N311 Care Plan # 5

Lakeview College of Nursing

Karlie Roberts

Demographics (5 points)

Date of Admission 10/25/22	**Client Initials** P.S.R.	**Age** 11/13/1948 (73)	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** Clanthromycin severity unknown Propoxyphene severity unknown Duloxetine severity: nausea
Code Status Full Code	**Height** 5'4"	**Weight** 295 lbs	

Medical History (5 Points)

Past Medical History: HTN, T2DM, obesity, chronic kidney disease stage 3, acquired hypothyroidism, chronic diastolic heart failure, acute on chronic kidney failure, pancytopenia, stroke, asthma, COPD

Past Surgical History: cholecystectomy, hysterectomy, carpal tunnel release, knee arthroscopy

Family History: patient can't recall anything or anything that stands out

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient states that she does not use alcohol, tobacco, or drugs. She has never smoked or used smokeless tobacco.

Admission Assessment

Chief Complaint (2 points): slurred speech, right-sided weakness

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

P.S.R. is a 73-year-old female that presents with slurred speech and right-sided weakness on 10/25/22. The slurred speech and right-sided weakness began earlier in the day on 10/25/22 while the patient was sitting at home. The patient denies doing anything that caused this to happen. The pain/symptoms never radiated to any other part of the body. No nausea or vomiting

reported. No reported aggravating symptoms and the patient did not try anything to relieve the pain. The patient has a history of CVA and is currently being prescribed Plavix to help prevent another CVA.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): CVA

Secondary Diagnosis (if applicable): UTI

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

When a patient presents with slurred speech and right-sided weakness it is treated as an emergency due to the risk of having a stroke. A stroke results from a blood clot blocking the flow of blood and oxygen to the brain. These blood clots typically form in areas where the arteries have been narrowed or blocked over time by fatty deposits. Sign and symptoms of a stroke include trouble walking, speaking, and understanding, as well as paralysis or numbness of the face, arm, or leg. Risk factors of a stroke are high blood pressure, diabetes, heart and blood vessel diseases, and smoking (Capriotti, 2020). Some diagnostic testing that can be ran to rule out a stroke include CT and an MRI to provide greater images of blood vessel activity, detecting aneurysms and blocked blood vessels and to rule out stroke, and type of stroke if necessary. Some laboratory testing that can be done for a stroke are a CBC, serum electrolytes, blood clotting tests, heart attacks test, thyroid tests, blood glucose, and C-reactive protein test and blood protein test. All these lab tests can show whether a stroke is an ischemic or hemorrhagic stroke which then further tells the physician the type of treatment needed (Phelps, 2020).

During the patient's admission, she received multiple scans which included a CT and an MRI that did not show any new findings. The patient's blood tests are not abnormal for a stroke

but do indicate a UTI (Capriotti, 2020). Since all these tests have been done, the patient has been started on Rocephin to treat the UTI.

Pathophysiology References (2) (APA):

Phelps, L. L. (2020). In Spark's & Taylor's Nursing Diagnosis Reference Manual 11th ed. essay, Wolters Kluwer.

Capriotti, T. (2020). Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives. 2nd ed., F.A. Davis, 2020.

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	3.80-5.30	4.40	3.63	RBC are within normal limits
Hgb	12.0-15.8	12.0	10.0	Hgb is within normal limits
Hct	36.0-47.0	36.5	30.2	Hct is within normal limits
Platelets	140-440	**106**	**119**	**Platelets are low due to the patient having chronic kidney disease (Jones & Bartlett Learning, 2022).**
WBC	4.00-12.00	**3.30**	6.20	**WBC were low upon admission due to the patient having a UTI, but now after antibiotics, WBC are within normal limits (Jones & Bartlett Learning, 2022).**
Neutrophils	47.0-73.0	N/A	68.5	Neutrophils are within normal limits
Lymphocytes	18.0-42.0	N/A	20.3	Lymphocytes are within normal limits
Monocytes	4.0-12.0	N/A	9.1	Monocytes are within normal limits
Eosinophils	0.0-5.0	N/A	1.7	Eosinophils are within normal limits
Bands	N/A	N/A	N/A	Bands were not obtained

