N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

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Demographics (5 points)

Date of Admission 11/3/2024	Client Initials MEP	Age 66 y. o	Gender Female
Race/Ethnicity White/Caucasian	Occupation Disability	Marital Status Divorced	Allergies Ativan – unable to speak NSAIDS – fluid retention and skin crawling Penicillin - Hives
Code Status Full (no ACP docs)	Height 5’ 8”	Weight 191 lb. 4 oz	

Medical History (5 Points)

Past Medical History: Anxiety, breast cancer, Clostridioides difficile diarrhea, gastroesophageal reflux disease, insomnia, transient ischemic attack, hypertension

Past Surgical History: Total hip arthroplasty, rhinoplasty, knee surgery, breast surgery

Family History: Patient denies family history.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient denies current use of smokeless tobacco, alcohol, or drugs. Patient states she currently smokes cigarettes. Cigarette use has been ongoing for 30 years. Patient smokes about one pack of cigarettes daily.

Admission Assessment

Chief Complaint (2 points): Weakness in left extremities

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

Patient presented to the emergency department on 11/3/2024 with complaints of weakness in the left extremities. The left sided weakness began at 0900 on 11/3/2024 when the patient woke up. As of 1602 on 11/4/2024 the weakness was still ongoing. The weakness is described as numbness in the left arm and left leg. The patient states that the extremities “felt like they weighed 50 lbs. each.” Patient denies any knowledge of aggravating or

relieving factors. She states that the night before, 11/2/2024, was normal with no factors that stand out as potential causations. The patient denies trying to treat her symptoms before reporting to the emergency department because she feared she had had a stroke.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): N/A

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

Pathophysiology

Transient ischemic attacks, or TIAs, are medical emergencies that are caused by short term blockages of arterial blood flow to the brain (Capriotti, 2024). When a blockage is present, the brain cells are deprived of blood and oxygen causing them to fail and die (Mayo, 2024). Depending on the artery that contains the blockage, different areas of the brain may be affected, causing a multitude of neurological manifestations. TIAs are brief and blood flow is usually restored quickly thus long-term damage does not occur (Capriotti, 2024).

Etiology

The primary causation of TIAs is atherosclerosis, a buildup of fatty cholesterol within the arteries. The buildup within the artery may lead to diminished blood flow or the formation of a clot (Mayo, 2024). There are also several risk factors that may put an individual at risk for a TIA. High blood pressure, high cholesterol, cigarette smoking, and obesity are just a few modifiable risk factors ((Mayo, 2024).

Signs and Symptoms

A transient ischemic attack can manifest in several different signs and symptoms. Many symptoms of a TIA are similar to those of a stroke. Symptoms may include numbness or weakness on one side of the body, dizziness, trouble understanding speech, or sudden vision changes (Mayo, 2024). Signs may include facial paralysis or drooping of one side of the face and slurred speech (Mayo, 2024). Signs and symptoms of a TIA will clear up within a few minutes to 24 hours after the attack (Capriotti, 2024).

Diagnostic Testing

Diagnostic imaging is used to confirm the initial diagnosis, pinpoint the location of the blockage, and assess the likelihood of a stroke occurring (Mayo, 2024). Testing that may be used include a carotid ultrasonography, a computerized tomography, magnetic resonance imaging, echocardiography, and arteriography (Capriotti, 2024). The imaging that is used allows physicians to see the blood vessels and determine potential narrowing or blockage (Mayo, 2024).

Treatment

Transient ischemic attacks oftentimes resolve on their own. However, it is important to prevent TIAs from occurring again as well as preventing a stroke (Capriotti, 2024). Once diagnostic imaging provides the causation and location of the ischemic attack, healthcare providers will decide what medications or procedures to proceed with. Common medications used to prevent TIA and stroke are anti-platelet drugs and anticoagulants (Mayo, 2024). The drugs decrease the likelihood of a blood clot forming that could block the arteries. The physician may choose to complete a carotid endarterectomy or an angioplasty (Mayo, 2024). A carotid endarterectomy is a surgery that clears the fatty deposits that have built up within the carotid artery (Mayo, 2024). An angioplasty is a procedure that uses a balloon to open a clogged artery before a stent is placed (Mayo, 2024).

