibitory and excitatory neurotransmission." (Jones, 2022).	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside" (Jones, 2022).	"Binds to adenosine diphosphate receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen from attaching to receptors. Without fibrinogen, platelets can't aggregate and form thrombi (Jones, 2022).	"Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis (Jones, 2022).
Reason Client Taking	The patient has a history of CHF	This patient has a history of unspecified convulsions.	To reduce the risk of MI, stroke, and to reduce inflammation and pain.	To prevent future cerebral infarctions.	This patient has a history of hypothyroidism.
Contraindications (2)	"Anuria and other thiazides" (Jones, 2022).	"Anemia and depression" (Jones, 2022).	"Active bleeding and coagulation disorders" (Jones, 2022).	"Intracranial hemorrhage and peptic ulcers" (Jones, 2022).	"Uncorrected adrenal insufficiency and hyperthyroidism" (Jones, 2022).
Side Effects/Advers	"Weakness and muscle	"Agitation and	"GI bleeding and CNS	"Fatal intracranial bleeding and UTI"	"Increased blood pressure

e Reactions (2)	spasms" (Jones, 2022).	depression" (Jones, 2022).	depression" (Jones, 2022).	(Jones, 2022).	and dyspnea" (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 x0 **Orientation:** Patient was not able to give person, time, 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 skin is warm to the touch for all extremities. Skin was very dry. Color in other areas was white and pink and appropriate for ethnicity. **Character**: The patient's skin was dry and intact. **Temperature**: Patient's extremities were warm to the touch. **Turgor**: Loose with rebound, no tenting **Rashes**: None **Bruises**: None **Wounds**: None **Braden Score:** 10 (High risk)
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck:** Trachea midline, thyroid swollen and palpable, 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. **Eyes**: Patient's pupils did not constrict with light and did not accommodate; the patient would not follow EOM movements. 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:** Fingers and toes blanched in 2 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: G-tube**	**Diet at home:** N/A **Current Diet:** Enteral G-tube feeding **Height**: 62 Inches **Weight**: 134lbs. **Last BM:** unknown **Inspection**: N/A **Distention**: N/A **Incisions**: N/A **Scars**: N/A **Drains**: N/A **Feeding tubes/PEG tube:** G-tube present
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐**	**N/A**

Dialysis: Y ☐ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
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**: Passive only **Supportive devices:** N/A **Strength**: N/A **ADL Assistance:** N/A **Fall Score:** 11 in the nursing home's system (incorrect). The real score is 80 (very high fall risk). **Activity/Mobility Status:** N/A **Needs assistance with equipment:** YES **Needs support to stand and walk:** Patient cannot walk
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 x0 **Speech:** none
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
08:47	**77**	**141/78**	**22**	**98.5**	**92%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:32	FLACC	Full body	0	Patient did not display any symptoms found on the FLACC scale to indicate pain	none

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
25mL/hour = 125mL over 5 hours	1 incontinent episode, large amount unmeasured.

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

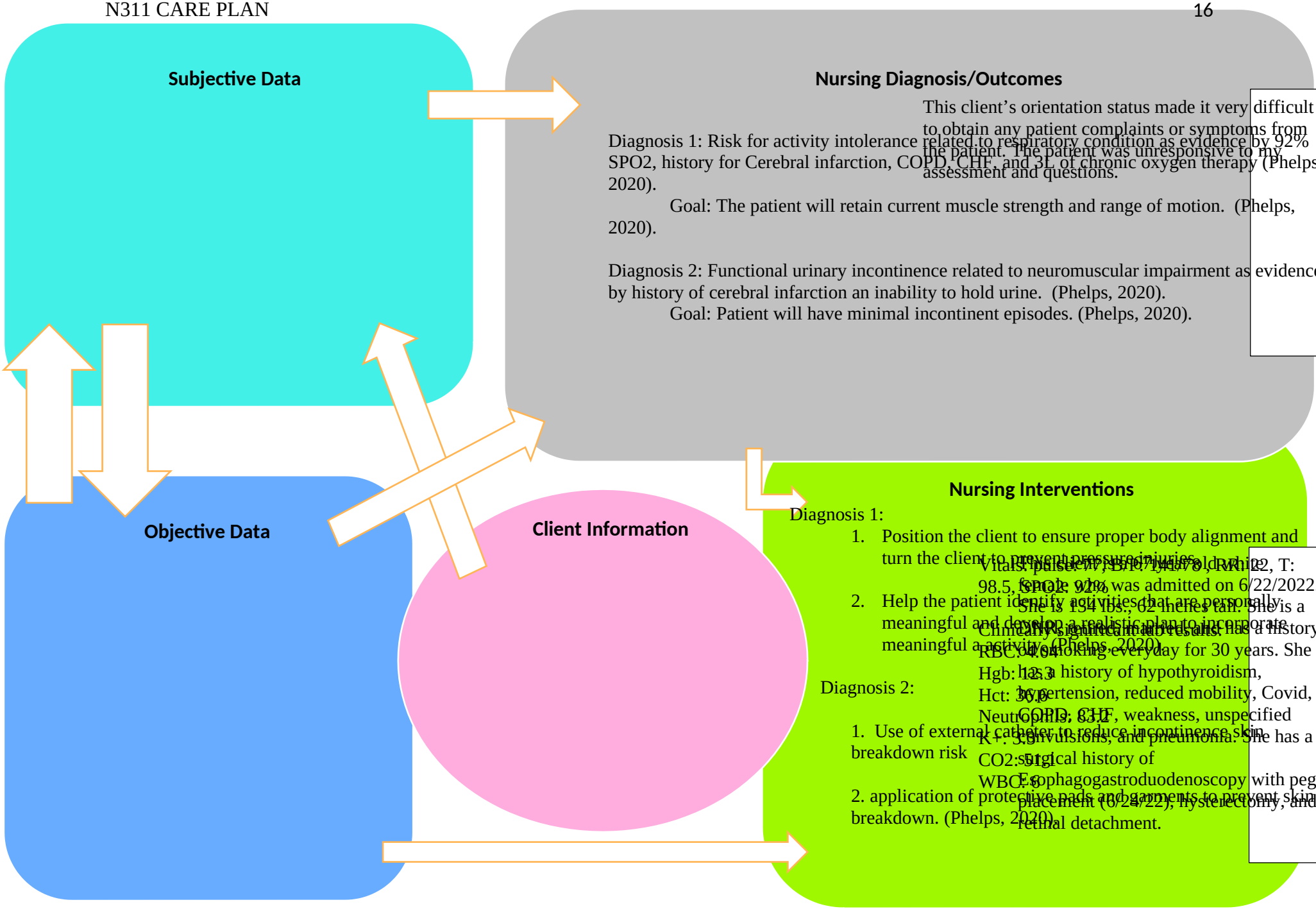
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
Risk for activity intolerance related to respiratory	This nursing diagnosis was choosing because this patient will no	1.Position the client to ensure proper body alignment	The patient will retain current muscle strength and range of motion. (Phelps,	The patient was unable to express her motivation, or lack thereof, due to her current

