N441 Care Plan

Lakeview College of Nursing

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Professor Potts

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Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
03/03/2024	JH	43	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Construction worker	Single	No known allergies
Code Status	**Height**	**Weight**	
Full code	182.9 cm	113.7 kg	

Medical History (5 Points)

Past Medical History:

Depression

Past Surgical History:

Patient does not have any significant past surgical history.

Family History:

No pertinent history.

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

Patient states that he drinks alcohol 5 days a week containing 6-10 drinks a day and has done so for 5 years now. He smokes cigarettes daily. He states that he smokes between half a pack to a pack a day and has done so since he was 30. He uses cocaine occasionally and could not tell me how frequently. He smokes marijuana every day, about 6 grams a day. He started smoking marijuana when he was 18.

Assistive Devices:

None

Living Situation:

Lives at home with his girlfriend.

Education Level:

Associate degree

Admission Assessment

Chief Complaint (2 points): Reports of slurred speech, dizziness, and right sided weakness.

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

JH is a 43-year-old male who presented to the emergency room on 3/2/2024 with stroke like symptoms. His girlfriend noticed that he was slurring his speech and called EMS around 1800. The patient was found to have right upper and lower extremity weakness as well as tingling. He stated that the weakness and tingling was constant. The patient did not mention that anything made it worse or better. He rated his pain a 0 out of 10, but just complained of his weakness.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Stroke

Secondary Diagnosis (if applicable): N/A

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

A stroke is a medical illness that happens when there is a reduction or interruption in blood flow to a portion of the brain, depriving the brain tissue of oxygen and nutrients. Brain cells can quickly die from this oxygen deficiency. The two main types of strokes are ischemic and hemorrhagic. Regardless of the type of stroke, a stroke is a medical emergency. It is crucial to get medical treatment right away. Getting emergency medical help quickly can reduce brain damage and other stroke complications (*Stroke*, 2024). An ischemic stroke happens when a clot blocks or obstructs a blood artery that supplies blood to the brain. This obstruction may originate from inside the blood artery or spread to other body parts and ultimately reach the brain. A hemorrhagic stroke is caused by the leaking or bursting of a blood vessel in the brain (*Stroke*, 2024). Depending on which area of the brain is affected, strokes can cause various

symptoms, such as abrupt headaches, trouble speaking or understanding speech, sudden disorientation, or weakness or numbness in the face, arm, or leg, usually on one side of the body. My patient presented with weakness on the right side, slurred speech, and right-sided facial drooping. His speech has returned to normal, but he is still feeling numbness/ tingling and weakness on his right side (Capriotti, 2020).

In the event of a stroke, receiving medical assistance right away is essential since it can reduce brain damage and increase recovery rates. Medication to break up blood clots, surgery to fix broken blood vessels, and rehabilitation therapy to restore lost abilities are all possible treatment options. My patient was started on a tissue plasminogen activator (TPA), which can only be used 4.5 hours after stroke symptoms. There are a few tests that can help diagnose a stroke, which include a CT of the brain, MRI, cerebral angiogram, blood tests, and carotid ultrasound. My patient had a CT and MRI of the brain. Both tests showed acute neuro deficit and bilateral PICA territory infractions in my patient. My patient will need a physical therapist to help him regain his strength due to the right-sided weakness.

Pathophysiology References (2) (APA):

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

Mayo Foundation for Medical Education and Research. (2024, February 14). *Stroke*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/stroke/diagnosis-treatment/drc-20350119

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	3.80-5.30 10(6)/mcL	5.65	5.22	RBCs were elevated due to patient being dehydrated (Jones & Bartlett Learning, 2022).
Hgb	12.0-15.8 g/dL	17.6	16.3	Hbg were elevated due to patient being dehydrated (Jones & Bartlett Learning, 2022).
Hct	36.0-47.0%	51.7	47.9	Hct were elevated due to patient being dehydrated (Jones & Bartlett Learning, 2022).
Platelets	140-440 10(3)/mcL	239	206	Platelets is within normal limits.
WBC	4.00-12.00 10(3)/mcL	11.47	17.06	WBCs are elevated due to stroke and possible infection (Jones & Bartlett Learning, 2022).
Neutrophils	47.0-73.0%	N/A	N/A	Neutrophils were not obtained.
Lymphocytes	18.0-42.0%	N/A	N/A	Lymphocytes were not obtained.
Monocytes	4.0-12.0%	N/A	N/A	Monocytes were not obtained.
Eosinophils	0.0-5.0%	N/A	N/A	Eosinophils were not obtained.
Bands	N/A	N/A	N/A	Bands were not obtained.

