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Lakeview College of Nursing

N431: Adult Health II

Professor Linda Scribner

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Demographics (3 points)

Date of Admission 03/29/24	**Client Initials** R. L. B**.**	**Age** 70	**Gender** female
Race/Ethnicity White	**Occupation** Not employed	**Marital Status** married	**Allergies** Gabapentin, methimazole (Bulk), statins, adhesive tape, Nickel.
Code Status Full code	**Height** 167.6 cm (5’ 6”)	**Weight** 94 kg (207 lbs. 3.7 oz)	

Medical History (5 Points)

Past Medical History: The patient had stroke (2022), seizures, anxiety, arthritis and bursitis (right hip), back pain, gallbladder calculus, depression, diabetes type 2, GERD, goiter w/hyperthyroidism, hypothyroidism, thyroid storm, HTN, hyperlipidemia.

Past Surgical History: thyroidectomy due to papillary carcinoma, hysterectomy (2014), lipectomy, oophorectomy, Gall bladder removed, tubal ligation, right hip replaced.

Family History: Mother- colon cancer, HTN, Hyperlipidemia.

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

Assistive Devices: The patient does not use assistive device, she is bedridden.

Living Situation: Patient lives at home with her husband and children.

Education Level: She worked as assistant to a podiatrist.

Admission Assessment

Chief Complaint (2 points): Patient came to ED on 3/29/24 complaining of feeling unwell, and had problem verbally communicating and was anxious. The person who assessed and admitted the patient remarked that the patient is not a good source of information.

History of Present Illness – OLD CARTS (10 points): The patient had a stroke in 2022. Since then, the patient has limited mobility and cannot verbally communicate sentences. On 3/29//24, the patient was brought to ED because she did not feel good. The onset was very close to the time she arrived at ED. She could not say or describe what she felt. The problem could not be localized. There was nothing that could change how she felt. She was taking her medications as usual and was not given any other medications. Aggravating factors were not determined. The patient was weak, anxious, and confused. After labs were done, the patient got the necessary medications.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute metabolic encephalopathy

Secondary Diagnosis (if applicable): Hypokalemia, Hypomagnesemia

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

Encephalopathy is any disorder of the brain that is caused by some problem in the body. So, any pathology in other systems can damage brain function and cause encephalopathy. Some of the causes of encephalopathy are long-term hypertension, diabetes mellitus, or uremic encephalopathy (Capriotti, 2020). Hypertension and diabetes can change blood vessels and develop atherosclerosis and arteriosclerosis (Capriotti, 2020). These changed blood vessels can become occluded and cause a stroke. A stroke is one of the common causes of partially reversible or irreversible brain damage (Hinckle et al., 2022). If a blood vessel in the brain is closed and brain tissue does not get oxygen and nutrients necessary for its normal metabolism, the damage will occur. Many neurons will die. The glial cells will remove debris and produce non-functional scar tissue (Capriotti, 2020).

The cardinal symptoms of a stroke are numbness or paralysis of muscles in the face, limbs, or body (Hinckle et al., 2022). The person cannot walk or has trouble speaking. He loses consciousness and has visual problems (Hinckle et al., 2022). Symptoms also depend on which blood vessel is affected. The patient this student studied had a stroke in the year 2022. The damage was done in the left temporal and left parietal lobe. Also, some small infarcts occurred in the basal ganglia. Since then, the Patient has been having problems walking and is bedridden. She cannot verbalize her thoughts. She can say some words clearly but cannot finish the sentence. The Patient came to the ED for “feeling unwell”. She was confused and anxious. The first action was to check labs like CBC, chemistry, and urinalysis. She had hypokalemia, hyperglycemia with glucose in the urine, and deficient magnesium. Also, ECG 12 LEAD showed tachycardia with occasional premature ventricular complexes. A chest x-ray did not show any problems. CT of the head showed no new changes since two years ago. So, it was not a new stroke. EEG confirmed it was not a seizure. The Patient was treated with heparin to prevent clots, Norco for pain, antianxiety drug, magnesium, potassium. Her diagnosis was encephalopathy. She will be released soon.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Per*spectives.* F. A. Davis.

