N311 Care Plan 4

Ngoc Trinh

Lakeview College of Nursing

N311: Foundations of Professional Practice

Linda Scribner

October 31, 2024

Demographics (5 points)

Date of Admission 10/30/2024	Client Initials GM	Age 75	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Augmentin, Codeine, Erythromycin.
Code Status Full Code	Height 144.8 cm	Weight 53.7 kg	

Medical History (5 Points)

Past Medical History: Acute Right MCA Stroke, Alcohol Abuse, Asthma, Chronic Rhinitis.

Past Surgical History: Hemorrhoid Surgery, Colonoscopy, Hernia Repair, Hysterectomy.

Family History: Father - Chronic Heart Failure (CHF), Mother - Hypertension (HTN)

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

The patient currently smokes half a pack of cigarettes a day for forty-eight years and drinks two cups of wine daily. The patient denies the use of recreational drugs.

Admission Assessment

Chief Complaint (2 points): Altered Mental Status.

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

The 75-year-old Caucasian female presented to the emergency department on October 30, 2024, after being found unresponsive by her husband. EMS reports the patient had a syncopal episode approximately two hours before arrival. The patient states, "I started feeling dizzy and passed out on the floor and hit my head." The patient describes the pain as sharp and achy pain and rates the pain a 5/10 on a numeric scale. The patient states applying pressure aggravates the pain, and utilizing heat packs and ibuprofen relieves the pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Rhabdomyolysis.

Secondary Diagnosis (if applicable): Acute kidney injury.

Pathophysiology

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

Rhabdomyolysis is a serious condition in which the skeletal muscle tissue collapses, letting go of its intracellular contents into the bloodstream (Bagley et al., 2020). Traumatic injury, overexertion, drugs, poisons, and infections can trigger this cell breakdown. In its pathophysiology, rhabdomyolysis begins when the membranes of muscle cells are torn away by direct muscle damage or metabolic perturbations, causing cell death (Bagley et al., 2020). The release of myoglobin, potassium, phosphate, and creatine kinase (CK) from damaged muscle cells triggers a chain of biochemical reactions that can trigger systemic issues such as kidney failure, electrolyte imbalances, and multi-organ failure (Bagley et al., 2020).

When muscle damage occurs on a cellular level, the muscle proteins and electrolytes spill into the bloodstream (Keller & Hargrove, 2021). A muscle protein called myoglobin is one of the primary sources of kidney damage in rhabdomyolysis, when it builds up in the tubules and becomes blocked, leading to direct cellular damage. Myoglobin's breakdown products also intensify kidney oxidative stress, triggering acute kidney injury (AKI) (Keller & Hargrove, 2021). High levels of potassium due to cell leakage can also interfere with cardiac function and cause life-threatening arrhythmias (Keller & Hargrove, 2021). Uneven levels of phosphorus and calcium from damaged muscle cells can cause hypocalcemia when calcium accumulates in the

damaged tissues and then hypercalcemia when it is released back into the bloodstream during recovery, placing further pressure on the body (Keller & Hargrove, 2021).

The clinical manifestation of rhabdomyolysis depends on the extent of muscle destruction and its cause (Bagley et al., 2020). Muscle pain, weakness, and swelling are some of the typical signs and symptoms of the disease, especially in the involved muscles. Myoglobin is responsible for the dark, tea-colored urine that characterizes rhabdomyolysis. In extreme instances, patients might also show signs of electrolyte dysfunction, including confusion, weakness, and cardiac arrhythmias (Bagley et al., 2020). If untreated, you can experience compartment syndrome (pressure inside the muscles that decreases the flow of blood) and AKI (Bagley et al., 2020).

The diagnosis for rhabdomyolysis is typically a mix of laboratory and clinical findings. High levels of CK are a diagnostic hallmark, usually at more than five times the normal range, and a sign of high-grade muscle failure (Keller & Hargrove, 2021). Myoglobinuria, measured via urine analysis, confirms the diagnosis. Having blood tests that test for potassium, calcium, and renal function can help diagnose the extent of systemic involvement and determine appropriate treatment (Keller & Hargrove, 2021). Other imaging tests, including MRI, can help to identify muscle damage but are not needed for diagnosis (Keller & Hargrove, 2021).

