

**N311 Care Plan 5**

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Christina Smalley

04/04/2024

### Demographics (5 points)

<b>Date of Admission</b> 03/28/2024	<b>Client Initials</b> J.R	<b>Age</b> 94 y.o	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired	<b>Marital Status</b> Married	<b>Allergies</b> Meperidine
<b>Code Status</b> No CPR- Full	<b>Height</b> 5'5"	<b>Weight</b> 126 lbs.	

### Medical History (5 Points)

**Past Medical History:** Anemia, A Fib, Chronic Kidney Disease Stage 3, Diabetes mellitus (Type 2), hard of hearing, Hyperlipidemia, Hypertension

**Past Surgical History:** Biopsy of skin lesion, cardiac catheterization, colonoscopy x 2, cyst removal, upper GI endoscopy

**Family History:** Son and brother have cancer.

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

Not applicable for patients.

### Admission Assessment

**Chief Complaint (2 points):** Extremely weak and loss of consciousness due to fall at home

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

The patient came into the emergency room on 03/28/2024 because of complaints of being weak and losing consciousness due to falling at home. The patient had suffered a stroke while she was lying on the floor at home, and the pain is in her head. The client could not say how long it had occurred, but the family had found her on the floor in her home at around 5 pm that night of

03/28/2024. Patient could not express the characteristics of the pain. Patient could not express an aggravating factor, but patient had a grimacing facial expression when trying to move. The patient seemed relieved when she was laying down in her bed due to the grimacing stopping once being put back into bed. Patient was prescribed acetaminophen every 4 hours for pain noted in the patient's chart. Patient could not voice the severity of the pain on a numeric scale but whenever we would move the patient, they would have a grimacing look on their face.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Ischemic Stroke

**Secondary Diagnosis (if applicable):** N/A

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

**Pathophysiology References (2) (APA):**

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**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	3.8-5.3	3.93	3.77	
Hgb	12-15.8	12.3	11.7	
Hct	36-47	38.1	36.7	N/A
Platelets	140-440	292	264	N/A
WBC	4-12	6.6	12.7	
Neutrophils	47-73	76.1	85.9	
Lymphocytes	18-42	10.9	3.6	
Monocytes	4-12	11.1	9.2	N/A
Eosinophils	0-5	1.1	.8	N/A
Bands	N/A	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	137	140	N/A
K+	3.5-5.1	4.8	4.7	N/A
Cl-	98-107	104	110	
CO2	22-30	22	19	
Glucose	70-99	177	180	
BUN	10-20	54	29	

<b>Creatinine</b>	.6-1	1.46	1.03	
<b>Albumin</b>	3.5-5	3.7	3.1	
<b>Calcium</b>	8.7-10.5	10.4	9.2	N/A
<b>Mag</b>	N/A	N/A	N/A	N/A
<b>Phosphate</b>	N/A	N/A	N/A	N/A
<b>Bilirubin</b>	.2-1.2	.3	.4	N/A
<b>Alk Phos</b>	40-150	97	99	N/A

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	Clear and yellow	Clear and yellow	Dark and turbid	
<b>pH</b>	5-9	5	5	N/A
<b>Specific Gravity</b>	1.003-1.030	1.017	1.022	N/A
<b>Glucose</b>	negative	negative	negative	N/A
<b>Protein</b>	negative	Negative	+1	
<b>Ketones</b>	negative	negative	Trace	
<b>WBC</b>	0-5	negative	11-20	
<b>RBC</b>	negative	negative	6-10	
<b>Leukoesterase</b>	N/A	N/A	N/A	N/A

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>

<b>Urine Culture</b>	Negative/ No growth	N/A	N/A	N/A
<b>Blood Culture</b>	Negative/ No growth	N/A	N/A	N/A
<b>Sputum Culture</b>	Negative/ No growth	N/A	N/A	N/A
<b>Stool Culture</b>	Negative/ No growth	N/A	N/A	N/A

**Lab Correlations Reference (1) (APA):**

### **Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**Diagnostic Imaging Reference (1) (APA):**

**Current Medications (10 points, 2 points per completed med)**

**\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>					
<b>Dose</b>	2.5 mg	100 mg	80 mg	325 mg	10 mg
<b>Frequency</b>	2 times daily	Daily	Nightly	Daily	Nightly
<b>Route</b>	oral	oral	oral	oral	oral
<b>Classification</b>					
<b>Mechanism of Action</b>					
<b>Reason Client Taking</b>					
<b>Contraindications (2)</b>					

<b>Side Effects/Adverse Reactions (2)</b>					
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**Medications Reference (1) (APA):**

Learning, J. & B. (2023). *2023 Nurse's Drug Handbook*. Jones & Bartlett Learning.