Hinkle, J. L., Cheever, K. H. & Overbaugh, K. (2022). *Bruner’s & Suddartth’s Textbook of Medical Surgical Nursing*. Walter Kluwer.

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	4.1-5.70 mil/mcL	4.32 mil/mcL	4.24 mil/mcL	Normal value
Hgb	12.0-18.0 g/dL	11.0 g/dL	10.8g/ dL	Normal value
Hct	37.0-51.0 %	34.9 %	33.8 %	Low HCT can be connected with high level of thyroid hormone (Pagana et al., 2023).
Platelets	140-400mcL	309 mcL	331 mcL	Normal value
WBC	4.00-11.00 x10mcL	5.58 x10mcL	5.61 x 10mcL	Normal value
Neutrophils	50-80%	56.2 %	57.3 %	Normal value
Lymphocytes	20-40%	25.4 %	30.1 %	Normal value
Monocytes	2-8%	7.2 %	7.1 %	Normal value
Eosinophils	5%	2.3 %	4.6 %	Normal value
Bands	0-6%	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-	136-145mmol/L	139 mmol/L	135 mmol/L	Normal values
K+	3.5-5.1 mmol/L	2.9 mmol/L	4.2 mmol/L	Insulin administration, deficient dietary intake could be the reason for low potassium in this patient (Pagana et al., 2023).
Cl-	98-107 mmol/L	100 mmol/L	105 mmol/L	Normal values

CO2	22-30 mmol/L	23.0 mmol/L	22.0 Mmol/L	Normal values
Glucose	70-99 mg/dL	235 mg/dL	136 mg/dL	The patient has diabetes mellitus type 2 (Pagana et al., 2023).
BUN	10-20 mg/dL	10 mg/dL	14 mg/dL	Normal values
Creatinine	0.68-1.00 mg/dL	0.85 mg/dL	0.63 mg/dL	Normal values
Albumin	3.5-5.0 g/dL	3.2 g/dL	N/A	Low albumin can be caused by malnutrition (Pagana et al., 2023).
Calcium	8.7-10.5 mg/dL	9.4 mg/dL	8.7 mg/dL	Magnesium salts can decrease Calcium level (Pagana et al., 2023).
Mag mg/dL	8.9 -10.6 mg/dL	<0.6 mg/dL	1.9 mg/dL	Diabetic acidosis and malnutrition can be the reason for low Magnesium in this patient (Pagana et al., 2023).
Phosphate	2.3 -4.7 mg/dL	3.6 mg/dL	2.9 mg/dL	Normal values
Bilirubin	0.2 – 1.2 mg/dL	0.3 mg/dL	N/A	Normal values
Alk Phos	40-150 U/L	143 U/L	N/A	Normal values
AST	5-34 U/L	17 U/L	N/A	Normal values
ALT	0-55 U/L	20 U/L	N/A	Normal values
Amylase	23-85 units/L	N/A	N/A	N/A
Lipase	0-160 units/L	N/A	N/A	N/A
Lactic Acid	0.7-2.0 mmol/L	N/A	N/A	N/A
Troponin	0-4 ng/L	6 ng/L	N/A	Indicates some heart muscle injury (Pagana et al., 2023).
CK-MB	0-4.0 ng/mL	N/A	N/A	N/A
Total CK	22-269 IU/L	N/A	N/A	N/A

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0-1.5	1.1	N/A	Normal values
PT	11.0-12.5 seconds	N/A	N/A	N/A
PTT	60-70 seconds	N/A	N/A	N/A
D-Dimer	<250mcg/L	N/A	N/A	N/A
BNP	22-77ng/L	N/A	N/A	N/A
HDL	65mg/L	N/A	N/A	N/A
LDL	<100mg/L	N/A	N/A	N/A
Cholesterol	<200mg/L	N/A	N/A	N/A
Triglycerides	<150mg/dL	N/A	N/A	N/A
Hgb A1c	<5.7-6.4	N/A	N/A	N/A
TSH	0.4-4.0 milliunits/L	0.013 milliunits/L	N/A	LTSH can be caused by high level of thyroid hormones (Pagana et al., 2023).