In conclusion, rhabdomyolysis is an incredibly intricate pathology produced by the breakdown of muscles and the discharge of intracellular fluids into the bloodstream (Keller & Hargrove, 2021). Its pathophysiology impacts multiple organ systems, necessitating prompt detection and treatment to prevent serious complications (Keller & Hargrove, 2021). Knowing what happens in a cell and seeing the clinical signs will make a big difference for the patient who has suffered from this potentially fatal illness.

Pathophysiology References (2) (APA):

Bagley, W. H., Yang, H., & Shah, K. H. (2020). Rhabdomyolysis. *The New England Journal of*
　　　　Medicine, *373*(12), 1436-1446. https://doi.org/10.1056/NEJMra1812566

Keller, R. H., & Hargrove, J. N. (2021). Pathophysiology of rhabdomyolysis and its
　　　　complications. *American Journal of Kidney Diseases, 78*(3)*,* 431-439.
　　　　https://doi.org/10.1053/j.ajkd.2021.04.015

<div align="center">

Laboratory Data (20 points)

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

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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	3.50-5.20 10^6/uL	3.37	3.28	A low RBC count indicates possible anemia due to blood loss, nutritional deficiencies, or chronic illness (Taylor et al., 2023).
Hgb	11.0-16.0 g/dL	11.0	10.6	Low hemoglobin which could impact oxygen transport in the blood and contribute to symptoms of anemia (Taylor et al., 2023).
Hct	34.0-47.0 %	32.4	30.6	Low hematocrit suggesting reduced red blood cell mass and possible anemia, affecting overall blood volume and oxygenation (Taylor et al., 2023).
Platelets	140-400 10^3/uL	540	440	High platelet count may indicate an inflammatory or reactive process in response to infection or stress (Taylor et al., 2023).
WBC	4.00-11.00 10^3/uL	17.10	15.33	High WBC count reflects potential infection or inflammatory response, which is further supported by elevated neutrophils (Taylor et al., 2023).
Neutrophils	1.60-7.70 10^3/uL	14.83	12.9	High neutrophils suggest an active bacterial infection or stress response within the body (Taylor et al., 2023).
Lymphocytes	1.00-4.90 10^3/uL	0.58	1.09	Low lymphocytes suggest a weakened immune response or infection (Taylor et al., 2023).

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20 10^6/uL	3.37	3.28	A low RBC count indicates possible anemia due to blood loss, nutritional deficiencies, or chronic illness (Taylor et al., 2023).
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WBC	4.00-11.00 10^3/uL	17.10	15.33	High WBC count reflects potential infection or inflammatory response, which is further supported by elevated neutrophils (Taylor et al., 2023).
Neutrophils	1.60-7.70 10^3/uL	14.83	12.9	High neutrophils suggest an active bacterial infection or stress response within the body (Taylor et al., 2023).
Monocytes	0.00-1.10^3/uL	1.52	1.18	High monocytes may indicate a chronic infection or inflammation (Taylor et al., 2023).

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20 10^6/uL	3.37	3.28	A low RBC count indicates possible anemia due to blood loss, nutritional deficiencies, or chronic illness (Taylor et al., 2023).
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Hct	34.0-47.0 %	32.4	30.6	Low hematocrit suggesting reduced red blood cell mass and possible anemia, affecting overall blood volume and oxygenation (Taylor et al., 2023).
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WBC	4.00-11.00 10^3/uL	17.10	15.33	High WBC count reflects potential infection or inflammatory response, which is further supported by elevated neutrophils (Taylor et al., 2023).
Neutrophils	1.60-7.70 10^3/uL	14.83	12.9	High neutrophils suggest an active bacterial infection or stress response within the body (Taylor et al., 2023).
Eosinophils	0.00-0.50 10^3/uL	0.0	0.0	N/A
Bands	1.60-7.70 10^3/uL	N/A	N/A	N/A