**Assessment**

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

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>The patient was alert and oriented x 0. The patient did not seem to be in distress but when turning in bed, the patient's face was grimacing while moving in bed. The patient looked disheveled and not taken care of. The IV line needed flushed and properly cleaned and the patient needed peri care and hair care done urgently.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds.</b>  <b>Braden Score: 15</b>  <b>Drains present: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Type: N/A</b></p>	<p>The patient's skin color was olive color. The patient's skin was very cool to touch and had dry skin on her lower extremities bilaterally. Skin was tented by the supraclavicular area. There were no rashes noted. There were bruises noted bilaterally on upper extremities. There were no open wounds present on the patient.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>The head and neck of the patient were midline to the patient's body. There were no red areas or lesions on the ears. PERRLA bilaterally. The patient's nose was symmetrical to the face. Teeth were cavity filled and black teeth were noted in the back of the</p>

	<p>patient's mouth.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  S1, S2, S3, S4, murmur etc.  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b> Not applicable</p>	<p>S1 and S2 noted. Pedal pulses were noted bilaterally +2. <b>Capillary refill is greater than 2 seconds.</b> There was no jugular vein distention. No edema noted in lower or upper extremities bilaterally.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character:</b> crackles in the lower bases of the lungs, listened posteriorly.</p>	<p>The patient was not using any accessory muscles to breathe. While listening to the posterior of the client, crackles in the lower bases were auscultated.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b> unknown  <b>Current Diet:</b> normal  <b>Height:</b> 5'5"  <b>Weight:</b> 126 pounds  <b>Auscultation Bowel sounds:</b> hyperactive bowel sounds in all 4 quadrants  <b>Last BM:</b> 04/04/2024 at 1117  <b>Palpation: Pain, Mass etc.:</b> no masses or pain while palpating abdomen  <b>Inspection:</b>  <b>Distention:</b> none  <b>Incisions:</b> none  <b>Scars:</b> none  <b>Drains:</b> none</p>	<p>On patient records, there was no indication of what the patient ate at home. The patient for breakfast had water and pancakes. The patient is 5'5" and weighs 126 pounds. When auscultating the abdomen, the bowels were hyperactive in all 4 quadrants of the abdomen. The last bowel movement that the patient had was 04/04/2024 at 1117. When palpating the abdomen, there were no masses or pain while palpating. There was no distention, incisions, scars, drains, or wounds on the patient's abdomen while inspecting. There was no ostomy in place, or any type of feeding tubes put in place.</p>

<p><b>Wounds: none</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Size:</b> N/A</p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Type:</b> N/A</p>	
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b> dark</p> <p><b>Character:</b> turbid</p> <p><b>Quantity of urine:</b> 340 mL</p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/> -----&gt; unknown</p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b> genitals were red due to sitting in stool for a long period of time.</p> <p><b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Type:</b> Indwelling catheter</p> <p><b>Size:</b> unknown</p>	<p>When assessing the client's urine, it is dark and turbid with sediment in the catheter line. From the start of the shift at 0700 to 1200, 340 mL was collected from the catheter bag. The patient could not voice if she had pain while urinating. Genitals were red and excoriated due to sitting in stool for a long period of time. The patient has an indwelling catheter, and it was unknown what size the catheter was.</p>
<p><b>MUSCULOSKELETAL:</b></p> <p><b>Neurovascular status:</b></p> <p><b>ROM:</b></p> <p><b>Supportive devices:</b></p> <p><b>Strength:</b></p> <p><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Fall Score:</b></p> <p><b>Activity/Mobility Status:</b></p> <p><b>Independent (up ad lib)</b></p> <p><b>Needs assistance with equipment</b></p> <p><b>Needs support to stand and walk</b></p>	<p>Professor Smalley waived due to students not checking off yet.</p>
<p><b>NEUROLOGICAL:</b></p> <p><b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if</p>	<p>Professor Smalley waived due to students not checking off yet.</p>

<b>no - Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	The patient could not voice any coping methods she enjoyed using in her free time. Unable to assess developmental level because patient could only express a few words to the student nurse. In the patient's chart, her religion states that she is a part of the Church of the Latter-Day Saints. The patient lives at home by herself and the grandson came to visit the patient.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1117	46	144/51	22	97.7 degrees F	98% on room air

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)

