

N311 Care Plan #4

Lakeview College of Nursing

Davis Coffey

Demographics (5 points)

Date of Admission 09/13/2022	Client Initials J.M.	Age 48	Gender Female
Race/Ethnicity White	Occupation Disabled	Marital Status Single	Allergies Hydromorphone and Tramadol
Code Status Full Code	Height 162.6 cm	Weight 110.7 kg	

Medical History (5 Points)

Past Medical History: Acid Reflux, Asthma, Back Pain, Bipolar Affective Disorder, Borderline Personality Disorder, Bulimia, Bursitis, COPD, Fibromyalgia, History of UTI's, Hemorrhoids, Hypertension, Hypersomnia, Hypothyroidism, Left Knee Pain, Leg Muscle Spasms, Mixed Incontinence, Morbid Obesity, Multiple Sclerosis, Night Terrors, Obstructive Sleep Apnea, Overactive Bladder, Polycystic Ovarian Syndrome, Diabetes Mellitus, Platelet Disorder, PTSD, Right Side Weakness, Rosacea, Social Anxiety Disorder, and Spasticity

Past Surgical History: Tracheostomy, Peg Placement, Laparotomy Exploratory, Ovarian Cystectomy, Knee Replacement, Tonsillectomy, Adenoidectomy, and Knee Arthroscopy

Family History: Father- Cardiovascular Disease; Mother- Gastrointestinal Ulcer, Hypertension, IBS, Thyroid Disorder; Maternal Grandmother- Breast Cancer

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

Marijuana use- 1-2 times a week

Cigarette use- ½ pack daily

No alcohol usage.

Admission Assessment

Chief Complaint (2 points): Respiratory Distress, SOB with 55% Oxygen at 5L Nasal Canula

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

Patient states has severe back pain at around 11:00 on 10/27/2022. Severity is 6/10. Pain started after working with physical therapy at 10:30 and has not let up since. She claims it is a sharp stabbing pain and nothing has been done to relieve it. Repositioning in wheelchair was offered in order to help relieve pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Multiple Sclerosis

Secondary Diagnosis (if applicable): Respiratory Failure with Hypoxia

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

Multiple Sclerosis (MS) can be described as, “is a chronic inflammatory demyelinating disease of the central nervous system (CNS)” (Ostojic, 2022). The chronic and progressive disease damages the CNS and causes neurological disabilities. While it is more common in women, it can also affect men too (Capriotti, 2020).

Though the exact pathophysiology is unknown, it is likely that, “activated T cells that have been abnormally sensitized to attack myelin cause the damage of MS” (Capriotti, 2020). This ultimately results in the demyelination of the CNS. Because the CNS is being affected, both motor and sensory neurons are affected resulting in many common neurological symptoms.

Along with sensory loss and motor skills impairment, other common symptoms are, “weakness, numbness, tingling sensations, balance problems, blurred vision, and fatigue” (Capriotti, 2020). Since lab levels are usually normal, and the symptoms are only clues, MS can only be diagnosed by, “appearance of lesions of demyelination detected on imaging studies and patient report of specific neurological deficits” (Capriotti, 2020). Most commonly, a MRI is commonly used to diagnose MS. The patient in this care plan had many of these symptoms and most commonly was diagnosed with an MRI.

It is suspected that MS is an autoimmune disease. Because of this, “available treatments involve preventing inflammatory cells from traveling across the blood-brain barrier” (Capriotti, 2020). Other drugs such as methotrexate, cyclophosphamide, and azathioprine are taken for MS while Tizanidine is used for spasticity (a side effect). Because MS is an autoimmune disease, it can never be fully cured. Treating the symptoms, side effects, and main causes of the disease are the best route to go.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives* (2nd ed.). F. A. Davis Company. <https://fadavisreader.vitalsource.com/books/9781719641470>

Ostojic, S. M. (2022). Creatine and multiple sclerosis. *Nutritional Neuroscience*, 25(5), 912–919. <https://doi.org/10.1080/1028415X.2020.1819108>

