N311 Care Plan 2

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N311: Foundations of Professional Practice

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10/11/23

Demographics (5 points)

Date of Admission 10/3/23	Client Initials D.K	Age 57	Gender Female
Race/Ethnicity Black	Occupation Bus driver	Marital Status Single	Allergies Latex- Moderate, "makes my skin burn" Darvon- Moderate, Vomiting Contrast Dye- Moderate, Itching Pollen- Mild, Swelling Iodine- Low, Itching
Code Status Full code	Height 5'6	Weight 210 lbs	

Medical History (5 Points)

Past Medical History: Asthma, Diabetes, Diverticulitis, Thrombus, Hypertension, sleep apnea

Past Surgical History: Hysterectomy, Cesarean section, Appendectomy, Hernia repair, Bladder surgery, Knee arthroscopy, Colon surgery, vein laser ablation, and Uvulopalatopharyngoplasty. (No surgical dates noted in the chart)

Family History: Asthma- Brother, Anemia- Mother (no paternal history noted)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Never smoked or use of chewing tobacco. Pt denies use of alcohol or drugs.

Admission Assessment

Chief Complaint (2 points): Dizziness and Nausea

History of Present Illness – OLD CARTS (10 points): Patient presents to the ED complaining of dizziness, nausea, spinning sensation, and weakness. Pt reports symptoms starting 24 prior with reoccurring episodes for the past 2 weeks. Location of symptoms presenting in the head and stomach. Pt describes the symptoms as feeling like the room is

spinning and nausea after meals. Pt reports also experiencing neck pain, weakness, and diaphoresis during episodes. Symptoms worsen with bright lights, pollen exposure, and overexertion. pt has experienced some relief with minimal movement and a low sodium diet. In the past the patient has been treated with Meclizine and Epley Maneuver. Pt rates the severity of her symptoms as moderate.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Vertigo

Secondary Diagnosis (if applicable): Generalized Weakness/Malaise

Pathophysiology

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

Vertigo/dizziness, also known as Benign Paroxysmal Positional Vertigo, "is defined as disturbed postural awareness and could range from a feeling of sensation of spinning of self or surrounding" (Hande et al., 2023). This entails that the client experiences a false sense of self-spinning, or the room is spinning even when resting. This can be disorientating to clients and also cause severe dizziness. The process of this disorder starts when calcium crystals detach from the utricle in the inner ear (Johns Hopkins University, 2023). This can be caused by injury, infection, and age. Normally the calcium crystals would be attached to the utricle and move with the changes in head position. However, with vertigo when the crystals become detached, they flow freely in the fluid filled spaced of the ear (Johns Hopkins University, 2023). These crystals can flow into the semicircular canals causing a false sense of rotation of the head. "Changes in the head position upset the balance of fluid and calcium particles, leading to stimulation of the nerve cells within the canals and the

transmission of inaccurate sensory signals" (Hogan-Quigley et al., 2021). Vertigo can affect the nervous system by disorientating the client and impairing coordinated movements. Signs of the disorder can include Nystagmus, a repetitive uncontrolled movement of the eyes, and hearing loss (Hogan-Quigley et al., 2021). Symptoms of the disorder can include dizziness, loss of balance, nausea, vomiting, headache, and incoordination. These symptoms can range from low to severe and can impede the clients' acts of daily living. Symptoms usually apprear with rapid changes in head position but can also occur when laying down, turning over and bending down.

Diagnostic testing can range from imaging to diagnostic procedures. Currently there are no lab results that will show the manifestations of vertigo. Magnetic resonance imaging can be used to rule out underlying neurologic causes. The Dix-Hallpike maneuver can be used to reveal motor nystagmus with latency and limited duration (Hogan-Quigley et al., 2021). A head impulse test can be conducted to determine a balance problem in the inner ear (Cleveland Clinic, 2023). "A vestibular test battery can help determine whether your symptoms are a result of an inner ear issue or a brain issue" (Cleveland Clinic, 2023).

