N311 Care Plan 4

Kiah Jensen

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman MSN, RN

November 3, 2024

Demographics (5 points)

Date of Admission 10/29/2024	Client Initials MP	Age 39	Gender Female
Race/Ethnicity White	Occupation Care Taker	Marital Status Divorced	Allergies Amoxicillin, Aspirin & Penicillin
Code Status FULL	Height 5' 6'	Weight 231.3 lbs	

Medical History (5 Points)

Past Medical History: Anxiety, Asthma, Fibromyalgia, Gastroesophageal Reflux Disease, Hyperlipidemia, Gall Bladder removal, Multiple Sclerosis, PTSD, Stroke (HCC), Cervical Cancer

Past Surgical History: Cesarean Section, Dilation and Curettage, HX Leep procedure, GB Ultrasound, Tubal Ligation

Family History: On the Maternal side - Congestive Heart Failure, Breast Cancer, Emphysema. On the Paternal side – Hypertension and stroke. Paternal Grandmother had ovarian cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The patient states she quit smoking 29 days ago but used a nicotine patch and used to smoke 5 cigarettes a day for 8 years. No alcohol use. Used to use fentanyl but 2 years and 9 months sober.

Admission Assessment

Chief Complaint (2 points): Leg Weakness, Confusion, Dysphasia

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

The patient states she had left weakness and confusion at the beginning of October. The patient was admitted to a hospital in Tennessee for chare of a stroke. The patient was

transferred to OSF Hospital for rehabilitation. She fell while having the stroke which caused her to have pain in her back, neck, head, and ankle. The pain was rated as a 10/10 on arrival. It has been consistent sharp pain and is now a 7/10 as of 10/31/2024.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute Cerebrovascular Accident (CVA) (HCC)

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

An acute cerebrovascular accident (CVA) is commonly known as a stroke. This occurs when blood flow is interrupted in an area of the brain. (Benjamin et al., 2021) This usually results in ischemia (where a part of the body does not receive enough blood) and infection (heart attack). Strokes can be classified into 2 categories: ischemic and hemorrhagic. Ischemic strokes are caused by a blockage in an artery due to a thrombus (blood clot) or embolus (dislodged clot). These are approximately 87% of all stroke cases (Power et al., 2019). Compared to hemorrhagic strokes, which result from a rupture of a blood vessel, which causes bleeding into or around the brain.

The symptoms of an acute CVA can vary based on the region in the brain that is affected most: Sudden numbness or weakness in the face and extremities, especially on one side of the body. Confusion such as trouble speaking or understanding speech (Power et al., 2019). Difficulty with balance, coordination or even walking. More commonly, hemorrhagic strokes are severe headaches with no known cause. Detecting an acute stroke

is crucial in healthcare and provides us with CT or MRI scans to be able to tell the difference between ischemic and hemorrhagic strokes. They also can determine the location and extent of brain damage. (Benjamin et al., 2021). CT (Computed tomography) angiography can identify blockages in blood vessels, while an MRA (Magnetic Resonance Angiography) can detect aneurysms. In some cases, diffusion-weighted MRI (DWI) is beneficial to identify acute ischemic strokes due to its sensitivity to recent brain injury. (Campbell et al,.2019)

Pathophysiology References (2) (APA):

Benjamin, E. J., Muntner, P., Alonso, A., Bittencourt, M. S., & American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. (2021). Heart disease and stroke statistics—2021 update: A report from the American Heart Association. *Circulation*. https://www.ahajournals.org/doi/10.1161/CIR.0000000000000950

Campbell, B. C., De Silva, D. A., Macleod, M. R., Coutts, S. B., Schwamm, L. H., Davis, S. M., & Donnan, G. A. (2019). Ischemic stroke. *Nature Reviews Disease Primers*, *5*(1), 70. https://www.nature.com/articles/s41572-019-0118-8

Powers, W. J., Rubinstein, A. A., Ackerson, T., Adeoye, O. M., & American Heart Association Stroke Council. (2019). Guidelines for the early management of patients with acute ischemic stroke: 2019 update to the 2018 guidelines for the early management of acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke, 50*(12), e344–e418. https://www.ahajournals.org/doi/10.1161/STR.0000000000000211

Laboratory Data (20 points)

