N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 01/30/2024	**Client Initials** C.W.	**Age** 39 years old	**Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Unemployed	**Marital Status** Married	**Allergies** Lexapro
Code Status Full Code	**Height** 5’ 11” (180.3 cm)	**Weight** 287 lbs. (130.3 kg)	

Medical History (5 Points)

Past Medical History: Oligodendroglioma (10/2/23), right-sided stroke (11/19/23), and urinary tract infection (date unknown)

Past Surgical History: Craniotomy for tumor (10/9/23), filter placement (10/17/23), IR US venous access (10/17/23, 11/14/23, & 11/17/23), IR venous thrombectomy (11/14/23 & 11/17/23), and upper endoscopy (2/6/24)

Family History: The patient’s mother had Non-Hodgkin’s Lymphoma and is currently still living. The patient’s father has Type 2 Diabetes Mellitus and is currently still living. The patient’s son and three daughters are still living and are healthy. The patient’s maternal grandmother and grandfather are still living and are healthy. The patient’s paternal grandmother had cancer (type unknown) and is deceased. The patient’s paternal grandfather had a stroke and is deceased.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denies the use of any alcohol, drugs, or smokeless tobacco. The patient does admit to being a past cigarette smoker. He was smoking half a pack of cigarettes every day for 10 years. The patient quit smoking 3.5 years ago.

Assistive Devices: Hoyer lift, sara stedy, and wheelchair

Living Situation: The patient lives at home with his wife and four children.

Education Level: The patient did not graduate high school; 10th grade was the last grade he finished. The patient did not obtain his GED.

Admission Assessment

Chief Complaint (2 points): Shortness of Breath with Hypoxia

History of Present Illness – OLD CARTS (10 points): According to the client's wife, the client began to exhibit signs and symptoms around January 15, 2024. His signs and symptoms were located in the neurologic and respiratory systems. The signs and symptoms lasted approximately two weeks before the patient came to the hospital. The patient's signs and symptoms include refusal to eat or drink, refusal to comply with medication orders, confusion, shortness of breath with hypoxia upon exertion, dysphagia, and hallucinations. The associated factors include refusal to eat, drink, and comply with his prescribed medications. An aggravating factor would be over-exerting himself during physical therapy, which led to shortness of breath with hypoxia. Relieving factors include supplying the patient with oxygen and resting. The patient received the following treatment while at the emergency department: supplemental oxygen, labs that include a CBC with differential, a complete metabolic panel, a urinalysis, an ECG 12-lead, and a brain CT without contrast. While the patient was in the emergency department, he stated, "I don't feel any pain." The patient was asked to rate his pain on a scale of 0 to 10 while he was in the emergency department, and he stated, "My pain was a 0."

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Encephalopathy

Secondary Diagnosis (if applicable): Hypoxia

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

Encephalopathy is a broad term covering an array of issues regarding the brain, including brain diseases, disorders, or injuries. Different types of encephalopathy exist and are differentiated by what the cause is. Within the encephalopathy category, there lies reversible encephalopathy and irreversible encephalopathy. Whether the encephalopathy is reversible or irreversible depends on the severity of the damage. The reversible types of encephalopathy include hepatic encephalopathy, Hashimoto's encephalopathy, metabolic encephalopathy, toxic encephalopathy, uremic encephalopathy, and Wernicke encephalopathy. The irreversible types of encephalopathy include anoxic encephalopathy and chronic traumatic encephalopathy. Encephalopathy, in general, can occur when the blood or oxygen flow to the brain decreases or is impeded (Capriotti, 2020). Certain factors may cause an individual's risk for encephalopathy to increase. Those factors include diet, infections of the brain such as meningitis, brain tumors, consumption of alcohol, long-term use of drugs, and radiation.

A default set of manifestations characterizes encephalopathy, and when you delve into the more specific encephalopathies, there will be more specific manifestations for that type of encephalopathy. Signs and symptoms of encephalopathy include disorientation, confusion, loss of consciousness, memory loss, sleepiness, behavioral changes, dyspnea, hallucinations, seizures, and tremors (Cleveland Clinic Medical Professional, 2023). A patient with encephalopathy may have abnormal vital signs, including a decreased oxygen saturation, an increased respiration rate due to the common sign of dyspnea, and sometimes an elevated temperature. Encephalopathy will look at various labs, including electrolyte levels, a CBC, possibly a PT/INR, and hepatic, renal, and thyroid function tests. However, these labs do not confirm a diagnosis of encephalopathy. A neurological exam in addition to a physical exam should be completed before

diagnosing the individual. Diagnostic tests used to diagnose encephalopathy include an EEG, a lumbar puncture of the cerebrospinal fluid, an MRI, and a CT scan (Capriotti, 2020).

The patient had a CBC, a CMP (including electrolytes and hepatic function test), ABGs ran, and a urinalysis performed when he arrived to the emergency department. The ABGs showed his partial pressure of oxygen (PaO2) was excessive, proving he had been experiencing dyspnea and had been hyperventilating. The patient also had a neurological exam completed, and they found his mental status had changed. The patient had an EEG done, and the results showed that he was experiencing right temporoparietal epilepsy. The patient had a brain CT without contrast and a brain MRI with and without contrast performed; unfortunately, no results were found in his EHR.

Typical treatment of encephalopathy includes taking medications such as anticonvulsant medications and antibiotics, basic management of other health conditions, life support, and possibly surgery (Cleveland Clinic Medical Professional, 2023). Depending on the severity of the encephalopathy, the patient may need to participate in physical or occupational therapy, behavioral therapy, and speech therapy (Cleveland Clinic Medical Professional, 2023). This patient is receiving anticonvulsant medication; however, I don't recall an antibiotic being on his MAR. The patient has been receiving physical therapy while admitted to the hospital. The client also receives bolus feedings through a G-tube to help supply him with the necessary electrolytes and nutrients. The speech pathologist was consulted about his swallowing capabilities. However, I am not sure if that was from the stroke he had back in November or from this incident. This patient, in the last five months, has experienced a brain tumor, seizures, a stroke, an infection, and encephalopathy; that is an overwhelming period of life for anyone, but especially someone who is 39 years old with a wife and four children.

