N321 Care Plan 1

Lakeview College of Nursing

Roxanne Balag

Demographics (3 points)

Date of Admission 1/20/23	**Client Initials** SB	**Age** 51	**Gender** F
Race/Ethnicity African American, non-Hispanic	**Occupation** Unemployed	**Marital Status** Single	**Allergies** No Known Allergies
Code Status Full Code	**Height** 5'5 (1.65 m)	**Weight** 140 lbs. (63.5 kg)	

Medical History (5 Points)

Past Medical History: MS, Stroke, Hypertension

Past Surgical History: Left Shoulder Rotator Cuff Repair and C-Section

Family History: Mother, Father, and Self- Hypertension, Sister-Asthma

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

Patient denies alcohol and tobacco use. Smokes two rolls of Cannabis every day.

Assistive Devices: N/A

Living Situation: Living Alone

Education Level: Some College

Admission Assessment

Chief Complaint (2 points): Vertigo

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

Patient came in on 01/20/23, was brought in by ambulance from gas station where she lost consciousness. Patient states that she gets syncope for a few minutes where she would lose consciousness for a brief moment almost every day. When asked what relieves it, she says that all she has to do is sit down for a few minutes and it will go away. Patient does not know if there are any aggravating factor that leads to syncope episodes. She states that she does takes meclizine when she feels dizzy.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Vertigo

Secondary Diagnosis (if applicable): N/A

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

According to Capriotti, author of the book *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*, states Patients with vertigo have the sensation that the room is spinning around them, when in fact there is no movement. Additionally, patients report an exaggerated sense of motion with any self-initiated movement. Episodes of vertigo usually last minutes to hours and are often associated with severe nausea and vomiting. This may be because of Ménière's disease or alterations in the labyrinth of the inner ear. It is important to distinguish vertigo from dizziness. A dizzy patient reports incoordination and a feeling that he or she is going to "black out" or fall. Nausea and vomiting do not necessarily accompany dizziness as they do with vertigo (Capriotti, 2020, p.1125). Ménière's disease is ruled out and is not part of patient's other diagnosis.

Pathophysiology References (2) (APA):

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

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 (1/20)	Today's Value (1/21)	Reason for Abnormal Value
RBC	3.80-5.30	4.15	3.79	Factors that can be reasons of decrease in RBC counts are bleeding or hemorrhage, anemia and chronic illness. (Pagana et al., 2020). The patient has likely to have an anemia and the diagnosis of hypertension can also be a factor for the low RBC.
Hgb	12.0-15.8	13.3	12.3	N/A
Hct	36.0-47.0	38.9	35.8	Low Hematocrit can be a result of anemia, renal failure, and hemorrhage (Pagana et al., 2020). The cause of low Hct on the patient is likely because of anemia.
Platelets	140-440	220	225	N/A
WBC	4.00-12.00	6.70	4.80	N/A
Neutrophils	47.0-73.0	67.6	62.5	N/A
Lymphocytes	18.0-42.0	26.9	32.1	N/A
Monocytes	4.0-12.0	4.0	4.0	N/A
Eosinophils	0.0-5.0	1.3	1.0	N/A
Bands	0-500	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 (1/20)	Today's Value (1/21)	Reason For Abnormal
Na-	136-145	134	138	A decreased in Na level can be a result from deficient salt intake, diarrhea, vomiting or aspiration, use of diuretic, and chronic renal/kidney disease (Pagana et al., 2020). The reason why the patient has low Na

				level is likely because of low sodium intake.
K+	3.5-5.1	3.5	3.5	N/A
Cl-	98-107	99	106	N/A
CO2	22-30	25	26	N/A
Glucose	70-99	102	77	Factors that may cause increase of glucose in blood are Diabetes mellitus, acute stress response, chronic renal failure, diuretics acute pancreatitis (Pagana et al., 2020). The patient has likely had a meal that is high in sugar to have caused the increase of glucose in blood. Furthermore, inaccurate test timing can also be a factor.
BUN	10-20	12	8	A decrease in BUN level may be a result from Liver failure, overhydration, malnutrition, malabsorption, pregnancy and nephrotic syndrome (Pagana et al., 2020). The reason why patient's BUN level is low is likely because of malnutrition and dehydration.
Creatinine	0.60-1.00	0.66	0.60	N/A
Albumin	3.5-5.0	4.4	N/A	N/A
Calcium	8.7-10.5	9.6	9.1	N/A
Mag	1.6-2.6	1.7	N/A	N/A
Phosphate	40-150	70	N/A	N/A
Bilirubin	5-34	0.8	N/A	N/A
Alk Phos	0-55	70	N/A	N/A
AST	5-34	10	N/A	N/A

