N431 Care Plan # 2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
03-17-20	O.B.	60	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Truck Driver	Divorced	Sulfa Drugs
Code Status	**Height**	**Weight**	
Full Code	5'10" (177.8cm)	220 lb (100 kg)	

Medical History (5 Points)

Past Medical History: Hypertension, hypercholesterolemia, Diabetes Mellitus Type 2-uncontrolled, obesity (BMI-31.6)

Past Surgical History: Colonoscopy (2018)

Family History: Mother: diabetes, Father: MI s/p CABG, Brother: obesity, Sister: Breast Cancer s/p mastectomy

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

Tobacco yes, 1 pack daily/40 years, denies drinking alcohol, no report of drug use.

Assistive Devices: n/a

Living Situation: Lives alone when not over the road as a driver.

Education Level: GED, no other education listed

Admission Assessment

Chief Complaint (2 points): Acute right sided weakness with facial droop

History of Present Illness – OLD CARTS (10 points): Patient is a 60-year-old, Caucasian, male that arrived at ED courtesy of emergency medical services and presented with facial droop and right sided weakness which occurred abruptly. A CT scan was performed that indicated no acute bleed. Patient received TPA regiment of 0.9 mg bolus over 1 minute, followed by an IV drip of 81mg/hr. over 1 hour. The right sided weakness and facial drop showed signs of improvement. Due to ICU bed limitations the patient was held in the ED for approx. 24 hours before being relocated to the neurological unit. Speech therapist completed a bedside swallow study and there were no issues noted as result of the study and patient can take medications by mouth. Current dietary orders are a consistent-carbohydrate diet.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ischemic Stroke

Secondary Diagnosis (if applicable): n/a

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

Ischemic Stroke

There are two types of strokes are ischemic and hemorrhagic (Capriotti, 2020). An ischemic stroke is more common and accounts for 85% of all strokes while the remaining are hemorrhagic (Capriotti, 2020). Ischemic strokes result from an occlusion that prevents blood flow through the carotid arteries caused by a clot called a thrombus or embolus (Capriotti, 2020). Once this obstruction blocks blood flow for an extended amount of time can lead to brain tissue death or infarction (Capriotti, 2020). The most common affected artery of the brain is the cerebral artery, which is responsible for the most blood flow to the brain accounting for approximately 80% (Capriotti, 2020). Atrial fibrillation, carotid stenosis, and cerebral artery

arteriosclerosis are the three mechanisms that cause a clot to occur (Capriotti, 2020). The plaques or fatty buildup on the inside of arteries that come from atherosclerosis can travel from the heart or neck (Capriotti, 2020). Atrial fibrillation of the heart is a quivering of the muscle which prevents complete emptying or statis of the blood in the heart chambers, as the blood sits it can coagulate and travel (Capriotti, 2020). Carotid stenosis occurs when the endothelial lining of the artery becomes uneven, and aggregate can form in locations or break away to cause a stroke (Capriotti, 2020).

The major risk factors that can lead to an ischemic stroke are family history, diabetes, age over 60, smoking, and sedentary lifestyle, hypertension, and hyperlipidemia (Capriotti, 2020). The patient is 60 years old, a pack a day smoker for 40 years, has a history of hypertension and hypercholesterolemia. The patient is a OTR truck driver and is sedentary due to occupation. Patient is also an uncontrolled diabetic, which increases the risk of stroke.

Signs and symptoms of a stroke are sudden weakness to left or right side, vision distortion, droopiness to the face, impaired speech, confusion, balance and coordination issues, vomiting, and sometimes a headache. Symptoms typically come on quickly when the blockage occurs. As a coping to clear the clot, the body will increase blood pressure. For this patient, the blood pressure was elevated, and they presented with right-sided weakness and facial droopiness.

