N431 Care Plan # 1

Lakeview College of Nursing

Noredia Asia

Demographics (3 points)

Date of Admission 3/17/2023	**Client Initials** O.B	**Age** 60	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Truck Driver	**Marital Status** Divorced	**Allergies** Sulfa Drugs
Code Status FULL	**Height** 177.8 cm	**Weight** 100 kg	

Medical History (5 Points)

Past Medical History: Hypertension, hypercholesterolemia, uncontrolled Diabetes Mellitus Type 2, 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 masectomy

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): 1 pack/day smoker for 40 years; no alcohol use; no substance use

Assistive Devices: N/A

Living Situation: Lives at home alone when not on road as a truck driver

Education Level: GED, no other education noted

Admission Assessment

Chief Complaint (2 points): Acute right sided weakness and facial drop

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

This patient is a 60-year-old male who arrived at the E.R. via EMS with sudden onset right-sided weakness and facial droop. The patient was immediately taken to the hospital for a C.T. scan, which revealed no signs of an acute bleed. He was given a 0.9 mg TPA bolus,

followed by an 81 mg/hr drip. The patient's right-sided weakness and facial droop improved noticeably. Due to limited ICU bed availability, the patient was kept in the E.D. for 24 hours and is now admitted to the neurological unit for further evaluation under Dr. Farquad. J.S. completed a bedside swallow study, which revealed no issues. A low-carbohydrate diet has been prescribed. He swallows pills without incident.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ischemic Stroke

Secondary Diagnosis (if applicable):

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

Ischemic stroke occurs when the blood supply to a part of the brain is interrupted, leading to ischemia and a lack of oxygen and nutrients (Capriotti, 2020). The interruption can be by a clot that forms in a blood vessel in the brain or travels from another part of the body and blocks a blood vessel in the brain. The lack of oxygen and nutrients leads to damage and death of brain cells, which can result in various neurological deficits.

The pathophysiology of ischemic stroke involves a complex series of events at the cellular level. When blood flow is interrupted, brain cells undergo changes that ultimately lead to death. These changes include a reduction in the availability of oxygen and glucose, increased concentration of certain chemicals in the brain, and the release of inflammatory mediators (Capriotti, 2020). Stroke can affect various systems in the body, including the cardiovascular, respiratory, and digestive systems. For example, stroke can cause changes in heart rate and blood pressure, as well as difficulty breathing and swallowing. Stroke can also affect mood and behavior, leading to depression, anxiety, and personality changes (Phipps & Cronin, 2020).

The most common signs and symptoms of ischemic stroke include sudden onset of weakness or numbness on one side of the body, difficulty speaking or understanding speech, loss of vision in one or both eyes and severe headache (Capriotti, 2020). In addition to these symptoms, patients may experience nausea, vomiting, and loss of consciousness (Phipps & Cronin, 2020). Vital signs may show elevated blood pressure, heart rate, and respiratory rate (Capriotti, 2020). Laboratory data can support a diagnosis of ischemic stroke by identifying underlying conditions that increase the risk of stroke, such as high blood sugar, high cholesterol, and clotting disorders (Phipps & Cronin, 2020). Blood tests may reveal elevated levels of specific biomarkers, such as troponin or brain natriuretic peptide (BNP), which can indicate heart damage or dysfunction (Phipps & Cronin, 2020). Coagulation studies may reveal abnormalities in the blood's ability to clot, such as elevated levels of D-dimer or decreased levels of fibrinogen (Phipps & Cronin, 2020). Electrolyte tests may reveal imbalances in electrolytes, such as low sodium levels, which can affect brain function and increase the risk of stroke (Phipps & Cronin, 2020). Laboratory findings may show an increased white blood cell count, a symptom of inflammation, and an increased blood glucose level, which can indicate stress on the body (Capriotti, 2020).

This patient's symptoms included onset weakness on the right side of the body and a facial droop. The patient's vital signs showed high blood pressure at 0700. The patient's laboratory data showed an increased blood glucose level, a low PT level, high A1C, high hemoglobin and hematocrit, and a low platelet count.