Pathophysiology References (2) (APA):

Cleveland Clinic. (2023, May 9). *Vertigo: Regaining Your Balance*. Cleveland Clinic. https://my.clevelandclinic.org/health/symptoms/21769-vertigo

Hande, V., Jain, S., Ranjan, A., Murali, M., Singh, C. V., Deshmukh, P., Gaurkar, S. S., Wadhwa, S., Patil, N., Phate, N., & Reddy, V. (2023). Vestibular, Central, and Non-Vestibular Etiologies of Vertigo and Disequilibrium: A Rural Hospital-Based Cross-Sectional Comparative Analysis. *Cureus*, *15*(3). https://doi.org/10.7759/cureus.36262

Hogan-Quigley, B., Mary Louise Palm, & Bickley, L. S. (2021). *Bates' nursing guide to physical examination and history taking* (Third edition). Lippincott Williams & Wilkins.

Johns Hopkins University. (2023). *Benign Paroxysmal Positional Vertigo (BPPV)*. Www.hopkinsmedicine.org. https://www.hopkinsmedicine.org/health/conditions-and-diseases/benign-paroxysmal-positional-vertigo-bppv

Mayo Clinic. (2018). *Benign Paroxysmal Positional Vertigo (BPPV) - Symptoms and Causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/vertigo/symptoms-causes/syc-20370055

Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. Wolters Kluwer Medical.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:37	**84**	**126/86**	**18**	**97.8**	**98% RA**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:37	**5/10 Numeric scale**	**Head**	**Moderate**	**Constant, Throbbing**	**PRN- Tylenol, Dark room**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
360 ml - Water	**Void urine- x2** **Client voids independently, Unable to** **measure output.**

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

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 falls related to dizziness as evidenced by Unsteady gait when ambulating.	**Patient safety is compromised when experiencing dizzy episodes. Pt can injure themselves.**	**1. Nurse will identify factors that may contribute to injury from a fall.** **2. Nurse will advise the patient to take extra time when standing and to sit down when episode**	**1. "Patient will assist in identifying and applying safety measures to prevent injury prior to the end of clinical". (Phelps, 2022)**	**Goal achieved "Patient assists in making changes necessary to promote fall prevention". (Phelps, 2022)**

		occurs.		
2. Decreased activity tolerance related to dizziness as evidenced by loss of balance and generalized weakness.	**Decreased activity level can increase the client's risk for pressure ulcers, Dvt and lower overall health maintenance. Client has a history of thrombus.**	**1. The nurse will support and encourage activity to patients' level of tolerance** **2.Nurse will encourage gradual increase in activity as tolerated.**	**1. "Patient will perform self-care activities to tolerance level prior to the end of clinical" (Phelps, 2022).**	**Goal achieved Patient completed self-care activities to tolerance level with minimal assistance.**

Other References (APA): Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. Wolters Kluwer Medical.

Concept Map (23 Points):

Subjective Data
Symptoms: Dizziness with ambulation, nausea after meals, generalized weakness, headache, and spinning sensation. Headhace pain rated 5/10

Nursing Diagnosis/Outcomes
Risk for falls related to dizziness secondary to vertigo as evidenced by generalized weakness. Patient will asssit in idenytifing and applying safety measures to prevent injury by the end of clinical.
Decreased activity tolerance related to dizziness

Objective data:
A&O x4
VS: 98.1, 78bpm, 125/90, 95% RA, 20 resp.
Labs: RBW- 15.7, MPV- 7.4, Eosinophils- 5.8, A1C-7.4
(No objective findings related to clients symptoms)

Client Information
57-year-old female with a history of Vertigo is admitted for dizziness, nausea, and generalized weakness. Vertigo exacerbation may be due to recena t sinus infection. The Patient has a medical history of recurring vertigo episodes. (No other pertinent past medical history). Client

Nursing Interventions
Medical interventions: 8mg Zofran PRN for nausea every 4-6 hours P.O, Consistant high calorie diet.
Nursing care interventions: Stand by assist when ambulating, admister PRN meds, encouraging increase in activity as tolerated , assistance with