When the patient was admitted they received a head CT without contrast to visualize the brain (Capriotti, 2020). This test is used during a stroke to look for damage or infarction of the brain (Capriotti, 2020). A chest x-ray was performed to look at the heart for abnormalities or clots and an EKG was performed to check electrical waves of the heart (Capriotti, 2020). Lab testing was performed to check A1C for diabetes glucose control over the past 3 months, PT/INR and PTT to test for coagulation, platelet levels, and WBC to check for signs of infection (Mayo

Clinic Staff, 2022). The lab values came back normal except for the A1C which was shown as elevated.

Treatment for a stroke would be modifiable lifestyle changes such as smoking cessation, controlling diabetes, lowering cholesterol, lowering bloodpressure and increasing physical activity while maintaining a healthy diet (Mayo Clinic Staff, 2022). The patient was prescribed medication to assist in lowering blood pressure, cholesterol, lowering A1C, and anticoagulation/ platelet medication. Referral for education on medication administration and dietary compliance was also recommended to help this patient succeed.

Pathophysiology References (2) (APA):

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

Mayo Clinic Staff (2022) *Stroke.* Mayo Clinic https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113#:~:text=Paralysis%20or%20numbness%20of%20the,with%20some%20types%20of%20stroke.

Laboratory Data (15 points)

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	3.50-5.20 10^6 /uL	n/a	n/a	n/a
Hgb	11.0-16.0 g/dL	15.3 g/dL	n/a	WDL

Hct	34.0-47.0 g/dL	47.0 g/dL	n/a	WDL
Platelets	140-400 10^3 /uL	143 10^3/uL	n/a	WDL
WBC	4.0-11.0 10^3/uL	6.3 10^3/uL	n/a	WDL
Neutrophils	1.60-7.70 10^3/uL	n/a	n/a	n/a
Lymphocytes	1.00-4.9 10^3/uL	n/a	n/a	n/a
Monocytes	0.00-1.10 10^3/uL	n/a	n/a	n/a
Eosinophils	0.00-0.50 10^3/uL	n/a	n/a	n/a
Bands	0.01-0.20 10^3/uL	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-	136-145 mmol/L	139 mmol/L	n/a	WDL
K+	3.5-5.1 mmol/L	3.6 mmol/L	n/a	WDL
Cl-	98-107 mmol/L	106 mmol/L	n/a	WDL
CO2	22.0-29.0 mmol/L	n/a	n/a	n/a
Glucose	74-100 mg/dL	147 mg/dL	n/a	The patient currently has type 2 diabetes that is uncontrolled (Pagana et al., 2021) Glucose reading is elevated.
BUN	10-20 mg/dL	15 mg/dL	n/a	WDL
Creatinine	0.55-1.30 mg/dL	0.9 mg/dL	n/a	WDL
Albumin	3.4-4.8 g/dL	n/a	n/a	n/a
Calcium	8.9-10.6 mg/dL	n/a	n/a	n/a

Mag	1.6-2.6 mg/dL	n/a	n/a	n/a
Phosphate	2.3-4.7 mg/dL	n/a	n/a	n/a
Bilirubin	0.2-1.2 mg/ dL	n/a	n/a	n/a
Alk Phos	u/l	n/a	n/a	n/a
AST	5-34 u/l	n/a	n/a	n/a
ALT	0-55 u/l	n/a	n/a	n/a
Amylase	40-140 u/l	n/a	n/a	n/a
Lipase	0-160 u/l	n/a	n/a	n/a
Lactic Acid	0.50-2.20	n/a	n/a	n/a
Troponin	0.000-0.050 mg/mL	n/a	n/a	n/a
CK-MB	5-25 IU/L	n/a	n/a	n/a
Total CK	24-204 IU/L	n/a	n/a	n/a