To diagnose ischemic stroke, doctors may use imaging tests such as CT scans or MRI scans to visualize the brain and identify any areas of damage (Phipps & Cronin, 2020). They may also perform blood tests to look for markers of inflammation or other signs of stress on the body.

Treatment of ischemic stroke typically involves the administration of medications to help dissolve the blood clot and restore blood flow to the affected area of the brain. These medications can include thrombolytic drugs such as tissue plasminogen activator (tPA) or mechanical thrombectomy (Phipps & Cronin, 2020). In addition to these treatments, patients may receive medications to help manage symptoms and prevent complications. Rehabilitation and physical therapy may also be necessary to help patients recover from the effects of the stroke. The patient's CT scan was unremarkable, and tPA was given, which showed improvement in the right-sided weakness and facial droop.

Pathophysiology References (2) (APA):

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

Phipps, M. S., & Cronin, C. A. (2020). Management of acute ischemic stroke. *BMJ*, l6983. https://doi.org/10.1136/bmj.l6983

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 (Van, 2021)	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.8-5.41**	N/A	N/A	N/A
Hgb	**11.3-15.2 (Van, 2021)**	N/A	15.3	Ischemic stroke can lead to a decrease in blood volume and an increase in blood viscosity, causing an increase in hemoglobin (Janes et al., 2022).
Hct	**33.2-45.3**	N/A	47	Ischemic stroke can lead to a decrease

	(Van, 2021)			in blood volume and an increase in blood viscosity, causing an increase in hematocrit (Janes et al., 2022).
Platelets	**149-393 (Van, 2021)**	N/A	143	During an ischemic stroke, the body's natural clotting mechanisms are activated which can cause the platelets to be overconsumed and decrease (Janes et al., 2022).
WBC	**4.0-11.7 (Van, 2021)**	N/A	6.3	N/A
Neutrophils	**45.3-79.0**	N/A	N/A	N/A
Lymphocytes	**11.8-45.9**	N/A	N/A	N/A
Monocytes	**4.4-12.0**	N/A	N/A	N/A
Eosinophils	**0.0-6.3**	N/A	N/A	N/A
Bands	**0.0-0.1**	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 (Van, 2021)**	**Admission Value**	**Today's Value**	**Reason For Abnormal**
Na-	**136-145 (Van, 2021)**	N/A	139	N/A
K+	**3.5-5.1 (Van, 2021)**	N/A	3.6	N/A
Cl-	**98-107 (Van, 2021)**	N/A	106	N/A
CO2	**21-31**	N/A	N/A	N/A
Glucose	**74-109 (Van, 2021)**	N/A	147	The patient suffers from uncontrolled diabetes mellitus which is a major risk factor for ischemic stroke. Elevated blood glucose can damage blood vessels over time (Janes et al., 2022).
BUN	**7-25 (Van, 2021)**	N/A	15	N/A
Creatinine	**0.60-1.20 (Van, 2021)**	N/A	0.9	N/A

Albumin	**3.5-5.2**	N/A	N/A	N/A
Calcium	**8.6-10.3**	N/A	N/A	N/A
Mag	**1.6-2.4**	N/A	N/A	N/A
Phosphate	**2.5-5.0**	N/A	N/A	N/A
Bilirubin	**0.3-1.0**	N/A	N/A	N/A
Alk Phos	**34-104**	N/A	N/A	N/A
AST	**13-39**	N/A	N/A	N/A
ALT	**7-52**	N/A	N/A	N/A
Amylase	**40-140**	N/A	N/A	N/A
Lipase	**0-160**	N/A	N/A	N/A
Lactic Acid	**Less than 2**	N/A	N/A	N/A
Troponin	**0.000-0.030**	N/A	N/A	N/A
CK-MB	**0.60-6.3**	N/A	N/A	N/A
Total CK	**30-223**	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 (Van, 2021)	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.86-1.14 (Van, 2021)**	N/A	1.03	N/A
PT	**10.1-13.1 (Van, 2021)**	N/A	11.3	N/A
PTT	**22.6-35.3 (Van, 2021)**	N/A	33.6	N/A