Pathophysiology References (2) (APA):

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

Cleveland Clinic Medical Professional. (2023, October 2). *Encephalopathy*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/encephalopathy#symptoms-and-causes

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	Today's Value	Reason for Abnormal Value
RBC	4.10 – 5.70 10^6/uL	6.18 10^6/uL	4.56 10^6/uL	The patient had been refusing to drink and eat for two weeks prior to coming to the hospital. The patient would have been dehydrated. An increased red blood cell count can be due to dehydration (Pagana et al., 2020).
Hgb	12.0 – 18.0 g/dL	14.8 g/dL	11.3 g/dL	The patient has been receiving oral chemotherapy while being admitted to the hospital, and he also gets a daily dose of aspirin. Aspirin and antineoplastic drugs have been known to cause a decrease in hemoglobin levels (Pagana et al., 2020).
Hct	37.0 – 51.0%	49.6%	37.0%	
Platelets	140 – 400 10^3/uL	83 10^3/uL	108 10^3/uL	According to the patient's EHR, the patient has been receiving oral chemotherapy to treat cancer. No specific cancer could be located in the EHR. However, the patient had a craniotomy back in November of 2023 to remove a grade 3 oligodendroglioma, which is a malignant tumor. A decrease in platelet count can be due to the person receiving cancer chemotherapy

				(Pagana et al., 2020).
WBC	4.00 – 11.00 10^3/uL	5.80 10^3/uL	4.61 10^3/uL	
Neutrophils	1.60 – 7.70 10^3/uL	4.63 10^3/uL	3.70 10^3/uL	
Lymphocytes	1.00 – 4.90 10^3/uL	0.51 10^3/uL	0.48 10^3/uL	The patient has been receiving oral chemotherapy and anticonvulsants to prevent seizures. A decreased lymphocyte count can be due to chemotherapeutic agents and also anticonvulsant medications (Pagana et al., 2020).
Monocytes	0.00 – 0.50 10^3/uL	0.55 10^3/uL	0.38 10^3/uL	
Eosinophils	0.00 – 0.50 10^3/uL	0.06 10^3/uL	0.00 10^3/uL	
Bands	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	Today's Value	Reason For Abnormal
Na-	136 – 145 mmol/L	145 mmol/L	139 mmol/L	
K+	3.5 – 5.1 mmol/L	3.6 mmol/L	4.0 mmol/L	
Cl-	98 – 107 mmol/L	106 mmol/L	103 mmol/L	
CO2	22.0 – 29.0 mmol/L	27.0 mmol/L	25.0 mmol/L	
Glucose	74 – 100 mg/dL	107 mg/dL	113 mg/dL	The patient had his glucose checked daily while admitted to the hospital. Since the patient has been in the hospital for 27 days there could be a possibility that I missed a diagnosis of diabetes mellitus. That being said these values are not astronomical. An increased glucose can also be due to an acute stress response (Pagana et al., 2020). The patient was admitted for acute encephalopathy.

BUN	9 – 21 mg/dL	13 mg/dL	13 mg/dL	
Creatinine	0.70 – 1.30 mg/dL	1.07 mg/dL	0.70 mg/dL	
Albumin	3.5 – 5.0 g/dL	3.6 g/dL	2.9 g/dL	The patient had an upper endoscopy done during his hospital admission, and during the procedure, they found esophageal ulcers, which indicate an infection. In this situation, a decreased albumin level can be caused by stress or an acute infection (Pagana et al., 2020).
Calcium	8.9 – 10.6 mg/dL	9.1 mg/dL	8.9 mg/dL	
Mag	1.6 – 2.6 mg/dL	1.6 mg/dL	1.7 mg/dL	
Phosphate	3.0 – 4.5 mg/dL	N/A	N/A	
Bilirubin	0.2 – 1.2 mg/dL	0.7 mg/dL	0.6 mg/dL	
Alk Phos	40 – 150 u/L	80 u/L	86 u/L	
AST	5 – 34 u/L	22 u/L	19 u/L	
ALT	0 – 55 u/L	32 u/L	43 u/L	
Amylase	60 – 120 u/L	N/A	N/A	
Lipase	0 – 160 u/L	N/A	N/A	
Lactic Acid	0.5 – 2.0 mmol/L	1.7 mmol/L	N/A	
Troponin	0 – 4 ng/L	8 ng/L	N/A	The patient had been refusing to take any medications for the past two weeks while at home. The patient is prescribed several medications that aid in the function of the heart such as atorvastatin, carvedilol, and amlodipine. The elevation of the troponin level can be due to a myocardial injury or an MI from overexerting himself during physical therapy (Pagana et

				al., 2020).
CK-MB	5 – 25 IU/L	N/A	N/A	
Total CK	20 – 200 u/L	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 seconds	N/A	N/A	
PT	11.0 – 12.5 seconds	N/A	N/A	
PTT	60 – 70 seconds	N/A	N/A	
D-Dimer	< 250 ng/mL	N/A	N/A	
BNP	0.0 – 100.0 pg/mL	< 10.0 pg/mL	N/A	
HDL	> 45 mg/dL	N/A	N/A	
LDL	< 130 mg/dL	N/A	N/A	
Cholesterol	< 200 mg/dL	N/A	N/A	
Triglycerides	40 – 180 mg/dL	N/A	N/A	
Hgb A1c	4 – 5.9%	N/A	N/A	
TSH	0.5 – 4.1 mU/L	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	Yellow & Clear	Dark Yellow & Turbid	Light yellow & Clear	
pH	5.0 -7.0 pH	5.0 pH	N/A	

