N311 Care Plan #5

Lakeview College of Nursing

Dakota Clayton

Demographics (5 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
10/6/2022	A.W.	71	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired military	Married	None
Code Status	**Height**	**Weight**	
Full code	73 in.	138.3 Kg (305 lbs.)	

Medical History (5 Points)

Past Medical History: Ischemic stroke (2022)

Hypertension (patient did not report date)

Atrial fibrillation (patient did not report date)

Glaucoma (2022)

Diabetes mellitus (2022)

Anxiety (1992)

Depression (2003)

Past Surgical History: Right knee (2022 most recent – multiple past surgeries)

Right ankle (2022)

Right shoulder replacement (patient did not report date)

Left shoulder replacement (patient did not report date)

Tonsil removal (patient did not report date)

Family History: Brother (blood infection – sepsis)

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

- Patient reported he formerly drank alcohol occasionally, but ceased use in 1992.
- Patient did not report any tobacco use.

- Patient reported using cocaine for the past 4-5 years. Cocaine use is regular, with a “little bit” in each use. Patient stated his preferred method is snorting cocaine powder.
- Patient reported former marijuana and heroin use, but ceased use in the “early 2000s.”

Admission Assessment

Chief Complaint (2 points): Right knee pain

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

Patient stated he began having right knee issues after meniscus surgery in 1992, and that he has had knee pain ever since. His current right knee pain is continuous, and is sharp and “excruciating” in character. Patient states rest makes the pain better, and walking makes it worse. Patient has been receiving intermittent right knee treatment since 1992.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Ischemic stroke

Secondary Diagnosis (if applicable): Depression

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

Capriotti and Frizzell (2020) describe stroke as, “a clinical syndrome whereby a disruption in the cerebral circulation triggers abrupt neurological deficits that are permanent” (p. 806). Capriotti and Frizzell (2020) continue with explaining that there are two types of stroke – ischemic and hemorrhagic. Of the two classifications, about 85% of strokes are ischemic, and about 15% are hemorrhagic (Capriotti & Frizzell, 2020). Tadi, Lui, and Budd (2022) outline that there are multiple causes to strokes, including but not limited to hypertension, arteriosclerosis, clotting disorders, and atrial fibrillation. Stroke is very common in the United States, with approximately 780,000 strokes happening each year (Capriotti & Frizzell, 2020). Tadi, Lui, and

Budd (2022) present that stroke is the 5th leading cause of death in the United States, and the leading cause of disability. Capriotti and Frizzell (2020) explain that stroke statistics are continuing to rise, and stroke incidence is pacing to be over 1 million yearly cases by 2050.

As stated above, strokes have two classifications – ischemic and hemorrhagic (Capriotti & Frizzell, 2020). Capriotti and Frizzell (2020) explain that hemorrhagic strokes occur due to rupture and hemorrhage of a cerebral artery (p. 806). My patient experienced an ischemic stroke, which is characterized by a thrombus or embolus that restricts a cerebral artery and reduces blood flow to the surrounding brain tissue (Capriotti & Frizzell, 2020, p. 806). The blood clots that cause ischemic stroke typically come from one of three causes – cerebral arteriosclerosis, atrial fibrillation, or carotid stenosis (Capriotti & Frizzell, 2020). Capriotti and Frizzell (2020) explain that ischemic strokes often cause cerebral infarction, or the death of brain tissue (p. 806). The Mayo Clinic (2020) explains that the effects of stroke depend on the area of the brain where the stroke occurred, and that if left untreated, the parts of the body that the affected area of the brain controlled may permanently lose function.

