N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Kristal Henry

11/8/2024

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
11/03/2024	C.W.	87	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired	Widowed	amiodarone, amoxicillin, carvedild, hydralazine, lisinopril, penicillins
Code Status	**Height**	**Weight**	
Full	5'3"	77kg	

Medical History (5 Points)

Past Medical History: measles, mumps, varicella, chronic kidney disease stage 4/5, hypertension, hyperlipidemia, diabetes mellitus, chronic diastolic congestive heart failure, sick sinus syndrome

Past Surgical History: coronary artery bypass graft, pacemaker placement, hysterectomy

Family History: Not on file

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

No history of smoking, no history of using smokeless tobacco, no history of drug abuse, no current history of alcohol use

Admission Assessment

Chief Complaint (2 points): probable seizure activity

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

87-year-old female presents in the ED with seizure like activity that began at 0100 11/3/2024. The patient's daughter reported that the patient went to sleep at about 2100 on 11/2/2024 and that she heard her scream at about 0100 11/3. The patient's daughter claims that she found the patient awake but experiencing involuntary/uncontrolled twitching in the right side of her face and neck as well as her hands. The twitching did not involve the lower extremities. The episode

was believed to last between ninety minutes and three hours, but the patient was confused upon arrival so it was not possible to assess the severity of the episode or any relieving or aggravating factors the patient may have experienced or tried.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): seizure

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

A seizure is a surge of irregular electrical activity in the brain that can cause spasms in muscle movement or tone, abrupt changes in behavior, and a change in the perception of senses or states of awareness (Mayo Clinic Staff, 2024). They can be caused by high fevers, brain injuries, drug use, lack of sleep, and serious illnesses, although the exact cause often remains unknown (Mayo Clinic Staff, 2024). The three major categories of seizures are focal onset, generalized onset, and unknown onset (Capriotti, 2020).

Focal onset seizures originate in one cerebral hemisphere of the brain, stay in that hemisphere of the brain, and can be further categorized into focal onset aware or focal onset impaired awareness seizures (Capriotti, 2020). In a focal onset aware seizure, the victim will remain awake during the seizure and is aware that it is occurring but can experience a change in emotions (suddenly feeling overly angry, happy, or sad), trouble speaking, twitching muscles, or obscured senses (smell, touch, taste) (Capriotti, 2020). In a focal onset impaired awareness seizure, the victim may describe the experience as feeling dream-like, stare off with a sharp decrease in response to stimuli, repeat movements, pass out, or remain conscious throughout the

seizure and lose all memory of the incident (Mayo Clinic Staff, 2024). Generalized seizures begin in one cerebral hemisphere of the brain then rapidly spread to the other, and can be further categorized as tonic, atonic, clonic, myoclonic, or tonic-clonic (Mayo Clinic Staff, 2020). Tonic seizures cause muscles to stiffen, atonic seizures cause a loss of muscle use, clonic seizures are associated with jerking muscles, and myoclonic seizures cause a sudden onset of short twitching movements in the arms and legs (Mayo Clinic Staff, 2024). Tonic-clonic seizures were once referred to as grand mal seizures and are often what we think of when we hear the word "seizure". A victim of a tonic-clonic seizure may pass out, experience stiffening muscles, become temporarily incontinent, or involuntarily bite their own tongue, and these seizures can last for several minutes (Mayo Clinic Staff, 2024). An unknown onset seizure describes a seizure where the onset of the symptoms is unknown and were not witnessed by any other person; these seizures are often later diagnosed as focal or generalized when more information becomes available (Capriotti, 2020).

Prior to the onset of a seizure a patient may experience an aura, which is a collection of unique sensations that can manifest as an unfamiliar light, confusing smell, or confusing thoughts (Capriotti, 2020). Auras can be a scary experience for some patients, but they often provide the time necessary for a patient to get to a safe place in preparation for their oncoming seizure (Capriotti, 2020). The time when the seizure is occurring is referred to as the ictal period, and the period that follows the completion of the seizure is known as the postictal period (Capriotti, 2020). The postictal period is a state of confusion that the patient enters on the completion of the seizure that can last anywhere from a couple of minutes to half an hour, but there is no limit on how long the postictal period can last and it is usually much longer after severe seizures (Capriotti, 2020).The postictal period is accompanied by symptoms of

drowsiness, nausea, hypertension and headaches, and the patient will usually experience amnesia as they emerge from this state that is caused by the brain's attempts to recover from the seizure (Capriotti, 2020).