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

CBC <mark>Highlight All Abnormal Labs</mark>**—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	3.80-5.30	4.00	3.89	
<mark>Hgb</mark>	<mark>12.0-15.8</mark>	<mark>12.0</mark>	<mark>11.9</mark>	Decreased mobility can reduce RBC production leading to anemia (Kuhn, et al., 2020)
<mark>Hct</mark>	<mark>35.0-47.0</mark>	<mark>36.3</mark>	<mark>34.7</mark>	Decreased mobility can reduce RBC production leading to anemia (Kuhn et al., 2020)
Platelets	140-440	335	308	
<mark>WBC</mark>	<mark>4.00-12.00</mark>	<mark>11.30</mark>	<mark>12.20</mark>	Stress can increase WBC count as a part of natural stress response. (Mank, V., 2024)
Neutrophils	47.0-73.0	58.0	Not Done	
Lymphocytes	18.0-42.0	27.2	Not Done	
Monocytes	4.0-12.0	8.5	Not Done	
Eosinophils	0.0-5.0	5.2	Not Done	
Bands	Not done at institution	Not done at institution	Not done at institution	

Chemistry <mark>Highlight All Abnormal Labs</mark>**—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	138	136	
K+	3.5-5.1	4.1	3.9	
Cl-	98-107	105	100	

CO2	22-30	25	26	
Glucose	70-99	103	95	
BUN	5-18	13	16	
Creatinine	0.60-1.00	0.82	0.87	
Albumin	3.5-5.0	3.7	Not Done	
Calcium	Not Done	Not Done	Not Done	
Mag	Not Done	Not Done	Not Done	
Phosphate	40-150	69	Not Done	
Bilirubin	0.2-1.2	0.2	Not Done	
Alk Phos	40-150	69	Not Done	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Not Done	Not Done	Not Done	
pH	Not Done	Not Done	Not Done	
Specific Gravity	Not Done	Not Done	Not Done	
Glucose	Not Done	Not Done	Not Done	
Protein	Not Done	Not Done	Not Done	
Ketones	Not Done	Not Done	Not Done	
WBC	Not Done	Not Done	Not Done	
RBC	Not Done	Not Done	Not Done	
Leukoesterase	Not Done	Not Done	Not Done	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Not Done**	**Not Done**	**Not Done**	
Blood Culture	**Not Done**	**Not Done**	**Not Done**	
Sputum Culture	**Not Done**	**Not Done**	**Not Done**	
Stool Culture	**Not Done**	**Not Done**	**Not Done**	

Lab Correlations Reference (1) (APA):

Kuhn, V., Kelm, M., & Cortese-Krott, M. M. (2020). Red Blood Cell Function and Dysfunction: Redox Regulation, Nitric Oxide Metabolism, Anemia. *Antioxidants & Redox Signaling*, https://pmc.ncbi.nlm.nih.gov/articles/PMC5421513/

Mank, V., & Brown, K. (2024). Leukocytosis. PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK560882/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Not done at this faculty

Diagnostic Imaging Reference (1) (APA): Not done at this faculty

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

5 different medications must be completed

Medications (5 required)

Brand/ Generic	Tylenol (acetaminop	Lovemox (enoxaparin)	Folvite (Folic Acid)	Atarax (hydroxyzin	Lopressor (metoprolol

	hen)			e)	tartrate)
Dose	**650 mg**	**40 mg**	**1 mg**	**50 mg**	**50 mg**
Frequency	**Every 6 hrs**	**Daily**	**Daily**	**3 times Daily**	**2 times Daily**
Route	**Oral**	**Subcutaneous**	**Oral**	**Oral**	**Oral**
Classification (pharmacologic & Therapeutic)	**Analgesics (Bartlett, 2023)** **Antipyretic (Bartlett, 2023)**	**Low molecular weight Heparin (Bartlett, 2023)** **Anticoagulation (Bartlett, 2023)**	**Vitamin B complex (Bartlett, 2023)** **Antianemia (Bartlett, 2023)**	**Antihistamine (Bartlett, 2023)** **Sedative-hypnotic (Bartlett, 2023)**	**Beta-Blocker (Bartlett, 2023)** **Antihypertensive (Bartlett, 2023)**
Mechanism of Action	**Inhibit the synthesis of prostaglandins in the central nervous system. (Bartlett, 2023)**	**activating antithrombin III (Bartlett, 2023)**	**neural cells through folate receptor 1 to be used in DNA and RNA biosynthesis (Bartlett, 2023)**	**modest serotonin 2 receptor antagonism in addition to histamine 1 and muscarinic blocking effects. (Bartlett, 2023)**	**beta1-selective (cardio selective) adrenergic receptor blocking agent (Bartlett, 2023)**
Reason Client Taking	**To relief Pain**	**Prevent blood clots in legs**	**Patient has low Hgb**	**Patient is allergies to aspirin but needs to take aspirin**	**Patient has a high blood pressure.**
Contraindications (2)	**Patients who have liver disease (Bartlett, 2023)** **Several hepatic impairment (Bartlett, 2023)**	**Patients who have active major bleeding (Bartlett, 2023)** **Heparin-Induced Thrombocytopenia**	**Untreated pernicious anemia (Bartlett, 2023)** **Hypersensitivity to Folic Acid (Bartlett, 2023)**	**Early Pregnancy (Bartlett, 2023)** **Hypersensitivity to hydroxyzine (Bartlett, 2023)**	**Severe Bradycardia (Bartlett, 2023)** **Heart block (Bartlett, 2023)**