Capriotti and Frizzell (2020) explain that due to stroke's cerebral nature, many signs and symptoms are neurological deficits. Common stroke symptoms include hemiparesis, hemiplegia, loss of sensation, slurred speech, and facial droop (Capriotti & Frizzell, 2020). Capriotti and Frizzell (2020) also explain that some stroke symptoms can be related to the side of the brain the stroke impacted – strokes in the right side of the brain mostly cause sensory and neurological deficits, and strokes in the left side of the brain mostly cause sensory, motor, and speech deficits. The Mayo Clinic (2022) outlines the common acronym F.A.S.T which is taught for identifying stroke signs. According to the Mayo Clinic (2022), F.A.S.T stands for Face (face droop), Arm (weakness) , Speech (slurred), and Time (note time for medical personnel).

According to Capriotti and Frizzell (2020), common diagnostic techniques used for strokes are computerized tomography (CT) and magnetic resonance angiography (MRA). CTs are very useful identifying if the stroke is hemorrhagic, and guides treatment after that distinction (Capriotti & Frizzell, 2020). Tadi, Lui, and Budd (2022) also explain that basic labs, including complete blood count, metabolic panel, blood urea nitrogen, and glomerular filtration rate, will be drawn and may provide indications on the stroke cause. While my patient did not have any imaging done, he did have basic blood work completed during the hospital stay after his stroke.

According to Capriotti and Frizzell (2020), ischemic strokes commonly use intravenous (IV) thrombolysis for dissolving the clot that is blocking cerebral blood flow. If used in the immediate hours after stroke symptoms, IV thrombolysis greatly helps patient recovery and survival (Capriotti & Frizzell, 2020). Capriotti and Frizzell (2020) also explain that after a stroke occurs, longer term treatments are aspirin use, physical rehabilitation, and behavior modifications. My patient was currently undergoing physical rehabilitation at a skilled nursing facility, and was also working toward a healthier lifestyle, including a healthier diet.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

The Mayo Clinic. (2022, September 22). *Stroke*. The Mayo Clinic. https://my.clevelandclinic.org/health/diseases/5601-stroke

Tadi, P., Lui, F., & Budd, L.A. (2022). *Acute stroke (nursing).* StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK568693/

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	4.5 – 5.5 x10^6/ mcL (Males)	N/A	N/A	*Test not completed
Hgb	13 – 18 g/dL (Males)	N/A	N/A	*Test not completed
Hct	45 – 52% (Males)	N/A	N/A	*Test not completed
Platelets	150 - 400 K/ mcL	N/A	N/A	*Test not completed
WBC	4 – 10 KmcL	N/A	N/A	*Test not completed
Neutrophils	40 – 80%	N/A	N/A	*Test not completed
Lymphocytes	20 – 40%	N/A	N/A	*Test not completed
Monocytes	2 – 10%	N/A	N/A	*Test not completed
Eosinophils	1 – 7%	N/A	N/A	*Test not completed
Bands	0 -10%	N/A	N/A	*Test not completed

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 mmol/L	N/A	140 mmol/L	
K+	3.5 – 5.2 mmol/L	N/A	4.2 mmol/L	
Cl-	95 – 105 mmol/L	N/A	105 mmol/L	
CO2	21-31 mmol/L	N/A	27 mmol/L	
Glucose	74-109 mg/ dL	N/A	122 mg/dL	This patient has been recently diagnoses with diabetes mellitus type 2 within the last year, and is

				not currently on any diabetes medication(s) or a restricted diet. Due to this, it is likely that his diabetes is being poorly controlled. Van Leeuwen and Bladh (2021) explain that elevated blood glucose levels are the hallmark for uncontrolled diabetes mellitus type 2.
BUN	8 – 25 mg/dL	N/A	18 mg/dL	
Creatinine	0.6 – 1.3 mg/dL	N/A	1.08 mg/dL	
Albumin	3.4 – 5.0 g/dL	N/A	4.0 g/dL	
Calcium	8.7 – 10 mg/ dL	N/A	10 mg/dL	
Mag	1.5 – 2.5 mg/dL	N/A	N/A	*Test not completed
Phosphate	2.5 – 4.5 mg/dL	N/A	N/A	*Test not completed
Bilirubin	0.3 – 1.0 mg/dL	N/A	0.4 mg/dL	
Alk Phos	35 – 150 units/mL	N/A	94 units/ mL	