Specific Gravity	1.003 – 1.035	1.023	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	300	N/A	The patient had his glucose checked daily while admitted to the hospital. Since the patient has been in the hospital for 27 days there could be a possibility that I missed a diagnosis of diabetes mellitus. An elevated protein level in a urinalysis can be caused by diabetes mellitus (Pagana et al., 2020).
Ketones	Negative	40	N/A	The patient had his glucose checked daily while admitted to the hospital. Since the patient has been in the hospital for 27 days there could be a possibility that I missed a diagnosis of diabetes mellitus. An elevated ketone level in a urinalysis can be caused by uncontrolled diabetes mellitus. An elevated ketone level can also be caused by dehydration and starvation (Pagana et al., 2020). The patient was refusing to eat or drink anything for the past two weeks.
WBC	0 – 25 /uL	25 /uL	N/A	
RBC	0 – 20 /uL	14 /uL	N/A	
Leukoesterase	Negative	Negative	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	Value on Admission	Today's Value	Explanation of Findings
pH	7.310 – 7.410	7.418	N/A	The patient's blood pH was affected by his breathing pattern at the time of admission. The patient was short of breath and having trouble catching his breath. Hyperventilation, meaning over ventilating himself can cause an

				increase in the blood's pH (Pagana et al., 2020).
PaO2	35.0 – 45.0 mm Hg	125.5 mm Hg	N/A	The patient was hyperventilating due to being short of breath. Hyperventilation can cause an increased O2 level (Pagana et al., 2020).
PaCO2	41.0 – 51.0 mm Hg	37.7 mm Hg	N/A	The patient's CO2 levels were alkalotic, and the pH was basic. The patient's ABG levels at the time of admission shows he was experiencing a little bit of respiratory alkalosis. A decreased CO2 level can be from hyperventilation (Pagana et al., 2020). The patient was focusing more on breathing in oxygen than exhaling an average amount of CO2 to keep his ABGs balanced.
HCO3	21.5 – 25.5 mmol/L	23.8 mmol/L	N/A	
SaO2	95 – 100%	98.1%	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**	**Explanation of Findings**
Urine Culture	Negative <10,000	N/A	N/A	
Blood Culture	Negative; no growth	N/A	N/A	
Sputum Culture	Normal	N/A	N/A	
Stool Culture	Normal	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):

The patient had the following diagnostic tests performed during this admission to the hospital: an ECG, a brain CT without contrast, an EEG, a brain MRI with and without contrast, and an X-ray KUB.

Diagnostic Test Correlation (5 points):

The patient presented to the emergency department with shortness of breath with hypoxia. The patient is prescribed several cardiac medications that he has been refusing to take. Prior to admission, the patient received an ECG. “The ECG is a graphic representation of the electrical impulses that the heart generates during the cardiac cycle. The monitoring electrodes detect the electrical activity of the heart from a variety of spatial perspectives” (Pagana et al., 2020). The ECG result for the patient was sinus tachycardia.

This patient had a craniotomy back in October of 2023 for a brain tumor and has had a history of right-sided stroke and came to the hospital with confusion and hallucinations. To rule out possibilities, a CT of the brain was performed prior to admission. “The CT scan is used in the differential diagnosis of intracranial neoplasms, cerebral infarctions, ventricular displacement or enlargement, cortical atrophy, cerebral aneurysms, intracranial hemorrhage and hematoma, and AV malformation” (Pagana et al., 2020).

The patient has a history of seizures and presented to the emergency department with mental status changes. The patient had an EEG performed during his admission. “This study is invaluable in the investigation of epileptic states to detect and focus on seizure activity” (Pagana et al., 2020). The study found that the patient was experiencing right temporoparietal epilepsy.

This patient had a craniotomy back in October of 2023 for a brain tumor and has had a history of right-sided stroke and came to the hospital with confusion and hallucinations. To rule out possibilities, an MRI of the brain was performed. “MRI of the brain and meninges is particularly accurate in identifying benign and malignant neoplasms. It is able to identify and quantify brain edema, ventricular compression, hydrocephalus, and brain herniation. Intracranial hemorrhage can also be seen on MRI” (Pagana et al., 2020). The patient’s admitting diagnosis was acute encephalopathy.

The patient had a G-tube placed to provide him with essential nutrients due to esophageal ulcers being present. An X-ray of the kidney, ureters, and bladder (KUB) was performed to verify the correct placement of the G-tube (Pagana et al., 2020).

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	Lipitor/ atorvastatin	Coreg/ carvedilol	Keppra/ levetiracetam	Protonix/ pantoprazole	Norvasc/ amlodipine
Dose	80 mg tablet	25 mg. tablet	15 mL or 1,500 mg	40 mg	5 mg
Frequency	Once at bedtime	BID w/ meals	BID	Once before breakfast	Once after dinner
Route	Oral	Oral	Oral	Oral	Oral