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	4.28-5.56x10 ⁶ /mL	N/A	4.75x 5.56x10 ⁶ /mL	
Hgb	13-17 g/dL	N/A	13.2 g/dL	
Hct	38.1-48.9%	N/A	42%	
Platelets	149-393K/mL	N/A	578K/mL	High due to active platelet disorder (Capriotti, 2020)
WBC	4-11.7K/mL	N/A	14.7k/mL	High due to possible pneumonia

				at time of labs (Capriotti, 2020)
Neutrophils	45.3-79%	N/A	63.5%	
Lymphocytes	11.8-45.9%	N/A	22.4%	
Monocytes	4.4-12.0%	N/A	8.3%	
Eosinophils	0-6.3%	N/A	4.8%	
Bands	0.0-10.0%	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-	136-145mmol/L	N/A	141mmol/L	
K+	3.5-5.1mmol/L	N/A	4.7mmol/L	
Cl-	98-107mmol/L	N/A	105mmol/L	
CO2	21-31mmol/L	N/A	24mmol/L	
Glucose	74-109mg/dL	N/A	191mg/dL	High due to Diabetes Mellitus (Capriotti, 2020)
BUN	7-25mg/dL	N/A	11mg/dL	
Creatinine	0.7-1.3mg/dL	N/A	0.66mg/dL	
Albumin	3.5-5.2g/dL	N/A	N/A	
Calcium	8.6-10.3mg/dL	N/A	N/A	
Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	2.4-4.5 units/L	N/A	N/A	
Bilirubin	0.3-1.0mg/dL	N/A	N/A	
Alk Phos	34-104units/L	N/A	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	Yellow, clear	N/A	N/A	
pH	6.0-8.0	N/A	N/A	
Specific Gravity	1.001-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0.0-0.5	N/A	N/A	
RBC	0.0-3.0	N/A	N/A	
Leukoesterase	Negative	N/A	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	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A (No Diagnostic Testing found in chart)

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

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

Medications (5 required)

Brand/Generic	Atorvastatin Calcium/ Lipitor	Clonazepam/ Rivotril	Gabapentin/ Gralise	Levothyroxine sodium/ Eltroxin (CAN)	Tizanidine HCl/ Zanaflex
Dose	20 mg	1 mg	800 mg	75 mcg	4 mg
Frequency	Daily	PRN	TID	Daily	BID
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemi c	Pharmacologic: Benzodiazepine Therapeutic: Anticonvulsant	Pharmacologic: 1-amino-methyl cyclohexaneaciti c acid Therapeutic: Anticonvulsant	Therapeutic: Thyroid hormone replacement Pharmacologic: Synthetic thyroxine	Pharmacologic: Alpha adrenergic agonist Therapeutic: Antispasmodic
Mechanism of Action	“Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis” (Jones, 2022).	“Drug is thought to prevent panic and seizures by potentiating the affects of GABA” (Jones, 2022).	“Similar to GABA, inhibits the rapid firing of neurons associated with seizures” (Jones, 2022).	“Replaces endogenous thyroid hormone, which may exert physiologic effects by controlling DNA transcription and protein synthesis” (Jones, 2022).	“Reduces spasticity by decreasing the release of excitatory amino acid” (Jones, 2022).
Reason Client Taking	Hyperlipidemia	Multiple Sclerosis	Multiple Sclerosis	Hypothyroidism	Multiple Sclerosis
Contraindications (2)	Breastfeeding and Active Hepatic Disease (Jones, 2022)	Glaucoma and Hepatic Disease (Jones, 2022)	Hypersensitivity to gabapentin (Jones, 2022)	Hypersensitivity to levothyroxine or its components, uncorrected adrenal insufficiency (Jones, 2022)	Use with ciprofloxacin or fluvoxamine or hypersensitivity to Tizanidine HCl

Side Effects/Adverse Reactions (2)	Arrythmias and hypoglycemia (Jones, 2022)	Leukopenia and thrombocytopenia (Jones, 2022)	CNS tumors, intercranial hemorrhage, hypotension, etc. (Jones, 2022)	Anxiety, heart failure, palpitations, tachycardia, hyperthyroidism, etc. (Jones, 2022)	Hepatic failure and hepatomegaly (Jones, 2022)
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Medications Reference (1) (APA):

Jones, D.W. (2022). *Nurse’s drug handbook*. (21th ed). Jones & Bartlett Learning