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 mmol/L	137	143	N/A
K+	3.5-5.1 mmol/L	3.6	2.8	Low potassium to dangerous cardiac arrhythmias and may result from inadequate dietary intake, excessive losses due to vomiting or diarrhea, or certain medications (Taylor et al., 2023).
Cl-	98-107 mmol/L	105	107	N/A
CO2	22.0-29.0 mmol/L	10.0	24.9	Low bicarbonate indicates metabolic acidosis, which can occur due to conditions such as renal failure or severe dehydration (Taylor et al., 2023).
Glucose	74-100 mg/dL	65	125	High glucose suggests possible hyperglycemia, which can result from diabetes, stress, or infection (Taylor et al., 2023. Low glucose can cause confusion, weakness, and seizures (Taylor et al., 2023).
BUN	10-20 mg/dL	60	52	High indicating possible kidney dysfunction or dehydration (Taylor et al., 2023).
Creatinine	0.55-1.02 mg/dL	3.78	2.59	High suggesting impaired renal function, which may be due to acute or chronic kidney injury (Taylor et al., 2023).
Albumin	3.4-4.8 g/dL	2.3	2.0	Low which can indicate malnutrition, liver disease, or conditions causing protein loss (Taylor et al., 2023).

Calcium	8.9-10.6 mg/dL	7.8	7.3	Low calcium can result from hypoparathyroidism, vitamin D deficiency, or chronic kidney disease (Taylor et al., 2023).
Mag	1.6-2.6 mg/dL	2.0	1.8	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	0.2-1.2 mg/dL	0.3	0.3	N/A
Alk Phos	40-150 U/L	88	81	N/A

Urinalysis Highlight All Abnormal Labs—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	CLEAR	Cloudy	N/A	The cloudy appearance of the urine may indicate the presence of substances such as cells, bacteria, or crystals, suggesting possible infection or other pathological conditions (Taylor et al., 2023).
pH	4.5-8.0 pH	5.0	N/A	
Specific Gravity	1.003-1.035 Arbitrary unit	1.036	N/A	The elevated specific gravity indicates concentrated urine, which may result from dehydration or increased solute concentration in the urine (Taylor et al., 2023).
Glucose	Negative mg/dL	100	N/A	The presence of glucose in the urine suggests hyperglycemia, which may indicate diabetes mellitus or renal threshold issues

				(Taylor et al., 2023).
Protein	Negative mg/dL	<mark>30</mark>	N/A	Protein presence indicates potential kidney damage or disease (Taylor et al., 2023).
Ketones	Negative mg/dL	<mark>15</mark>	N/A	Ketones indicate metabolic disturbance or uncontrolled diabetes (Taylor et al., 2023).
WBC	Negative mg/dL	N/A	N/A	N/A
RBC	Negative mg/dL	N/A	N/A	N/A
Leukoesterase	Negative mg/dL	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A
Blood Culture	No growth	No growth	No growth	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	Negative	Negative	Negative	N/A

Lab Correlations Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and*

science of person-centered care (10th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): CT Brain, CT Cervical Spine, CT Chest/Abdomen

Computed Tomography (CT) Brain: Date: 10/30/2024 Time: 1055

Due to this patient's altered mental status, CT brain scans play a key role in diagnosing this patient because they can visualize neurological complications such as hemorrhage, stroke, or trauma that might contribute to the altered state of consciousness. It allows us to see if structural abnormalities, like bleeding or infarctions, exist, so we can intervene before further neurological degeneration sets in (Pagana et al., 2023).

Computed Tomography (CT) Cervical Spine: Date 10/30/2024 Time: 1230

A cervical spine CT scan provides an accurate image of the vertebrae of the neck and surrounding structures, so fractures, spinal cord injuries, and other injuries can be early identified following a trauma. The test is particularly important in trauma patients who show neck pain, numbness, or neurologic symptoms, which can all be indicators of serious spinal damage. You need to be able to recognize and treat the condition in time so that complications, such as paralysis, do not occur (Pagana et al., 2023).