Classification	Pharmacologic Class: HMG-CoA reductase inhibitor Therapeutic Class: Antihyperlipidemic	Pharmacologic Class: Nonselective beta blocker and alpha-1 blocker Therapeutic Class: Antihypertensive	Pharmacologic Class: Pyrrolidine derivative Therapeutic Class: Anticonvulsant	Pharmacologic Class: Proton pump inhibitor Therapeutic Class: Antiulcer	Pharmacologic Class: Calcium channel blocker Therapeutic Class: Antianginal, Antihypertensive
Mechanism of Action	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown" (Jones & Bartlett Learning, 2022).	"Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at least 4 weeks, carvedilol reduces plasma renin activity" (Jones & Bartlett Learning, 2022).	"May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. Levetiracetam doesn't seem to involve inhibitory and excitatory neurotransmission" (Jones & Bartlett Learning, 2022).	"Suppresses gastric secretion by inhibiting hydrogen/potassium ATPase enzyme system in gastric parietal cell; characterized as gastric acid pump inhibitor because it blocks the final step of acid production" (Skidmore-Roth, 2020).	"Inhibits calcium ion influx across cell membrane during cardiac depolarization, results in inhibition of excitation and contraction" (Skidmore-Roth, 2020).
Reason Client Taking	The client's medical history showed no diagnosis of high	The client might be hypertensive but I was unable to find that	The client is taking this medication because he has had a history of	The client is taking this medication to help maintain the healing process of his	The client might be hypertensive but I was unable to find that

	cholesterol, however, the patient is over weight and takes other cardiac meds to help his blood pressure. There may have been a diagnosis of hypercholesterolemia there, but I was unable to find it. The client could be taking this medication to help prevent another clot from forming and causing another stroke.	diagnosis in his EHR. The client suffered a stroke back in October of 2023, this medication helps with vasodilation which could potentially help to prevent another stroke from occurring.	seizures. This medication is used to help prevent seizures from occurring.	esophagus. While they were doing an upper endoscopy they found esophageal ulcers.	diagnosis in his EHR. The client suffered a stroke back in October of 2023, this medication helps with vasodilation which could potentially help to prevent another stroke from occurring.
Contraindications (2)	1. Anyone with active liver disease should not receive this medication (Jones & Bartlett Learning, 2022). 2. Anyone who is experiencing a continuous elevation in their serum	1. A patient with severe bradycardia should not receive this medication (Jones & Bartlett Learning, 2022). 2. A patient with bronchial asthma bronchos	1. Patients who are hypersensitive to this medication should not receive this medication (Jones & Bartlett Learning, 2022). 2. Patients with cardiac or renal disease	1. Patients who have liver disease should not receive this medication (Skidmore-Roth, 2020). 2. Patients who are experiencing diarrhea should not receive this	1. This medication is contraindicated for patient's who have had a CABG done (Skidmore-Roth, 2020). 2. This medication is contraindicated for anyone who has

	transaminase level that cannot be explained should not receive this medication (Jones & Bartlett Learning, 2022).	pastic-associated conditions should not receive this medication (Jones & Bartlett Learning, 2022).	should not receive this medication (Skidmore-Roth, 2020).	medication (Skidmore-Roth, 2020).	a hypersensitivity to NSAID's, salicylates, or sulfonamides (Skidmore-Roth, 2020).
Side Effects/Adverse Reactions (2)	1. Liver dysfunction/ failure 2. Arrhythmias	1. CVA 2. Hypoglycemia	1. Confusion 2. Suicidal ideation	1. Fatigue 2. Hypoxia	1. Stroke 2. Arrhythmias
Nursing Considerations (2)	1. Consider the client's diet, and obtain a diet history, figure out their cholesterol in the diet; obtain triglyceride levels regularly; and run a lipid panel on the patient every 6 – 12 weeks (Jones & Bartlett Learning, 2022). 2. This medication can cause	1. This medication has the capability of effecting a patient's glucose level, so be sure to monitor their glucose level closely (Jones & Bartlett Learning, 2022). 2. Be aware if your patient has PVD because this medicatio	1. The patient receiving this medication should be monitored for seizure activity, and be placed on seizure precautions as a preventive measure (Jones & Bartlett Learning, 2022). 2. Do not abruptly stop this medication.	1. The patient's electrolytes need to be monitored routinely, specifically the patient's magnesium level (Skidmore-Roth, 2020). 2. Assess the patient for an infection, monitor their temperature for any elevations (Skidmore-Roth, 2020).	1. Record the patient's intake and output and also their daily weight (Skidmore-Roth, 2020). 2. Assess the patient for the following, JVD, peripheral edema, crackles, and increased weight to indicate heart

	constipation so ask patient about bowel status. The patient might need a stool softener or might need to consume more fluids and add fiber to their diet (Jones & Bartlett Learning, 2022).	n has the capability of making the symptoms of arterial insufficiency worse (Jones & Bartlett Learning, 2022).	Stopping this medication could increase chances of a seizure occurring (Jones & Bartlett Learning, 2022).		failure (Skidmore-Roth, 2020).
Key Nursing Assessment(s) /Lab(s) Prior to Administration	The patient's cholesterol levels and triglyceride levels need to be assessed prior to administration along with reviewing their diet with them (Jones & Bartlett Learning, 2022).	Check the patient's glucose level before administering this medication (Jones & Bartlett Learning, 2022).	Implement seizure precautions (Skidmore-Roth, 2020).	Before starting this medication the patient's INR or PT will need to be assessed and closely monitored during therapy (Jones & Bartlett Learning, 2022).	A CBC may be ran prior to starting medication to note the hematocrit level (Skidmore-Roth, 2020).
Client Teaching Needs (2)	1. Educate the client that they need to take the medication at the same time every day (Jones &	1. Instruct the patient to take the medication with food to prevent an upset stomach	1. Educate the client that within the first four weeks of taking levetiracetam that they may	1. Educate the client on the signs and symptoms they should report to their provider	1. Educate the client to move slowly while changing positions to prevent orthostatic

	Bartlett Learning, 2022). 2. If the patient misses a dose instruct them to take it right away. If the next dose is soon, do not double up on the medication just take it once (Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022). 2. Educate the client on the signs and symptoms of the medication such as dizziness, orthostatic hypotension, and light-headedness (Jones & Bartlett Learning, 2022).	experience drowsiness and dizziness (Jones & Bartlett Learning, 2022). 2. Instruct the patient to continue taking other anticonvulsant medication while taking this medication (Jones & Bartlett Learning, 2022).	immediately, such as dyspnea, mouth sores, a skin rash, or ocular toxicity (Skidmore-Roth, 2020). 2. Instruct the client that while on this medication they will need to use contraception (Skidmore-Roth, 2020).	hypotension from occurring (Skidmore-Roth, 2020). 2. Educate client on how to take their own blood pressure and heart rate correctly; and to contact their provider if the heart rate is less than 50 beats per minute (Skidmore-Roth, 2020).