ALT	0-55	6	N/A	N/A
Amylase	60-120	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	Venous blood: 5–20 mg/dL Arterial blood: 3–7 mg/dL o	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	1.1	N/A	N/A
PT	10.1-13.1	11.9	N/A	N/A
PTT	25-36	28	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>40	50	43	N/A
LDL	<130	129	118	N/A
Cholesterol	<200	196	175	N/A
Triglycerides	<150	86	69	N/A
Hgb A1c	4.0-6.0	4.9	N/A	N/A
TSH	0.300-5.000	3.052	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	Clear/Yellow	N/A	Yellow	N/A
pH	5.0-9.0	5.5	N/A	N/A
Specific Gravity	1.003-1.030	<1.005	N/A	N/A
Glucose	Negative	Negative	Negative	N/A
Protein	6.4-8.9	6.6	7.3	N/A
Ketones	Negative	N/A	Negative	N/A
WBC	0-5 hpF	6.70	4.80	N/A
RBC	0-2 hpF	N/A	Negative	N/A
Leukoesterase	N/A	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 (1/21)	Explanation of Findings
Urine Culture	1-10,000 CFU/mL Acceptable up to 100,000 CFU/mL	N/A	60,000	N/A
Blood Culture	negative	N/A	N/A	N/A
Sputum Culture	Normal URT	N/A	N/A	N/A
Stool Culture	Normal Intestinal Flora	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's® Diagnostic and Laboratory Test Reference*. (15th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray XR Chest Single View Portable, CT Stroke Protocol. MRI Brain W/WO MRA Head W/O and MRA Neck W/O contrast.

Diagnostic Test Correlation (5 points):

Indication for Diagnostic testing: For Stroke, LOC, History of stroke. For MRI, the test is ordered for evaluation of the CNS, neck and back.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's® Diagnostic and Laboratory Test Reference*. (15th ed.). Mosby.

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

Home Medications (5 required)

Brand/ Generic	Acetaminophen Tylenol	Amlodipine Norvasc	Aspirin Chewable	Atorvastatin (Lipitor)	Meclizine (Antivert)
Dose	325 mg	10 mg	81 mg	40 mg	25 mg
Frequency	2 Tablets Every 4 hour	1 Tablet Daily	1 Tablet Daily	1 Tablet Daily	1 Tablet TID
Route	PO	PO	PO	PO	PO
Classification	Nonnarcotic Analgesic Antipyretic	Calcium Channel Blockers	Salicylates	HMG-COA Reductase Inhibitors	Histamine H1 antagonist
Mechanism of Action	For fever, it acts directly on the hypothalamus to increase vasodilation and sweating. For pain, it acts via an unknown mechanism of action. (Frandsen & Pennington, 2020)	Inhibits the influx of calcium ions across cardiac and smooth muscle during depolarization, resulting in relaxation and vasodilation. This leads to lowers blood pressure (Frandsen & Pennington, 2020).	At low doses, it blocks the synthesis of thromboxane A_2 to inhibit platelet aggregation; this lasts for the life of the platelet (Frandsen & Pennington, 2020).	The statins inhibit an enzyme (HMG-CoA reductase) required for hepatic synthesis of cholesterol (Frandsen & Pennington, 2020).	Reduces labyrinthine excitability, diminishes vestibular stimulation of labyrinth, blocks anticholinergic action of chemoreceptor trigger zone (Hodgson & Kizior, 2019).
Reason Client Taking	For mild to moderate	For Hypertensio	For Prophylax	For hypercholesterol	For Vertigo

