

**N311 Care Plan 5**

Isabella Leevey

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):**

An ischemic stroke will occur when there can be diminished blood flow to an artery can be” ... compensated for by an efficient collateral system, particularly between the carotid and vertebral arteries via anastomoses at the circle of Willis and, to a lesser extent, between major arteries supplying the cerebral hemispheres” (Alexandrov & Krishnaiah, 2023, para. 8). Different collateral vessels, atherosclerosis, and some arterial lesions can also play a role in an ischemic stroke. Neurons will die in less than 5 minutes if blood does not get circulated properly. If the damage is little then it can take longer for that tissue to die but in most severe cases, the tissue can die within 15-30 minutes. This tissue damage can occur for several reasons. For example, hypothermia will casue the tissue to die very quickly and hypothermia will cause the tissue to die at a slower rate. Some injuries to the tissues can be caused by edema, thrombosis, and cardiac arrest.

There are many different signs and symptoms of an ischemic stroke. A few examples of an ischemic stroke are weakness directed on one side, difficulty speaking, slurred speech or aphasia, muscle control is diminished on one or both sides, loss of one or more of the five senses (hearing, sight, smell, taste, touch), blurred vision, loss of consciousness, vertigo/dizziness, nausea/vomiting, confusion, headaches, loss of memory, and neck stiffness (Medical Professional, 2022, para. 6).

There are a few different diagnostic tests that we can perform to diagnose an ischemic stroke (Medical Professional, 2022, para. 12). We can do a CT scan, lab blood tests that will indicate if there is an infection or heart damage, an EKG to monitor for heart status and function, MRI over the brain, and an EEG. An EEG can be used to rule out other disorders such as a seizure or any other type of problems that can be found.

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

Alexandrov, A. V., & Krishnaiah, B. (2023, July). *Ischemic stroke - neurologic disorders*. Merck Manual Professional Edition. <https://www.merckmanuals.com/professional/neurologic-disorders/stroke/ischemic-stroke>

Professional, C. C. medical. (2022, September 22). *Ischemic stroke (clots): Causes, symptoms & treatment*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/24208-ischemic-stroke-clots>

**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.**

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal Value</b>

<b>RBC</b>	<b>3.8-5.3</b>	<b>3.93</b>	<b>3.77</b>	The patient has a history of anemia so a low RBC would be common for someone who has anemia (Pagana et al, 2019, p. 901).
<b>Hgb</b>	<b>12-15.8</b>	<b>12.3</b>	<b>11.7</b>	The patient has a history of kidney disease and anemia which can cause low Hgb (Pagana et al, 2019, p. 489).
<b>Hct</b>	<b>36-47</b>	<b>38.1</b>	<b>36.7</b>	N/A
<b>Platelets</b>	<b>140-440</b>	<b>292</b>	<b>264</b>	N/A
<b>WBC</b>	<b>4-12</b>	<b>6.6</b>	<b>12.7</b>	The patient has an ischemic stroke, a brain trauma, which can cause an elevated white blood cell to count in the blood (Pagana et al, 2019, p. 977).
<b>Neutrophils</b>	<b>47-73</b>	<b>76.1</b>	<b>85.9</b>	This lab value could be elevated due to the patient experiencing a traumatic stroke (Pagana et al, 2019, p. 977).
<b>Lymphocytes</b>	<b>18-42</b>	<b>10.9</b>	<b>3.6</b>	Kidney disease can cause low lymphocyte to count in the blood (Healthline Media, 2024, para. 10).
<b>Monocytes</b>	<b>4-12</b>	<b>11.1</b>	<b>9.2</b>	N/A
<b>Eosinophils</b>	<b>0-5</b>	<b>1.1</b>	<b>.8</b>	N/A
<b>Bands</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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	The patient has decreased kidney function as evidenced by stage 3 kidney disease diagnosis, which can cause high levels of chloride in the blood stream (Pagana et al, 2019, p. 234).
CO2	22-30	22	19	The patient has Type 2 Diabetes which can cause diabetic ketoacidosis, along with this diagnosis, the patient has kidney failure which can cause the decrease of CO2 in the blood stream (Pagana et al, 2019, p. 198).
Glucose	70-99	177	180	The patient has Type 2 Diabetes which can cause the blood sugar to be elevated (Pagana et al, 2019, p. 464).
BUN	10-20	54	29	The patient has stage 3 kidney disease which will cause the BUN to be elevated due to the kidneys not working properly (Pagana et al, 2019, p. 156).
Creatinine	.6-1	1.46	1.03	The patient has stage 3 kidney disease and diabetic nephropathy which will cause the creatinine levels to

				be increased (Pagana et al, 2019, p. 302).
<b>Albumin</b>	<b>3.5-5</b>	<b>3.7</b>	<b>3.1</b>	The patient had chronic kidney disease, and with the diagnosis being chronic, it can cause a decrease of the albumin levels in the blood (Pagana et al, 2019, p. 748).
<b>Calcium</b>	<b>8.7-10.5</b>	<b>10.4</b>	<b>9.2</b>	<b>N/A</b>
<b>Mag</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Phosphate</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Bilirubin</b>	<b>.2-1.2</b>	<b>.3</b>	<b>.4</b>	<b>N/A</b>
<b>Alk Phos</b>	<b>40-150</b>	<b>97</b>	<b>99</b>	<b>N/A</b>