Hospital Medications (5 required)

Brand/Generic	Ozobax/ baclofen	Onfi/ clobazam	Eliquis/ apixaban	Carafate/ sucralfate	Norco/ hydrocodone acetaminophen
Dose	5 mg tablet (crushed)	10 mL or 10 mg	5 mg tablet (crushed)	1 g tablet (crushed)	5 – 325 mg tablet (crushed)
Frequency	TID	BID	BID	BID before meals	PRN
Route	Gastric Tube	Gastric Tube	Gastric Tube	Gastric Tube	Gastric Tube

Classification	Pharmacologic Class: Skeletal muscle relaxant Therapeutic Class: Antispasmodic agent	Pharmacologic Class: Benzodiazepine Therapeutic Class: Anticonvulsant	Pharmacologic Class: Factor Xa inhibitor Therapeutic Class: Anticoagulant	Pharmacologic Class: GI protectant Therapeutic Class: Antiulcer	Pharmacologic Class: Opioid Therapeutic Class: Opioid Analgesic
Mechanism of Action	"Inhibits synaptic responses in CNS by stimulating GABAb receptor subtype, which decreases neurotransmitter function; decreases frequency, severity of muscle spasms" (Skidmore-Roth, 2020).	"May possibly involve potentiation of GABAergic neurotransmission, which causes binding at the benzodiazepine site of the GABAa receptor to stop seizure activity" (Jones & Bartlett Learning, 2022).	"Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation induced by thrombin. By inhibiting factor Xa, apixaban decreases thrombin generation and thrombus development" (Jones & Bartlett Learning, 2022).	"May react with hydrochloric acid in the stomach to form a complex that buffers acid. The complex adheres electrostatically to proteins on the ulcer's surface and creates a protective barrier at the ulcer site. Sucralfate also inhibits back-diffusion of hydrogen ions and absorbs bile acids and pepsin, actions that promote healing of an existing duodenal ulcer and	"Acts directly on cough center in medulla to suppress cough; binds to opiate receptors in CNS to reduce pain" (Skidmore-Roth, 2020).

				prevent reoccurring ulcer formation" (Jones & Bartlett Learning, 2022).	
Reason Client Taking	This medication has been known to help with neuropathic pain and spasticity associated to a spinal cord injury. The patient had a craniotomy done in October of 2023, the medication could be associated with effects from the surgery.	The client is taking this medication because he has had a history of seizures. This medication is used to help prevent seizures from occurring.	The client had a right-sided stroke back in November of 2023. This medication is used to prevent another stroke from occurring.	While doing an upper endoscopy they found esophageal ulcers on this patient. This patient is taking this medication to help heal the current esophageal ulcers and preventing new ulcers from occurring.	This medication is PRN to help with any moderate to severe pain the patient may be experiencing at that time.
Contraindications (2)	1. Patients who have been diagnosed with a seizure disorder should not receive this medication (Skidmore-Roth,	1. Patients with hepatic or renal disease should not receive this medication (Skidmore-Roth, 2020). 2. Patients who have ever had lung disease or breathing issues	1. Patients who have bleeding disorders should not receive this medication (Skidmore-Roth, 2020). 2. Patients who have been diagnosed with	1. Patients who have hypoglycemia should not receive this medication (Skidmore-Roth, 2020). 2. Patients	1. Patients who have an obstruction in the gastrointestinal tract should not receive this medication (Skidmore-Roth, 2020).

	2020). 2. Patients who have had a stroke should not receive this medication (Skidmore-Roth, 2020).	should not receive this medication (Skidmore-Roth, 2020).	antiphospholipid syndrome should not receive this medication (Skidmore-Roth, 2020).	who have kidney failure should not receive this medication (Skidmore-Roth, 2020).	2. Patients who are status asthmaticus should not receive this medication (Skidmore-Roth, 2020).
Side Effects/Adverse Reactions (2)	1. Disorientation 2. Seizures	1. Hemorrhagic stroke 2. Thrombocytopenia	1. Hallucination 2. Dysphagia	1. Dyspnea 2. Headache	1. Hallucinations 2. Confusion
Nursing Considerations (2)	1. Assess the patient's blood pressure, blood glucose, weight, and liver function routinely (Skidmore-Roth, 2020). 2. Do not stop this medication abruptly, severe adverse reaction could occur (Skidmore-Roth, 2020).	1. Monitor patient for any adverse skin reactions, especially within the first 8 weeks of treatment. If a rash develops, the provider should be notified immediately (Jones & Bartlett Learning, 2022). 2. Once the medication begins, monitor the patient closely for any suicidal tendencies	1. This medication should be discontinued if the patient has a scheduled procedure. The medication should be discontinued 48 hours before an invasive procedure if they have a high or moderate risk of hemorrhage and 24 hours	1. Assess the patient for any complications regarding the gastrointestinal system such as blood in the stool or abdominal pain (Skidmore-Roth, 2020). 2. If the patient is diabetic monitor their blood glucose closely,	1. Assess the patient's pain including, intensity, location, and type before and one hour after administering (Skidmore-Roth, 2020). 2. Assess patient's vital signs including blood pressure, heart rate, and respirations before