D-Dimer	**0.00-0.62**	N/A	N/A	N/A
BNP	**0-100**	N/A	N/A	N/A
HDL	**Above 60**	N/A	N/A	N/A
LDL	**100-129**	N/A	N/A	N/A
Cholesterol	**Below 200**	N/A	N/A	N/A
Triglycerides	**Less than 150**	N/A	N/A	N/A
Hgb A1c	**5.7-6.4 (Van, 2021)**	N/A	9.4	This supports the patient's uncontrolled diabetes over a span of 3 months which can increase the risk of a stroke occurring. The constant high blood glucose can harm blood vessels leading to atherosclerosis and an increase risk of stroke (Janes et al., 2022).
TSH	**0.45-5.33**	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 (Van, 2021)	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow & clear**	N/A	N/A	N/A
pH	**5.0-8.0**	N/A	N/A	N/A
Specific Gravity	**1.005-1.034**	N/A	N/A	N/A
Glucose	**Normal**	N/A	N/A	N/A
Protein	**Negative**	N/A	N/A	N/A
Ketones	**Negative**	N/A	N/A	N/A
WBC	**Less than 5**	N/A	N/A	N/A
RBC	**0-3**	N/A	N/A	N/A
Leukoesterase	**Negative**	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 (Van, 2021)	Value on Admission	Today's Value	Explanation of Findings
pH	**7.35-7.45**	N/A	N/A	N/A
PaO2	**90-100**	N/A	N/A	N/A
PaCO2	**35-45**	N/A	N/A	N/A
HCO3	**22-26**	N/A	N/A	N/A
SaO2	**80-100**	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 (Van, 2021)	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	N/A	N/A	N/A
Blood Culture	**Negative**	N/A	N/A	N/A
Sputum Culture	**Negative**	N/A	N/A	N/A
Stool Culture	**Negative**	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Janes, F., Giacomello, R., Blarasin, F., Fabris, M., Lorenzut, S., Gigli, G. L., Curcio, F., & Valente, M. (2022). Contribution and effectiveness of laboratory testing in the diagnostic

assessment of juvenile ischemic stroke and transient ischemic attack. *Cureus*. https://doi.org/10.7759/cureus.29256

Van, A. M. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F. A Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Providers took an EKG to assess the heart's function and measure the electrical activity of the heart. The patient had a chest x-ray taken to visualize any acute abnormalities of the heart or lungs. Providers took a CT scan to visualize blockages and tumors in the brain or body (Capriotti, 2020).

Diagnostic Test Correlation (5 points):

The EKG provided more information about the heart's function and could identify underlying conditions that could increase the risk of a stroke. This patient's EKG reported sinus tachycardia, a sign of an underlying condition like atrial fibrillation or heart disease that increases the risk of a stroke (Phipps & Cronin, 2020). A chest x-ray can reveal signs of heart failure or lung disease that can increase the risk and chance of strokes. Heart failure decreases the heart's capability to pump blood effectively, leading to the formation of clots, resulting in potential strokes (Capriotti, 2020). The patient's chest x-ray revealed no acute abnormalities, and the cardiac silhouette was within normal limits. A CT scan can diagnose and assess ischemic strokes (Capriotti, 2020). A CT scan can help identify the location and extent of the blockage and any areas of brain tissue that may be affected by the lack of blood flow (Phipps & Cronin, 2020). The patient's CT scan showed no acute intracranial hemorrhage, mass, mass effect, or midline

shift seen. The ventricles were symmetrical, and there was no convincing evidence of an acute territorial infarction.

Diagnostic Test Reference (1) (APA):

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

Phipps, M. S., & Cronin, C. A. (2020). Management of acute ischemic stroke. *BMJ*, l6983. https://doi.org/10.1136/bmj.l6983

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

Home Medications (5 required)

*Was given permission to include hospital medication under home medications.