Pathophysiology References (2) (APA):

References

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

Mayo Foundation for Medical Education and Research. (2024). *Transient ischemic attack (TIA)*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/symptoms-causes/syc-20355679

Laboratory Data (20 points)

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

CBC Highlight All Abnormal Labs—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	**3.8 – 5.3 10(6)/mcL**	**4.35 10(6)/mcL**	**N/A**	**Normal**
Hgb	**12 – 15.8 g/dL**	**15.4 g/dL**	**N/A**	**Normal**
Hct	**36 – 47%**	**44.4 %**	**N/A**	**Normal**
Platelets	**140 – 440 10(3)/mcL**	**225 10(3)/mcL**	**N/A**	**Normal**
WBC	**4 – 12 10(3)/mcL**	**6.4 10(3)/mcL**	**N/A**	**Normal**
Neutrophils	**55 – 70 %**	**70.3%**	**N/A**	**Normal**
Lymphocytes	**20 – 40%**	**20%**	**N/A**	**Normal**
Monocytes	**2 – 8 %**	**7.4%**	**N/A**	**Normal**
Eosinophils	**1 – 4%**	**1.7%**	**N/A**	**Normal**
Bands	**N/A**	**N/A**	**N/A**	**N/A**

Chemistry Highlight All Abnormal Labs—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	135 mmol/L	N/A	This level is slightly below normal range. Hyponatremia may be attributed to the beta blocker, Metoprolol tartrate, she is currently on for hypertension (NDH, 2024).
K+	3.5 – 5.1 mmol/L	4.3 mmol/L	N/A	Normal
Cl-	98 – 107 mmol/L	102 mmol/L	N/A	Normal
CO2	22 – 30 mmol/L	22 mmol/L	N/A	Normal
Glucose	70 – 99 mg/dL	100 mg/dL	N/A	This level is slightly above normal. Hyperglycemia may be attributed to the medications the patient is on. Atorvastatin may cause elevated glucose levels (NDH, 2024).
BUN	10 – 20 mg/dL	8 mg/dL	N/A	This level is slightly below normal. Low BUN may be due to her sex or diet. Females have a naturally lower BUN and diets that lack protein may produce decreased levels as well (Mayo, 2023).
Creatinine	.6 – 1 mg/dL	.68 mg/dL	N/A	Normal
Albumin	3.5 – 5 g/dL	3.6 g/dL	N/A	Normal
Calcium	8.7 – 10.5 mg/dL	9.3 mg/dL	N/A	Normal
Mag	1.6 – 2.6 mg/dL	N/A	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	.2 – 1.2 mg/dL	.4 mg/dL	N/A	Normal

Alk Phos	**40 – 150 U/L**	**85 U/L**	**N/A**	**Normal**

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	**Amber Yellow**	**N/A**	**N/A**	**N/A**
pH	**5 – 9**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.003 – 1.030**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**
Protein	**0 – 8 mg/dL**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**0 – 5 WBCs/hpf**	**N/A**	**N/A**	**N/A**
RBC	**0 - 2 RBCs/hpf**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**N/A**

Cultures Highlight All Abnormal Labs—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	**<10,000 bacteria/mL**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Normal upper respiratory tract**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2023). *Blood urea nitrogen (BUN) test*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821

Nurse's Drug Handbook. 2024. (2024). Jones & Bartlett Learning.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Non-contrast head computed tomography:

A CT was performed on 11/3/2024 due to suspicion of a stroke. This diagnostic test will provide a three-dimensional view of the brain and potential infarctions. The findings were not indicative of a stroke.

Chest X-ray:

A chest x-ray was performed on 11/3/2024 to visualize the heart and lungs. A chest x-ray allows for physicians to rule out cardiac or pulmonary causes for the patient's extremity weakness as well as evaluate the overall appearance of the heart and lungs. The findings show nodular opacities in the right mid lung zone.

Non-contrast head and neck computed tomography angiography:

A CTA of the head and neck was performed on 11/3/2024 due to suspicion of a stroke. This diagnostic test provides an image of the blood vessels in the head and neck.

This will allow for physicians to determine if and where there are blocked arteries. The findings were not indicative of a stroke.

Magnetic resonance imaging:

An MRI was performed on 11/4/2024 to assess potential changes in the brain from the previous day. An MRI provides a detailed image of the brain. The findings of the test indicated an acute lacunar ischemic infarct.

