N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics

Date of Admission	Client Initials	Age	Gender
9/13/24	AR	68	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Not Employed	Married	No Known Allergies
Code Status	**Height**	**Weight**	
Full Code	167.6 cm	96.3 kg	

Medical History

Past Medical History: Hypercholesteremia, Hyperlipidemia, Meniscus Tear

Past Surgical History: Knee Arthroscopy 8/1/2016, Wrist Fracture- pin in left wrist

Family History: Cancer- Brother, Peptic Ulcer Disease and Heart- Father

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

Patient reports to using alcohol one time per week, but he didn't know for how many years he has been drinking**.**

Admission Assessment

Chief Complaint (2 points): Stroke Alert

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

AR was brought to the ED on 9/13/2024 @ 6:40 by his wife with complaints of weakness on his right side and pressure in his head causing him to stumble and fall while he was walking his dog. AR stated "he was able to limp home with difficulty". AR has stroke like symptoms with partial paralysis to his his right arm and right leg, as well as paresthesia in both. As the day progressed, AR began experiencing aphagia and is having a significantly difficult time communicating and using the correct words he wants. NIH stroke scale checks are being performed every 4 hours – last reported rating of 9. Patient was also given medication: Acetaminophen oral 500 mg/4 hours prn, Aspirin oral 81 mg/daily, Atorvastin oral 40 mg/bedtime, Heparin injection 5,000

unit/mL/every 8 hours, Hydalazine injection 10 mg/ every 3 hours PRN, Labetalol intravenous 10 mg/ every 10 mins PRN, Lisinopril oral 5 mg/daily, Melatonin oral 3 mg/bedtime, Pantoprazole delayed release oral 40 mg/ before breakfast.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): N/A

Pathophysiology of Ischemic Stroke

An acute ischemic stroke occurs when blood supply is restricted in a part of the brain causing a disruption or death of tissue. Capriotti (2024) states the following:

> "Two main etiologies: (1) A thromboembolism commonly causes obstruction of a branch of a cerebral artery. Usually, a piece of atherosclerotic plaque breaks away from an area of carotid artery stenosis and travels up to a branch of the middle cerebral artery. (2) The left atrium undergoes atrial fibrillation with stasis of blood and clot formation. The clot travels from the left atrium into the left ventricle, into the aorta, and upward into the carotid artery into the cerebral artery. Alternatively, an arteriosclerotic cerebral artery causes tissue ischemia." (p. 851)

Due to the damage in the brain, this can affect many body systems. Many victims of a stroke show a significant decline in mental and emotional stability. Due to the changes in their bodies, thoughts, personalities, and behaviors, many victims suffer from depression and anxiety. Because they need extra care, they often feel like a burden to their loved ones and have embarrassing moments that are hard to mentally overcome. Their thought processes can also get jumbled up where they obsess over something that seems insignificant or they do unusual things

like putting the jelly in the bathroom cabinet or the loaf of bread in the clothes washer. Victims of a stroke can often have changes in their behaviors and moods. This can become unstable and lead to bouts of anger, sadness, crying, and laughter which are disproportionate to the situation. There can be significant changes in their memory and coordination. Patients often experience weakness and/or paralysis in their extremities, generally on one side depending which part of the brain was affected. If you have the stroke on the left side of your brain, your right side will be affected, and vice versa. Having weakness and paralysis can lead to falls causing more injuries, painful contractures making victims unable to move properly, and uncontrollable muscle spasms can also occur. They can have difficulty with their speech, understanding other's speaking, and reading comprehension. Another common ailment of stroke victims is the way their senses change. Their sense of smell, taste, sight, touch, and hearing can all be affected. Some start liking foods they didn't before and vice versa. Sudden loud noises can startle them more than before. They could suddenly hate a perfume they have loved for years. Neuropathy can affect their ability to feel things, even when it is painful. They can also lose part or all of their vision. Stroke victims have also been known to show a decline in sexual desires as well as the ability to perform sexually. One of the more unfortunate aspects of a stroke is when a patient becomes incontinent or unable to perform self-care. This can be terribly embarrassing for a person and difficult to cope with on a daily basis.

There are several signs and symptoms that accompany a stroke. Brown (2024) states the following:

> "Seek immediate medical attention if you notice any symptoms of a stroke, even if they seem to come and go or they disappear completely. Think 'FAST' and do the following: Face. Ask the person to smile. Does one side of the face droop? Arms. Ask the person to

> raise both arms. Does one arm drift downward? Or is one arm unable to rise? Speech. Ask the person to repeat a simple phrase. Is the person's speech slurred or different from usual. Time. If you see any of these signs, call 911 or emergency medical help right away. (par. 10)

Other symptoms Brown warns to look for include numbness, weakness, or paralysis in the face, arm, or leg, vision changes, and headache or pressure in the head. Each person can have varying degrees of these symptoms, but it is vital to seek medical treatment as early as possible to ensure the best outcomes.

There are several tests a patient can have to diagnose a stroke. The first test will be a physical exam performed by a doctor and/or nursing staff. A Computed Tomography Scan (CT scan) with contrast or Magnetic Resonance Imaging (MRI) are the most common and reliable tests performed. These will show exactly where the thromboembolism occured in the brain. Blood tests can also be performed to check how your blood clots, blood glucose levels (diabetes increases your risk of a stroke), and for infection. An Echocardiogram can be used to show heart function and can check if a clot formed in the heart and traveled to the brain.

Pathophysiology References

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Third Edition*. Suzanne Czehut Toppy.

Brown, R. (Aug. 3, 2024). *Diagnosis: Stroke FAQ*. Mayoclinic.org. https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113

Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:28	**66**	**138/68** **Stage 1** **hypertension**	**20**	**36.8 C**	**99% Room**

Pain Assessment

Time	Scale	Location	Severity	Characteristics	Interventions
8:28	**Number Scale**	**N/A**	**0**	**Pt denies pain/discomfort**	**Monitoring**