		(Jones & Bartlett Learning, 2022).	before if their risk is mild (Jones & Bartlett Learning, 2022). 2. If the medication is discontinued and another anticoagulation medication does not take its place the risk of a thrombus developing increases (Jones & Bartlett Learning, 2022).	because this medication can cause hypoglycemia (Skidmore-Roth, 2020).	and after administering the medication. If the respiration rate falls below 10 breaths per minute reduce medication dose (Skidmore-Roth, 2020).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Before starting this medication the patient should have blood drawn to get a baseline for all lab values.	"Assess patient before therapy is begun and throughout therapy for patient's risk for abuse, misuse, and addiction such as physical and psychological dependence, especially in patients with a history of substance abuse" (Jones & Bartlett	Routine lab work may be conducted before starting apixaban to determine the correct dose for the patient (Skidmore-Roth, 2020).	If the patient has diabetes blood glucose may need to be obtained before administering medication since the medication contains glucose (Skidmore-Roth, 2020).	Obtain patient's vital signs before administering medication. If the respiration rate is below 10 breaths per minute you should hold the medication due to the medication

		Learning, 2022).			effect on the respiratory system (Skidmore-Roth, 2020).
Client Teaching Needs (2)	1. Do not take this medication with alcohol (Skidmore-Roth, 2020). 2. Educate the client to notify the provider if they experience any of the following: confusion, headache, nausea, constipation, insomnia, or painful urination (Skidmore-Roth, 2020).	1. Educate the client that crushing the medication and mixing it in applesauce is accepted (Jones & Bartlett Learning, 2022). 2. Educate the client that they should not stop taking this medication abruptly, due to the possibility of withdrawal symptoms occurring (Jones & Bartlett Learning, 2022).	1. Educate the client to notify the provider if any of the following occur: confusion, weakness, bruising, any bleeding, or numbness of the limbs (Skidmore-Roth, 2020). 2. Educate the client on not stopping this medication abruptly because it could potentially cause clots to form or a stroke to occur (Skidmore-Roth, 2020).	1. Educate the client to take this medication on an empty stomach (Skidmore-Roth, 2020). 2. Educate the client to avoid consuming milk, antacids, and water that contains alkaline for at least one hour after taking medication (Skidmore-Roth, 2020).	1. Educate the patient on potential withdrawal symptoms if the patient discontinues the medication. Withdrawal symptoms include nausea, vomiting, anorexia, cramps, fever, and faintness (Skidmore-Roth, 2020). 2. Educate the patient to move slowly while changing positions in order to prevent orthostatic hypotension (Skidmor

					e-Roth, 2020).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (23rd ed.). Jones & Bartlett Learning.

Skidmore-Roth, L. (2020). *Mosby's 2021 nursing drug reference* (34th ed.). Mosby.

Assessment

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

GENERAL: **Alertness:** Alert and responsive **Orientation:** Person, place, time, and situation **Distress:** In no acute distress **Overall appearance:** Patient is appropriately clothed for hospital setting.	
INTEGUMENTARY: **Skin color:** White and pink (a little pale) **Character:** Intact and dry **Temperature:** Warm **Turgor:** Returned back to normal immediately **Rashes:** None **Bruises:** None **Wounds:** Quarter-size skin tag-like wound that looks moist on the right side of his neck. An incision on the left side of his abdomen for a gastronomy tube. **Scars:** Previous craniotomy incision on his skull (healed). **Braden Score:** 16 **Drains present:** **Y**☐ **N** ☒ **Type:** N/A	
HEENT: **Head/Neck:** Head and neck are symmetrical. Trachea is midline with no	

deviation. Thyroid is non-palpable and no lymphadenopathy noted. **Ears:** Ears are bilaterally symmetrical. No palpable lumps or lesions noted externally bilaterally. The internal ear canals are clear with pearly gray color tympanic membranes. **Eyes:** Bilateral sclera white, cornea clear, conjunctiva pink, and no drainage present. Eyelids are moist and pink bilaterally without any discharge or lesions. PERRLA bilaterally, red light reflex present bilaterally, and EOMs are intact bilaterally. **Nose:** Septum is midline, turbinates are moist and pink without any bleeding, polyps, or exudate bilaterally. Frontal sinuses are nontender upon palpation bilaterally. **Teeth:** All teeth are present with a buildup of possible plaque. Posterior pharynx and tonsils are moist and pink. Uvula is midline, hard palate is intact and soft palate rises and falls symmetrically. Oral mucosa overall is good, no lesions present. Tonsil size is a 2+.	
CARDIOVASCULAR: **Heart sounds:** Heart sounds are clear with S1 and S2 sounds. No presence of S3, S4 or any gallops, murmurs, or rubs. PMI is palpable at the 5th intercostal space along the midclavicular line. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Sinus Rhythm **Peripheral Pulses:** Left side extremities were a +1 Right side extremities were a +2 **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Normal rate and pattern of respirations.	.

Respirations were symmetrical and non-labored, and lung sounds were clear throughout anterior and posterior bilaterally. No presence of wheezes, rhonchi, or crackles was observed.	
GASTROINTESTINAL: **Diet at home:** Regular diet **Current Diet:** Continuous bolus feeding via gastronomy tube **Height:** 5’ 11’’ **Weight:** 287 lbs. **Auscultation Bowel sounds:** Bowel sounds are normoactive in all four quadrants with 5 – 34 clicks/gurgles. **Last BM:** 2/24/2024 **Palpation: Pain, Mass etc.:** Abdomen is soft, nontender, no organomegaly or masses present upon palpation of all four quadrants. **Inspection:** **Distention:** No distention present. **Incisions:** Incision for the G tube located on the left side of the abdomen. **Scars:** N/A **Drains:** N/A **Wounds:** N/A **Ostomy: Y** ☐ **N** ☒ **Nasogastric: Y** ☐ **N** ☒ **Size:** N/A **Feeding tubes/PEG tube Y** ☒ **N** ☐ **Type:** G tube (20 French)	.
GENITOURINARY: **Color:** Light yellow **Character:** Clear **Quantity of urine:** 280 mL **Pain with urination: Y** ☐ **N** ☒ **Dialysis: Y** ☐ **N** ☒ **Inspection of genitals:** **Catheter: Y** ☒ **N** ☐ **Type:** Foley **Size:** 16 French	
MUSCULOSKELETAL: **Neurovascular status:** All extremities were warm and dry to touch. Fingernail beds were pink with a yellow hue. Left side	.