Brand/Generic	**Lisinopril/ Prinivil**	**Atorvastatin/ Lipitor**	**Metformin / Fortamet**	***Acetaminophen/ Tylenol**	***Docusate/ Colace**
Dose	10 mg	20 mg	250 mg	650 mg	100 mg
Frequency	BID	Daily	BID	Q6H PRN	BID PRN
Route	PO	PO	PO	PO	PO
Classification	ACE inhibitor; Antihypertensive (Learning, 2020)	HMG-CoA reductase inhibitor; Antihyperlipidemic (Learning, 2020)	Biguanide; Antidiabetic (Learning, 2020)	Nonsalicylate; antipyretic (Learning, 2020)	Surfactant; Laxative (Learning, 2020)
Mechanism of Action	Reduces the blood pressure by inhibiting	Reduces plasma cholesterol	Promotes storage of excess	Inhibits the enzyme cyclooxygenase	Acts as a surfactant that softens

	conversion of angiotensin 1 to angiotensin 2 (Learning, 2020)	and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver (Learning, 2020)	glucose as glycogen in the liver which reduces glucose production (Learning, 2020)	which blocks prostaglandin production and interfering with pain impulse generation in the PNS (Learning, 2020)	stool by decreasing surface tension between oil and water in feces (Learning, 2020)
Reason Client Taking	PMH of hypertension	PMH of hyperlipidemia	PMH of uncontrolled type 2 diabetes mellitus	Pain or fever	Constipation
Contraindications (2)	Concurrent aliskiren use in patient with diabetes; angioedema related to previous treatment with an ACE inhibitor (Learning, 2020)	Active hepatic disease; hypersensitivity to atorvastatin (Learning, 2020)	Acute or chronic metabolic acidosis; hypersensitivity to metformin (Learning, 2020)	Hypersensitivity to acetaminophen; active liver disease (Learning, 2020)	Fecal impaction; intestinal obstruction (Learning, 2020)
Side Effects/Adverse Reactions (2)	Hypotension; persistent, non-productive cough (Learning, 2020)	Hypoglycemia; myopathy (Learning, 2020)	Hypoglycemia; constipation (Learning, 2020)	Hepatotoxicity; hypotension (Learning, 2020)	Dizziness; abdominal cramps (Learning, 2020)
Nursing Considerations (2)	If angioedema occurs, notify provider; monitor serum potassium levels (Learning, 2020)	Notify prescriber and expect to withhold atorvastatin if patient experiences myopathy; Expect liver function test to be performed	Monitor the patient closely for lactic acidosis; give metformin with food (Learning, 2020)	Max dose given to a patient is 4000 mg; monitor renal function in patient (Learning, 2020)	Expect excessive use of docusate to cause dependence on laxatives for bowel movement; assess for laxative

		before atorvastatin therapy begins (Learning, 2020)			abuse syndrome (Learning, 2020)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Blood pressure; blood glucose (Learning, 2020)	Liver function tests; blood glucose (Learning, 2020)	Blood glucose; GFR level (Learning, 2020)	Liver function test; blood pressure (Learning, 2020)	Fecal obstruction ; rectal bleeding (Learning, 2020)
Client Teaching Needs (2)	Seek emergency services if experiencing difficulty swallowing; take at the same time every day (Learning, 2020)	Take missed dose as soon as possible; take medication at the same time each day (Learning, 2020)	How to check blood glucose regularly; avoid alcohol (Learning, 2020)	Tablets may be crushed or taken whole; do not exceed recommended dosage before speaking to provider (Learning, 2020)	Do not use docusate when experiencing abdominal pain; take docusate with a full glass of milk or water (Learning, 2020)

Hospital Medications (5 required)

Brand/Generic	**Clopidogrel/ Plavix**	**Metoprolol/ Lopressor**	**Ondansetron/ Zofran**	**Hydrocodone / Hysingla**	**Morphine/ Kadian**
Dose	75 mg	50 mg	4 mg	7.5 mg	0.5 mg
Frequency	Daily	BID	Q6H PRN	Q8H PRN	Q2H PRN
Route	PO	PO	ODT	PO	IV
Classification	P2Y 12 platelet	Beta adrenergic	Selective serotonin	Opioid; Opioid	Opioid; Opioid