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-	135-145 mmol/L	139	138	Sodium is within normal limits.
K+	3.5-5.1 mmol/L	3.4	3.5	Potassium was just barely decreased and could be potentially from the multiple laxative this patient is taking (Jones & Bartlett Learning, 2022).
Cl-	98-107 mmol/L	100	105	Chloride is within normal limits.
CO2	21-31 mmol/L	29	24	CO2 is within normal limits.

Glucose	80-120 mg/dL	145	136	This patient is a possible prediabetic which could be why his glucose is elevated (Jones & Bartlett Learning, 2022).
BUN	7-25 mg/dL	16	14	BUN is within normal limits.
Creatinine	0.50-1.00 mg/dL	0.87	0.71	Creatinine is within normal limits.
Albumin	3.5-5.7 g/dL	3.5	N/A	Albumin is within normal limits.
Calcium	8.5-10.2 mg/dL	9	8.5	Calcium is within normal limits.
Mag	1.6-2.6 mg/dL	2.2	N/A	Magnesium is within normal limits.
Phosphate	34-104 mg/dL	103	N/A	Phosphate is within normal limits.
Bilirubin	0.2-0.8 mg/dL	0.4	N/A	Bilirubin is within normal limits.
Alk Phos	40-150 U/L	111	N/A	Alk Phos is within normal limits.
AST	10-34 U/L	25	N/A	AST is within normal limits.
ALT	10-55 U/L	29	N/A	ALT is within normal limits.
Amylase	60-120 U/L	N/A	N/A	Amylase was not obtained.
Lipase	0-160 U/L	N/A	N/A	Lipase was not obtained.
Lactic Acid	0.5-2.2 mmol/L	1	N/A	Lactic acid is within normal limits.
Troponin	0-0.01 ng/mL	<3	N/A	Troponin is within normal limits.
CK-MB	5-25 IU/L	N/A	N/A	CK-MB was not obtained.
Total CK	F: 30-145 U/L M: 55-170 U/L	N/A	N/A	Total CK was not obtained.

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	1	N/A	INR is within normal limits.
PT	**9.5-11.3 seconds**	14.4	N/A	PT has been given anticoagulants (Jones & Bartlett Learning, 2022).
PTT	**30-40 seconds**	26.6	N/A	PTT is low which means the blood is clotting faster and the patient had a blood clot in his brain (Jones & Bartlett Learning, 2022).
D-Dimer	>250 mg/L FEU	1.07	N/A	D- dimer is high which suggest a blood clot somewhere in the body and it was found that there was a blood clot in the brain (Jones & Bartlett Learning, 2022).
BNP	100-400 pg/mL	N/A	N/A	BNP was not obtained.
HDL	>60 mg/dL	N/A	38	HDL is low because of inactivity (Jones & Bartlett Learning, 2022).
LDL	<130 mg/dL	N/A	152	LDL is high because the patient is not active (Jones & Bartlett Learning, 2022).
Cholesterol	<200 mg/dL	N/A	207	Cholesterol is high because the patient inactive and improper diet (Jones & Bartlett Learning, 2022).
Triglycerides	40-180 mmol/L	N/A	146	Triglycerides is within normal limits.
Hgb A1c	<7 mg/dL	N/A	5.4	Hbg A1c is within normal limits.
TSH	0.35-4.94 mIU/mL	N/A	N/A	TSH was not obtained.

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear, yellow	N/A	N/A	Color and clarity cannot be assessed; UA was not obtained.
pH	4.6-8.0	N/A	N/A	pH was not obtained.