Computed Tomography (CT) Chest/Abdomen: Date 10/30/2024 Time: 0225

A chest and abdominal CT scan can be used for evaluating many conditions as it visualizes both the chest and abdomen during the same imaging procedure. It is especially useful for finding tumors, assessing injuries, detecting infections, and examining the lungs, heart, liver, kidneys, and other vital organs. It delivers cross-sectional images that enable clinicians to identify suspicious masses, fluid accumulations, or inflammation not evident on conventional X-rays (Pagana et al., 2023).

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

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

5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Rocephin/ceftriaxone	Coumadin/heparin	Flagyl/metronidazole	Protonix/pantoprazole	Glycolax/polyethylene glycol
Dose	2 g	1 mL	100 mL	10 mL	17 g
Frequency	Every 24 hours	Every 12 hours	Every 8 hours	Daily (0900)	Daily as needed
Route	IVPB	Subcutaneous	IVPB	IV push	Oral
Classification	Cephalosporin antibiotics	Heparin and related preparations	Anaerobic antiprotozoal-antibacterial	Proton-pump inhibitors	Laxatives and cathartics
Mechanism of Action	Ceftriaxone is a broad-spectrum cephalosporin antibiotic that inhibits bacterial cell wall synthesis by binding to penicillin-binding proteins, leading to	Heparin acts as an anticoagulant by enhancing the activity of antithrombin III, which inhibits thrombin and factor Xa, preventing clot formation.	Metronidazole disrupts DNA synthesis in anaerobic bacteria and protozoa, leading to cell death.	Pantoprazole is a proton pump inhibitor that reduces gastric acid secretion by inhibiting the H+/K+ ATPase enzyme in gastric parietal cells.	Polyethylene glycol acts as an osmotic laxative, drawing water into the bowel to soften stool and stimulate bowel movements.

	cell lysis and death.				
Reason Client Taking	It is used to treat various bacterial infections, including pneumonia, meningitis, and urinary tract infections.	It is prescribed for the prevention and treatment of thromboembolic disorders such as deep vein thrombosis and pulmonary embolism.	It is used to treat various infections, including bacterial vaginosis, trichomoniasis, and giardiasis.	It is prescribed for the treatment of gastroesophageal reflux disease (GERD) and to prevent gastric ulcers associated with NSAID use.	It is commonly used for the treatment of constipation and bowel preparation before procedures like colonoscopy.
Contraindications (2)	1.Hypersensitivity to cephalosporins or penicillins. 2. Neonates due to the risk of bilirubin encephalopathy.	1. Active bleeding or bleeding disorders. 2. Severe thrombocytopenia.	1. Hypersensitivity to metronidazole or nitroimidazole derivatives. 2. First trimester of pregnancy due to potential fetal risks.	1.Hypersensitivity to pantoprazole or its component. 2. Caution in patients with severe liver disease.	1. Known or suspected bowel obstruction. 2. Colitis or inflammatory bowel disease.
Side Effects/Adverse Reactions (2)	1. Gastrointestinal disturbances	1. Increased risk of bleeding	1. Gastrointestinal disturbances	1. Gastrointestinal issues, including	1. Abdominal bloating

	, such as diarrhea and nausea.

2. Allergic reactions, including rash or anaphylaxis | complicatio ns.

2. Heparin-ind uced thrombocyt openia (HIT), which can lead to a decrease in platelet count. | , such as nausea and diarrhea.

2. Neurologica l effects, including seizures and peripheral neuropathy | diarrhea and abdominal pain.

2. Increased risk of Clostridium difficile infection. | and cramping.

2. Diarrhea, which may occur with overuse. |

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2024). *2024 Nurse's Drug Handbook (22nd ed.)*. Jones &

    Bartlett Learning.

Assessment

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

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

GENERAL:

Alertness:

Orientation:

Distress:

Overall appearance: | <mark>**Alertness:** Patient was alert & oriented x 0.</mark>

<mark>**Orientation: The patient** was not able to verify her name and DOB due to her altered mental status.</mark>

Distress: The patient showed no signs of distress.