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-	133-144	136	134	Sodium is within normal limits
K+	3.5-5.1	4.3	4.0	Potassium is within normal limits
Cl-	98-107	107	105	Chloride is within normal limits
CO2	21-31	24	25	CO2 is within normal limits
Glucose	70-99	**177**	**213**	**Glucose is high due to the patient being a T2 diabetic (Jones & Bartlett Learning, 2022).**
BUN	7-25	**31**	**29**	**BUN is high due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Creatinine	0.50-1.00	**1.52**	**1.25**	**Creatinine is high due to the patient's kidney disease (Jones & Bartlett Learning, 2022).**
Albumin	3.5-5.7	**3.0**	**2.6**	**Albumin is low due to the patient having CHF (Jones & Bartlett Learning, 2022).**
Calcium	8.8-10.2	9.6	8.9	Calcium is within normal limits
Mag	1.6-2.6	2.3	1.9	Mag is within normal limits
Phosphate	34-104	**139**	**110**	**Phosphate is high due to the patient having chronic kidney disease (Jones & Bartlett Learning, 2022).**
Bilirubin	0.2-0.8	0.6	0.6	Bilirubin is within normal limits
Alk Phos	34-104	**139**	**110**	**Phosphate is high due to the patient having chronic kidney disease (Jones & Bartlett Learning, 2022).**

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity	Clear/yellow	Yellow & **turbid**	N/A	**Clarity is abnormal due to the patient being dehydrated/UTI (Jones& Bartlett Learning, 2022).**
pH	4.6-8.0	**5.5**	N/A	**pH was abnormal upon admission due to the patient having a UTI, but now is normal (Jones & Bartlett Learning, 2022).**
Specific Gravity	1.005-1.030	**1.013**	N/A	**Specific gravity was abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**
Glucose	Negative	Negative	N/A	Glucose is within normal limits
Protein	Negative	**1+**	N/A	**Protein was abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**
Ketones	Negative	Negative	N/A	Ketones are within normal limits
WBC	Negative	**3+**	N/A	**WBC were abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**
RBC	Negative	**3-5**	N/A	**RBC were abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**
Leukoesterase	Negative	**3+**	N/A	**Leukoesterase was abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**

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 <10,000 Positive >10,000	**>100,000cfu/mL gram negative bacilli**	N/A	**Urine culture was abnormal upon admission due to the patient having a UTI (Jones & Bartlett Learning, 2022).**
Blood Culture	Negative	N/A	N/A	Blood Culture was not obtained
Sputum Culture	Normal URT	N/A	N/A	Sputum Culture was not obtained

Stool Culture	Normal intestinal flora	N/A	N/A	Stool Culture was not obtained

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR Chest Single View Portable: for: slurred speech; **impression:** no acute cardiopulmonary abnormality is demonstrated calcified granuloma in left upper lung. The patient received the chest X-Ray to rule out heart problems, a collapsed lung, pneumonia, or broken ribs (Phelps, 2020).

CT Stroke Protocol: for: stroke with hx of stroke; **impression:** left posterior hemisphere chronic infarction is stable, no acute hemorrhage, acute infarction, or mass effect is identified. Moderate diffuse cerebral atrophy. The patient received the CT stroke to identifying whether the symptoms the patient had was in fact a stroke and if the stroke is hemorrhagic or ischemic. If there is blood in the skull due to a hemorrhage, a stroke CT scan can detect it immediately, ensuring this condition is treated the right way (Phelps, 2020).

Adult Transthoracic Echo 2D: for: check heart function; **impression:** left ventricular systolic function is hyperdynamic, estimated ejection fraction is >70%. Moderate concentric left ventricular hypertrophy present. Grade one diastolic dysfunction. The patient received the TTE to check on the overall health of the heart, to see how your heart beats and to rule out any heart problems (Phelps, 2020).

CT Angio Head and Neck WWO Contrast with PP: for: possible stroke; **impression:** right internal carotid artery shows calcified plaque at origin. It is producing stenosis of 50-60%.

Occlusion of upper half of right vertebral artery, encephalomalacia noted in left parieto-occipital lobe due to old infarction. The patient received this scan to rule out stroke (Phelps, 2020) and due to the patient's history of having a previous stroke.

MRI Brain W/O Contrast: for: possible stroke; **impression:** old infarction noted in left parieto-occipital lobe. Mild cerebral atrophy noted. The patient received this MRI because it provides greater images of blood vessel activity, detecting aneurysms and blocked blood vessels and because the dye is not recommended for patients who have kidney compromised (Phelps, 2020).

Diagnostic Imaging Reference (1) (APA):

Phelps, L. L. (2020). In Spark's & Taylor's Nursing Diagnosis Reference Manual 11th ed. essay, Wolters Kluwer.