	pain	n	is for TIA and CVA	emia	
Contraindications (2)	1. Known hypersensitivity to drug. 2. Caution with administration in impaired hepatic and renal function. (Frandsen & Pennington, 2020)	1. Known hypersensitivity to drug. 2. relatively contraindicated in patients with cardiogenic shock, severe aortic stenosis, unstable angina, severe hypotension, heart failure, and hepatic impairment (Frandsen & Pennington, 2020	1. Known Risk for Bleeding 2. Should not be given to patients who are allergic to Tartrazine (Frandsen & Pennington, 2020)	1. Potentially a Pregnancy category X teratogenic. 2. Lactating women (Frandsen & Pennington, 2020)	1. Contraindicated with use CNS depressants. 2. Contraindicated in patient with kidney and liver disease (Hodgson & Kizior, 2019)
Side Effects/Adverse Reactions (2)	1. Hepatotoxicity 2. Renal Failure (Frandsen & Pennington, 2020)	1. Peripheral Edema 2. Pulmonary Edema (Frandsen & Pennington, 2020)	1. GI discomfort 2. Decreased platelet aggregation (Frandsen & Pennington, 2020)	1. Myopathy 2. Abdominal Cramps or pain (Frandsen & Pennington, 2020)	1. Dry mouth 2. Drowsiness (Hodgson & Kizior, 2019)
Nursing Considerations (2)	1. Hypersensitivity- Rash and Fever 2. Hepatic Failure (Frandsen & Pennington, 2020)	1. Should start with a lowest dose possible. 2. Titrate if necessary (Frandsen & Pennington, 2020)	1. Administer with food to decrease gastric irritation. 2. Use cautiously	1. Drug interaction with grapefruit juice. 2. Monitor liver function test (Frandsen & Pennington, 2020)	1. Avoid Alcohol 2. Hypotension (Hodgson & Kizior, 2019)

			with patients on a low sodium diet (Frandsen & Penningto n, 2020)		

Hospital Medications (5 required)

Brand/ Generic	**Enoxapa rin (Lovenox)**	**Tizanidine (Zanaflex)**	**Hydralazine (Apesoline)**	**Labetelol (Normody ne) Trandate**	**Ondansentr on (Zofran) 772**
Dose	40 mg	2 mg	10 mg	10 mg	4 mg
Frequency	Q24h	TID	IV q1hr PRN	Q 1hr PRN	Q 6h PRN
Route	SQ	PO	IV	IV	IV
Classificatio n	Anticoag ulant	Imidazolin e Derivatives	Vasodilator/ Antihypertension	Beta-Adrenergic blockers	Selective 5-HT3 receptor antagonist.
Mechanism of Action	Potentiate s action of antithrom bin III, inactivate s coagulati on factor Xa (Hodgson & Kizior, 2019).	Tizanidine is a centrally acting alpha$_2$-adrenergic agonist that produces antispasmo dic effect as a result of indirect depression of postsynapti	Direct vasodilating effects on arterioles (Hodgson & Kizior, 2019).	Blocks alpha1 -, beta1 -, beta2 - (large doses) adrenergic receptor sites (Hodgson & Kizior, 2019).	Blocks serotonin, both peripherally on vagal nerve terminals and centrally in chemorecept or trigger zone (Hodgson & Kizior, 2019).

		c reflexes by blocking the excitatory actions of spinal interneurons (Frandsen & Pennington, 2020).			
Reason Client Taking	Prophylaxis of DVT	Treatment for MS	Management of HTN	Management of HTN	For Nausea
Contraindications (2)	1. GI ulceration 2. Any occupation with high risks of traumatic injury (Hodgson & Kizior, 2019)	1. hypersensitivity to the medication 2. Use of fluvoxamine and ciprofloxacin (Frandsen & Pennington, 2020)	1. Hypersensitivity to the medication. 2. Patient with heart diseases (Hodgson & Kizior, 2019)	1. Hypersensitivity to the medication. 2. Hx of asthma and obstructive airway diseases (Hodgson & Kizior, 2019)	1.Hypersensitivity to ondansetron, other HT3 antagonists. 2. Use of apomorphine (Hodgson & Kizior, 2019)
Side Effects/Adverse Reactions (2)	1. Hemorrhage 2. Mild irritation to injection site (Hodgson & Kizior, 2019)	1. Hypotension 2. Drowsiness and Diziness (Frandsen & Pennington, 2020)	1. Nausea/Vomiting 2. Palpitation/Tachycardia (Hodgson & Kizior, 2019)	1. May mask s/s of hypoglycemia. 2. Rapid reduction of BP may cause CVA (Hodgson & Kizior, 2019)	1. Dizziness and Drowsiness 2. Headache (Hodgson & Kizior, 2019)
Nursing Considerations (2)	1. Overdose may cause fatal reaction 2. Avoid	1. Depression with concurrent use of CNS depressants 2.	1. Check B/P and pulse before administrating. 2. May cause Hypotensive effect (Hodgson & Kizior, 2019)	1. Assess baseline renal function. 2. monitor for Bradycardi	1. If vomiting occurs, assess for dehydration. 2. Monitor EKG for

	food, and herbs and supplements with anticoagulant effects (Hodgson & Kizior, 2019)	Psychotic symptoms (Frandsen & Pennington, 2020)		a and hypotension (Hodgson & Kizior, 2019)	electrolyte imbalance (Hodgson & Kizior, 2019)