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient was alert and oriented to self, time, place, and situation. Patient was in no acute distress and was well groomed.</p>	
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin color: Peach and appropriate for ethnicity. Character: Intact and dry Temperature: Cold and dry during palpation Turgor: Normal mobility, elastic Rashes: No rashes observed Bruises: No bruises observed Wounds: No wounds observed Braden Score: 19</p>	
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Head and neck symmetrical, trachea midline, carotid pulse normal (2+) bilaterally, lymph nodes not palpable Ears: No lumps, lesions, or deformities observed (tympanic membrane not observed) Eyes: PERRLA intact, EOM intact, (red eye reflex and vision test not performed) Nose: Septum midline, (turbinates not overserved) Teeth: Good dentation with oral mucosa pink and moist, uvula midline, posterior pharynx had</p>	

	<p>no exudate or bleeding while tonsils were 1+ in size, hard palate intact, soft palate rises and falls symmetrically</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Normal rhythm and rate. S1 and S2 sounds heard normally. No murmurs, gallops, or bruits. All peripheral pulses palpable, 2+. Capillary refill less than 3 seconds. No edema noted.</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal breath sounds in all landmarks. Normal respiratory rate and rhythm with no wheezes, rhonchi, or stridor.</p>	
<p>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 <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Diet at home: Regular Current Diet: Regular Height: 162.6 cm Weight: 110.7 kg Auscultation Bowel sounds: Not assessed Last BM: 10/24/2022 Palpation: Pain, Mass etc.: Not assessed Inspection: Not assessed Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Color: Urine not observed Character: Urine not observed Quantity of urine: Urine not observed Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Not accessed Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Not assessed Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

Type: Size:	Type: Size:
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 50 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Neurovascular status: ROM: Partial ROM Supportive devices: Wheelchair, gaitbelt, walker Strength: Not accessed ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 65 Activity/Mobility Status: Up with assistance Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment X Needs support to stand and walk X
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Not accessed Orientation: A&O x4 Mental Status: A&O x4 Speech: Clear Sensory: Intact LOC: A&O x4
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):	Coping method(s): Not completed Developmental level: Appropriate for age Religion & what it means to pt.: Christian Personal/Family Data (Think about home environment, family structure, and available family support): Family and friends

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	86 bpm	108/76	16	98.3 F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1100	Numeric	Back pain	6/10	Sharp, stabbing	Repositioning
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Breakfast- 50-75% Lunch- 76-100%	No output observed

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
1. Risk for impaired skin integrity related to pressure over bony prominence as evidenced by impaired movement.	Patient has impaired movement which increases risk for pressure ulcers.	1. Inspect patients’ skin Q8. 2. Reposition patient appropriately.	1. Patient does not experience further skin breakdown.	Client cooperative in intervention and outcome goal. Family and staff not informed of goal or interventions.
2. Risk for self-care deficit related to neuromuscular impairment as	Patient has poor hygiene and inability to perform ADL’s from	1. Encourage patient to perform self-care to the maximum of	1. Patient will perform self-care activities within the level of own ability	Client cooperative in intervention and outcome goal. Family and staff

evidenced by poor personal hygiene.	neuromuscular impairment.	ability as defined by the patient 2. Provide assistive devices and aids as indicated: shower chair, elevated toilet seat with arm supports		not informed of goal or interventions.
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Other References (APA):

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

Vera, M. (2022, March 18). *9 multiple sclerosis nursing care plans*. Nurseslabs. Retrieved November 3, 2022, from <https://nurseslabs.com/9-multiple-sclerosis-nursing-care-plans/>

Concept Map (20 Points)

Subjective Data

Patient states has severe back pain at around 11:00 on 10/27/2022. Severity is 6/10. Pain started after working with physical therapy at 10:30 and has not let up since. She claims it is a sharp stabbing pain and nothing has been done to relieve it. Repositioning in wheelchair was offered in order to help relieve pain.

Nursing Diagnosis/Outcomes

Risk for impaired skin integrity related to pressure over bony prominence as evidenced by impaired movement.
Patient does not experience further skin breakdown.
Risk for self-care deficit related to neuromuscular impairment as evidenced by poor personal hygiene.
Patient will perform self-care activities within the level of own ability

Objective Data

VS: Within Normal Ranges
Platelet- 578K/mcL
Glucose- 191m g/dL
WBC- 14.7K/mcL

Client Information

A 48-year-old female who presented to ER with respiratory distress. At Rehab facility now for assistance with ADL's due to MS and multiple other disorders.

Nursing Interventions

1. Inspect patients' skin Q8.
2. Reposition patient appropriately.
3. Encourage patient to perform self-care to the maximum of ability as defined by the patient
4. Provide assistive devices and aids as indicated: shower chair, elevated toilet seat with arm supports