Specific Gravity	1.005-1.030	N/A	N/A	Specific gravity was not obtained.
Glucose	Negative	N/A	N/A	Glucose was not obtained.
Protein	Negative	N/A	N/A	Protein was not obtained.
Ketones	Negative	N/A	N/A	Ketones were not obtained.
WBC	Negative	N/A	N/A	WBCs were not obtained.
RBC	Negative	N/A	N/A	RBCs were not obtained.
Leukoesterase	Negative	N/A	N/A	Leukoesterase was not obtained.

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	7.35-7.45	N/A	N/A	pH was not obtained.
PaO2	80-100 mmHg	N/A	N/A	PaO2 was not obtained.
PaCO2	35-45 mmHg	N/A	N/A	PaCO2 was not obtained.
HCO3	22-26 mmol/L	N/A	N/A	HCO3 was not obtained.
SaO2	95-100%	N/A	N/A	SaO2 was not obtained.

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	**Normal**	**Value on**	**Today's**	**Explanation of Findings**

	Range	Admission	Value	
Urine Culture	Negative <10,000 Positive >10,000	N/A	N/A	Urine culture was not obtained.
Blood Culture	Negative	N/A	N/A	Blood culture was not obtained.
Sputum Culture	Normal URT	N/A	N/A	Sputum culture was not obtained.
Stool Culture	Normal intestinal flora	N/A	N/A	Stool culture was not obtained.

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- CT brain without contrast
    - Neuro deficit acute, stroke suspected. Bilateral PICA territory infarctions.
- Chest XR
    - No acute cardiopulmonary process
- MRI Brain without contrast
    - Acute infarctions of the medulla and bilateral inferior cerebellar hemispheres, far more extensive on the right.
- Fl modified barium swallow test
    - Results not given yet.

Diagnostic Test Correlation (5 points):

CT brain without contrast: CT scans can show areas of bleeding or blocked blood vessels in the brain which can help diagnose a stroke. The CT my patient had showed bilateral PICA territory infarction.

Chest XR: A chest X ray is a diagnostic imaging test that creates images of the structures within the chest. My patient had this done to ensure the stroke did not cause any other complications such as pneumonia.

MRI Brain without contrast: An MRI is a medical imaging technique that uses strong magnetic fields and radio waves to generate detailed images of the brain's structure and function. My patient had an MRI done to get a better look and more information of the stroke such as the location and stroke related damage.

Fl modified barium swallow test: A swallow test is a test that checks for problems in the throat, esophagus, stomach, and part of the small intestine. My patient was having this test done when I was leaving so there are no results. He was having this done to ensure that the stroke did not impair the muscles involved in swallowing.

Diagnostic Test Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

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

Home Medications (5 required)

Brand/Generic	Folic acid	Acetaminophen (Tylenol)	Multivitamin with folic acid	Polyethylene glycol oral powder (MiraLAX)	Sennosides (Senokot)
Dose	1mg	500mg	400 mg	17g	8.6mg
Frequency	Daily	Q4H PRN	Daily	BID	BID
Route	Oral	Oral	Oral	Oral	Oral

Classification	Pharmacological: Vitamins Therapeutic: Vitamins	Pharmacological: Analgesic Therapeutic: decrease pain/fever	Pharmacological: Vitamins Therapeutic: Vitamins	Pharmacological: laxative Therapeutic: laxative	Pharmacological: laxative Therapeutic: laxative
Mechanism of Action	folic acid is the synthetic form of folate. Folate converts into tetrahydrofolic acid (THF). This compound undergoes several transfer/methylation reactions that are important for synthesizing nitrogenous bases in DNA and RNA and are necessary for the maturation of red blood cells (Jones & Bartlett Learning, 2022).	Inhibits the enzymes by blocking prostaglandin production and interfering with pain and pulse generation and the peripheral nervous system. (Jones & Bartlett Learning, 2022).	Multivitamins have a therapeutic effect by providing essential vitamins and minerals that may be lacking in an individual's diet, helping prevent or correct nutrient deficiencies. (Jones & Bartlett Learning, 2022).	It works by increasing the amount of water your intestine absorbs. This softens the stool, making it easier to have a bowel movement. It also increases pressure, which prompts the muscles in your intestines to move stool (Jones & Bartlett Learning, 2022).	Sennoside A and B, the components of senna, are metabolized by gut bacteria into the active metabolite rheinanthrone Rheinanthrone2. Rheinanthrone Rheinanthrone appears to increase cyclooxegenase 2 expression in macrophage cells leading to an increase in prostaglandin (Jones & Bartlett Learning, 2022).
Reason Client Taking	Depression	Pain relief	Efficient bone growth	Constipation	Constipation
Contraindications (2)	Pernicious anemia and hemodialysis	Hypersensitivity to acetaminophen or its	Diabetes and pernicious anemia	Allergy to senna and a history of appendicitis	Allergy to senna and a history of appendicitis