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	Pale yellow and clear	N/A	N/A	*Urinalysis not completed
pH	4.5- 7.8	N/A	N/A	*Urinalysis not completed
Specific Gravity	1.005 – 1.03	N/A	N/A	*Urinalysis not completed
Glucose	Negative	N/A	N/A	*Urinalysis not completed
Protein	Negative	N/A	N/A	*Urinalysis not completed
Ketones	Negative	N/A	N/A	*Urinalysis not completed

WBC	< 5	N/A	N/A	*Urinalysis not completed
RBC	< 5	N/A	N/A	*Urinalysis not completed
Leukoesterase	Negative	N/A	N/A	*Urinalysis not completed

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	*Culture not completed
Blood Culture	Negative	N/A	N/A	*Culture not completed
Sputum Culture	Negative	N/A	N/A	*Culture not completed
Stool Culture	Negative	N/A	N/A	*Culture not completed

Lab Correlations Reference (1) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

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

Van Leeuwen, A.M., & Bladh, M.L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (9th ed.). F. A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

No additional diagnostic tests we're completed for this patient.

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	Lanoxin/ Digoxin	Anexsia/ Hydrocodone	Cozaar/ Losartan	Lopressor/ Metoprolol	Propecia/ Finasteride
Dose	125 mg	325 mg	25 mg	100 mg	5 mg
Frequency	Every other day	PRN every 8 hours	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	T: Antiarrhythmic P: Digitalis glycosides (Vallerand & Sanoski, 2023).	T: Opioid analgesic P: Opioid agonist (Vallerand & Sanoski, 2023).	T: Antihypertensive P: Angiotensin II receptor antagonist (Vallerand & Sanoski, 2023).	T: Antianginal P: Beta blocker (Vallerand & Sanoski, 2023).	T: Hair regrowth stimulant P: Androgen inhibitor (Vallerand & Sanoski, 2023).
Mechanism of Action	Medication increases heart contractility and decreases heart rate. (Vallerand & Sanoski, 2023).	Medication connects to opiate receptors in CNS and decreases the response to painful stimuli (Vallerand & Sanoski, 2023).	Medication "blocks vasoconstrictor and aldosterone producing effects of angiotensin II at receptor sites, including vascular smooth muscle and the adrenal glands" (Vallerand & Sanoski, 2023, p. 161).	Medication "blocks stimulation of beta 1 (myocardial) -adrenergic receptors. Does not usually affect beta 2 (pulmonary, vascular, uterine) -adrenergic receptor sites" (Vallerand & Sanoski, 2023, p. 874).	Medication inhibits testosterone conversion to 5-alpha-dihydrotestosterone, which contributes to hair loss (Vallerand & Sanoski, 2023).
Reason Client Taking	Blood pressure management	Pain management	Hypertension control	Blood pressure management	Hair regrowth stimulation
Contraindic	1. Ventricular	1.	1. Hepatic	1.	1. Hepatic

ations (2)	arrythmias 2. Hypokalemia (Vallerand & Sanoski, 2023).	Respiratory depression 2. Products containing alcohol (Vallerand & Sanoski, 2023).	impairment 2. African American patients (Vallerand & Sanoski, 2023).	Bradycardia 2. Pulmonary edema (Vallerand & Sanoski, 2023).	impairment 2. Obstructive uropathy (Vallerand & Sanoski, 2023).
Side Effects/ Adverse Reactions (2)	1. Bradycardia 2. Nausea (Vallerand & Sanoski, 2023).	1. Hypotension 2. Constipation (Vallerand & Sanoski, 2023).	1. Hypotension 2. Dizziness (Vallerand & Sanoski, 2023).	1. Heart failure 2. Erectile dysfunction (Vallerand & Sanoski, 2023).	1. Gynecomastia 2. Prostate cancer (Vallerand & Sanoski, 2023).