	inhibitor; platelet aggregation inhibitor (Learning, 2020)	blocker; antianginal (Learning, 2020)	receptor antagonist; antiemetic (Learning, 2020)	analgesic (Learning, 2020)	analgesic (Learning, 2020)
Mechanism of Action	Binds to ADP receptors on the surface of activated platelets, blocking ADP and deactivating nearby glycoprotein receptors and prevents fibrinogen from attaching to receptor (Learning, 2020)	Inhibits stimulation of beta receptor sited resulting in the decreased cardiac excitability, cardiac output, and myocardial oxygen demand (Learning, 2020)	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine (Learning, 2020)	Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter (Learning, 2020)	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria (Learning, 2020)
Reason Client Taking	To reduce stroke events with the patient with hyperlipidemia and possible atherosclerosis	PMH of hypertension	Nausea	Moderate Pain	Severe Pain
Contraindications (2)	Active bleeding; hypersensitivity to clopidogrel (Learning, 2020)	Cardiogenic shock; heart block greater than first degree (Learning, 2020)	Concomitant use of apomorphine; hypersensitivity to ondansetron (Learning, 2020)	Acute or severe bronchial asthma; hypersensitivity to hydrocodone (Learning, 2020)	Gastrointestinal obstruction; acute or severe bronchial asthma (Learning, 2020)
Side Effects/Adverse Reactions (2)	TTP; neutropenia (Learning, 2020)	Bronchospasm ; heart failure (Learning, 2020)	Serotonin syndrome; bronchospasm (Learning, 2020)	CNS depression; respiratory depression (Learning,	Respiratory arrest and depression; bradycardia (Learning,

				2020)	2020)
Nursing Considerations (2)	Be aware that clopidogrel prolongs bleeding time; assess for hypoglycemia (Learning, 2020)	If dosage exceeds 400 mg daily, monitor patient for bronchospasm; metoprolol may interfere with therapeutic effects of insulin in poorly controlled diabetes (Learning, 2020)	Avoid in patients with phenylketonuria; monitor patient for decreased bowel activity (Learning, 2020)	Monitor for respiratory depression; drugs that interact with opioids can cause serotonin syndrome so monitor (Learning, 2020)	Monitor for signs of sedation and respiratory depression; expect morphine to cause physical and psychological dependence (Learning, 2020)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Coagulation times; RBC/Hct/Hgb (Learning, 2020)	Respiratory function; pulse rate (Learning, 2020)	Respirations; bowel sounds (Learning, 2020)	Respirations; LOC (Learning, 2020)	Respirations; LOC (Learning, 2020)
Client Teaching Needs (2)	Monitor for unusual bleeding; discourage use of NSAIDS (Learning, 2020)	Take with food; do not chew or crush tablets (Learning, 2020)	Let tablet sit and dissolve on tongue; monitor for worsening or hypersensitivity symptoms like a rash (Learning, 2020)	Avoid hazardous activities until drug's CNS effects are known; Rise slowly from a lying to a standing position (Learning, 2020)	Take with food or milk; avoid potentially hazardous activities during morphine therapy (Learning, 2020)

Medications Reference (1) (APA):

Learning, J. &. B. (2020). *2021 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and responsive Oriented to person, place, situation, and time Patient is well groomed and in no acute distress
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	Skin color is usual for ethnicity, dry, and intact Skin is warm to touch Skin turgor is elastic No rashes, wounds, or drains noted
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck is symmetrical and midline and move freely Trachea is midline with no deviations, lymph nodes are non-palpable Vision is 20/20 per Snellen examination Ears responsive to voice Oral mucosa is pink and moist with no notable drainage Nose is midline without deviation and patent with no nasal discharge
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:**	Sinus tachycardia noted on EKG S1 and S2 sounds heard upon auscultation Radial and dorsalis pedal pulses palpable and +3 bilaterally Capillary refill on upper and lower extremities less than 3 seconds bilaterally
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Airway patent with no signs of change in clinical course Respirations regular and unlabored Respiratory pattern is regular Breath sounds clear throughout anterior and posterior lobes bilaterally Lung aeration is equal in both