Other Tests 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
INR	0.8-1.1	1.03	n/a	WDL
PT	11-12.5 seconds	11.3	n/a	WDL
PTT	25-35 seconds	33.6	n/a	WDL
D-Dimer	Less than 0.50	n/a	n/a	n/a
BNP	Less than 100 pg/mL	n/a	n/a	n/a
HDL	40-60-less	n/a	n/a	n/a

	than 60 mg/dL			
LDL	<100 mg/dL	n/a	n/a	n/a
Cholesterol	0-200 mg/dL	n/a	n/a	n/a
Triglycerides	<150mg mg/dL	n/a	n/a	n/a
Hgb A1c	4.0-5.6%	9.4	n/a	The patient has Type 2 diabetic, and it is uncontrolled (Pagana et al., 2021).
TSH	0.4-4.2 mU/L	n/a	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	Colorless-yellow-clear	n/a	n/a	n/a
pH	4.5-8	n/a	n/a	n/a
Specific Gravity	1.003-1.035	n/a	n/a	n/a
Glucose	Neg	n/a	n/a	n/a
Protein	Neg	n/a	n/a	n/a
Ketones	Neg	n/a	n/a	n/a
WBC	0-2,3-5/hpf	n/a	n/a	n/a
RBC	0-2, 3-5	n/a	n/a	n/a
Leukoesterase	neg	n/a	n/a	n/a

Arterial Blood Gas 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
pH	7.35-7.45	n/a	n/a	n/a
PaO2	80-100	n/a	n/a	n/a
PaCO2	35-45	n/a	n/a	n/a
HCO3	21.5-25.5	n/a	n/a	n/a
SaO2	95-100%	n/a	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	neg	n/a	n/a	n/a
Blood Culture	neg	n/a	n/a	n/a
Sputum Culture	neg	n/a	n/a	n/a
Stool Culture	neg	n/a	n/a	n/a

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2021). *Mosby's diagnostic and laboratory test reference* (15th Ed.). Elsevier

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray, CT head w/o contrast, EKG

Diagnostic Test Correlation (5 points):

The chest x-ray was used to visualize the chest cavity and heart for abnormalities. The results came back with no abnormalities noted. Since this patient had a stroke, this test would be important to show whether a clot was present or other abnormalities would be noted (Capriotti, 2020).

An EKG was performed to determine if there where any electrical wave abnormalities such as Atrial fibrillation which could lead to an Ischemic Stroke (Capriotti, 2020). The results of this test shown an ST without ectopy.

A CT without contrast was performed to visualize the brain, ventricles, masses, and midline shifts (Capriotti, 2020). There is no evidence of infarction or tissue death because of the clot. This is a good report for this patient indicating there is no blockage or swelling present.

Diagnostic Test Reference (1) (APA):

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

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	lisinopril/ Prinivil	atorvastatin/Lipitor	metformin/ Glucophage	n/a	n/a
Dose	10 mg	20 mg	250 mg	n/a	n/a
Frequency	BID daily	daily	BID daily	n/a	n/a
Route	PO	PO	po	n/a	n/a
Classification	Angiotensin-converting enzyme/ antihypertensive (Nurse's Drug Handbook, 2021).	HMG-Coa reductase inhibitor/antihyperlipidemic	Biguanide/ Antidiabetic	n/a	n/a
Mechanism of Action	To reduce blood pressure by inhibiting the production of angiotensin from I to II, which is a vasoconstrictor (Nurse's Drug Handbook, 2021).	Reduces lipoprotein by prevention of HMG-CoA reductase and liver cholesterol synthesis. Ldl levels are processed and broken down faster (Nurse's Drug Handbook, 2021).	Excess glucose is turned to glycogen and is stored in the liver to reduce overall glucose production (Nurse's Drug Handbook, 2021).	n/a	n/a
Reason Client Taking	hypertension	Hyperlipidemia/ hypercholesterolemia	Diabetes- lower A1C, glucose	n/a	n/a