<mark>**Overall Appearance:** The patient was not well-groomed and did not have a clean look. She was covered in soiled linens upon arrival.</mark> |

INTEGUMENTARY:	
Skin color:	**Skin color:** Normal for ethnicity.
Character:	**Character: Dry, scabs, and not intact, pallor.**
Temperature:	**Temperature: Cool and dry.**
Turgor:	**Turgor:** Loose and elastic.
Rashes:	**Rashes:** None reported.
Bruises:	**Bruises: The patient appeared to have bruises on all extremities.**
Wounds: .	**Wounds: Stage 1 pressure ulcer to the sacrum area.**
Braden Score:	**Braden Score: 10, High Risk**
Drains present: Y☐ N ✓ **Type:**	
HEENT:	
Head/Neck:	
Ears:	
Eyes:	
Nose:	
Teeth:	
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ✓** **Edema Y ☐ N ✓** **Location of Edema:**	**Heart sounds:** Clear S1 and S2 without murmurs or gallops **Cardiac rhythm (if applicable):** Normal Sinus Rhythm **Peripheral Pulses:** Pulses +2 bilateral upper and lower extremities. **Capillary refill: Greater than 3 seconds upper and lower extremities** **Location of Edema:** No edema was inspected or palpated in all extremities.

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.

GASTROINTESTINAL:
 	
Diet at home:
 	
Current Diet
 	
Height:
 	
Weight:
 	
Auscultation Bowel sounds:
 	
Last BM:
 	
Palpation: Pain, Mass etc.:
 	
Inspection:
 	
       Distention:
 	
       Incisions:
 	
       Scars:
 	
       Drains:
 	
       Wounds:
 	
Ostomy: **Y ☐   N ☐**
 	
Nasogastric: Y ☐   N ☐
 	
     Size:
 	
Feeding tubes/PEG tube   Y ☐   N ☐
 	
      Type:	

GENITOURINARY:
 	
Color:
 	
Character:
 	
Quantity of urine:
 	
Pain with urination: Y ☐   **N** ☐
 	
Dialysis: Y ☐ **N** ☐
 	
Inspection of genitals:
 	
Catheter: Y ☐ **N** ☐
 	
    Type:
 	
    Size:	

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y**✓ **N** ☐ **Fall Risk: Y ✓ N** ☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Fall Score: 45; High Risk

NEUROLOGICAL:	.
MAEW: Y ☐ N☐	
PERLA: Y ☐ N☐	
Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐	
Orientation:	
Mental Status:	
Speech:	
Sensory:	
LOC:	
PSYCHOSOCIAL/CULTURAL:	**Coping method(s):** The patient uses methods such as deep breathing, to cope with the pain and discomfort.
Coping method(s):	**Developmental level:** Stage 8: integrity vs despair.
Developmental level:	**Religion & what it means to pt:** The patient identifies as Christian and expresses that her faith is a source of strength, providing her with emotional support during difficult times.
Religion & what it means to pt.:	
Personal/Family Data (Think about home environment, family structure, and available family support):	**Personal/Family Data (Think about home environment, family structure, and available family support):** The patient has a son and spouse who support and monitor her to ensure that the patient is comfortable.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0719	<mark>107 bpm</mark>	<mark>111/57 mmHg</mark>	16 respirations per minute	36.7 F Axillary	97% Room Air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1157	Numeric Scale	N/A	5/10	Sharp and achy	Ibuprofen administered.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NS: 655.14 mL	Urine voided: 25 mL
Total: 655.14 mL	Total: 25 mL

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. Deficient fluid volume related to electrolyte imbalances as evidenced by altered mental status, increased heart rate, and	The nursing diagnosis was chosen because the patient presented to the emergency department	1. Provide fluid replacement intravenously and orally as tolerated (Wagner, 2022).	1. The patient will maintain an average of 30 mL/hr of urine output and exhibit BUN and creatinine levels	1. The patient responded well to the nurse's actions and reported more than 30 mL/hr of urine voided and BUN/Creatinine levels were within