		components, severe hepatic impairment, severe active liver disease.			
Side Effects/Adverse Reactions (2)	Nausea and confusion	Hypertension and headache	Constipation and Nausea	Bloating and stomach cramping	Diarrhea and abdominal pain
Nursing Considerations (2)	Do not take more than 1mg a day and the presence of alcoholism maintenance level may need to be increased (Jones & Bartlett Learning, 2022).	Routinely monitor pain level and have the antidote available which is acetylcysteine (Jones & Bartlett Learning, 2022).	This product may interfere with a fecal occult blood test. This medicine can decrease the absorption of some drugs, so make sure to ask your provider before (Jones & Bartlett Learning, 2022).	Drink plenty of water while taking this medication and stop using this medicine if you experience any rectal bleeding (Jones & Bartlett Learning, 2022).	Chewable tablets contain sugar so use cautiously with diabetic patients and increase fiber in your diet (Jones & Bartlett Learning, 2022).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor plasma levels and RBCs	Monitor AST and ALT closely	Monitor vitamin b12 levels and have a CBC done prior to taking.	Monitor fluid intake and have a CBC done.	Monitor fluid intake and have a CBC done.
Client Teaching needs (2)	Take folic acid exactly as directed and to help this drug take effect, eat folate rich foods.	Do not take over 4000mg in 24 hours and do not take with alcohol.	Store at room temperature and keep medication away from light and moisture.	Store at room temperature and do not take over 17 grams a day.	Take this medication at the same time every day and check expiration date before using.

Hospital Medications (5 required)

Brand/Generic	Fentanyl (PF)	Hydrocodone-acetaminophen (Norco)	Heparin injection	Ondansetron (Zofran)	Thiamine (vitamin B1) injection
Dose	50 mcg	5-325 tablet	500u	4mg	200mg
Frequency	PRN 1x dose	Q6H PRN	Q8H	Daily, PRN	Daily
Route	IV push	Oral	Subcutaneous	IV push	IV push
Classification	Pharmacological: Opioid Therapeutic: Opioid analgesic	Pharmacological: Opioid Therapeutic: Opioid analgesic.	Pharmacological: anticoagulant Therapeutic: decrease clotting ability of blood	Pharmacological: Selective serotonin receptor antagonist Therapeutic: Antiemetic	Vitamin B1 preparation Pharmacological: vitamin Therapeutic: vitamins
Mechanism of Action	Binds to opioid receptor sites in the CNS, altering the perception of an emotional response to pain by inhibiting the ascending pain pathway (Jones & Bartlett Learning, 2022).	Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief (Jones & Bartlett Learning, 2022).	Inactivating thrombin and activated factor X (factor Xa) through an antithrombin (AT)-dependent mechanism (Jones & Bartlett Learning, 2022).	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine (Jones & Bartlett Learning, 2022).	Sennoside A and B, the components of senna, are metabolized by gut bacteria into the active metabolite rheinanthrone. Rheinanthrone appears to increase cyclooxegenase 2 expression in macrophage cells leading to an increase in prostaglandi