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

Brand/Generic	**Ceftriaxone (ROCEPHIN)**	**Clopidogrel (PLAVIX)**	**Insulin Glargine (LANTUS)**	**Insulin Lispro (HumaLOG)**	**Lisinopril (PRINVIL – ZESTRIL)**
Dose	1 g	75 mg	5 units	2-12 units	5 mg
Frequency	Every 24 hours	Daily	2x daily	3x daily w/meds	Daily
Route	Intravenous	Oral	Subcutaneous	Subcutaneous	Oral
Classification	Cephalosporin antibiotics	Antiplatelet medications	Long-acting insulin	Antidiabetics	Angiotensin-converting enzyme (ACE) inhibitors
Mechanism of Action	Inhibition of bacterial cell wall synthesis	Inhibits the binding of adenosine diphosphate (ADP) to its platelet P2Y12 receptor (Jones & Bartlett Learning,	Directly binding to its receptors on the plasma membranes of the cells (Jones & Bartlett	Insulins lower blood glucose by stimulating peripheral glucose uptake by skeletal muscle and fat, and by	ACE is a peptidyl dipeptidase that catalyzes the conversion of angiotensin I to the vasoconstrictor substance, angiotensin II

		2022)	Learning, 2022)	inhibiting hepatic glucose production (Jones & Bartlett Learning, 2022)	(Jones & Bartlett Learning, 2022)
Reason Client Taking	UTI	Hx of stroke	Improve blood sugar control in adults and children with diabetes mellitus	Treat people with T1/T2 diabetes to control high blood sugar	Treat high blood pressure
Contraindications (2)	Hemolytic anemia Liver problems	Peptic ulcer Intracranial hemorrhage	Hepatic disease Renal failure	During episodes of hypoglycemia Hypersensitivity to Humalog	Patients with hyperkalemia Renal failure
Side Effects/Adverse Reactions (2)	Nausea Vomiting	Jaundice headache	Diarrhea Fever	Weight gain Swelling	Dizziness Blurred vision

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt is alert and oriented to person, place, time, and situation. Pt is well groomed and in no acute distress.

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 16** **Drains present: Y☐ N ☒** **Type:**	Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor is normal mobility. Capillary refill is less than 2 seconds, fingers and toes bilaterally. **Small burn on upper left chest.** **Braden Score: 16**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea midline without deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral sclera white, cornea clear, conjunctiva pink, no visible drainage. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, EOM's intact. Septum midline, turbinate's are moist and pink without exudate, tonsils present +1, uvula midline. Dentition is good. .
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:**	Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at fifth intercostal space at MCL. Normal rate and rhythm.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rhythm rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds are clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. Bowel sounds are normoactive all four quadrants. No CVA tenderness noted bilaterally.

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:**	Last BM 10/24/22.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: external** **Size:**	Urine is yellow, **turbid**, without foul odor, no reported, observed difficulties, or pain while voiding, no hematuria.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 96** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	All extremities have full ROM. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. **Unsteady gait**, pt ambulates with a one assist with a walker. **Fall Score: 96**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	Pt is alert and oriented to person, place, time, and situation. PERRLA bilaterally. Cranial nerves intact. Negative Romberg's. Speech is clear. Deep tendon reflexes, all 2+ bilaterally.

LOC:	
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):**	Pt is accepting and watching tv. Pt is married and has a family.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	89	124/42	20	97.7	93% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric Rating Pain Scale	Right flank pain	7	Achy	morphine

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 of water and milk	250 mL, external catheter