Contraindications (2)	Low fluid volume, hypotension (Nurse's Drug Handbook, 2021).	Do not take with grapefruit (Nurse's Drug Handbook, 2021). This drug can cause hypoglycemia, monitor glucose levels closely when taking this medication (Nurse's Drug Handbook, 2021).	Metabolic acidosis or diabetic ketoacidosis which could be caused from uncontrolled diabetes (Nurse's Drug Handbook, 2021).	n/a	n/a
Side Effects/Adverse Reactions (2)	Orthostatic hypotension, Acute renal failure (Nurse's Drug Handbook, 2021).	Pancreatitis/rectal hemorrhage (Nurse's Drug Handbook, 2021)	Hypoglycemia and lactic acidosis (Nurse's Drug Handbook, 2021).	n/a	n/a
Nursing Considerations (2)	Monitor for orthostatic hypotension (Nurse's Drug Handbook, 2021).	Withhold if muscle weakness occurs (Nurse's Drug Handbook, 2021). Educate patient on importance of compliance. (Nurse's Drug Handbook, 2021).	Give with food To prevent GI upset (Nurse's Drug Handbook, 2021). Do not break or crush extended-release tablets (Nurse's Drug Handbook, 2021).	n/a	n/a
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor creatinine and potassium levels (Nurse's Drug Handbook, 2021).	Liver function test/ Lipid panel for baseline value (Nurse's Drug Handbook, 2021).	Drug should not be administered if dehydrated (Nurse's Drug Handbook, 2021). Monitor blood glucose levels for increased glucose level during infection, stress, and injury (Nurse's Drug Handbook, 2021).	n/a	n/a
Client Teaching Needs (2)	Inform client that it will be a	Monitor blood glucose levels (Nurse's Drug Handbook, 2021).	Teach importance of blood sugar monitoring and	n/a	n/a

	lifelong medication. Take medication same time each day (Nurse's Drug Handbook, 2021).	Inform client to maintain a healthy diet and exercise for the drug to be fully effective (Nurse's Drug Handbook, 2021).	diet compliance (Nurse's Drug Handbook, 2021).		

Hospital Medications (5 required)

Brand/ Generic	clopidogrel/Plavix	metoprolol/ Lopressor	Ondansetron/ Zofran	Morphine/MS Contin	hydrocodone/ acetaminophen/ Norco
Dose	75mg	50mg	4 mg	0.5 mg	7.5/325 mg
Frequency	daily	BID	Every 6 hours-PRN as needed	Q2h-PRN	Q8h PRN
Route	PO	PO	PO	IV push	po
Classification	P2Y 12 platelet inhibitor /platelet aggregate	Beta adrenergic blocker/antihypertensive	Selective serotonin receptor antagonist/antiemetic	Opioid/ Opioid analgesic	Opioid/ Opioid analgesic/antipyretic/pain reliever
Mechanism of Action	Binds to ADP receptors on platelets which inhibits fibrinogen from attaching preventing	Beta-receptor sites are inhibited in the heart which decreases cardiac output (Nurse's Drug Handbook, 2021).	Blocks serotonin receptors that trigger vagal nerve stimulators in the intestine (Nurse's Drug Handbook, 2021).	Activates opioid receptors located within the spinal cord and brain to relieve	Binds opioid receptors at the ventromedial medulla/spinal cord to relieve pain (Nurse's Drug Handbook, 2021)

	clots from forming (Nurse's Drug Handbook, 2021).			pain (Nurse's Drug Handbook, 2021)	
Reason Client Taking	Anti-platelet	Lower blood pressure	nausea	Severe pain	Moderate pain
Contraindications (2)	Active bleed or hemorrhage	Bradycardia heart rate less than 45 beats a minute, hold if systolic pressure is below 100 mm Hg (Nurse's Drug Handbook, 2021)	Sensitivity to drug Constipation Electrolyte imbalance (Nurse's Drug Handbook, 2021)	Respiratory depression (Nurse's Drug Handbook, 2021) Discontinue or monitor use for those who are hypersensitive to drug effects (Nurse's Drug Handbook, 2021)	Respiratory depression or taking with other opioids can increase the risk for respiratory depression (Nurse's Drug Handbook, 2021)
Side Effects/ Adverse Reactions (2)	Hypotension/ fatal intracranial bleeding	Heart failure/thrombocytopenia (Nurse's Drug Handbook, 2021)	Intestinal obstruction/bronchospasms (Nurse's Drug Handbook, 2021)	ICP and shock (Nurse's Drug Handbook, 2021)	Hypotension/ CNS depression (Nurse's Drug Handbook, 2021)
Nursing Considerations (2)	Use caution with this	Do not crush ER tablets but may cut in half	Watch for symptoms of serotonin	Use of this drug can	Check bowel sounds or verify