					n E2 (Jones & Bartlett Learning, 2022).
Reason Client Taking	Pain management	Pain management	Prevents blood clots	Nausea and vomiting	Alcohol abuse
Contraindications (2)	Significant respiratory depression. Upper airway obstruction.	Known or suspected gastrointestinal obstruction. Severe respiratory depression.	Active uncontrollable bleed Platelet count is too low	Heart disease and liver disease is contraindicated with this medicine.	The use of alcohol and active bleeding.
Side Effects/Adverse Reactions (2)	Drowsiness and stomach pain	Nausea and lightheadedness	Blood in stool and bleeding gums.	Stomach cramping and angina	Skin discoloration and nausea
Nursing Considerations (2)	While taking fentanyl, it is important to have a rescue medication called naloxone. Watch for signs and symptoms of respiratory failure (Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022).	(Jones & Bartlett Learning, 2022).	Administer slowly, over 2-5 minutes. Assess for chest pain or discomfort (Jones & Bartlett Learning, 2022). (Jones & Bartlett Learning, 2022).	Nerve pain from alcohol use disorder can be worsened when thiamine levels are low. Follow a specific diet when taking thiamine (Jones & Bartlett Learning, 2022).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor vital signs and ECG.	Monitor BUN and creatinine. Monitor liver enzymes.	PT/INR/PTT labs Assess for signs of bleeding.	Assess change in LOC or dizziness. Monitor potassium and magnesium levels.	Monitor lactate levels and blood thiamine levels
Client Teaching needs (2)	Store at room	Swallow whole; do	Be careful to not to injure	Use as directed.	Inject thiamine into

	temperature and keep away from any moisture.	not break or chew. Keep drugs out of reach of children or pets.	themselves and watch for bruising anywhere on the body.	Report any abnormal or unusual headaches.	a muscle. Take this medicine at the same time every day.

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022*). 2022 Nurse's drug handbook* (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to place, person, time, and situation. Patient is in no acute distress and is well groomed. Patient is lethargic.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 17** **Drains present: Y☐ N ☒** **Type:**	Skin is warm and dry. Skin turgor is normal. There is some bruising on his lower left abdomen. No rashes present on body.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical; trachea is midline without deviation, and thyroid is not palpable with no noted nodules. Auricles are pink and moist, with no lesions noted bilaterally. Bilateral pulses are +2 bilaterally. PERRLA is not intact. Facial drooping present on the right side.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒**	. Clear S1 and S2 without murmurs, gallops, or rubs. Apical pulse is regular. Normal sinus rhythm, peripheral pulses are +2 bilaterally.

Edema Y ☐ N ☒ **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	Respiratory rate and rhythm are normal and unlabored for the most recent vitals. Lungs sounds are clear bilaterally. No ET tube is placed.
GASTROINTESTINAL: **Diet at home:** Regular diet **Current Diet:** NPO **Height:** 182.9cm **Weight:** 113.7kg **Auscultation Bowel sounds:** hypoactive **Last BM:** 3/3/2024 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	. Patient is a regular diet at home, but since he had a stroke which causes a right-side facial droop, he is NPO until a swallow study can be performed. Bowel sounds are hypoactive in all four quadrants. The abdomen is soft and non-tender to palpation.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patients' urine is yellow and clear. He is experiencing no pain with urination.

CAUTI prevention measures:	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 24 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	. The patient is using a walker right now to help with his right sided weakness. He is a fall risk due to the weakness and mild tingling. Patient moves all extremities purposefully.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☐ N☒** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.The patient can answer all of my questions. Speech is clear. The patient was still experiencing right side weakness. PERLA was not intact.
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 patient was tired and hungry, but very cooperative today. The patient had his girlfriend and brother with him at the hospital today.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	79	112/59	20	98.2 F	92%
1200	93	116/77	16	97.6 F	95%

Vital Sign Trends/Correlation:

The patients' vital signs were stable throughout the day. He was complaining of shortness of breath in the morning when we were doing his vitals.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	N/A	0/10	N/A	N/A
1200	Numeric	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:18G; 20G **Location of IV:** Left upper arm; Left antecubital. **Date on IV:** 3/4/2024; 3/4/2024. **Patency of IV:** Patent; patent **Signs of erythema, drainage, etc.:** None; none **IV dressing assessment**: Both are clean, dry, and intact.	Saline lock on both IV placements.
Other Lines (PICC, Port, central line, etc.)	
Type: N/A **Size:** N/A **Location:** N/A **Date of insertion:** N/A **Patency:** N/A **Signs of erythema, drainage, etc.:** N/A **Dressing assessment:** N/A **Date on dressing:** N/A **CUROS caps in place: Y ☐ N ☐** **CLABSI prevention measures:** N/A	The patient had no other lines.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1693.9 ml	1250 ml

Nursing Care

Summary of Care (2 points)

Overview of care: The patient is on TPA and is still receiving hourly neuro checks. I did the neuro checks and did his vitals. He is NPO, and only received a vitamin B1 injection today. When I was leaving the patient was going down for a Fl swallow study.