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	N/A	Normal values
pH	5.0-7.0	6.0	N/A	Normal values
Specific Gravity	1003-1035 arbitrary units	1009	N/A	Normal values
Glucose	negative	100	N/A	The patient has DMT2 (Pagana et al., 2023).
Protein	negative	negative	N/A	Normal values
Ketones	negative	negative	N/A	Normal values

WBC	0-25/µL	3/µL	N/A	Normal values
RBC	negative	negative	N/A	Normal values
Leukoesterase	negative	negative	N/A	Normal values

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	7.409	N/A	Normal values
PaO2	80.0-100.0 mmHg	65.4mmHg	N/A	Hypoventilation state (Pagana et al., 2023).
PaCO2	35.0-45.0 mmHg	35.8	N/A	Normal values
HCO3	21.5-25.5 mmHg	22.1 mmHg	N/A	Normal values
SaO2	95-100%	95.4%	N/A	Normal values

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	N/A	N/A	N/A
Blood Culture	negative	N/A	N/A	N/A

Sputum Culture	negative	N/A	N/A	N/A
Stool Culture	negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J. & Pagana, T. N. (2023). *Mosby's Manual of Diagnostic and Laboratory Tests*. Elsevier.

Diagnostic Imaging:

All Other Diagnostic Tests (5 points): ECG 12LEAD, CT w/o contrast, chest x-ray, EEG.

Diagnostic Test Correlation (5 points): ECG showed tachycardia with premature ventricular complexes. The provider considered this finding acceptable. This test was done because on 3/29 the patient had tachycardia, HR 101.

CT scan w/o contrast showed unchanged spots of destroyed brain tissue since 2022 when the patient had a stroke in the left temporal and parietal lobes. The lacunar infarct in basal ganglia same as before. No signs of new intracranial bleeding. No hydrocephalus, brain herniation, enlarged ventricles.

X-ray of the chest was done for altered mental status. The patient has normal size of the heart. No pneumothorax, pleural effusion or lung infiltrates.

EEG monitoring was done over 24 hours period. No signs of seizure were found.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., Cheever, K. H. & Overbaugh, K. (2022). *Bruner's & Suddartth's Textbook of Medical Surgical Nursing*. Walter Kluwer.

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

Home Medications (5 required)

Brand/Generic	**acetaminophen (Tylenol)**	**amlodipine (Norvasc)**	**atorvastatin (Lipitor)**	**Hydroxyzine HCl (Atarax)**	**Aspirin (Bayer aspirin)**
Dose	500mg tab	10mg tab	80 mg tab	10mg	81mg tab
Frequency	Q 4 hr.	Q morning	daily	1 tab HS	daily
Route	PO	PO	PO	PO	PO
Classification	Therapeutic: Analgesics Pharmacologic: Para-aminophenol deriv (Jones & Bartlett Learning, 2020).	Therapeutic: antihypertensives Pharmacologic: Calcium channel blocker (Jones & Bartlett Learning, 2020).	Therapeutic: antilipemic Pharmacologic: HMG-CoA reductase inhibitor (Jones & Bartlett Learning, 2020).	Therapeutic: antihistamine Pharmacologic: piperazine derivatives (Jones & Bartlett Learning, 2020).	Therapeutic: NSAIDs Pharmacologic: Salicylates (Jones & Bartlett Learning, 2020).
Mechanism of Action	Produce analgesia by inhibiting prostaglandins (Jones & Bartlett Learning, 2020).	Blocks calcium ion influx in smooth muscle and cardiac cells. Decreases BP(Jones & Bartlett Learning, 2020).	Inhibits enzyme HMG-CoA reductase and decrease production of cholesterol by the liver (Jones & Bartlett Learning, 2020).	Act on CNS in itching problem (Jones & Bartlett Learning, 2020).	Analgesia. Decrease fever acting on hypothalamus. Prevents clotting by acting on platelets (Jones & Bartlett Learning, 2020).
Reason Client Taking	Mild pain or fever	(Jones & Bartlett	Patient has hypercholester	Anxiety related	Patient takes it to prevent