		(Bartlett, 2023)			
Side Effects/Adverse Reactions (2)	**Liver Damage (Bartlett, 2023)** **Allergic Reactions (Bartlett, 2023)**	**Bleeding complication (Bartlett, 2023)** **Thrombocytopenia (Bartlett, 2023)**	**Allergic Reactions (Bartlett, 2023)** **Gastrointestinal Disturbances (Bartlett, 2023)**	**Drowsiness & Sedation (Bartlett, 2023)** **Dry mouth (Bartlett, 2023)**	**Fatigue & Dizziness (Bartlett, 2023)** **Bradycardia (Bartlett, 2023)**

Medications Reference (1) (APA):

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

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Assessment

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Physical Exam (18 points) – <mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and orientated 4x** **No sign of Distress** **Put together, well organized**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	 **White, Moist, Normal** **Warm** **97.5** **Skin turgor less than 3 seconds** **No rashes** <mark>**Some bruises on arms and legs due to fall**</mark>

Wounds: .	No wounds
Braden Score:	17
Drains present: Y☐ N ☒ **Type:**	
HEENT: **Head/Neck:**	Symmetrical, no lumps or bruises
Ears:	**Symmetrical, no lumps**
Eyes:	**Symmetrical, white sclera, pink conjunctiva**
Nose:	**No deviation, symmetric nose**
Teeth:	<mark>**Dentures**</mark>
CARDIOVASCULAR: **Heart sounds:**	**No murmurs, no abnormalities**
S1, S2, S3, S4, murmur etc.	**None**
Cardiac rhythm (if applicable):	
Peripheral Pulses:	**Strong pulse in all extremizes**
Capillary refill:	**Less than 2 seconds**
Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒	
Location of Edema:	**No edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	
Breath Sounds: Location, character	**No crackles or wheezing, No Abnormal**
GASTROINTESTINAL: **Diet at home:**	**All food but fish and sea food**
Current Diet	**Healthier diet, veggies and meats**
Height:	**5' 6.5'**
Weight:	**231 lbs.**

Auscultation Bowel sounds:	**Bowel sounds in all 4 quadrants**
Last BM:	**10/29/2024 Admission**
Palpation: Pain, Mass etc.:	**No masses, or pain**
Inspection:	**Stomach is even no distention's**
Distention:	**No distention**
Incisions:	<mark>**C - Section Scar**</mark>
Scars:	<mark>**C – Section Scar**</mark>
Drains:	**None**
Wounds:	**None**
Ostomy: **Y ☐** **N ☒**	
Nasogastric: **Y ☐** **N ☒**	
Size:	
Feeding tubes/PEG tube **Y ☐** **N ☒**	
Type:	
GENITOURINARY:	
Color:	**Clear, Light Yellow**
Character:	**No Smell,**
Quantity of urine:	**400 mL per urination**
Pain with urination: Y ☐ **N ☒**	<mark>**No pain but has some hesitation**</mark>
Dialysis: Y ☐ **N ☒**	
Inspection of genitals:	
Catheter: Y ☐ **N ☒**	
Type:	
Size:	
MUSCULOSKELETAL:	
Neurovascular status:	<mark>**Max assist left leg semi-flaccid and right leg weakness**</mark> **Arms have ROM, right leg has minimal assist, and left leg needs max assistance.**