condition as evidence by 92% SPO2, history for Cerebral infarction, COPD, CHF, and 3L of chronic oxygen therapy (Phelps, 2020).	longer be able to tolerate any form of physical activity due to her previous health history. Her cerebral infarction in combination with her smoking and heart history puts her at a huge risk for activity intolerance.	and turn the client to prevent pressure injuries. 2. Help the patient identify activities that are personally meaningful and develop a realistic plan to incorporate meaningful a activity. (Phelps, 2020).	2020).	orientation status. Her orientation status could change, and these goals could be reexplained to her.
Functional urinary incontinence related to neuromuscular impairment as evidence by history of cerebral infarction an inability to hold urine. (Phelps, 2020).	This diagnosis was chosen because she is now unable to hold her urine after her cerebral infarction. There is no warning, grimace, or change in body position upon incontinence, and this could lead to skin breakdown when combined with here other disease history.	1. Use of external catheter to reduce incontinence skin breakdown risk 2. application of protective pads and garments to prevent skin breakdown. (Phelps, 2020).	Patient will have minimal incontinent episodes. (Phelps, 2020).	Again, the patient was unable to show positive or negative emotions towards the goals because of her current orientation.

Other References (APA):

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

Concept Map (20 Points):


Subjective Data
This client's orientation status made it very difficult to obtain any patient complaints or symptoms from the patient. The patient was unresponsive to my assessment and questions.
Nursing Diagnosis/Outcomes
Diagnosis 1: Risk for activity intolerance related to respiratory condition as evidence by 92% SPO2, history for Cerebral infarction, COPD, CHF, and 3L of chronic oxygen therapy (Phelps, 2020).
Goal: The patient will retain current muscle strength and range of motion. (Phelps, 2020).
Diagnosis 2: Functional urinary incontinence related to neuromuscular impairment as evidence by history of cerebral infarction an inability to hold urine. (Phelps, 2020).
Goal: Patient will have minimal incontinent episodes. (Phelps, 2020).
Objective Data
Client Information
Nursing Interventions
Diagnosis 1:
1. Position the client to ensure proper body alignment and turn the client to prevent pressure injuries. (Phelps, 2020).
2. Help the patient identify activities that are personally meaningful and develop a realistic plan to incorporate meaningful activity. (Phelps, 2020).
Diagnosis 2:
1. Use of external catheter to reduce incontinence skin breakdown risk
2. application of protective pads and garments to prevent skin breakdown. (Phelps, 2020).
Vitals: Pulse: 77, BP: 144/78, RR: 22, T: 98.5, SPO2: 92%
Clinically significant labs results:
RBC: 4.04
Hgb: 12.3
Hct: 36.6
Neutrophils: 83.2
K+: 3.9
CO2: 31.1
WBC: 5.0
She is 134 lbs., 62 inches tall. She is a female who was admitted on 6/22/2022. She has a history of smoking everyday for 30 years. She has a history of hypothyroidism, hypertension, reduced mobility, Covid, COPD, CHF, weakness, unspecified convulsions, and pneumonia. She has a surgical history of Esophagogastroduodenoscopy with peg placement (6/24/22), hysterectomy, and retinal detachment.