Medications Reference (1) (APA):

Vallerand, A.H., & Sanoski, C.A. (2023). *Davis's Drug Guide for Nurses* (18th ed.). F.A. Davis Company.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was A&O x4. Patient was sitting in his wheelchair, well-groomed, and in no acute distress. Patient was open to assessment. Patient stated he was in pain due to his right knee and ankle issues, but stated he was "used to it and ready for the exam."
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 21** **Drains present: Y☐ N ☒** **Type:**	Skin color was brown and appropriate for ethnicity. Skin was warm and dry upon palpation. Skin turgor returned to place promptly. Expected hair quantity, distribution, and texture. No rashes, bruising, or wounds noted. Patient has scars on right and left hands from a burn accident when he was a teenager. Patient has scars on right knee and right ankle from previous surgeries. Edema palpated in right lower extremity and 1+. No clubbing or cyanosis present in fingers bilaterally. Capillary refill <3 seconds in fingers bilaterally. Patient's Braden score was 21, which indicates very low risk for pressure ulcer development.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical with trachea midline without deviation. Lymph nodes of head and neck nonpalpable throughout bilaterally. Auricles symmetrical with no inspected or palpated lumps, lesions, or deformities bilaterally. Patient's sclera white bilaterally, conjunctiva pink and moist bilaterally. Patient has noted cloudiness in right eye, and states his right eye "hurts." Patient attributes this cloudiness and pain to his "glaucoma." PERRLA bilaterally. EOMs intact bilaterally. Eye lids pink and moist bilaterally with no noted lesions or drainage. Nose symmetrical with septum midline. No noted bleeding or drainage from nose. Posterior pharynx pink and moist. Tonsils absent and patient states he had them removed. Uvula midline. Soft palate rises and falls symmetrically. Hard palate intact. Patient has multiple gold-crowned teeth, and one "cracked" tooth that he is seeing the dentist for today. Overall oral mucosa pink and moist with no noted lesions or exudate.
CARDIOVASCULAR:	S1 and S2 heart sounds present with no

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:**	murmurs, gallops, or rubs. Patient states history of atrial fibrillation while sleeping. Normal cardiac rate and rhythm. Radial, ulnar, and brachial pulses palpated and 2+ bilaterally. Capillary refill < 3 seconds in fingers bilaterally. Edema palpated in right lower extremity and 1+.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clear in anterior/posterior throughout bilaterally. Right lobe auscultated and clear. No adventitious breath sounds noted, no accessory muscle use noted. Respirations symmetrical with expected respiratory rate, rhythm, and depth. No other respiratory signs or symptoms noted.
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 current diet at home is classified as the cardiac diet. Patient's height is 73 inches, weight is 138.3 Kg. Bowel sounds auscultated in all four quadrants and active at a rate of 5-34 a minute. Patient reported his last bowel movement was "last night" on 10/26/2022. Abdomen was soft and nontender with palpation, with no noted pain or masses in all four quadrants. No noted distention, incisions, scars, drains, or wounds. Patient does not have any ostomies, nasogastric tubes, or feeding tubes.
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 color, character, and quantity was not assessed. Patient stated recent onset of pain with urination, and rated the pain a 2/10 on the pain scale. Patient stated he is also experiencing urinary frequency, and occasional urge incontinence since moving into the rehabilitation facility. Patient is not on dialysis, and does not use a catheter. Inspection of patient's genitals was not completed.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 75** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☐**	Patient moves upper extremities well and lower left extremity well, but has limited mobility in right lower extremity. Patient's neurovascular status intact. Patient uses a wheelchair and walker as supportive devices. Patient's finger strength is equal at 5/5. Leg strength unequal with left 5/5 and right 2/5. Patient requires some assistance with ADLs, but tries to "do things alone." Patient's fall score is 75 on the Morse fall scale, which indicates a high risk for falls.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moves all extremities well, with exception to the right lower extremity. PERRLA present bilaterally. Patient's strength is unequal in the legs, with the left leg 5/5 and right leg 2/5. Patient is A&O x4. Patient's mental status is intact, and speech is clear. Patient has no sensory impairments. Patient's level of consciousness 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):**	Patient's main coping mechanism is his cell phone, which he uses out of "boredom" and to contact his family. Patient regularly talks with his nephew, and occasionally with other family members. Patient also enjoys talking with other residents in the dining room. Patient states he is Christian, but has not been to church in multiple years. Patient's developmental level is high, and patient holds an associate's degree in business management. Patient's immediate family and wife live out of state, and patient wishes to "get better to get back to them."