Seizures are diagnosed in several different ways. Obtaining a neurological exam to assess motor function, a blood test to check for signs of infection or electrolyte imbalance, or a spinal tap that tests fluid collected from the spine for infection are some of the biological tests that can be run (Mayo Clinic Staff, 2024). Some of the imaging tests that can be run are magnetic resonance imaging (MRI), computed tomography scans (CT scan), positron emission tomography (PET scan), or a single-photon emission computerized tomography (SPECT) (Mayo Clinic Staff, 2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Mayo Clinic Staff. (2024, November 1st). *Seizures.* *https://www.mayoclinic.org/diseases-conditions/seizure/symptoms-causes/syc-20365711*

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	3.80 – 5.30 10(6)mcL	3.52 10(6)mcL	3.60 10(6)mcL	Red blood cell counts are commonly decreased by renal diseases (Pagana, 2023). This patient has been diagnosed with stage 4/5 kidney failure.
Hgb	12.0 -15.8 g/dL	9.1 g/dL	9.2 g/dL	Hemoglobin can be decreased in patients with renal disease and those taking antibiotics (Pagana, 2023). This patient has been diagnosed with stage 4/5 kidney failure and is also taking an antibiotic for clostridium difficile colitis.
Hct	36.0-47.0%	27.3%	27.9%	Hematocrit levels can be decreased by renal disease (Pagana, 2023). This patient has been diagnosed with stage 4/5 kidney failure.
Platelets	140-440 10(3)mcL	320 10(3)mcL	357 10(3)mcL	N/A
WBC	4.00-12.00 10(3)mcL	9.70 10(3)mcL	7.90 10(3)mcL	N/A
Neutrophils	47.0- 73.0%	65.2%	64.1%	N/A
Lymphocytes	18.0-42.0%	13.5%	15.6%	Patients with kidney disease can present with a fall in lymphocytes (Pagana, 2023).
Monocytes	4.0-12.0%	14.3%	13.6%	The patient has been diagnosed with stage 4/5 kidney failure and clostridium difficile colitis, both of these can cause a rise in monocytes (Pagana, 2023).
Eosinophils	0.0-5.0%	5.9%	5.4%	The patient has been diagnosed with stage 4/5 kidney failure and clostridium difficile colitis, both of these can cause a rise in eosinophils (Pagana, 2023).
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	141 mmol/L	141 mmol/L	N/A
K+	3.5-5.1 mmol/L	3.6 mmol/L	4.1 mmol/L	N/A
Cl-	98-107 mmol/L	107 mmol/L	108 mmol/L	Kidney dysfunction can increase chloride levels (Pagana, 2023). This patient has been diagnosed with stage 4/5 kidney failure.
CO2	22-30 mmol/L	26 mmol/L	25 mmol/L	N/A
Glucose	70-99 mg/dL	119 mg/dL	105 mg/dL	Glucose levels are increased by diabetes mellitus (Pagana, 2023). This patient has been diagnosed with diabetes mellitus.
BUN	10-20 mg/dL	43 mg/dL	42 mg/dL	BUN is increased with renal failure and congestive heart failure (Pagana, 2023). This patient has been diagnosed with renal failure and congestive heart failure. The patient is taking Coreg which can cause elevated BUN levels (Jones & Bartlett, 2024).
Creatinine	0.60-1.00 mg/dL	3.09 mg/dL	3.03 mg/dL	Creatinine can be increased by reduced renal blood flow brought on by congestive heart failure and renal disease (Pagana, 2023). The patient is taking Coreg which can cause elevated creatinine levels (Jones & Bartlett, 2024).
Albumin	3.5-5.0 g/dL	2.4 g/dL	2.4 g/dL	Nutrition deficiency and kidney failure (Pagana, 2023).
Calcium	8.7 – 10.5 mg/dL	8.0 mg/dL	8.2 mg/dL	Calcium can be decreased by renal failure (Pagana, 2023). This patient has been diagnosed with stage 4/5 renal failure.
	1.6 -2.6 mg/dL	1.7 mg/dL	N/A	N/A
Phosphate	2.5-4.5 mg/dL	3.5 mg/dL	N/A	N/A

Bilirubin	0.2-1.2 mg/dL	0.2 mg/dL	0.3 mg/dL	N/A
Alk Phos	40-150 U/L	70 U/L	73 U/L	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/yellow	Clear/yellow	N/A	N/A
pH	5.0-9.0	7.0	N/A	N/A
Specific Gravity	1.003-1.030	1.008	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	2+	N/A	Congestive heart failure, kidney failure, diabetes mellitus (Pagana, 2023)
Ketones	Negative	Negative	N/A	N/A
WBC	0-5 hpf	0-5 hpf	N/A	N/A
RBC	Negative	6-10 hpf	N/A	Kidney damage (Pagana, 2023)
Leukoesterase	N/A	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.*)*. Elsevier.

