N311 Care Plan 5

Tyranny Davis

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Michele Hartke

November 21, 2023

Demographics (5 points)

Date of Admission 10/27/2023	Client Initials V. G.	Age 92	Gender F
Race/Ethnicity White/Caucasian	Occupation Retired homemaker	Marital Status Widowed	Allergies Hydrochlorothiazide (hives), sulfa antibiotics (hives), Tramadol (hives)
Code Status No CPR	Height 4'9"	Weight 128 lbs	

Medical History (5 Points)

Past Medical History: Type 2 Diabetes Mellitus, GERD (2002), Hypertension (2002), Hyperlipidemia (2003), Sacroiliitis (2007), Spinal Stenosis (2017), Severe Aortic Stenosis (2023).

Past Surgical History: Pacemaker (2018), Glaucoma (2019)

Family History: Daughter (Type 2 Diabetes Mellitus), Son (Hyperlipidemia, Pancreatic Cancer).

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Client denies any past or current use of tobacco, alcohol, or drugs. Client also denies secondhand exposure to tobacco.

Admission Assessment

Chief Complaint (2 points): Blurred vision in right eye and bilateral lower extremity weakness

History of Present Illness – OLD CARTS (10 points): Client arrived to the emergency room in the afternoon on 10/27 because around noon that day she developed blurred vision in her right eye and several hours later felt very weak in both legs. The blurred vision remained in her right eye and the weakness remained exclusive to both lower extremities. Bilateral lower extremity weakness began to subside on 10/28 but as of 10/31 client still didn't feel full strength in left

lower extremity. Right eye blurriness subsided on 10/29. Client describes the weakness as numbness and absence of sensations on her legs, and blurred vision like fog in her right eye. Client reported nothing improved or worsened these symptoms, and that there were no other manifestations of her symptoms. She stated that the numbness in her legs was severe enough to keep her seated because she didn't feel strong enough to walk. Client denies feeling these symptoms before and is seeking treatment at the hospital for this for the first time.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute weakness of lower extremities (following protocol for Transient Ischemic Attack (TIA))

Secondary Diagnosis (if applicable): Not applicable

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

V.G. presented to the emergency department with unilateral blurred vision, and bilateral weakness of the lower extremities. Due to the lack of additional symptoms such as drooping and slurred speech, the suspicion and consequential admission was related to investigation of a Transient Ischemic Attack, and prevention of a stroke, although there was no indication that this is what was occurring. A transient ischemic attack is a blood clot in the brain that briefly blocks cerebral blood flow and resolves itself without the need for intervention (Capriotti, 2020). Transient ischemic attacks (TIAs) have been known to precede strokes and can be mislabeled as "mini-strokes," but with symptoms that resolve and don't cause permanent deficits (Capriotti, 2020). It is reported that 15-20% of clients who have had a stroke described a TIA event prior to the stroke, and up to 17% of stroke victims experienced a TIA within 90 days prior to their stroke (Chaswal, 2019).

Symptoms of TIAs can vary based on the area of the brain that experiences the temporary blockage within an artery (Capriotti, 2020). Due to the brevity of the decreased blood flow and the variety of symptoms that can appear, it can actually be others who notice the attack (Capriotti, 2020). During a TIA, a clot within an artery can come loose and travel to the brain where it causes a decrease or complete lack of blood flow to an area before the body's defenses dissolve the clot and restore perfusion (Capriotti, 2020). On a cellular level, with the decrease in blood flow the amino acid, glutamate, is released (Capriotti, 2020). The release of glutamate signals for calcium to enter the cell in excess, which leads to the breakdown of the cell membrane, destroying the cell (Capriotti, 2020). Symptoms that are often experienced are confusion, slowness, weakness, and in this case, the client experienced blurred vision (Capriotti, 2020). The hypoxia hinders the ability for action potentials to successfully cross the synapse and impair the ability to respond appropriately as one normally would (Capriotti, 2020). Although some cells may be damaged and even die, as perfusion returns in a TIA the symptoms are known to subside within 1-24 hours (Chaswal, 2019). As previously mentioned, symptoms depend largely on the area of the brain that is experiencing the decreased blood flow and what that area controls within the body (Capriotti, 2020).