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0930	62 bpm	136/86	14 rpm	37.4 C	97% (room air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0925	0-10	Right knee	6	Continuous Sharp "Charlie-horse" like pain	Compression Medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL hot chocolate 480 mL fruit punch 100% of breakfast 100% of lunch	Patient voided 2x Last BM HS – 10/26/2022

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status

by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client				of goals and outcomes, modifications to plan.
Impaired urinary elimination related to stroke as evidenced by urinary incontinence, urinary retention, urinary urgency, and urinary issues beginning after stroke.	This nursing diagnosis was given due to the new urinary symptoms the patient has been experiencing since his stroke. The patient made a point to talk about these symptoms during the physical assessment.	1. Explain the new urologic conditions to the patient, and provide education and instruction on preventative measures. 2. Monitor patient's voiding pattern, and document urine characteristics.	1. The patient is able to voice understanding of his urinary conditions, and demonstrate the steps necessary to manage the urinary symptoms. Patient will show this by decreasing incontinent episodes.	The patient was visibly happy that the nursing intervention addressed his urinary concerns, and was open to any changes the nursing intervention brought. The patient showed a strong desire to control the new urinary issues brought on by the stroke.
Interrupted family processes related to a shift in the health status of a family members as evidenced by decrease in available emotional support and change in communication pattern.	This nursing diagnosis was given due to the impact the patient's family situation is having on his rehabilitation. The patient talked about his family multiple times throughout the physical assessment, and is	1. Help re-establish and expedite communication between the patient and family members. 2. Make referrals to social services and community agencies to provide the patient and	1. Patient and family members report that communication has been continuous, and is open and respectful. Additionally, the patient will feel that the reconnection to his family is beneficial to his rehabilitation.	The patient was open to this nursing action, as he himself had stated his desire to communicate with his wife and other family more. When the nurse made this a priority, the patient was excited at the possibility of increases family connection.

	affected by their absence.	family with additional resources.		

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

Urinary incontinence
Urinary frequency
Urinary retention
Right lower extremity pain 6/10
Desire to communicate with wife and family more
Depression
Anxiety

Nursing Diagnosis/Outcomes

Impaired urinary elimination related to stroke as evidenced by urinary incontinence, urinary retention, urinary urgency, and urinary issues beginning after stroke.
The patient is able to voice understanding of his urinary conditions, and demonstrate the steps necessary to manage the urinary symptoms. Patient will show this by decreasing incontinent episodes.
Interrupted family processes related to a shift in the health status of a family members as evidenced by decrease in available emotional support and change in communication pattern.
Patient and family members report that communication has been continuous, and is open and respectful. Additionally, the patient will feel that the reconnection to his family is beneficial to his rehabilitation.

Objective Data

High blood glucose (122 mg/dL)
Right lower extremity impairment and dysfunction
Elevated blood pressure: 136/86
VS: HR: 62 RR: 14 T: 37.4 C
O2: 97%

Client Information

71 year old African American male admitted to rehabilitation due to stroke.
History of right knee impairment causing mobility concerns.

Nursing Interventions

Explain the new urologic conditions to the patient, and provide education and instruction on preventative measures.
Monitor patient's voiding pattern, and document urine characteristics.
Help re-establish and expedite communication between the patient and family members.
Make referrals to social services and community agencies to provide the patient and family with additional resources.