Procedures/testing done: Fl swallow study.

Complaints/Issues: None

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient is tolerating the NPO diet and understands why he is NPO.

Physician notifications: None

Future plans for client: Patient will hopefully pass his swallow eval and get to eat. Physical therapy is going to start working with him to regain strength. The ICU is planning on discharging him once TPA is done.

Discharge Planning (2 points)

Discharge location: Home with his girlfriend.

Home health needs (if applicable): N/A

Equipment needs (if applicable): A walker or cane to help ambulate due to the weakness.

Follow up plan: See physical therapist for additional help to regain strength.

Education needs: Medicine compliance because he is going to be started on new anticoagulants. The patient also may need assistive devices to ambulate.

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 bleeding related to TPA as evidenced by a high PT time.	The patients PT was 14.4.	1.Bleeding precautions 2. Monitor for signs of bleeding	1. The patient will demonstrate measures to prevent bleeding and recognize the signs of bleeding.	The patient had no signs of an active bleed.
2. Risk for fall related to weakness as evidenced by high fall score.	The patient is experiencing weakness and tingling. His fall score was 24.	1. Accompany the patient with all activities with another person. 2. Ensure the environment is free from hazards.	1. The patient's fall score decreases and remains free of falls.	The patient did not experience a fall.
3. Risk for impaired mobility related to neurovascular impairment as evidenced by unilateral weakness.	The patient has a right sided weakness following a stroke.	1. Perform ROM exercises and physical therapy. 2. Educate the client on the proper use of assistive devices.	1. The patient will be able to properly demonstrate how to use an assistive and participate in physical therapy.	The patient is moving around more with a walker.
4. Risk for ineffective coping related to reliance on	The patient's urine tested positive for cocaine and	1.Promote effective coping skills	1. The patient will learn and utilize a better coping skill.	The patients understands that drugs are not good for him,

substances as evidenced by a positive drug test.	marijuana.	2. Give the patient support and the proper encouragement.		and he needs to stop.
5. Risk for sleep deprivation related to neuro checks every hour as evidenced by expressing fatigue throughout the day.	The patient states that he just wants to sleep and be left alone because he is tired.	1.Reduce stimuli 2. Keep the lights off	1. The patient will have an improved sleep experience and show less signs of fatigue.	The patient understands that the neuro checks are important and that he would like to keep the lights off. He states he does not feel as tired.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient states that his right arm and leg are tingling and weak. He states that he is not experiencing any pain.

Nursing Diagnosis/Outcomes

Risk for bleeding related to TPA as evidenced by a high PT time.
- The patient will demonstrate measures to prevent bleeding and recognize the signs of bleeding.

Risk for fall related to weakness as evidenced by high fall score.
- The patient's fall score decreases and remains free of falls.

Risk for impaired mobility related to neurovascular impairment as evidenced by unilateral weakness.
- The patient will be able to properly demonstrate how to use an assistive and participate in physical therapy.

Risk for ineffective coping related to reliance on substances as evidenced by a positive drug test.
- The patient will learn and utilize a better coping skill

Risk for sleep deprivation related to neuro checks every hour as evidenced by expressing fatigue throughout the day.
- The patient will have an improved sleep experience and show less signs of fatigue.

Objective Data

HR: 93
BP: 116/77
RR: 16
Temp: 97.6 F
O2: 95
Pain: 0/10

Client Information

43-year-old male admitted due to stroke
Single
Full code
Construction worker
Depression

Nursing Interventions

- Bleeding precautions
- Monitor for signs of bleeding.
- Accompany the patient with all activities with another person.
- Ensure the environment is free from hazards.
- Perform ROM exercises and physical therapy.
- Educate the client on the proper use of assistive devices.
- Promote effective coping skills.
- Give the patient support and the proper encouragement.
- Reduce stimuli.
- Keep the lights off.