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	<b>Dark and turbid</b>	There were elevated red blood cells in the patient's urine as well as ketones. The patient also has stage 3 kidney disease which can cause impaired urine appearance and clarity (Pagana et al, 2019, p. 940).
<b>pH</b>	5-9	5	5	<b>N/A</b>
<b>Specific Gravity</b>	1.003-1.030	1.017	1.022	<b>N/A</b>
<b>Glucose</b>	negative	negative	negative	<b>N/A</b>
<b>Protein</b>	negative	Negative	<b>+1</b>	The patient has Type 2

				diabetes which can cause protein to be released into the urine (Pagana et al, 2019, p. 941).
<b>Ketones</b>	negative	negative	Trace	The patient has uncontrolled diabetes which can cause ketones to spill into the urine (Pagana et al, 2019, p. 941).
<b>WBC</b>	0-5	negative	11-20	The patient has a UTI which can cause white blood cells to be in the urine (Pagana et al, 2019, p. 941).
<b>RBC</b>	negative	negative	6-10	The patient has renal trauma which can lead to elevated red blood cells in the urine (Pagana et al, 2019, p. 944).
<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):**

Healthline Media. (2024, March 8). *Lymphocytopenia: Causes and treatment for low lymphocytes*. Healthline. <https://www.healthline.com/health/lymphocytopenia#causes>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

**Diagnostic Imaging**

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

The patient had a CT scan of the chest and a chest Xray the same day on 03/28/2024. The CT scan had shown multiple infarcts. Due to the fall at home, the client had gotten an MRI of the right shoulder which showed to the care team a tear in the supraclavicular bone. While the patient was in the hospital, they had ordered an MRI of the brain and these results showed multiple areas of acuteness, findings suggested an embolic process.

A CT scan was done because a CT scan can show us bones, organs (brain), soft tissues and blood vessels. This was ordered due to the patient having a stroke (HealthDirect, 2023, para.

1). The patient had received a Xray to see if she had broken any bones due to her falling at home. An MRI is used to detect brain and spinal cord injuries, so we used this test to understand any complications that the stroke could have caused (HealthDirect, 2023, para. 3).

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

Healthdirect Australia. (2023, June). *CT Scan*. healthdirect. <https://www.healthdirect.gov.au/ct-scan>

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	Eliquis apixaban	Zyloprim allopurinol	Lipitor atorvastatin	Ferrous sulfate	Tofranil imipramine
<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>	Pharmacologic class: Factor Xa inhibitor	Pharmacologic class: Xanthine	Pharmacologic class: HMG-CoA	Pharmacologic class: hematinic Therapeutic	Pharmacologic class: Tricyclic antidepressant

	Therapeutic class: anticoagulant (Jones & Bartlett, 2023, p.85).	oxidase inhibitor Therapeutic class: Antigout (Jones & Bartlett, 2023, p. 44).	reductase inhibitor Therapeutic class: antihyperlipidemic (Jones & Bartlett, 2023, p. 16).	class: Anti anemic and nutritional supplement (Jones & Bartlett, 2023, p. 580).	Therapeutic class: antidepressant (Jones & Bartlett, 2023, p. 684).
<b>Mechanism of Action</b>	“Inhibits free and clot-bound factor Xa and prothrombinase activity” (Jones & Bartlett, 2023, p. 85).	“Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid” (Jones & Bartlett, 2023, p. 44).	“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, 2023, p. 117).	“Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen” (Jones & Bartlett, 2023, p. 551).	“May interfere with reuptake of serotonin... at presynaptic neurons, thus enhancing serotonin effects at postsynaptic receptors” (Jones & Bartlett, 2023, p. 685).
<b>Reason Client Taking</b>	Blood thinner for prolonged bedrest	Past medical history of	Lower cholesterol and history	History of Anemia	Unknown This is an antidepressant

		gout	of high cholesterol		but no documentation of a history of depression is noted in the patient's chart.
<b>Contraindications (2)</b>	“Active pathological bleeding and severe hypersensitivity to apixaban or its components” (Jones & Bartlett, 2023, P. 85).	Nephrotoxicity and hepatotoxicity (Rxlist, 2021, para. 5).	Hepatic disease and “unexplained persistent rise in serum transaminase level” (Jones & Bartlett, 2023, p. 117).	Hemolytic anemia and “other anemic conditions unless accompanied by iron supplements” (Jones & Bartlett, 2023, p. 551).	“Acute recovery period after MI” and “hypersensitivity to imipramine” (Jones & Bartlett, 2023, p. 685).
<b>Side Effects/Adverse Reactions (2)</b>	Hemorrhagic stroke and hypotension (Jones & Bartlett, 2023, p. 85).	Leukopenia and renal failure (Jones & Bartlett, 2023, p. 45).	Arrhythmias and hypoglycemia (Jones & Bartlett, 2023, p. 118)	Hypotension and angioedema (Jones & Bartlett, 2023, p. 551).	CVA and arrhythmias (Jones & Bartlett, 2023, p. 685).

