

N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/22	Client Initials D.V.	Age 77	Gender Male
Race/Ethnicity White or Caucasian	Occupation Counselor but retired	Marital Status Domestic partner	Allergies Vancomycin, chlorine, hydrocodone, metoprolol, trazodone
Code Status No CPR	Height 6'	Weight 90.7kg (200 lbs)	

Medical History (5 Points)

Past Medical History: Arthritis, PTSD, general anxiety, arrhythmia

Past Surgical History: total bilateral arthroplasty, total left knee arthroplasty, cardiac catheterization

Family History: Parkinson disease

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

Former cigarette smoker (quit in 1998), alcohol use

Admission Assessment

Chief Complaint (2 points): Weakness

History of Present Illness – OLD CARTS (10 points): Patient came into the ED stating that he had a fall in the morning. He had bilateral knee pain. He stated that he did not hit his head and was discharged after being seen by a doctor. Patient come back later on the same day and stated that his left knee is swollen and the pain has gotten worse since the morning.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Weakness

Secondary Diagnosis (if applicable): Not applicable

Pathophysiology

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

Weakness cannot usually be controlled and can happen over a very short period. It can be controlled at a particular time; however, it is tough to achieve that. Exercise, medications, and even having a positive mind can help.

So many things in our body are attached to our brains and help us move. You want to make movements from your cerebral motor cortex (Merck Manual, np). The neurons in your brain tell you and give you a signal to your brain and your muscles. A weakness will depend on where it starts. It could start with one side weakness, or it could be the whole-body weakness that you can get at any time. If it's your whole body, it is most likely a spinal cord injury. That would cause both upper and lower body weakness.

As you age, it is normal for your body not to have the motor function it had when you were younger. Everything starts to slow down as you age, which can also influence your voluntary movements. Also, different medical histories, such as heart failure, having short breaths, or even allergic reactions, can cause the body to get weak.

Unfortunately, there is no exact way to treat weakness (Verywell Health, np). It would be great if there were one because everyone could live a long life. However, that is not the case. The healthcare team provides the patients with different exercises that each patient can tolerate to the best of their ability. The range of motion exercise is a prevalent one that the physical therapists come and do. There could be medications that help to gain muscles. A lot of the patients in the hospital use oxygen if they have a hard time breathing. It is something that takes time to heal. Sometimes, it may not even fully recover.

Pathophysiology References (2) (APA):

- Merck Manual. (n.d.). *Weakness*. In *Merck manual professional version*. Retrieved September 29, 2024, from <https://www.merckmanuals.com/professional/neurologic-disorders/symptoms-of-neurologic-disorders/weakness>
- **Verywell Health. (2023, April 18). *Causes of generalized weakness*.**

<https://www.verywellhealth.com/causes-of-generalized-weakness-1298948>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0638	74	133/90	18	97.1	96

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
2230	0-10 (word scale)	Left leg	1	Tenderness	Care clustered; relaxation techniques promoted

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200 mL	180 mL @0800

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full 	<ul style="list-style-type: none"> • Explain why the 			<ul style="list-style-type: none"> • How did the client/family

nursing diagnosis with “related to” and “as evidenced by” components <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	nursing diagnosis was chosen			respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1.		1. 2.	1.	
2.		1. 2.	1.	

Other References (APA):

Concept Map (23 Points):

Subjective Data

- Stated that he has bilateral knee pain when he first came into the ED
- Later stated that his left knee pain has gotten worse
- Face seemed according to the pain number provided
- Vitals all in normal range
- Knee was swollen
- Stated his pain level was 1/10
- Walking with a cane

Objective Data

Nursing Diagnosis/Outcomes

- 77 year old male
- White or Caucasian
- Risk of falling due to weakness in left knee and left leg
- Pain related to fall and left knee
- Decreased mobility related to pain and limited range of motion
- Anxiety related to future fall evidenced by the statement "I don't want to fall"
- Bed rails are up
- Fall risk locked by the patient walking with a cane.
- Assistance for ambulating (cane)

Nursing Interventions

- Patient will be able to walk independently after a week

Client Information