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

The patient was given an axial non-contrast computed tomography (CT) scan from the brain/skull base to the parietal region, on 11/3/2024 indicated by their new onset of a seizure. The results were compared to a previous CT scan the patient received on 11/23/2016. The scan found that there were sebaceous cysts on the parietal region just left of midline, and bilateral symmetrical fluid filled areas indictive of micro-muscle ischemia.

The patient was given an ultrasound of their kidneys on 11/4/2023, which was indicated by and confirmed their kidney failure.

There was an attempt to give the patient an EEG on 11/3/2024, but the patient was agitated and kept pulling their electrodes off. The EEG attempt was not considered a complete attempt due to the removal of the electrodes, the patient being confused, and the patient being unable to provide any information.

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.*)*. Elsevier.

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

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

Medications (5 required)

Brand/ Generic	**Ativan/ lorazepam**	**Norvasc/ amlodipine besylate**	**Coreg/ carvedilol**	**Dificid/ fidaxomicin**	**Insulin lispro/ HumaLOG**
Dose	2mg	5mg	25mg	200mg	100 UNIT/ML injection 2-6 units subcutaneous
Frequency	Given once on 11/3/24 @ 1030	Daily beginning on 11/3/24 @ 1200, until discontinued	2 x daily with meals beginning on 11/3/24 @ 1200, until discontinued	2x daily for 20 doses. First dose given on 11/3/24 @ 1200, last dose to be given on 11/12/24 @ 2100	3x daily after meals beginning on 11/3/24 @ 1300 until discontinued
Route	Intravenous	oral	oral	oral	subcutaneous
Classification	Pharmacologic: Benzodiazepine Therapeutic: Anxiolytic (Jones & Bartlett, 2024)	Pharmacologic: Calcium channel blocker Therapeutic: Antianginal, antihypertensive (Jones & Bartlett, 2024)	Pharmacologic: nonselective beta blocker and alpha-1 blocker Therapeutic: antihypertensive, heart failure treatment adjunct (Jones & Bartlett, 2024)	Pharmacologic: macrolide Therapeutic: antibiotic (Jones & Bartlett, 2024)	Pharmacologic: rapid acting insulin Therapeutic: antidiabetic (Jones & Bartlett, 2024)
Mechanism of Action	Increases the effect of gamma-aminobutyric acid	Decreases the flow of calcium that enters cardiac and smooth	Increases vasodilation, decreases peripheral vascular	Stops RNA synthesis in *Clostridium difficile* cells by stopping	Moves glucose from the blood stream into

	(GABA), which is the main neurotransmitter in the brain, by binding to certain benzodiazepine receptors in the lobes of the brain and the limbic areas of the central nervous system (Jones & Bartlett, 2024).	muscle. In this way is decreases peripheral vascular resistance and reduces systolic and diastolic blood pressure (Jones & Bartlett, 2024).	resistance, reduces blood pressure and cardiac output (Jones & Bartlett, 2024). Reduces plasma renin activity over time (Jones & Bartlett, 2024).	the bacteria from reproducing and causing them to die through RNA polymerases (Jones & Bartlett, 2024).	the cells of the body. (Jones & Bartlett, 2024).
Reason Client Taking	The client was given lorazepam to calm the involuntary muscle twitching they were experiencing as the result of a seizure (Jones & Bartlett, 2024).	The client was given amlodipine to relieve their hypertension (Jones & Bartlett, 2024).	The client was given carvedilol because of their chronic diastolic congestive heart failure and kidney disease (Jones & Bartlett, 2024).	The client was given fidaxomicin because they have been diagnosed with clostridium difficile colitis (Jones & Bartlett, 2024).	The client was given insulin lispro because they have been diagnosed with diabetes mellitus (Jones & Bartlett, 2024).
Contraindications (2)	Parenteral forms of lorazepam are contraindicated for those who have severe respiratory insufficiency, and all forms are contraindicat	Amlodipine can cause arrhythmias, dizziness and peripheral edema (Jones & Bartlett, 2024). These are risks to this patient because they are already at risk	Sick sinus syndrome unless a pacemaker is in place, calcium channel blockers can cause abnormal cardiac conduction	Hyperglycemia, gastro-intestinal hemorrhage (Jones & Bartlett, 2024).	Hypoglycemia, hypokalemia (Jones & Bartlett, 2024).