	(Jones & Bartlett Learning, 2020).	Learning, 2020). High BP	olemia (Jones & Bartlett Learning, 2020).	insomnia (Jones & Bartlett Learning , 2020).	clotting (Jones & Bartlett Learning, 2020).
Contraindications (2)	Liver disease, dehydration (Jones & Bartlett Learning, 2020).	In liver damage and HF(Jones & Bartlett Learning, 2020).	Heavy alcohol use, damaged liver, renal failure (Jones & Bartlett Learning, 2020).	Glaucoma, not to use with meds that prolong QT interval (Jones & Bartlett Learning , 2020).	Thrombocytopenia, liver impairment. Peptic ulcer (Jones & Bartlett Learning, 2020).
Side Effects/Adverse Reactions (2)	HTN, N/V, jaundice (Jones & Bartlett Learning, 2020).	Nausea, palpitations (Jones & Bartlett Learning, 2020).	Rhabdomyolysis arthralgia, extremity pain (Jones & Bartlett Learning, 2020).	Drowsiness, involuntary muscle activity, dry mouth (Jones & Bartlett Learning , 2020).	GI bleeding, angioedema, Reye syndrome(Jones & Bartlett Learning, 2020).
Nursing Considerations (2)	Calculate daily dose (up to 4000mg). Decrease dose in renal disease (Jones & Bartlett Learning, 2020).	Careful in CAD, notify if HF signs occur (Jones & Bartlett Learning, 2020).	Patient should try low cholesterol diet before starting on this medication. Medication can cause liver damage (Jones & Bartlett Learning, 2020).	Check low BP, don’t use w/epinephrine (Jones & Bartlett Learning , 2020).	Monitor salicylate level. Stop medication 7 days before surgery (Jones & Bartlett Learning, 2020).
Key Nursing	Check liver	Assess BP.	Assess patient	Check	Assess the

Assessment(s)/Lab(s) Prior to Administration	function. Check INR if patient is on warfarin(Jones & Bartlett Learning, 2020).	Assess for chest pain(Jones & Bartlett Learning, 2020).	for causes of hypercholesterolemia. Get baseline lipid profile. Get liver panel tests (Jones & Bartlett Learning, 2020).	for palpitations, and hypotension (Jones & Bartlett Learning, 2020).	patient for GI bleeds. Check BUN, potassium before administering aspirin, because aspirin will increase these values (Jones & Bartlett Learning, 2020).
Client Teaching Needs (2)	Uncontrolled intake can cause liver disease. Take the drug only for short term 5-10 days and contact the doctor if does not help (Jones & Bartlett Learning, 2020).	(Jones & Bartlett Learning, 2020).	Teach patient about good diet, exercise and weight control. Tell patient to avoid alcohol (Jones & Bartlett Learning, 2020).	Avoid alcohol. Avoid driving when take this medication (Jones & Bartlett Learning, 2020).	Teach patient not to chew or crush the enteric coated aspirin. Teach patient not to take alcohol if taking aspirin (Jones & Bartlett Learning, 2020).

Hospital Medications (5 required)

Brand/ Generic	**lorazepam (Ativan)**	**hydrocodone-acetaminophen (Norco)**	**Heparin sodium (Heparin)**	**Magnesium L-lactate (Mag-Tab SR)**	**Levothyroxine (Synthroid)**
Dose	2mg tab	5-325mg tab	5000 units	caplets 168mg	87.5 mcg