extremities weak. **ROM:** Right side extremities – active range of motion. Left side extremities – passive range of motion. The patient was not able to move his left arm at all; that extremity required complete passive ROM. The left foot, however, was able to push but not pull; that extremity required partial passive ROM. **Supportive devices:** Wheelchair, Hoyer lift, and seara stedy **Strength:** Upper and lower right side extremity strength is 4+. The upper left extremity strength is 0. The lower left extremity strength is 2+. **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 13 (moderate) **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk**☒	
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERRLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☒ Both ☐** Right upper and lower extremity exhibited a strength of 4+. The lower extremity exhibited a strength of 2+. The left upper extremity exhibited a strength of 0. **Orientation:** Person, place, time, and situation **Mental Status:** Normal cognition **Speech:** Slow, clear, and coherent **LOC:** Lethargic	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** The client said, "I don't really have any coping methods, I just sleep and take it day by day". **Developmental level:** The patient is capable of reading and writing. **Religion & what it means to pt.:** The patient doesn't associate with any particular religion.	.

Personal/Family Data (Think about home environment, family structure, and available family support): Based on the client's level of consciousness on the day of clinical, the patient has the capability of making a fully informed decision. He has a good home life with a supportive wife and four kids.	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:07 am	92 bpm	145/81 mm Hg	18 bpm	97.9˚F	95%
3:07 pm	91 bpm	118/85 mm Hg	18 bpm	97.7˚F	95%

Vital Sign Trends:

Based on the vitals provided, the patient tends to experience some hypertension in the late morning, but by afternoon time, his blood pressure seems to go back into the normal reference range. All of the patient's other vitals are normal.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:07 am	Word Scale	N/A	"No Pain"	N/A	N/A
3:07 pm	Word Scale	N/A	"No Pain"	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge	The IV is a saline lock and the patient had no

Location of IV: Left lower posterior arm **Date on IV:** 2/20/2024 **Patency of IV:** No medications administered via IV during clinical. **Signs of erythema, drainage, etc.:** No signs of drainage or erythema **IV dressing assessment:** The dressing is clean, dry, and intact.	IV medications or fluids listed in the MAR.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1,200 mL continuous g-tube feeding 360 mL of NS Total Intake: 1,560 mL	280 mL of Urine via Foley catheter. No stool or emesis was recorded during clinical. No collection drain is present.

Nursing Care

Summary of Care (2 points)

Overview of care: I administered Baclofen via G-tube to the client. First, the tablet was cut in half and then crushed and mixed in a diluent to administer it through the G-tube. Vitals and pain assessment were obtained in the afternoon. A physical assessment was conducted. The old bolus feeding and the fluid bag were removed, and a new bolus feeding with new fluids was hung.

Procedures/testing done: The patient had no procedures or testing completed during the clinical.

Complaints/Issues: The patient stated, “I don’t have any complaints”.

Vital signs (stable/unstable): According to the most recent vital signs taken around 3:00 p.m. the patient’s vitals are stable.

Tolerating diet, activity, etc.: The patient is currently receiving continuous bolus feedings via his G-tube. The patient tolerates and accepts his current diet. The client remained in the hospital bed for the entire duration of the clinical, so no activity was observed.

Physician notifications: Yes, physicians in neurology and gastroenterology were consulted for this client.

Future plans for client: The client is waiting to be accepted into a nursing home where he can begin physical therapy again. His Foley catheter will need to be properly cleaned and maintained, along with his G-tube and his feedings as well.

Discharge Planning (2 points)

Discharge location: Discharge location for the client is still pending. The client is awaiting placement into a nursing home.

Home health needs (if applicable): Home health care needs are undeterminable at this point since he is being transferred to a nursing home. Due to the client's extensive disease process it is hard to say what his needs will be by the time he is ready to transition back into the home if he makes it back home.

Equipment needs (if applicable): The client will require assistive devices such as a sara stedy, a wheelchair, a Hoyer lift, and a hospital bed. The client will be transitioning into a nursing home, so they should have all the necessary equipment.

Follow-up plan: After being discharged from the hospital, the patient will need to return for follow-up visits with the provider to make sure the patient remains is improving and remaining in good health. The patient will remain at the nursing home, where he will receive physical therapy. A speech pathologist may visit to determine his swallowing capabilities with the previous esophageal ulcers and stroke. The patient must continue receiving continuous bolus

feedings through his G-tube to maintain balanced electrolytes and nutrients. Comply with all the prescribed medications from the provider and take them as ordered.

Education needs: Educate the client and his family on signs and symptoms of infection and acute encephalopathy. Educate the client on the importance of medication compliance. Encourage the client to participate in physical therapy and explain the importance of mobilizing and performing range of motion exercises to gain strength back. Due to the young age of this client make sure the client understands that until he is capable of repositioning himself in bed that he should be turned every 2 hours by nursing home staff to prevent pressure injuries.