	medication as it can increase bleeding risk. When patient has pain avoid NSAIDs as it can increase risk for bleeding (Nurse's Drug Handbook, 2021)	(Nurse's Drug Handbook, 2021) Do not administer if heart rate is less than 60 or reduced from baseline (Nurse's Drug Handbook, 2021).	syndrome and monitor EKG (Nurse's Drug Handbook, 2021)	lead to addiction, use minimally and with caution (Nurse's Drug Handbook, 2021)	bowel movement prior to administration. When giving this medication, be prepared and monitor for respiratory depression (Nurse's Drug Handbook, 2021)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Baseline labs/monitor blood sugar levels can cause a drop in serum glucose (Nurse's Drug Handbook, 2021)	Vitals prior to administration check both Blood pressure and pulse (Nurse's Drug Handbook, 2021)	Verify potassium and magnesium prior to administration of drug. Restore electrolyte balance prior to administration (Nurse's Drug Handbook, 2021)	Verify vitals, oxygen level, and pain level prior to the administration of this drug (Nurse's Drug Handbook, 2021)	Perform vitals and oxygen level prior to administration. Monitor beginning pain level before administration and monitor for effectiveness (Nurse's Drug Handbook, 2021)
Client Teaching Needs (2)	Avoid taking NSAIDs as it will increase bleeding risk. Notify any healthcare provider that you are on this	Monitor blood glucose levels with this medication (Nurse's Drug Handbook, 2021) Take medication with food to decrease	Educate client to let staff know if rash presents (Nurse's Drug Handbook, 2021) Inform client that drug can cause constipation (Nurse's Drug	Change position slowly as this medication can cause orthostatic hypotension (Nurse's	Inform client of risk of constipation and recommendation of high fiber diet and increase fluid intake (Nurse's Drug Handbook, 2021). Use caution with ambulation while under the

	medication (Nurse's Drug Handbook, 2021)	gastric upset (Nurse's Drug Handbook, 2021)	Handbook, 2021)	Drug Handbook, 2021) Notify if there is a breakthrough pain or medication is not effective (Nurse's Drug Handbook, 2021)	influence of this medication (Nurse's Drug Handbook, 2021)

Medications Reference (1) (APA):

Nurse's Drug Handbook (2021).

Jones and Bartlett Learning

Assessment

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

GENERAL: **Alertness: w**dl **Orientation:** wdl **Distress:** no distress **Overall appearance:** appropriate	Alert and oriented to person, place, time, and situation AOx4. No record of distress and overall appearance appropriate to situation.
INTEGUMENTARY: **Skin color:** pink **Character:** dry **Temperature:** warm **Turgor:** WDL **Rashes:** n/a **Bruises:** n/a **Wounds**: n/a **Braden Score:** 21 **Drains present: Y☐ N ☒** **Type:n/a**	Skin pink, warm, and dry. Turgor WDL, Braden Score 21
HEENT: **Head/Neck: WDL** **Ears: WDL** **Eyes: WDL** **Nose: WDL** **Teeth: WDL**	Facial drooping resolved HEENT are all WDL.
CARDIOVASCULAR: **Heart sounds:** WDL **S1, S2, S3, S4, murmur etc** no additional sounds noted **Cardiac rhythm (if applicable):** **Peripheral Pulses:** WDL **Capillary refill:** WDL **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**n/a	Radial pulses 2+, skin is pink, warm, and dry. Cap refill WDL,
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lungs are Clear and equal bilaterally and within WDL.
GASTROINTESTINAL: **Diet at home:** regular	Current diet carbohydrate-consistent, bm today 03/17/2020