GASTROINTESTINAL: **Diet at home: Regular** **Current Diet: Low-carbohydrate diet** **Height: 177.8 cm** **Weight: 100kg** **Auscultation Bowel sounds:** **Last BM: 3/22/2023** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Abdomen is soft and non-tender Bowel sounds are active in all 4 quadrants No abdominal tenderness, pain, or masses palpable No distention, incision, scars, drains, or wounds Patient excretes normally without straining
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is yellow and clear Moderate quantity of urine when expelled Genitals are without wounds, lesions, and abrasions and expel urine without constriction
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status:** **Independent (up ad lib) X** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Nail bed is firm, upper and lower extremities unremarkable bilaterally and warm to touch Active ROM on all extremities Upper and lower extremities are 5 out of 5 in strength on the left side Upper and lower extremities are 4 out of 5 in strength on the right side
NEUROLOGICAL: **MAEW: Y ☒ N☐**	A&Ox4 Denies numbness or tingling

PERLA: Y ☒ N☐ **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Mild weakness noted on right side No facial droop noted Speech is clear Normal cognition Patient is alert Patient's sensory responses are intact and functioning properly
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):**	The patients coping method is driving and smoking Developmental level is appropriate for age The patient is not religious The patient has limited support from family but has family available for support

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: The patients vitals signs were stable throughout the shift, except the outstanding blood pressure at 0700 of 163/76. This vital sign is a possible reflection of the pain the patient is experiencing and the past medical history of hypertension, which medications such as Metoprolol and Tylenol being passed in the morning helped lower the blood pressure at 1100.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0700	Numeric	Head	4/10	Generalized pain	Tylenol administered
1100	Numeric	Head	1/10	Generalized pain	No interventions at this time

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 18G **Location of IV:** Right antecubital **Date on IV:** 3/20/2023 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No complications **IV dressing assessment:** Clean, dry, intact	Saline lock
IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 18G **Location of IV:** Left antecubital **Date on IV:** 3/17/2023 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No complications **IV dressing assessment:** Clean, dry, intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
600 mL – water with breakfast 120 mL – sugar free orange juice with breakfast	800 mL – urine total voided in 4 hours Stool x1

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was calm and cooperative to the care provided by staff.

Procedures/testing done: No procedures of tests done.

Complaints/Issues: No complaints or issues

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Low carbohydrate diet

Physician notifications: Notify physician if blood glucose > 200. No notification were made during care.

Future plans for client: This patient should be referred to PT/OT for continued strengthening of the right side and follow up with PCP and neurologist. Anticipate client will require home health and education upon discharge.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Medication scheduling and organization holders for Metoprolol, Clopidogrel, and an increased Metformin along with home medications

Equipment needs (if applicable): Cane or walker, non-skid place mats, showers chair, grab bars for toilet, transfer boards, and mobility aiding eating utensils

Follow up plan: The patient should follow up with primary care provider in 6 weeks for A1C check. This patient needs to make an appointment 1 week from his discharge with the neurologist.

Education needs: Educate the patient on maintain a low-carbohydrate diet and on the importance of medication compliance of all new and previously prescribed medications.

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
• Include full nursing	• Explain why the			• How did the client/family

diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	nursing diagnosis was chosen			respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired physical mobility related to right-sided weakness as evidenced by decreased muscle strength on the right.	The patient is suffering from a mild weakness to the right side that could cause future complications if left unresolved and addressing it will result in improved patient independence and daily living.	1. Assist the patient during exercises and when performing activities of daily living 2. Refer the patient to physiotherapy and occupational therapy team	1. Patient will re-establish effective cerebral tissue perfusion by attending physical and occupational therapy for 2-3 weeks to regain enough strength in the right side of the body and demonstrate equal strength with the left side by grip and push-pull exercises.	The patient responded to the nurse's actions well and was cooperative. The client made efforts to schedule the appointment with physical therapy and meet the goal of regaining equal strength bilaterally. No modifications to the plan are necessary.
2. Acute pain related to hemiparesis as evidenced by 4/10 generalized pain verbalized	The patient's pain is a major concern that should be under control to increase comfort post the traumatic	1. Administer analgesic medications 2. Explain and encourage the patient to do breathing exercises to	1. The patient will verbalize 0/10 pain on the pain scale.	The patient was cooperative with the nurse's actions and experienced relief. The patient started to utilize breathing exercises to help