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 infection related to long-term use of a Foley catheter as evidenced by his physical impairment.	The client was admitted on January 30, 2024, and shortly after being admitted the patient received a Foley catheter. Twenty-seven days into his	**1.** "Use strict sterile technique when suctioning lower airway, inserting indwelling urinary catheters, inserting IV catheters, and providing	**1.** The patient's urine will continue to be yellow in color and clear with no smell or sediment present (Phelps, 2022).	The patient was receptive and responded well to the interventions chosen. The patient demonstrated knowledge of a temperature that is considered to be a fever by saying the number out loud even.

	admission he continued to have a Foley catheter inserted and there were no plans of removing it. Due to the patient's physical impairments he is unable to use the toilet, which makes infection via the Foley catheter more likely since it will be inserted for an undetermined amount of time.	wound care to avoid spreading pathogens" (Phelps, 2022). **2.** "Monitor temperature at least every 4 hours, and record on graph paper. Report elevations immediately" (Phelps, 2022).		
2. Risk for adult pressure injury related to immobilization as evidenced by left-sided body weakness by the patient.	The patient's entire left side is in a weakened state compared to his right side. He is obese and unable to move his left arm, which makes it very difficult for him to reposition himself in bed.	**1.** "Change patient's position at least every 2 hours; follow turning schedule posted at bed-side. Monitor frequency of turning" (Phelps, 2022). **2.** "Keep linen dry, clean, and free from wrinkles or crumbs. Change wet bed linens and incontinence pads immediately." (Phelps, 2022).	**1.** The patient will not have any pressure injuries occur (Phelps, 2022).	The patient was receptive and responded well to the interventions and reiterated the importance of maintaining clean, dry, and wrinkle-free linens.
3. Impaired	The patient	**1.** "Perform ROM	**1.** The client	The patient was

physical mobility related to a neuromuscular impairment as evidenced by complete loss of movement by the left arm.	was unable to move his left arm by himself at all. His left leg had some weakness too, but he could move it a little by himself.	exercises to joints, unless contraindicated, at least once every shift. Progress from passive to active, as tolerated. This prevents joint contractures and muscular atrophy" (Phelps, 2022). **2.** "Refer patient to a physical therapist for development of mobility regimen to help rehabilitate musculoskeletal deficits" (Phelps, 2022).	will experience no issues including, contractures, clot formation, venous stasis, or the breakdown of skin (Phelps, 2022).	receptive and responded well to the chosen interventions and seemed excited about starting physical therapy.
4. Ineffective coping related to ineffective tension release strategies as evidenced by the patient stating he "copes by sleeping."	During the entire clinical the patient was sleeping. His assigned nurse had said that's all he ever does. The patient never had the TV turned on while I was there. I asked him about coping methods, and he said, "I don't really have any coping	**1.** "Teach strategies that patient can use to develop coping skills. Knowing different strategies gives patient options in stressful situations" (Phelps, 2022). **2.** "Encourage the patient to use support systems to assist with coping, thereby helping restore psychological	**1.** The patient will utilize the various support systems available to them such as, friends and family, to help in the coping process (Phelps, 2022).	The patient was receptive and responded well to the chosen interventions and demonstrated his knowledge of new coping strategies and his acceptance of utilizing his various support systems.

	methods, I just sleep and take it day by day".	equilibrium and prevent crisis" (Phelps, 2022).		

Other References (APA):

Phelps, L. (2022). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (20 Points)

Subjective Data

The client's signs and symptoms include:

- Shortness of breath upon exertion
- Hypoxia
- Hallucinations
- Dysphagia
- Refusal to eat or drink
- Refusal to comply with prescription medications

When the patient arrived at the emergency department he stated, "I don't feel any pain," and he rated his pain a "0 out of 10."

Nursing Diagnosis/Outcomes

1. Risk for infection related to long-term use of a Foley catheter as evidenced by his physical impairment.
   a. The patient's urine will continue to be yellow in color and clear with no smell or sediment present (Phelps, 2022).
2. Risk for adult pressure injury related to immobilization as evidenced by left-sided body weakness by the patient.
   a. The patient will not have any pressure injuries occur (Phelps, 2022).
3. Impaired physical mobility related to a neuromuscular impairment as evidenced by complete loss of movement by the left arm.
   a. The client will experience no issues including, contractures, clot formation, venous stasis, or the breakdown of skin (Phelps, 2022).
4. Ineffective coping related to ineffective tension release strategies as evidenced by the patient stating he "copes by sleeping."
   a. The patient will utilize the various support systems available to them such as, friends and family, to help in the coping process (Phelps, 2022).

Objective Data

The patient was assessed, and since the patient had been to the hospital 2 weeks prior for a UTI, they could determine that there had been a mental status change with this patient. Among the mental status change, the confusion and the hallucinations all are symptoms of encephalopathy. An EEG was performed and found that the patient was experiencing right temporoparietal epilepsy.

They performed a brain CT scan without contrast and an MRI with and without contrast, however no results could be found on those particular scans. The patient had a Foley catheter inserted due to his limited mobility.

Client Information

A 39-year-old male with a history of seizures came to the hospital for shortness of breath with hypoxia and was admitted with an acute encephalopathy diagnosis. The client had a craniotomy performed back in October of 2023 to remove a brain tumor (oligodendroglioma). The client suffered a right-sided stroke back in November of 2023. Currently experiencing left sided weakness and has limited mobility. The client is lethargic and sleeps a lot but is cooperative.

Nursing Interventions

Nursing diagnosis #1 – Interventions

1. "Use strict sterile technique when suctioning lower airway, inserting indwelling urinary catheters, inserting IV catheters, and providing wound care to avoid spreading pathogens" (Phelps, 2022).
2. "Monitor temperature at least every 4 hours, and record on graph paper. Report elevations immediately" (Phelps, 2022).

Nursing diagnosis #2 – Interventions

1. "Change patient's position at least every 2 hours; follow turning schedule posted at bed-side. Monitor frequency of turning" (Phelps, 2022).
2. "Keep linen dry, clean, and free from wrinkles or crumbs. Change wet bed linens and incontinence pads immediately." (Phelps, 2022).

Nursing diagnosis #3 – Interventions

1. "Perform ROM exercises to joints, unless contraindicated, at least once every shift. Progress from passive to active, as tolerated. This prevents joint contractures and muscular atrophy" (Phelps, 2022).
2. "Refer patient to a physical therapist for development of mobility regimen to help rehabilitate musculoskeletal deficits" (Phelps, 2022).