Medications Reference (1) (APA):

Frandsen, G., & Pennington, S. (2020). *Abrams' Clinical Drug Therapy: Rationales for Nursing Practice* (12th ed.). Lippincott Williams & Wilkins.

Hodgson, B., & Kizior, R. (2019). *Saunders Nursing Drug Handbook 2019* (1st ed.). Elsevier.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient is Alert and Oriented x 4 Person, Place, Time, and Situation No Apparent distress Well-groomed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Dark Brown Dry Warm Normal Mobility No No No 7
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetrical No visible trauma or deformities No lesión, discharge, or drainage. Sclera-white No visible bleeding. Septum is midline. No dentures. 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:**	 S1 S2 noted. No gallops, murmur or rubs. 2+ throughout bilaterally Less than 3 seconds
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Posterior Lung sounds clear

GASTROINTESTINAL:	
Diet at home:	Regular
Current Diet	Regular
Height:	5'5
Weight:	160 lbs
Auscultation Bowel sounds:	Normoactive in all four quadrants
Last BM:	01/22/23
Palpation: Pain, Mass etc.:	No pain, no masses noted upon palpation.
Inspection:	
Distention:	No
Incisions:	Horizontal incision from C-Section
Scars:	C-section Scar, R shoulder scar from Rotator
Drains:	Cuff Repair surgery
Wounds:	No drains, No wounds
Ostomy: Y ☐ N ☒	
Nasogastric: Y ☐ N ☒	
Size: N/A	
Feeding tubes/PEG tube Y ☐ N ☒	
Type: N/A	
GENITOURINARY:	
Color:	Dark Yellow
Character:	Normal
Quantity of urine:	Questionable
Pain with urination: Y ☐ N ☒	
Dialysis: Y ☐ N ☒	
Inspection of genitals:	
Catheter: Y ☐ N ☒	N/A
Type:	N/A
Size:	N/A
MUSCULOSKELETAL:	
Neurovascular status:	Balanced and smooth gait
ROM:	Full
Supportive devices:	N/A
Strength:	Normal and Equal
ADL Assistance: Y☐ N ☒	
Fall Risk: Y ☐ N☒	
Fall Score:	7
Activity/Mobility Status:	Independent
Independent (up ad lib) ☐	
Needs assistance with equipment ☐	
Needs support to stand and walk☐	
NEUROLOGICAL:	.
MAEW: Y ☒ N☐	

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Person, Self, Time, Situation Alert, answer is appropriate to questions. Clear Senses normal and intact A+Ox4
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 smoke Cannabis everyday as a coping method. Developmental level is complete. Patient identifies self as Christian but does not go to church anymore. Patient denies having a good support system, lives alone and babysit her grandchildren on some days.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0715	93	125/95	16	97.2	96%
1100	83	96/68	18	97.6	97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0720	0	N/A	N/A	N/A	N/A
1105	0	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 G
Location of IV:	Left Forearm
Date on IV:	1/20
Patency of IV:	Patent
Signs of erythema, drainage, etc.:	No
IV dressing assessment:	Clean, dry, intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
840 mL	4 occurrences

Nursing Care

Summary of Care (2 points)

Overview of care: Patient will see Neurology Specialist for a consult today to discuss MRI result. Plan of discharge to follow.

Procedures/testing done: N/A

Complaints/Issues: Patient complains that she is dehydrated and that she do not want to bother anyone for a cup of ice water.

Vital signs (stable/unstable): N/A

Tolerating diet, activity, etc.: Yes

Physician notifications: N/A

Future plans for client: Patient deny barriers to healthcare and declines the need for services at home. Primary care provider will schedule diagnostic tests and routine appointments.

Discharge Planning (2 points)

Discharge location: Danville

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: No referral or follow-up appointment at this time.

Education needs: Patient needs education and information about side effects and adverse effect of medication and prevention from injury in case of fall.