Diagnostic Imaging Reference (1) (APA):

References

Pagana, K. D., & Pagana, T. J. (2021). *Mosby's Manual of Diagnostic and Laboratory tests*. Elsevier Mosby.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Metoprolol tartrate (Lopressor)**	**Atorvastatin (Lipitor)**	**Clopidogrel (Plavix)**	**Enoxaparin sodium (Lovenox)**	**Hydralazine (Apresoline)**
Dose	**25 mg**	**40 mg**	**75 mg**	**40 mg**	**10 mg**
Frequency	**Twice daily**	**Nightly**	**Daily**	**Daily**	**Every 1-hour PRN**
Route	**Oral**	**Oral**	**Oral**	**Subcutaneous**	**Intravenous**
Classification	**P: Beta1-adrenergic blocker T: antianginal, antihypertensiv**	**P: HMG-CoA reductase inhibitor T: Antihyperlipide**	**P: P2Y12 platelet inhibitor T: Platelet aggregation**	**P: Low-molecular-weight heparin T:**	**P: Vasodilator T: Antihypertensive**

	e	**mic**	**inhibitor**	**Anticoagulant**	
Mechanism of Action	**Inhibits stimulation of beta1-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand to help relive angina, minimize cardiac tissue damage from myocardial infarction, and help relieve symptoms of heart failure (NDH, 2024.)**	**Uses plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL uptake and breakdown (NDH, 2024.)**	**Binds to adenosine receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen from attaching to receptors (NDH, 2024.)**	**Potentiates the action of antithrombin III, a coagulation inhibitor (NDH, 2024).**	**May act in a manner that resembles organic nitrates and sodium nitroprusside, except that it is selective for arteries (NDH, 2024.)**
Reason Client Taking	**Client is taking medication to manage hypertension.**	**The Client is taking the medication to prevent coronary heart disease due to her history of hypertension and smoking.**	**The client is taking the medication to prevent blood clots from forming and potentially causing a stroke.**	**The client is taking the medication to prevent blood clots from forming and potentially causing a stroke.**	**Client is taking medication to manage hypertension.**
Contraindications (2)	**1.Cardiogenic shock 2.Cerebrovascular accident**	**1.Acute liver failure 2.Pancreatitis**	**1.Intacranial bleeding 2. Prolonged bleeding time**	**1.Active major bleeding 2.Thrombocytopenia**	**1.Coronery artery disease 2.interacts with some antihypertensives**
Side Effects/Adverse Reactions (2)	**1.Orthostatic hypotension 2.Angina**	**1. Cognitive impairment 2.**	**1.Vasculitis 2.Chest pain**	**1.Congestive heart failure 2.hemorrhag**	**1.Angina 2.Dyspnea**

		Hyperglycemia		**e**	

Medications Reference (1) (APA):

References

Nurse's Drug Handbook. 2024. (2024). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: Alert** **Orientation: Oriented** **Distress: No signs of distress** **Overall appearance: Well groomed**	**Patient is alert and oriented to person, place, and time. She appears to be well groomed and under no signs of acute distress.**
INTEGUMENTARY: **Skin color: Pale cream** **Character: Dry, even hair distribution and texture** **Temperature: Warm** **Turgor: Appropriate** **Rashes: No rashes** **Bruises: No bruises** **Wounds: No wounds** **Braden Score: 19** **Drains present: Y☐ N ☒** **Type: N/A**	**Patient's skin is a pale cream color. Upon palpation the skin is dry, warm, with even hair distribution. Skin turgor normal mobility. No rashes, bruises, or wounds present. Braden score is 19. No drains present.**
HEENT: **Head/Neck: Normocephalic** **Ears: Symmetrical** **Eyes: Symmetrical** **Nose: Symmetrical** **Teeth: Appropriate dentition**	**Head and neck are symmetrical. Trachea is midline. No lymphadenopathy noted in head or neck. Carotid pulses +2 bilaterally. Eyes are symmetrical. Sclera is white, cornea is clear, conjunctiva is pink. PERRLA bilaterally. EOMs intact. Ears are symmetrical with no lesions, lumps, or deformities. The nose is symmetrical, septum is midline, no lumps, or lesions present. Dentition is good, oral mucosa is moist and pink with no lesions noted in the oral cavity.**