by patient at 0700 and blood pressure of 163/76.	event of a stroke.	alleviate pain		with the pain and reach a goal of pain at 1/10 which is significantly better. No modifications are needed.
3. Ineffective self-health management related to lack of knowledge and inadequate resources for managing type 2 diabetes as evidenced by high A1C and glucose levels.	This patient's uncontrolled diabetes directly relates to the stroke occurrence and better regulation of the diabetes can significantly reduce stroke events.	1. Discuss food options included in a low carbohydrate diet 2. Educate the client on benefits and consequences of adhering to the medication regimen	1. The patient will follow up with the provider in 6 weeks with an A1C within normal limits.	The patient responded well to the education of better self-management. The patient returned with a normal A1C and changed their diet to low-carbohydrate. No modifications are necessary.
4. Risk for bleeding related to blood vessel obstruction secondary to ischemic stroke as evidenced by low platelet count.	The patient's low platelet count puts them at risk for a hemorrhagic stroke occurring post ischemia if blood vessels burst.	1. Assess for signs of bleeding 2. Ensure a safe environment to reduce chances of injury	1. The patient's platelet count will increase to normal limits.	The patient responded well to the assessments and understood the changes in the environment. The patient was more concerned for their safety and bleeding risk and did self-assessments. The patient's platelet count gradually returned to normal. No modifications are needed.

Other References (APA):

Concept Map (20 Points):

Subjective Data

- Denies numbness or tingling
- 0700 = pain was 4/10
- 1100 = pain was 1/10
- 600 mL of water
- 120 mL orange juice
- 800 mL urine
- 1x stool

Objective Data

- Acute right sided weakness and facial drop
- Hbg = 15.3
- Hct = 47
- Plt = 143
- Glucose = 147
- A1C = 9.4
- EKG = sinus tachycardia
- Home medications = lisinopril, atorvastatin, metformin
- BP at 0700 = 163/76
- Call MD for BG > 200
- Low-carb diet
- A&O x 4

Client Information

- 60 years old
- Male
- O.B.
- Truck driver
- Divorced
- Allergic to sulfa drugs
- Full code
- PMH: HTN, DM type 2, obesity, hypercholesterolemia
- PSH: Colonoscopy
- Smokes 1 pack/daily
- Lives alone
- GED

Nursing Diagnosis/Outcomes

Nursing diagnosis 1: Impaired physical mobility related to right-sided weakness as evidenced by decreased muscle strength on the right.
Outcome 1: Patient will re-establish effective cerebral tissue perfusion by attending physical and occupational therapy for 2-3 weeks to regain enough strength in the right side of the body and demonstrate equal strength with the left side by grip and push-pull exercises.

Nursing Diagnosis 2: Acute pain related to hemiparesis as evidenced by 4/10 generalized pain verbalized by patient at 0700 and blood pressure of 163/76.
Outcome 2: The patient will verbalize 0/10 pain on the pain scale.

Nursing diagnosis 3: Ineffective self-health management related to lack of knowledge and inadequate resources for managing type 2 diabetes as evidenced by high A1C and glucose levels.
Outcome 3: The patient will follow up with the provider in 6 weeks with an A1C within normal limits.

Nursing diagnosis 4: Risk for bleeding related to blood vessel obstruction secondary to ischemic stroke as evidenced by low platelet count.
Outcome 4: The patient's platelet count will increase to normal limits.

Nursing Interventions

Interventions for nursing diagnosis 1:
- Assist the patient during exercises and when performing activities of daily living
- Refer the patient to physiotherapy and occupational therapy team

Interventions for nursing diagnosis 2:
- Administer analgesic medications
- Explain and encourage the patient to do breathing exercises to alleviate pain

Interventions for nursing diagnosis 3:
- Discuss food options included in a low carbohydrate diet
- Educate the client on benefits and consequences of adhering to the medication regimen

Interventions for nursing diagnosis 4:
- Assess for signs of bleeding
- Ensure a safe environment to reduce chances of injury