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. Risk for Fall related to dizziness and fainting as evidence by history of falls.	The patient is at risk for falling and often experience syncope spells.	**1.** If the client lives alone or spends a great deal of time alone, teach the client what to do if he or she falls and cannot get up, and make sure he or she has a personal emergency response system or a mobile	1. The patient will be free of fall and injury for the next 72 hours.	Client agree to the intervention and prevention from injury and fall.

		phone that is available from the floor (Ackley et al., 2021). **2.** If the client is experiencing syncope, determine symptoms that occur before syncope, and note medications that the client is taking. Refer for medical care. The circumstances surrounding syncope often suggest the cause (Ackley et al., 2021).		
2. Impaired physical mobility as evidence related to neuromuscular impairment as evidence by muscle spasms, weakness and fatigue.	The patient is diagnosed with Multiple Sclerosis and has a history of stroke. MS is a disease that can be disabling and can affect motor movement.	**1.** Encourage and teach ROM exercises or talking a walk leisurely if appropriate (Ackley et al., 2021). **2.** Refer to Primary Care Provider and/or Physical and Occupational Therapy for preventative and spasticity exercise (Ackley et al., 2021).	**1.** The patient will demonstrate ROM exercises that can be done at home.	The client will have less weakness and fatigue. Physical mobility will improve.
3. Deficit	The patient	1. Educate the	1. The	The client states

Knowledge **Related to complexity of information as evidence by not knowing pharmacological and recreational medication's side effect.**	has little knowledge on own's medication's potential side effects drowsiness and dizziness, and recreational use of cannabis that can impair level of consciousness.	clients on safety issues, includes preventing falls and management of medication (Ackley et al., 2021). 2. Give information about evidence base research in a simplified way about potential complication between Cannabis and CVA (Moustafa, 2021).	patient will exhibit readiness and willingness to learn. Will provide teach back after teaching is administered.	agreement and readiness to learn.

Other References (APA):

Ackley, B., Ladwig, G., Makic, M., Kratz, M., Zanotti, M. (2021). *Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care*. (12th ed.) Elsevier.

Moustafa, B., & Testai, F. D. (2021). Cerebrovascular Complications Associated with Marijuana Use. *Current neurology and neuroscience reports*, *21*(6), 25. https://doi.org/10.1007/s11910-021-01113-2

Concept Map (20 Points):

Nursing Diagnosis/Outcomes

Diagnosis 1 Risk for Fall related to dizziness and fainting as evidence by history of falls.
Outcome: The patient will be free of fall and injury for the next 72 hours.

Diagnosis 2 **Impaired physical mobility as evidence related to neuromuscular impairment as evidence by muscle spasms, weakness, and fatigue.**
Outcome: The patient will demonstrate ROM exercises that can be done at home.

Diagnosis 3 **Deficit Knowledge related to complexity of information as evidence by not knowing pharmacological and recreational medication's side effect.**
Outcome: The patient will exhibit readiness and willingness to learn. Will provide teach back after teaching is administered

Subjective Data

Patient came in on 1/20/23 via ambulance. Patient passed out in a gas station. Admitting is diagnosis is Vertigo. Upon further assessment, patient stated that onset of syncope is almost every day, has a questionable duration of few minutes, unknown aggravating factors and can be relieve by sitting in a quiet place for a few minutes. Patient states that she takes Meclizine for dizziness if she remembers.

Objective Data

Lab abnormalities include:
-RBC of 3.79
-Hct of 35.8
-Monocyte 3.9
-Na of 134
-Glucose of 102
-BUN of 8

Client Information

51-year-old
Female
Unemployed
Lives Alone
Alert and Oriented
Independent

Nursing Interventions

A 1. If the client lives alone or spends a great deal of time alone, teach the client what to do if he or she falls and cannot get up, and make sure he or she has a personal emergency response system or a mobile phone that is available from the floor Acley 2019
2. If the client is experiencing syncope, determine symptoms that occur before syncope, and note medications that the client is taking. Refer for medical care. The circumstances surrounding syncope often suggest the cause. Ackly 2019

B. 1. Encourage and teach ROM exercises or talking a walk leisurely if appropriate.
2. Refer to Primary Care Provider and/or Physical and Occupational Therapy for preventative and spasticity exercise.

C. 1. Educate the clients on safety issues, includes preventing falls and management of medications. (Acley 2019)
2.Give information about evidence base research in a simplified way about potential complication between Cannabis and CVA (Moustafa, 2021).