Identification of a TIA can be difficult to make because of the brevity of the ischemia, but understanding the signs and symptoms that the patient experienced, typically through interview with an observer of the event, can create a clearer picture for diagnosis (Capriotti, 2020). Diagnosing and confirmation of a TIA also involves the client's history of similar experiences and symptoms, and comparing blood tests to well-developed baselines for that specific client over time (Chaswal, 2019). Vascular tissue brain scans such as magnetic resonance angiography, computed tomography angiography and magnetic resonance imaging

allow for visualization of areas of the brain that are experiencing or recovering from decreased blood flow from the TIA, confirming the occurrence (Chaswal, 2019). Further, biomarker analysis can indicate one's risk for developing a TIA, and help in the diagnosis of them (Chaswal, 2019).

By the time a client is being seen for a potential TIA, the TIA has typically resolved itself, but it raises the risk for another TIA or a stroke (Chaswal, 2019). Treatment for both the TIA and the prevention of another TIA or a full stroke involve monitoring, lab work, imaging, and medication that reduces the risk factors of a stroke (Chaswal, 2019). The preventative medications are aimed at managing appropriate blood pressure, thinning the blood to prevent clots, and managing lipid levels, as these can all contribute to the development of TIA and stroke (Chaswal, 2019). Additionally, education and encouragement in the cessation and avoidance of smoking is a preventative measure that can lower the risk of suffering a stroke (Chaswal, 2019). This particular client was on all of these medications, as listed in the medication list, and underwent magnetic resonance angiography (MRA) imaging to monitor and minimize the risk of suffering another TIA or stroke.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Basic Pathophysiological Concepts of Cerebrovascular Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 972). essay, F.A. Davis.

Chaswal, M. (2019). Transient Ischemic Attack: Timely Diagnosis and Early Intervention. *International Journal of Health Sciences and Research*, *9*(5), 367–375. https://www.ijhsr.org/IJHSR_Vol.9_Issue.5_May2019/54.pdf

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>Highlight All Abnormal Labs</mark>—**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	**3.8-5.30**	4.75	5.04	
Hgb	**12.0-15.8**	11.7	12.5	
Hct	**36.0-47.0%**	36.4	39.2	
Platelets	**140-440**	244	236	
WBC	**4.0-12.0**	5.75	5.20	
Neutrophils	**47-73%**	53.1	57.0	
Lymphocytes	**18.0-42.0%**	31.5	26.3	
Monocytes	**4.0-12.0%**	<mark>12.2</mark>	<mark>12.6</mark>	Monocytes act as the clean-up crew for cellular debris and we would expect to see an untick in the monocyte count after an ischemic episode to clean up the cells that may have be destroyed by lack of blood flow (Capriotti, 2020).
Eosinophils	**0-5%**	2.6	3.2	
Bands	**0-5% (ABIM, 2023).**	4.1	3.8	

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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-	**135-145**	142	143	
K+	**3.5-5.1**	4.3	4.5	
Cl-	**98-107**	<mark>109</mark>	107	The likely cause of the elevated chloride levels is metabolic acidosis

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
				as a result of the temporarily impaired blood flow allowing a buildup of ions (Taylor et al., 2023).
CO2	22-30	23	22	
Glucose	70-99	==100==	==111==	Client is a Type 1 Diabetic and lacks appropriate amount of insulin to adequately maintain a stable blood glucose within acceptable limits (Capriotti, 2020).
BUN	10-20	==25==	16	This client's elevated BUN can be the simple result of dehydration, which is likely, or potentially a deeper renal issue (Capriotti, 2020).
Creatinine	0.6-1.0	0.88	1.0	
Albumin	3.5-5.0	3.9	4.2	
Calcium	8.7-10.5	10.2	9.5	
Mag	1.6-2.6	1.7	1.7	
Phosphate	2.5-4.5	3.2	3.5	
Bilirubin	0.2-1.2	0.7	0.6	
Alk Phos	40-150	63	71	

