N311 Care Plan 2

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Scribner

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
10-02-2024	D.P.H.	98 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed	Widower	Lisinopril
Code Status	**Height**	**Weight**	
Full code	182.9cm	72.1kg	

Medical History (5 Points)

Past Medical History: Peripheral vascular disease, arterial fibrillation, colon cancer, coronary artery disease, asthma, chronic obstructive pulmonary disease, hypercholesteremia

Past Surgical History: Cabg 1992, Stent 2006, colon resection, total knee replacement, pacemaker, heart catheter

Family History: Dad: coronary artery disease, acute myocardial infarction

Mom: coronary artery disease, macular degeneration

Brother: colon cancer

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

Former tobacco user at 1 pack a day for 20 years.

Admission Assessment

Chief Complaint (2 points): Altered mental status.

History of Present Illness – OLD CARTS (10 points): Patient started showing signs of altered mental status on 10-2-24. The episode began at home and lasted about 15 minutes. Patient was unable to recognize his caregiver. Symptoms associated with the altered mental status were the visual deficit in his right eye. The relieving factor is time, as the symptoms seemed to have gone

away on their own. Treatment plan for this patient is observation at this time. Severity is mild at this time as there are no associated and continuing deficits.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Transient ischemic attack

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Transient ischemic attacks cause neurological deficits that typically resolve in an hour (Capriotti, 2024, pg 842). These are caused by an embolus moving into an arteriosclerotic arterial vessel and causing blockages in the arteries in the brain, leading to tissue that is completely deprived of oxygen, often presenting as a stroke (Capriotti, 2024, pg 842). An oxygen-deprived brain cell releases excess glutamate, causing an influx of calcium, which then causes enzymatic degeneration of brain cells (Capriotti, 2024, pg 842). The body's fibrinolytic system will dissolve the blockage and the deficits with it will dissolve within 24 hours (Capriotti, 2024, pg 842).

Transient ischemic attacks are more noticed by bystanders and not really by the person to whom it's happening (Capriotti, 2024, pg 842). Symptoms look like confusion, disorientation, unable to communicate, and memory impairment (Capriotti, 2024, pg 842). It's important that the person experiencing these symptoms is seen in an emergency department, regardless if symptoms have subsided, in order to receive treatment to decrease the risk of stroke (Capriotti, 2024, pg 842).

Any person with a sudden change in neurological function should be looked at for a TIA or stroke since there is no clinical presentation to tell the difference between cerebral ischemia and a hemorrhage (Capriotti, 2024, pg 846). Diagnostic testing that can be used to better diagnose a TIA would be a physical exam, carotid ultrasonography, CT scan, MRI scan, echocardiography, and arteriography (Mayo Clinic, 2024). It's important that testing should rule out other pathological processes, that could mimic a stroke, such as low blood sugar, high blood sugar, tumors, head trauma, and seizure disorders (Capriotti, 2024, pg 846).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Mayo Clinic. (2024, February 9). *Transient ischemic attack (TIA)*. https://www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/diagnosis-treatment/drc-20355684

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:12 am	60bpm	105/61	18	98.0F Oral	95% High flow 8L

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:39 am	Number scale 0-10	N/A	0- No pain	N/A	Prn pain medications

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Water 200mL 150mL 0.9% NaCl IV	Urine 230mL

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Ineffective tissue perfusion related to a history of smoking as evidenced by acute confusion (pg 703, Phelps, 2023).	I chose this nursing diagnosis because this best relates to their medical diagnosis.	1. Neuro checks 2. Monitor orientation	1. Patient stays oriented for shift	Patient agrees with the goals and interventions and eager to get better. The patient did not meet goals; they did not stay oriented the entire shift.
2. Risk for bleeding related to use of anticoagulants (pg 51, Phelps, 2023).	Patient is at higher risk of bleeding due to medications.	1. Monitor skin integrity 2.Educate patient on higher risk of bleeding.	1. No bleeding for shift.	Patient agrees with goal and was educated on the risk of bleeding. Patient met the goals and did not bleed during the shift.

Other References (APA):

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

Concept Map (23 Points):

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