altered BUN/Creatinine levels (Wagner, 2022).	A&Ox0, with a heart rate of 107 bpm, BUN of 52, and creatinine of 2.59.	2. Replace electrolytes (Wagner, 2022).	within normal limits.	normal limits. The goal was met. The patient's response to the intervention was positive because she became A&Ox3 and electrolytes were within normal range.
2. Impaired physical mobility related to muscle weakness as evidenced by decreased range of motion and postural instability (Wagner, 2022).	The nursing diagnosis was chosen because the patient showed signs of muscle weakness, limiting their physical mobility and scoring a fall risk score of 45.	1. Assist the patient in self-care activities (Wagner, 2022). 2. Implement safety precautions (Wagner, 2022).	1. The patient will demonstrate increased strength, ability to move, and participate in physical therapy twice per week.	1. The patient responded well to the nurse's actions and reported being able to use the wheeled walker independently. The goal was met. The patient's response to the intervention was positive because she can move independently and freely move her extremities.

Other References (APA):

Wagner, M., (2022). *Rhabdomyolysis: Nursing diagnosis & care plans.* NurseTogether.

https://www.nursetogether.com/rhabdomyolysis-nursing-diagnosis-care-plan/?fbclid=Iw

Y2xjawGVFHZleHRuA2FlbQIxMAABHYwD2n-z1FtxxrUPxfsoTB1q_az7jP6_2Hn8xO

rjdWqamnbrOfvoLr1qEg_aem_DYTeg6RTjQUCflnpxnCuxg

Concept Map (23 Points):

Subjective Data

- The patient states, "I started feeling dizzy and passed out on the floor and hit my head."

- The patient describes the pain as sharp and achy pain.

- The patient states applying pressure aggravates the pain, and utilizing heat packs and ibuprofen relieves the pain.

Nursing Diagnoses/Outcomes

- Deficient fluid volume related to electrolyte imbalances as evidenced by altered mental status, increased heart rate, and altered BUN/Creatinine levels (Wagner, 2022).
  - Goal met: The patient responded well to the nurse's actions and reported more than 30 mL/hr of urine voided and BUN/Creatinine levels were within normal limits. The goal was met. The patient's response to the intervention was positive because she became A&Ox3 and electrolytes were within normal range.
- Impaired physical mobility related to muscle weakness as evidenced by decreased range of motion and postural instability (Wagner, 2022).
  - Goal met: The patient responded well to the nurse's actions and reported being able to use the wheeled walker independently. The goal was met. The patient's response to the intervention was positive because she can move independently and freely move her extremities.

Objective Data

Vital Signs: P: 107 bpm, BP: 111/57 mmHg, R: 16 bpm, T: 96.3 F, O2: 97% RA

Pain Scale: 5/10 Numeric Scale

Lab Results: Hgb 10.6, Hct 30.6, Platelets 440, WBC 15.33, Neutrophils 12.9, Lymphocytes 0.58, Monocytes 1.18, K+ 2.8, CO2, 10.0, Glucose 125, BUN 52, Creatinine 2.59, Albumin 2.0, Calcium 7.3, Color Clarity, cloudy, Specific gravity 1.036, Glucose 100, Protein 30, Ketones 15.

Diagnostic Tests: CT Brain (10/30/2024), CT cervical spine (10/30/2024), CT chest/abdomen(10/30/2024).

Intake and Output:
- Intake: NS 655.14 mL
- Output: Urine voided 25 mL.

Client Information

GM is a The 75-year-old Caucasian female presented to the emergency department on October 30, 2024, after being found unresponsive by her husband. EMS reports the patient had a syncopal episode approximately two hours before arrival. The patient has a past medical history of acute right MCA stroke, alcohol abuse, asthma, chronic rhinitis. The patient's surgical history includes hemorrhoid surgery, colonoscopy, hernia repair, and hysterectomy. The patient's family history includes chronic heart failure (father) and hypertension (mother). The patient currently smokes half a pack of cigarettes a day for forty-eight years and drinks two cups of wine daily. The patient denies the use of recreational drugs.

Nursing Interventions

- Provide fluid replacement intravenously and orally as tolerated (Wagner, 2022).
- Replace electrolytes (Wagner, 2022).
- Assist the patient in self-care activities (Wagner, 2022).
- Implement safety precautions (Wagner, 2022).