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	Yellow and clear	Yellow and clear	Yellow and clear	
pH	5.0-9.0	6.0	6.1	
Specific Gravity	1.005-1.020	1.006	1.005	
Glucose	Negative	==Positive==	Negative	Glucose in the urine is not uncommon for clients with diabetes or experiencing hyperglycemia, and

				this client is experiencing both (Capriotti, 2020).
Protein	**Negative**	Negative	Negative	
Ketones	**Negative**	Negative	Negative	
WBC	**0-5**	2	2	
RBC	**0-2**	0.7	0.8	
Leukoesterase	**Negative**	Negative	Negative	

Cultures <mark>Highlight All Abnormal Labs</mark>—**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**	Negative	Negative	
Blood Culture	**No growth**	No growth	No growth	
Sputum Culture	**Negative**	Negative	Negative	
Stool Culture	**No growth**	No growth	No growth	

Lab Correlations Reference (1) (APA):

American Board of Internal Medicine. (2023, July). *ABIM laboratory test reference ranges July 2023*. ABIM. https://www.abim.org/Media/bfijryql/laboratory-reference-ranges.pdf

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 244-245, 528, 598). F.A. Davis.

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of Nursing: The art and science of person-centered care* (10th ed., pp. 1681). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Brain Magnetic resonance angiography (MRA) was used to visualize whether there is a lack of blood flow to an area of the brain, the location of that area, and whether there is a clot present (Capriotti, 2020). This is crucial to this client because it will help determine if there is an ischemic issue, contribute to forming a baseline for the client, and help with diagnosis of TIA and prevention of another ischemic issue.

Diagnostic Imaging Reference (1) (APA):

Capriotti, T. (2020). Magnetic Resonance Angiography. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (p. 814). F.A. Davis.

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

Medications (5 required)

Lipitor, atorvastatin calcium (*NDH*, 2023),	Trandate, labetalol hydrochloride (*NDH*, 2023).	Aspirin, acetylsalicylic acid (*NDH*, 2023).	Apresoline, hydralazine hydrochloride (*NDH*, 2023).	Jardiance, empaglifloz in (*NDH*, 2023).
80 mg	**100 mg**	**80 mg**	**20 mg**	**75 mg**
Once daily	**Twice daily**	**Once daily**	**PRN**	**Once daily**
Oral	**Oral**	**Oral**	**Intramuscular injection**	**Oral**
HMG-CoA reductase inhibitor, antihyperlipidemi c (*NDH*, 2023).	**Noncardioselectiv e beta-blocker, antihypertensive (*NDH*, 2023).**	**Salicylate, Non-steroidal anti-inflammator y drug (NSAID) (*NDH*, 2023).**	**Vasodilator, antihypertensiv e (*NDH*, 2023).**	**Sodium glucose cotransporte r 2 inhibitor, antidiabetic (*NDH*, 2023).**
Alters the body's cholesterol levels by multiplying the liver cell receptors	**Regulate the vascular tissue width to control blood pressure by**	**Hinders the ability of platelets in the blood to**	**Works to dilate arteries in smooth muscle tissue to**	**Lowers glucose levels in the blood by hindering**