Current Diet carbohydrate-consistent **Height:** 177.8 cm **Weight:** 100 kg **Auscultation Bowel sounds:** soft and non-tender **Last BM:** 03/17/2020 **Palpation: Pain, Mass etc.:** none noted **Inspection:** WDL **Distention:** n/a **Incisions:** no **Scars:** n/a **Drains:** no **Wounds:** no **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size**: n/a **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** n/a	
GENITOURINARY: **Color:** WDL **Character:** WDL **Quantity of urine:** 800 mL over 4 hours. **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** n/a	Patient has voided within last 4 hours. Color and character within defined limits.
MUSCULOSKELETAL: **Neurovascular status:** WDL **ROM:** WDL **Supportive devices: n/a** **Strength: right side general weakness** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 45- Morse Fall Scale **Activity/Mobility Status:** WDL **Independent (up ad lib) ☐No yes** **Needs assistance with equipment ☐ no** **Needs support to stand and walk☐ no**	Right sided mild weakness denies numbness and tingling, no facial droop all other findings WDL. Patient rated a 45- low fall risk on the Morse Fall Scale.
NEUROLOGICAL: **MAEW: Y ☒ N☐** generalized right-sided weakness	Alert and oriented x4- generalized right-sided weakness to right extremities. Speech is unaltered. PERLA WDL

PERLA: Y ☒ N☐ **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** alert and oriented x 4 **Mental Status:** Alert and oriented to person, place, time, and situation. **Speech:** unaltered **Sensory:** WDL **LOC:** WDL	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** WDL **Developmental level:** WDL **Religion & what it means to pt.:**n/a **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patient is planning to discharge home and follow-up with OT/PT for therapy services. Patient lives alone. Further discussion about work as a semi-driver may need to be discussed as limitations while recovering and how this may impact his career.**

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	163/76	16	37.0	98% room air
1100	69	124/63	18	36.9	97% room air

Vital Sign Trends: Vital signs have improved and are stable. Blood pressure has decreased.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0700	1-10	head	4/10	Generalized head pain	Tylenol
1100	1-10	head	1/10	Generalized head pain	No intervention required

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18G left antecubital (03/17/2020)- clean, dry, intact, and patent. No signs of erythema or drainage. Saline lock 18G right antecubital (03/17/2020)- clean, dry, intact, and patent. No signs of erythema or drainage. Saline lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
600 mL water 120 mL sugar-free orange juice	Urine output 800 mL – 4-hour output (0700- 1100) Stool x1

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is stable and able to manure on own with right sided weakness still present, but facial dropping as remedied.

Procedures/testing done: No further testing or procedures required. PT had a chest x-ray, EKG, and a CT scan without contrast performed on 03/17/2020.

Complaints/Issues: No current complaints or issues to report from patient.

Vital signs (stable/unstable): Vitals signs are currently stable. Patient has minimal pain, but it is controlled.

Tolerating diet, activity, etc.: Patient is advised to partake in a carbohydrate consistent diet. Activity is tolerated as patient can move on own and without assistance.

Physician notifications: No current physician notifications or changes to patient status.

Future plans for client: Patient anticipated to be discharged to home with follow-up appointments for OT/PT, primary care physician, and neurologist.

Discharge Planning (2 points)

Discharge location: Patient will discharge to home.

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: Patient will be referred to PT/OT to focus on right-sided weakness. An appointment will need to be scheduled in approximately 1 week after discharge with a neurologist to check in. A visit with the patient's primary provider should be scheduled to monitor A1C levels in 6 weeks to determine if diet change, medication change, and patient compliance to plan has been successful.

Education needs (if applicable):

Dieticians visit for carb-consistent diet plan/diabetes

Medication compliance and education Metoprolol, Clopidogrel, and Metformin increase.

Education on all other medications currently taking.