### Medications Reference (1) (APA):

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

RxList. (2021, March 24). *Gout attack symptoms, causes, treatment and Diet*. RxList.

[https://www.rxlist.com/gout\\_slideshow\\_watch\\_and\\_learn\\_about\\_gout/article.htm](https://www.rxlist.com/gout_slideshow_watch_and_learn_about_gout/article.htm)

### 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 patient's mouth.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> <b>Edema Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/></p>	<p>S1 and S2 noted. Pedal pulses were noted bilaterally +2. Capillary refill is greater than 2 seconds. There was no jugular vein distention. No edema noted in lower or upper extremities bilaterally.</p>

<p><b>Location of Edema: Not applicable</b></p>	
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <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. Was not able to auscultate the front side of the patient.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home: unknown</b>  <b>Current Diet: normal</b>  <b>Height: 5'5"</b>  <b>Weight: 126 pounds</b>  <b>Auscultation Bowel sounds:</b> hyperactive bowel sounds in all 4 quadrants  <b>Last BM: 04/04/2024 at 1117</b>  <b>Palpation: Pain, Mass etc.: no masses or pain while palpating abdomen</b>  <b>Inspection:</b>  <b>Distention: none</b>  <b>Incisions: none</b>  <b>Scars: none</b>  <b>Drains: none</b>  <b>Wounds: none</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size: N/A</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type: N/A</b></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>GENITOURINARY:</b>  <b>Color: dark</b>  <b>Character: turbid</b>  <b>Quantity of urine: 340 mL</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></b>  -----&gt; unknown  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals: genitals were red due to sitting in stool for a long period of time.</b>  <b>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Type: Indwelling catheter</b>  <b>Size: unknown</b></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>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score: 87</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b>  <b>Needs assistance with equipment</b>  <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>  <b>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Professor Smalley waived due to students not checking off yet.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b></p>	<p>The patient could not voice any coping methods she enjoyed using in her free</p>

<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>	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 beats/min	144/51 mm Hg	22 breaths per minute	97.7 degrees F	98% on room air

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

Time	Scale	Location	Severity	Characteristics	Interventions
0940	Numeric scale	Stomach and head	7/10	The patient could not identify any characteristics of the pain she was experiencing.	The patient was given acetaminophen every 4 hours for pain.

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
<ul style="list-style-type: none"> <li>- Patient ate 0-25% of her breakfast</li> <li>- 340 mL of fluid from 0700-1200.</li> <li>- The patient was not taking any IV fluids now.</li> </ul>	Urine output from foley catheter: 520 mL Incontinent of bowel x 2 at 1111

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>- Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>- Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>- Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>- How did the client/family respond to the nurse’s actions?</li> <li>- Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>Risk for ineffective cerebral tissue perfusion related to medical diagnosis of ischemic stroke.</p>	<p>Rationale was chosen because of present diagnosis of ischemic stroke.</p>	<p>“Maintain adequate oxygenation to ensure cerebral perfusion” (Phelps, 2023, p. 710).</p> <p>“Facilitate completion of diagnostic tests, and postprocedural</p>	<p>“Patient’s condition reflects normal cerebral perfusion” (Phelps, 2023, p. 710).</p>	<p>Patients had vital signs checked and held adequate oxygenation at 98% on room air. The outcome goal was met with 98% oxygenation. The patient’s grandson was in</p>

		care to prevent complications to ensure accurate, safe, and timely diagnosis and treatment” (Phelps, 2023, p. 710).		the room while providing care.
Impaired verbal communication related to cognitive dysfunction as evidenced by patient being nonverbal (Phelps, 2023, p. 741).	I chose this rationale because the patient was unable to voice any concerns that she had due to impaired verbal communication caused by the stroke.	“Monitor and record changes in patient’s speech pattern or level of orientation” (Phelps, 2023, p. 743).  “Obtain communication aids for patient use, such as an alphabet board, slate, pen, paper, and picture board, to provide alternative communication method” (Phelps, 2023, p. 743).	“Patient will maintain effective level of communication” (Phelps, 2023, p. 742).	Patient was nonverbal for all care. A & O x 0. The patient was uncooperative with care. Outcome goal was not met now.

**Other References (APA):**

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