that utilize and breakdown cholesterol and lowering the production of cholesterol (*NDH*, 2023).	inhibiting certain receptors based on the need for dilation to increase flow or constriction to decrease flow (*NDH*, 2023).	clump together by minimizing the release of thromboxane, the compound that coordinates this (*NDH*, 2023).	minimize the pressure of blood on the artery by allowing more room for blood to flow freely (*NDH*, 2023).	the transporter of glucose in the kidneys before it reaches circulation (*NDH*, 2023).
Treatment of potential elevated cholesterol and reducing plaque build-up that can cause an ischemic event (*NDH*, 2023).	Treatment of hypertension (*NDH*, 2023.	Minimize risk of suffering a stroke (*NDH*, 2023).	Management of hypertension (*NDH*, 2023*)*.	Management of long term diabetic diagnosis (*NDH*, 2023).
Lipitor should not be given to client's who may have liver disease or a sensitivity to the ingredients of Lipitor (*NDH*, 2023).	Not safe for clients with hypotension or slow heart rate (*NDH*, 2023).	Should not be administered to clients recently experiencing GI bleeds or those who have symptoms of the flu such as fever, chills, and muscle aches (*NDH*, 2023).	Not to be administered to clients who experience Coronary Artery Disease or have deficiencies in the mitral valve (*NDH*, 2023).	Should not be given to clients with kidney disease/ injury or those who have an increased sensitivity to components of Jardiance (*NDH*, 2023).
Confusion, weakness, and abnormal heart rate are side effects of Lipitor (*NDH*, 2023).	Side effects and adverse reactions low blood pressure and difficulty breathing (*NDH*, 2023).	Headache and extra bleeding are some of the side effects and adverse reactions (*NDH*, 2023).	Side effects and adverse reactions can include difficulty breathing and tachycardia (*NDH*, 2023).	Dehydration and uncontrolled cholesterol levels are included in side effect and adverse reactions of Jardiance (*NDH*, 2023).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). In 2023 *Nurse's Drug Handbook*.

Assessment

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

GENERAL: **Alertness: Conscious and alert** **Orientation: Oriented to person, place, time, and situation.** **Distress: No acute distress noted** **Overall appearance: Well-groomed, positive affect**	Client is alert and oriented to person, place, time, and situation. She appears well groomed and showing no signs of acute distress. Client is sitting in the room with her daughter watching tv, eating raisins, and is laughing and positive in affect.
INTEGUMENTARY: **Skin color: Fair** **Character: Dry, moist** **Temperature: warm** **Turgor: Normal, no tenting.** **Rashes: None** **Bruises: Old, large green bruise on left shin.** **Wounds: None** . **Braden Score: 18** **Drains present: Y☐ N ☒** **Type:**	Client's skin is fair, dry and warm, has some hair thinly distributed on all extremities and on head. Client's skin had normal turgor with no signs of tenting. No rashes or wounds were visualized on the client's skin but there was some older bruising on the client's left shin that client reported was from bumping into a chair a while ago.
HEENT: **Head/Neck: Round, symmetrical, atraumatic.** **Ears: Symmetrical, bilateral hearing aids.** **Eyes: Symmetrical, free of drainage, 2mm bilaterally.** **Nose: Septum midline, no lesions or deformities noted, nasal mucosa dark pink, hair present.** **Teeth: Dentures present, intact, and well maintained.**	Head is round, symmetrical, atraumatic, and free of lesions and deformities. No lymph nodes were palpable and trachea is midline. Eyes are symmetrical, free of drainage, and pupils were 2mm bilaterally and round. Eyes satisfied PERRLA. Ears are symmetrical and both ears had hearing aids. Nose was appropriate in size, septum was midline with no signs of deviations, and nasal mucosa was dark pink with hair present. Oral mucosa pink and moist, tongue and uvula midline, bilateral tonsils +1. Dentures intact and well maintained. .
CARDIOVASCULAR: **Heart sounds: Clear** **S1, S2, S3, S4, murmur etc. S1 and S2 with click sound before S1.**	Heart sounds are clear with no murmurs. S1 and S2 were clearly auscultated with a clicking sound preceding supporting pacemaker placement. Rhythm is regular and peripheral pulses were

Cardiac rhythm (if applicable): Regular **Peripheral Pulses: Present, palpable, and** **2+ bilaterally** **Capillary refill: Less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	palpated as 2+ bilaterally. Capillary refill is less than 2 seconds bilaterally on upper and lower extremities. No jugular vein distension or edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clear bilaterally on anterior and posterior auscultation with no sounds of wheezing, crackles, or Ronchi. Chest is appropriate shape with no signs of accessory muscle use or retractions.