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CARDIOVASCULAR: **Heart sounds: Clear S1 and S2** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: Bilateral +2** **Capillary refill: Less than 3 seconds bilaterally** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: N/A**	**Clear S1 and S2 with no murmurs, gallops, or rubs present. Normal heart rate and rhythm. Peripheral pulses are +2 bilaterally. Capillary refill is less than 3 seconds. No jugular vein distention. No edema palpated in all four extremities.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Normal rate and pattern. Lung sounds are clear.**	Patient's respiration is appropriate rate and pattern. Breathing is non-labored and symmetrical upon inspection. Lung's sound clear throughout anterior and posterior bilaterally.
GASTROINTESTINAL: **Diet at home: Unrestricted** **Current Diet: Unrestricted** **Height: 5' 8"** **Weight:191 lbs. 4 oz** **Auscultation Bowel sounds: Normoactive** **Last BM: 11/4/2024, 1400** **Palpation: Pain, Mass etc.: N/A** **Inspection:** **Distention: No distention** **Incisions: No incisions** **Scars: No scars** **Drains: No drains** **Wounds: No wounds** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	Abdomen is soft with no distension. Bowel sounds are normoactive in all four quadrants. No masses or organomegaly noted upon palpation of all four quadrants. No incisions, scars, wounds, or drains present. Patient states her last bowel movement was today around 1400.
GENITOURINARY: **Color: Yellow** **Character: Clear, normal** **Quantity of urine: N/A** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒**	**Patient states urine is clear, yellow. Last urination occurred on 11/4/2024 at around 1500. No pain with urination.**

Type: N/A **Size: N/A**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Full** **Supportive devices: N/A** **Strength: Equal** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 63** **Activity/Mobility Status:** **Independent (up ad lib) X** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	All extremities have full ROM. Fall score is 63.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: Oriented to person, place, and time** **Mental Status: Appropriate** **Speech: Appropriate** **Sensory: Appropriate** **LOC: Alert**	Patient is alert and oriented to person, place, and time. Hand grips and pedal pushes and pulls are normal and demonstrate equal strength. Speech is appropriate.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Smoking** **Developmental level: integrity vs. despair** **Religion & what it means to pt.: Christianity.** **Personal/Family Data (Think about home environment, family structure, and available family support): No familial support**	The patient claims that her coping methods include smoking cigarettes. She reports that her religion is Christianity and that she attends the Church of Christ. The patient is divorced and lives by herself. She states that her dog recently passed unexpectedly. The patient does not have any close familial support.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1400	**N/A**	**180/79**	**16/min**	**96.9 F**	**N/A**
1437	**72**	**N/A**	**N/A**	**N/A**	**99%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1602	**NRS**	**Head**	**7/10**	**Throbbing pain. Worsens with light exposure.**	**Turned off patient's room light.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
180 mL water	**Urine occurrence x2** **Stool occurrence x1**

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 cerebral tissue perfusion related to temporary reduction in blood flow to the brain as	**Assessment of the client's ineffective cerebral tissue perfusion**	**1.Monitor blood pressure and administer blood pressure medication as**	**1. Patient will experience adequate cerebral perfusion and regain**	**Goal was not met by the end of the shift. Patient exhibited readiness to cease cigarette**