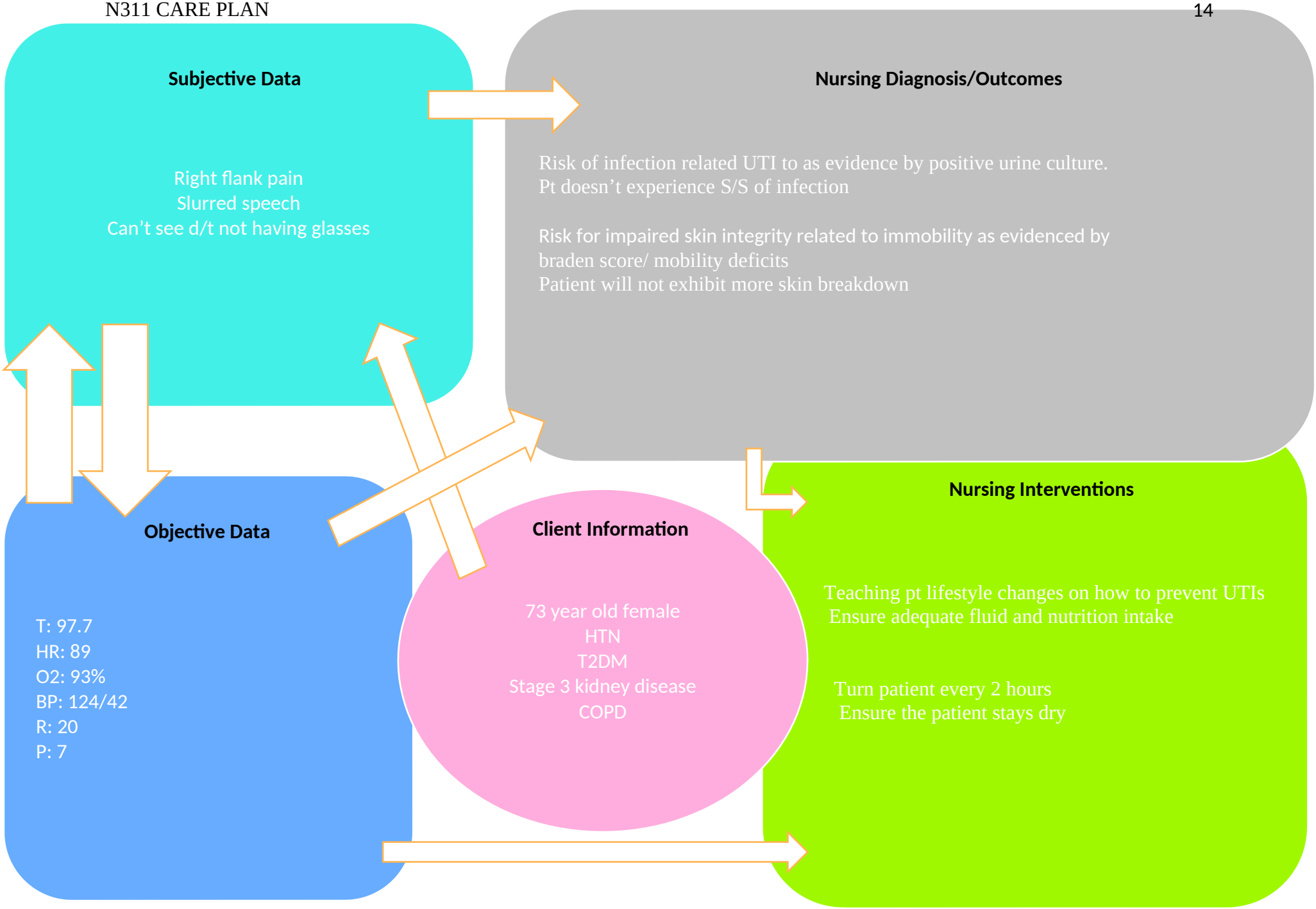
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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

to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	chosen			• Client response, status of goals and outcomes, modifications to plan.
Risk for stroke related to symptoms as evidence by h/x of stroke	Patient will not exhibit anymore symptoms	**1.** Learn how to recognize stroke symptoms- BEFAST **2.** Assess pt's speech, memory, and cognition	**1.** Pt doesn't experience S/S of stroke	Pt understands and acknowledges the importance of recognizing stroke symptoms
Risk for impaired skin integrity related to immobility as evidenced by braden score/ mobility deficits	Patient has immobility deficit	**1.** Turn patient every 2 hours **2.** Ensure the patient stays dry	**1.** Patient will not exhibit more skin breakdown	Patient exhibits improved/healed skin

Other References (APA):

Concept Map (20 Points):


Subjective Data
Right flank pain
Slurred speech
Can't see d/t not having glasses
Nursing Diagnosis/Outcomes
Risk of infection related UTI to as evidence by positive urine culture.
Pt doesn't experience S/S of infection
Risk for impaired skin integrity related to immobility as evidenced by braden score/ mobility deficits
Patient will not exhibit more skin breakdown
Objective Data
T: 97.7
HR: 89
O2: 93%
BP: 124/42
R: 20
P: 7
Client Information
73 year old female
HTN
T2DM
Stage 3 kidney disease
COPD
Nursing Interventions
Teaching pt lifestyle changes on how to prevent UTIs
Ensure adequate fluid and nutrition intake
Turn patient every 2 hours
Ensure the patient stays dry