GASTROINTESTINAL:
 Diet at home: Cardiac
 Current Diet: Cardiac
 Height: 4'9"
 Weight: 128 lbs
 Auscultation Bowel sounds: Normoactive in all 4 quadrants.
 Last BM: 10/31 at 1020
 Palpation: Pain, Mass etc.: No tenderness or masses.
 Inspection:
    Distention: Nondistended
    Incisions: None.
    Scars: None.
    Drains: None.
    Wounds: None.
 Ostomy: Y ☐   N ☒
 Nasogastric: Y ☐   N ☒
    Size:
 Feeding tubes/PEG tube   Y ☐   N ☒
    Type:
	Client following cardiac diet both at home and in the hospital. Bowel sounds were auscultated in all four quadrants to be normoactive. Client reports passing gas and passed a medium sized bowel movement on 10/31 at 1020. Abdomen was non-distended and free of masses and tenderness. No signs of wounds, scars, or drains present. Client is free of ostomy and any feeding tubes.

GENITOURINARY:
 Color: Yellow
 Character: Clear
 Quantity of urine: 110 mL
 Pain with urination: Y ☐   N ☒
 Dialysis: Y ☐   N ☒
 Inspection of genitals: Free of hair, rashes, lesions, or discoloration.
 Catheter: Y ☐   N ☒
    Type:
    Size:
	Client's genitals are free of hair, rashes, lesions, or discoloration. Voided 110 mL of yellow, clear urine at 1020. Client is catheter free and ambulates to the restroom. Client denies any urgency or pain with urination.

MUSCULOSKELETAL: **Neurovascular status: No pain, pallor, or paralysis in any extremities.** **ROM: Full ROM in all extremities, hesitancy with left lower extremity.** **Supportive devices: Gait belt and walker** **Strength: Grip strength strong bilaterally, resistance to pressure on upper and lower extremities.** **ADL Assistance: Y☒ N☐** **Fall Risk: Y ☒ N☐** **Fall Score: 40- low risk.** **Activity/Mobility Status: One assist, gb/w** **Independent (up ad lib) ☐** **Needs assistance with equipment X☐** **Needs support to stand and walk☐**	Client is free of pain, pallor, and paralysis of extremities. Client demonstrated full ROM in all extremities and was able to lift them all and hold them there. Client is ambulating well with a walker and gait belt assist. Grip strength was strong bilaterally as well as resistance to pressure on upper and lower extremities. Client requires assistance with toileting hygiene. Client is at risk for falls and uses one assist for ambulation, as well as a gait belt and walker but moves independently.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation: Oriented to person, place, time, and situation.** **Mental Status: Clear, free of confusion** **Speech: Clear, well-articulated, soft volume.** **Sensory: Intact and appropriate.** **LOC: Conscious, responds to commands and questions.**	Client eyes satisfy PERRLA and she moves all extremities well despite some hesitation with left lower extremity. Client is oriented to person, place, time, and situation. Client's mental status is clear and free of confusion. Speech is clear, well-articulated, and soft in volume. Client's senses are intact and appropriate and client is conscious and responds to questions and commands.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Prayer, talking, distraction.** **Developmental level: Late adulthood** **Religion & what it means to pt.: Christ-follower, source of hope and purpose.** **Personal/Family Data (Think about home environment, family structure, and available family support): Client well supported by family and friends.**	Client uses coping strategies of prayer, talking, and distractions through art and puzzles. Client operates appropriately at the level of someone in late adulthood. Client reports being a follower of Christ and finds hope and purpose in that relationship. Client reports having a good support system of children, extended family, and friends within her community.