Frequency	PRN daily 1 tab	Q4 hr. PRN	Q 8 hr.	1 caplet daily	Daily 1 hr. before or 2hr after meal
Route	IV push	PO	SC inj.	PO	PO daily
Classification	Therapeutic: Anxiolytics Pharmacologic: Benzodiazepines Controlled subst. schedule: IV (Jones & Bartlett Learning, 2020).	Therapeutic: opioid analgesics Pharmacologic: opioid analgesics-para-aminophenol derivative. Controlled substance scheduled II (Jones & Bartlett Learning, 2020).	Therapeutic: anticoagulant Pharmacological: Anticoagulants (Jones & Bartlett Learning, 2020).	Therapeutic: electrolyte replacement. Pharmacologic: Mineral (Jones & Bartlett Learning, 2020).	Therapeutic: thyroid hormone replacement Pharmacologic: thyroid hormones (Jones & Bartlett Learning, 2020).
Mechanism of Action	Increase GABA effect. Suppresses CNS and seizure (Jones & Bartlett Learning, 2020).	Inhibits synthesis of prostaglandins and binds to opiate receptors in CNS. That way blocks pain(Jones & Bartlett Learning, 2020).	Deactivates thrombin and prevents conversion of fibrinogen to fibrin (Jones & Bartlett Learning, 2020).	Assist ATP-dependent Na-K pump in muscle membranes (Jones & Bartlett Learning, 2020).	Synthetic thyroxine. Affects metabolism, growth of tissue (Jones & Bartlett Learning, 2020).
Reason Client Taking	Anxiety (Jones & Bartlett Learning, 2020).	Moderate pain (Jones & Bartlett Learning, 2020).	Prevention of blood clotting (Jones & Bartlett Learning, 2020).	Mg salt replacement Prevents convulsions (Jones & Bartlett Learning, 2020). .	Hypothyroidism, hormone replacement (Jones & Bartlett Learning, 2020).
Contraindications (2)	Intra arterial admin. Renal disease (Jones & Bartlett Learning, 2020).	In sleep apnea. In adrenal gland problems (Jones & Bartlett Learning, 2020).	In stroke patients. In renal disease (Jones & Bartlett Learning,	Renal disease. Heart disease (Jones & Bartlett Learning, 2020).	Not for treatment of obesity. Never overdose (Jones & Bartlett Learning, 2020).

			2020).		
Side Effects/Adverse Reactions (2)	Drowsiness, hypotension (Jones & Bartlett Learning, 2020).	Hearing loss. Cardiac arrest (Jones & Bartlett Learning, 2020).	Hematoma, and hyperkalemia (Jones & Bartlett Learning, 2020).	Confusion, decreased reflexes (Jones & Bartlett Learning, 2020).	Insomnia, tremor, HA, fever (Jones & Bartlett Learning, 2020).
Nursing Considerations (2)	Monitor renal function. Monitor liver function (Jones & Bartlett Learning, 2020).	Monitor for respiratory depression. Monitor vitals (Jones & Bartlett Learning, 2020).	Check vial carefully for dose. Check patient for bleeding (Jones & Bartlett Learning, 2020).	Deep tendon reflexes. Myasthenic crisis (Jones & Bartlett Learning, 2020).	Watch for angina. Monito for osteoporosis in long term use (Jones & Bartlett Learning, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess for previous abuse of this medication (Jones & Bartlett Learning, 2020).	Assess for pain. Assess for seizure history (Jones & Bartlett Learning, 2020).	Determine PTT regularly. Measure platelets regularly (Jones & Bartlett Learning, 2020).	Assess HR. Monitor serum electrolytes (Jones & Bartlett Learning, 2020).	Bone density test recommended. If patient is diabetic, needs higher doses of insulin (Jones & Bartlett Learning, 2020).
Client Teaching Needs (2)	Avoid driving when taking this drug. Avoid alcohol (Jones & Bartlett Learning, 2020).	Cautious taking w/benzodiazepine. High fiber diet, cause constipation (Jones & Bartlett Learning, 2020).	Watch for signs of bleeding, avoid OTC drugs like aspirin, salicylates (Jones & Bartlett Learning, 2020).	Drink full glass of water after pill. Take it between meals and not w/other medications (Jones & Bartlett Learning, 2020).	This therapy is for life. Notify doctor if chest pain occur (Jones & Bartlett Learning, 2020).

Medications Reference (1) (APA):

Jones & Bartlet Learning. (2020). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** alert **Orientation:** Oriented x2 to person and place, patient has difficulty expressing herself **Distress:** no distress **Overall appearance**: appropriately dressed for place and occasion, well groomed	
INTEGUMENTARY: **Skin color:** light pink **Character:** dry **Temperature:** warm **Turgor:** recoils adequately **Rashes:** no rashes noted on the skin **Bruises:** no bruises noted **Wounds:** no wounds noted. There are some old scars from surgical procedures on the neck, abdomen and hip. Braden Score: 12 high **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: :** are symmetrical, trachea in midline without deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. **Ears:** Auricles have no visible or palpable deformities, lumps or lesions bilaterally. Ear canal clear, no discharge noted bilaterally. Hearing is good.	.

Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink. Bilateral lids moist w/o discharge or lesions noted. PERRLA bilaterally, EOMs intact bilaterally. Patient does not wear glasses. **Nose:** Septum is in midline, turbinates moist and pink, no polyps, no exudate noted. No discharge from nasal canals bilaterally. Bilateral frontal and maxillary sinuses nontender on palpation. **Teeth:** Patient has teeth and does not need dentures.	
CARDIOVASCULAR: **Heart sounds:** S1 and S2 present**.** No gallops rubs or murmurs noted. **Cardiac rhythm (if applicable):** Mainly has sinus rhythm with rare skips. **Peripheral Pulses:** palpable throughout bilaterally, 2+. **Capillary refill:** good, 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:** Normal rate and pattern of breathing.	.
GASTROINTESTINAL: **Diet at home:** diabetic diet **Current Diet**: diabetic **Height:** 167.6 cm **Weight:** 94 kg **Auscultation Bowel sounds:** normal, normoactive in all four quadrants. **Last BM:** 3/29/24 **Palpation: Pain, Mass etc.:** Abdomen non-tender on palpation. No organomegaly or masses found on palpation in all 4 quadrants. CVA not checked because the patient is bedridden. **Inspection:** **Distention:** not distended **Incisions:** not noted **Scars:** old scars after hysterectomy. **Drains:** no drains **Wounds:** no wounds **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size**: N/A	.

Feeding tubes/PEG tube Y ☐ N ☒ **Type**: N/A	
GENITOURINARY: **Color:** yellow **Character:** clear **Quantity of urine:** adequate **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** good **Catheter: Y ☒ N ☐** **Type:** external **Size: N/A**	
MUSCULOSKELETAL: **Neurovascular status:** good **ROM**: Partial **Supportive devices:** N/A **Strength**: hand and foot push and pulls strong. Bilateral hand squeeze strong. **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** Morse 50, high fall risk **Activity/Mobility Status:** low mobility **Independent (up ad lib) no☐** **Needs assistance with equipment yes ☐** Needs support to stand and walk yes, cannot walk on her own☐	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs N/A ☐ Arms N/A ☐ Both N/A ☐** **Orientation:** oriented x2, very hard to determine. Patient seem to be more oriented but cannot answer the questions. **Mental Status:** good but the patient cannot say everything she wants and that gives an image of confused person. **Speech:** can speak some words clearly, but cannot finish the sentence. **Sensory:** fair **LOC:** alert and awake	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** patient has a family and that helps her to cope. **Developmental level:** Erickson's ego/integrity **Religion & what it means to pt.:** The patient is a Cristian and relies very much on the religions for mental strength.	.

Personal/Family Data (Think about home environment, family structure, and available family support): The patient lives at home with her family. She has a husband and children. They are helping her.	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1122	79	131/78 supine	18	36.7C (98.0F)	96% room air
1541	90	151/86 supine	18	36.5C (97.7F)	99% room air

Vital Sign Trends: Vital signs were stable during this shift.

Pain Assessment, 2 sets (2 points)

Time	Scale 0-10	Location	Severity	Characteristics	Interventions
1330	0 pain (on scale 1-10)	N/A	N/A	N/A	N/A
1730	0 pain (on scale 1-10)	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G for both IVs **Location of IV**: left ante cubital, right ante cubital **Date on IV:** 3/29/24 on both IVs **Patency of IV:** both IVs patent, flushed w/o difficulty **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** Both dressings are dry, clean, intact and in place.	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
250 mL coffee, 350 mL water from the jug. 600mL total during this shift.	600mL of collected urine at 5pm.

Nursing Care

Summary of Care (2 points)

Overview of care: Vitals were checked two times. The patient had complete assessment. The patient was administered medications on time.

Procedures/testing done: There were no procedures/testing done during this shift.