ROM:	**Uses wheelchair, Sit to stand lift, Walker, commode**
Supportive devices:	**Needs assistant to move around, paralysis on lower left leg.**
Strength:	
ADL Assistance: Y☒ N ☐	
Fall Risk: Y ☒ N☐	**17**
Fall Score:	**Yes, can with assistant - Yoga in bed along with PT**
Activity/Mobility Status:	
Independent (up ad lib) ☐	**No**
Needs assistance with equipment	**Yes**
Needs support to stand and walk	**Yes**
NEUROLOGICAL:	
MAEW: Y ☐ N☒	**Difficulty moving right leg and is unable to move lift leg**
PERLA: Y ☒ N☐	
Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐	**Left Leg semi-flaccid, Right leg weakness**
Orientation:	
Mental Status:	**Caretaker**
Speech:	**A & O x4**
Sensory:	**Appropriate to Age**
LOC:	**Appropriate to Age**
	None
	A & O x4
PSYCHOSOCIAL/CULTURAL:	
Coping method(s):	**Call family, Watch TV, sit and talk to people**
Developmental level:	**Appropriate to Age**
Religion & what it means to pt.:	**Minister, Spiritual (Christianity)**
Personal/Family Data (Think about home environment, family structure, and available	**Lives with Sister, Nephew, Dad, and Autistic Son**

family support):	

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0725	77	119/76	16	97.5	95

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0725	1-10	Back, Neck, Head, & ankle	7 /10	Constant, aching	Pain management

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
520 mL – Water, & Coffee	400 mL – Urine

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• 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	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Risked for impaired mobility related to weakness as evidence by assisted devices	• **The patient had a stroke and is unable to move around and due to semi flaccid legs**	**1. Encourage the patient to participate in an activity program tailored to their abilities. (Nanda, 2012)** **2. Assess the patient's risk for falls, and ensure the environment is free from hazards. (Nanda, 2012)**	**1. The patient will demonstrate improved mobility, as evidenced by increased independence in ADLs and safe ambulation with assistive devices, within 1-2 weeks.**	• **The patient shows improved confidence and safety using assistive devices, or family members assist safely and effectively.** • **Mobility is maintained or improved, with fewer instances of assistance needed.** • **Adjust the intervention plan if the patient's strength decreases or if they require further assistance.**
1. Risked for pressure ulcer related to multiple strokes as evidence by decreases mobility. 1. **The patient will maintain intact skin without sings of pressure**	• **The patient is semi-bed bound without assistants**	**1. Assess skin integrity daily, focusing on bony prominences and areas at high risk for pressure injury (Nanda, 2012)** **2. Use pressure-relieving devices, such**	**1. The patient will maintain intact skin without sings of pressure ulcers throughout the care period**	• **the patient and family understand and follow the repositioning schedule and skin remain intact** • **Skin integrity is maintained, and no pressure ulcers develop** • **If signs of redness or early skin breakdown**

ulcers throughout the care period		**as specialized mattresses, cushions, or heels protectors as appropriate (Nanda, 2012)**		**are noted, increase repositioning frequency and assess additional pressure-relieving interventions.**

Other References (APA):

Nursing Diagnosis List | Nanda Nursing Diagnosis List. (2012).

   Nandanursingdiagnosislist.org. http://www.nandanursingdiagnosislist.org

Concept Map (23 Points):

Subjective Data

Patients pain is a 7/10

The patient feels weakness in the right leg & semi-flaccid in the leg

The patient has severe headaches that come on suddenly

Nursing Diagnosis/Outcomes

1. Risked for impaired mobility related to weakness as evidence by assisted devices
2. **The patient will demonstrate improved mobility, as evidenced by increased independence in ADLs and safe ambulation with assistive devices, within 1-2 weeks.**

1. Risked for pressure ulcer related to multiple strokes as evidence by decreases mobility.
2. **The patient will maintain intact skin without sings of pressure ulcers throughout the care period**

Objective Data

Limited mobility on one side, needs assistance devices to leave the bed and move around.

Blood work shows abnormal Hgb, Hct, and WBC.

Decreases sensation in the left leg, feeling of pins and needles.

Client Information

Patent is a white 39-year-old

Female

Height: 5'6"

Weights: 231 lbs.

Allergies: Amoxicillin, Aspirin & Penicillin

Nursing Interventions

1. Encourage the patient to participate in an activity program tailored to their abilities. (Nanda, 2012)
2. Assess the patient's risk for falls, and ensure the environment is free from hazards. (Nanda, 2012)

1. Assess skin integrity daily, focusing on bony prominences and areas at high risk for pressure injury (Nanda, 2012)
2. Use pressure-relieving devices, such as specialized mattresses, cushions, or heels protectors as appropriate (Nanda, 2012)