Smoking cessation information

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. At risk	Right-sided	Instruct the	Patient will not fall	**1.**

for decreased functional ability related to ischemic stroke as evidenced by right sided weakness.	weakness is the remaining after facial dropping has resolved. The patient will need to have OT/PT for restoration.	patient to wear slip resistant shoes to prevent slipping. Instruct patient to watch placement of feet prior to engagement of walking.	while attempting to ambulate.	Client did not fall during shift. Patient responded well to encouragement of shoes and footing.
2. Need for health teaching related to diabetes as evidenced by elevated A1C level.	Glucose levels were elevated as well as the patients A1C which covers the past 3 months. Increased glucose levels can raise risk for another stroke.	1. Educate patient on how to check blood glucose level and frequency. 2.Educate client on importance of carb-consistent diet.	1. Patient will be able to demonstrate how to perform glucose check. Patient will be able to discuss purpose of diet and how to count carbs.	1. Client was able to perform and explain importance of glucose monitoring. Client was able to describe importance of diet change and seemed willing to accept information.
3. Ineffective coping related to body integrity secondary to stroke as evidenced by right-sided weakness.	Patient has not discussed occupation and how it may be affected by stroke. Currently suffering from right-sided weakness.	**2** Discuss concerns about current situation, work, or home.	1. Patient will verbalize concerns about employment. **2.** Patient will identify personal strength/weakness in attempt to overcome concerns.	1. Patient was able to describe concerns about employment and finances. Follow-up with OT/PT will be scheduled as soon as possible

				to improve client outcome.
4. Increased readiness for health promotion related to smoking cessation as evidenced by patients desire to reduce risk for stroke in future.	Smoking 1 pack a day for 40 years has increased the patient's risk for stroke.	**1.** Educate patient on risk factors and how it impacts recurrence of a stroke. 2. Educate patient on options to help with smoking cessation.	**1.** Patient will be able to describe smoking as modifiable and discuss options on how to quit smoking.	**1.** Patient has expressed desire to prevent stroke from occurring and is interested in seeking support to help stop smoking. Patient is interested in Chantix to stop smoking.

Other References (APA):

Carpenito, L.J., (2017) *Nursing Diagnosis: Application to Clinical Practice Fifteen Edition.*

Philadelphia, PA: Wolters Kluwer

Concept Map (20 Points):

Subjective Data

Presented with generalized right sided weakness and facial droop.
TPA administered
No bleed on CT scan
Chest x-ray normal
EKG- ST without escopy

Nursing Diagnosis/Outcomes

At risk for decreased functional ability related to ischemic stroke as evidenced by right sided weakness. Patient will not fall while attempting to ambulate.
d for health teaching related to diabetes as evidenced by elevated A1C level. Patient will be able to demonstrate how to perform glucose check.
Patient will be able to discuss purpose of diet and how to count carbs.
Ineffective coping related to body integrity secondary to stroke as evidenced by right-sided weakness. Patient will verbalize concerns about employment.
Patient will identify personal strength/weakness in attempt to overcome concerns.
Increased readiness for health promotion related to smoking cessation as evidenced by patients desire to reduce risk for stroke in future. Patient will be able to describe smoking as modifiable and discuss options on how to quit smoking.

Nursing Interventions

Instruct the patient to wear slip resistant shoes to prevent slipping. Instruct patient to watch placement of feet prior to engagement of walking.

Educate patient on how to check blood glucose level and frequency.

.Educate client on importance of carb-consistent diet.

Educate patient on how to check blood glucose level and frequency. Educate client on importance of carb-consistent diet.
Educate patient on risk factors and how it impacts recurrence of a stroke.
Educate patient on options to help with smoking cessation.

Objective Data

TPA administered
No bleed on CT scan
Chest x-ray normal
EKG- ST without escopy
Facial drooping resolved. Vital signs improved as blood pressure decreased.
Braden score
Fall Score
Elevated A1C level
Braden score: 21
Morse Fall Scale: 45

Client Information

O.B. 60-year-old male, with Hx of hypertension, hypercholesteremia, diabetes mellitus type 2, smoker. Occupation is a truck driver, divorced