Complaints/Issues: The patient did not have any complaints/issues during this shift.

Vital signs (stable/unstable): Vitals were stable during this shift.

Tolerating diet, activity, etc.: The patient had a late lunch and ate 100% of it. The patient did not have any physical activity during this shift. The patient was visited by her husband and they had a long conversation. The patient tolerated all that very well.

Physician notifications: There were no physician notifications during this shift.

Future plans for client: Patient will be discharged in 1 day.

Discharge Planning (2 points)

Discharge location: The patient will be discharged to go home. Also, there is possibility that the patient will go to a nursing home if her husband is not able to take care of her any more. The final decision has not been made yet.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Patient will take her medications as proscribed. If any new symptoms occur patient should contact health provider.

Education needs: Patient needs to learn about the significance of electrolyte levels and daily intake of those in a form of supplements or in food.

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. Deficient knowledge of DM control r/t to lack of information as evidenced by high blood sugar (Ackley et al., 2022).	Blood glucose 235 on admission and constantly over 100. Glucose found in the urine.	1.Ask from the kitchen to send low sugar food. 2.Learn what are the patients main obstacles to achieve better sugar control (Ackley et al., 2022).	1. Patient will have better glucose results during this shift.	The patient is willing to improve her health. Family will help patient and provide good cardiac diet.
2. Impaired physical mobility r/t stroke as evidenced by patient being constantly in bed (Ackley et al., 2022).	The patient is not only in bed the whole shift but it does not exercise at all.	1. Assess the patient to see what she can do physically. 2.Contact the PT to see if they can suggest some exercise (Ackley et al., 2022).	1. The patient will see how much she can exercise to improve her strength during	The patient is willing to start exercise. Family will help with reminding her to exercise at home.

			this shift.	
3. Impaired verbal communication r/t the stroke as evidenced by difficulty speaking (Ackley et al., 2022).	The patient can clearly some words but cannot construct and say a full sentence.	1. Contact a speech therapist and explore what the possibilities are 2. Find the possibilities of different communication (Ackley et al., 2022).	1. Some answers can be done by the end of the shift.	The patient loves the idea. She likes to communicate with people. It would be beneficial for the patient to say her thoughts.
Imbalanced nutrition less than body requirements r/t hypokalemia and evidenced by lab results (Ackley et al., 2022).	Potassium was low on admission.	1. Educate patient about the importance of regulated electrolytes. 2. Check the labs regularly and be sure that the patient takes her medications (Ackley et al., 2022)	1. This goal will be done during this shift	Patient likes the idea about learning something new for her benefit. Talk to the family and educate them too.

Other References (APA):

Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M., & Zanotti M., (2022). *Nursing diagnosis handbook. An evidence-based guide to planning care* (12th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

Patient was brought to ED with complaint of not feeling well. These symptoms developed suddenly in several hours. Her admitting diagnosis was encephalopathy, hypomagnesemia, hypokalemia, hyperglycemia.

Objective Data

Appearance: patient looks her age, overweight, anxious, confused, weak. Patient shoved low magnesium, low potassium, high glucose 265mg/dL. Patient was administered pain medication, anxiety medication, heparin, magnesium, insulin, potasium.

Nursing Diagnosis/Outcomes

1.Deficient knowledge of DM control r/t to lack of information as evidenced by high blood sugar (Ackley et al., 2022).
2 Impaired physical mobility r/t stroke as evidenced by patient being constantly in bed (Ackley et al., 2022). 3 Imbalanced nutrition less than body requirements r/t hypokalemia and evidenced by lab results (Ackley et al., 2022).

Patient will have only diabetic diet in this shift.
Patient will try to exercise to see what she can do to improve her mobility
Patient will intake well balanced food rich in potasium

Client Information

The patient is 70yo white female. She lives with her husband and children. She was admitted on 3/29/24. Full code. Weight 94kg. Height 167.6 cm. Allergies: gabapentin, methimazole, statins, Nickel, adhesive tape.

Nursing Interventions

Nurse will provide healthy diet rich in potassium. Good nutrition will provide vitamins, deficient minerals and proteins. Nurse will check if the patient takes the medication regularly