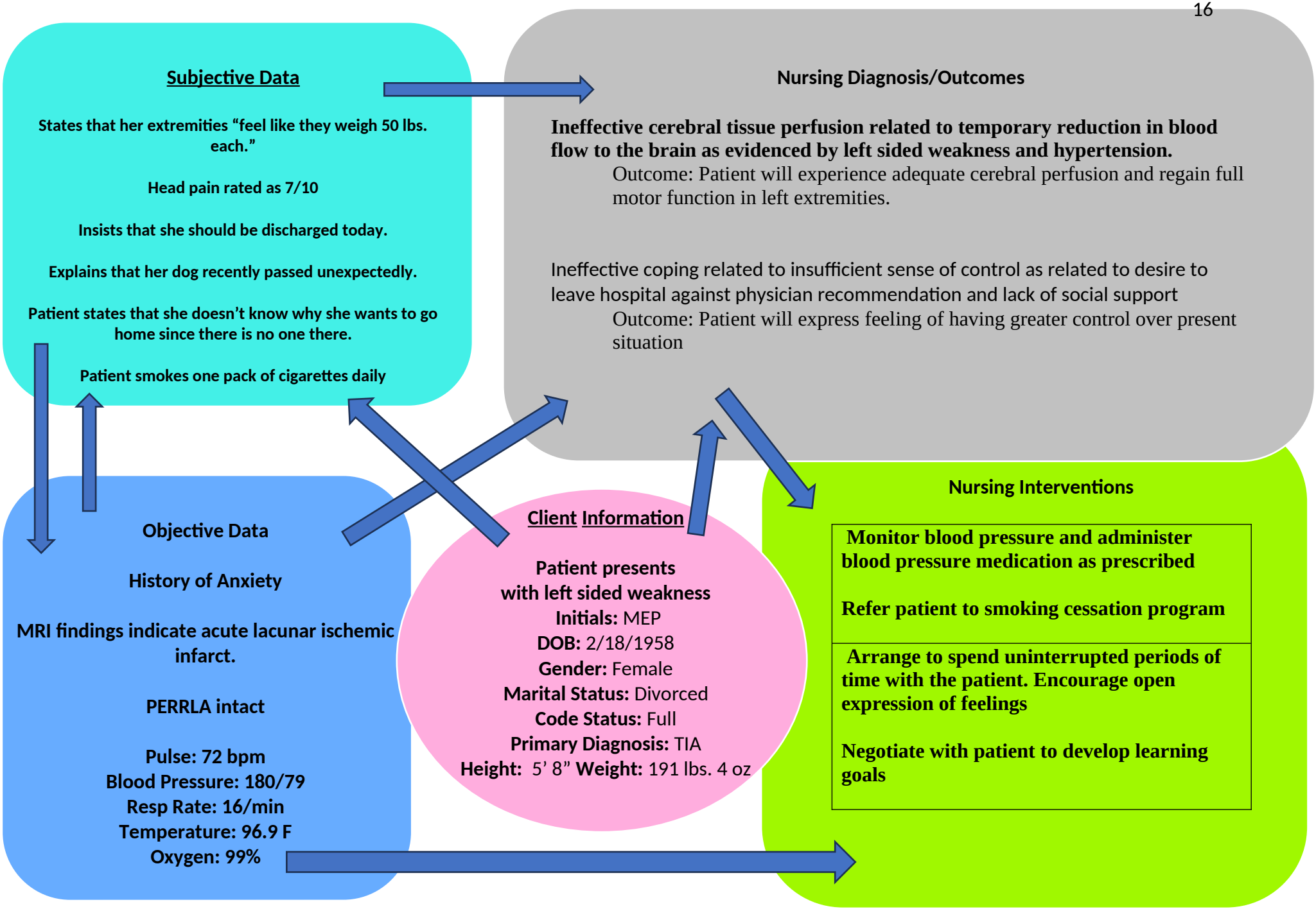
evidenced by left sided weakness and hypertension.	**may prevent future ischemic attacks and help restore full motor function to the patient**	**prescribed** **2.Refer patient to smoking cessation program**	**full motor function in left extremities.**	**use. Blood pressure was significantly high at last vital check. Medication will continue to be given and blood pressure will continue to be monitored.**
2. Ineffective coping related to insufficient sense of control as related to desire to leave hospital against physician recommendation and lack of social support	**The patients ineffective coping skills will affect health outcomes negatively if not addressed.**	**1. Arrange to spend uninterrupted periods of time with the patient. Encourage open expression of feelings (Phelps, 2023)** **2.Negotiate with patient to develop learning goals (Phelps, 2023)**	**1. Patient will express feeling of having greater control over present situation (Phelps, 2023).**	**Goal was partially met by the end of shift. Patient responded positively to expression of feelings and time spent conversing. Patient is still in need of practicing effective coping strategies.**

Other References (APA):

References

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

Concept Map (23 Points):


Subjective Data
States that her extremities "feel like they weigh 50 lbs. each."
Head pain rated as 7/10
Insists that she should be discharged today.
Explains that her dog recently passed unexpectedly.
Patient states that she doesn't know why she wants to go home since there is no one there.
Patient smokes one pack of cigarettes daily
Nursing Diagnosis/Outcomes
Ineffective cerebral tissue perfusion related to temporary reduction in blood flow to the brain as evidenced by left sided weakness and hypertension.
Outcome: Patient will experience adequate cerebral perfusion and regain full motor function in left extremities.
Ineffective coping related to insufficient sense of control as related to desire to leave hospital against physician recommendation and lack of social support
Outcome: Patient will express feeling of having greater control over present situation
Objective Data
History of Anxiety
MRI findings indicate acute lacunar ischemic infarct.
PERRLA intact
Pulse: 72 bpm
Blood Pressure: 180/79
Resp Rate: 16/min
Temperature: 96.9 F
Oxygen: 99%
Client Information
Patient presents with left sided weakness
Initials: MEP
DOB: 2/18/1958
Gender: Female
Marital Status: Divorced
Code Status: Full
Primary Diagnosis: TIA
Height: 5' 8" Weight: 191 lbs. 4 oz
Nursing Interventions
Monitor blood pressure and administer blood pressure medication as prescribed
Refer patient to smoking cessation program
Arrange to spend uninterrupted periods of time with the patient. Encourage open expression of feelings
Negotiate with patient to develop learning goals