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

| 0700 | 89 | 125/64

(slightly elevated but of no great concern) | 18 | 98.0 F Orally | 98% |
|------|----|----|----|----|----|

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0917	0-10, 0 rating	Eyes/legs	Absent	Pain denied	Knees elevated aspirin PRN.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
440 mL oral, water	530 mL urine

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 ineffective cerebral	This nursing diagnosis is an appropriate	1. Evaluate client's risk factors for developing	1. The client will remain stable in terms of vitals with signs of	Client consented to medications that lowered the risk of suffering a

tissue perfusion associated with transient ischemic attack as evidenced by acute alteration in memory and level of consciousness (Phelps, 2023).	choice because the client likely already experienced decreased cerebral tissue perfusion and is now at an increased risk for another event, and this can cause irreversible damage.	decreased cerebral perfusion and help facilitate minimization of those risk factors (Phelps, 2023). **2.** Enhance the client and their family's ability to recognize and respond to signs of ineffective tissue perfusion through education (Phelps, 2023).	adequate blood and oxygen perfusion to the brain for the duration of admission while being monitored and neurologically assessed frequently (Phelps, 2023).	stroke such as anti-hypertensives and a blood thinner. Client and family were both open to and engaged in education relating to recognizing signs of ineffective tissue perfusion and verbally listed such signs and symptoms.
2. Risk for acute confusion associated with alteration in cognitive functioning as evidenced by impaired memory and vision, and decreased orientation and alertness (Phelps, 2023)	I selected this nursing diagnosis because it encompasses one of the chief complaints and can cause further problems such as falls and distress to the client and family.	**1.** Use appropriate measures for safety to protect patient from injury (Phelps, 2023). **2.**Monitor neurologic status routinely to gauge improvement or declinations (Phelps, 2023).	**1.** Client will be of their own baseline level of consciousness and mental capacity for the duration of their admission (Phelps, 2023).	Client was free from fall or injury for the duration of admission, remained neurologically intact, and willingly participated in hourly neurological assessments.

Other References (APA):

Phelps, L. L. (2023). Risk for acute perfusion, Risk for ineffective cerebral tissue perfusion. In

Nursing diagnosis reference manual (12th ed., pp. 107-110, 708-710). Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

Client arrived at Emergency Department on 10/27 brought in by her daughter and reported her right eye became blurry around noon and a couple hours later her legs "felt really weak and numb." Client denies any slurred speech, confusion, or drooping in the face. Client states "I've been feeling fine, it came out of nowhere." Client denies feeling any pain but says she's afraid to walk and fall, and denies experiencing this before.

Nursing Diagnosis/Outcomes

1. Risk for ineffective cerebral tissue perfusion associated with transient ischemic attack as evidenced by acute alteration in memory and level of consciousness (Phelps, 2023).

2. Risk for acute confusion associated with alteration in cognitive functioning as evidenced by impaired memory and vision, and decreased orientation and alertness (Phelps, 2023)

Objective Data

Client's pulse is 89 bpm, blood pressure is 125/64, respirations 18, temperature 98.0 orally, and O2 Sat 98%. Client is positive in affect, well-groomed, and shows no signs of acute distress. Client responds well to questions and commands. Client's speech is clear and quiet, client also uses bilateral hearing aids.

Client Information
Client V. G. is a 92-year old White/Caucasian female. She is 4'9" and 128 lbs. Client is widowed and a former homemaker. Client is no CPR and allergic to sulfa antibiotics, Hydrochlorothiazide, and Tramadol. Client is a Type 2 diabetic and has a pacemaker.

Nursing Interventions

- Use appropriate measures for safety to protect patient from injury (Phelps, 2023).
- Evaluate client's risk factors for developing decreased cerebral perfusion and help facilitate minimization of those risk factors (Phelps, 2023).
- Monitor neurologic status routinely to gauge improvement or declinations (Phelps, 2023).
- Enhance the client and their family's ability to recognize and respond to signs of ineffective tissue perfusion through