	ed for those with acute angle-closure glaucoma (Jones & Bartlett, 2024).	for peripheral edema due to their heart and kidney failure, and dizziness adds to their risk of falls after their seizure (Jones & Bartlett, 2024).	(Jones & Bartlett, 2024).		
Side Effects/Adverse Reactions (2)	Coma, Seizures (Jones & Bartlett, 2024)	Chest pain, fatigue (Jones & Bartlett, 2024)	Elevated BUN and creatinine levels, dizziness (Jones & Bartlett, 2024)	Dyspepsia, dyspnea (Jones & Bartlett, 2024)	Pain at the injection site, weight gain (Jones & Bartlett, 2024)

Medications Reference (1) (APA):

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

Assessment

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

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Very sleepy/groggy but is alert and cooperative when awake. Patient is oriented to self and time, but disoriented to situation and place. Showing no visible signs of distress. Well-groomed/cared for
INTEGUMENTARY: **Skin color:**	Skin color is pale but appropriate for age and

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	situation. Warm Good Skin turgor No rashes Bruises on the left palm, left forearm, right forearm. Previous left-hand IV site covered with gauze and tape. Both legs begin to appear a darker red color about four inches above the ankle and this continues to the bottom of the feet Braden Scale: 19
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical and appropriate shape, trachea is midline without deviation, thyroid is not palpable with no notable nodules. Carotid pulses are palpable bilaterally and 2+. No deformities or abnormals are noted in the head and neck. Bilateral auricles are present with no visible wounds or lesions, and no palpable deformities. Sclera are white and corneas are clear bilaterally. Eyelids are pink and moist. Eyes are clear of visible discharge bilaterally. PERRLA noted bilaterally. EOMs intact bilaterally. Bilateral turbinates are moist and pink, septum is midline without deviation. No visible bleeding or polyps noted. The frontal sinuses are nontender bilaterally. Teeth are grey but show no signs of worrisome decay. Oral mucosa is moist and pink. Uvula is midline. Hard palate intact, soft palate is symmetrical while rising and falling.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	S1 and S2 heart sounds are heard clearly bilaterally with no gallops or rubs noted. Rhythm is regular. Peripheral pulses are palpable bilaterally in upper and lower extremities. Upper and lower extremities are warm bilaterally with some red discoloration in the lower portion of the legs. Capillary refill is less than

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	three seconds bilaterally in upper and lower extremities. No jugular vein distension or edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are symmetrical and nonlabored. No accessory muscle use noted on inspiration or expiration. Lung sounds clear throughout when listened to anteriorly and posteriorly with no wheezing, crackles, or ronchi noted.
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:**	Patient is tolerating a regular diet well at home and in the hospital. Height: 5'3" Weight: 77kg Bowel sounds are present and normoactive in all four quadrants. Abdomen is soft, nontender, with no distention. No notable masses upon palpation with no signs of enlargement in the visceral organs. Patient has a bright red mole on the upper right quadrant of their abdomen. Currently on antibiotics for gastrointestinal clostridium colitis. No excessive bowel movements or fluid loss noted. No noted scars or current incisions. No drains placed. No nasogastric tube placed. No ostomy. No feeding tube.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is clear and yellow. No foul odor or discharge noted. Patient reports no pain with urination. Patient needs assistance to the bathroom and is wearing a depends to help keep skin dry in case of "accidents", no catheter placed.
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** ☐	Patient needs assistance with bathing, dressing, and other ADL's but is able to move all four extremities well. Hand grips and pedal pushes/pulls are equal bilaterally although the patient is experiencing weakness when standing. Patient can stand independently for short periods but should not do so alone and needs one assist present while attempting. Patient uses a front wheeled walker and a gait belt. Fall score: 95.17
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:**	Moves all extremities well. PERRLA is present bilaterally. Patient is oriented to self/time but is disoriented to situation/place. Patient moves in and out of various stages of confusion. Sometimes they believe they are at home but sometimes for short periods they are aware that

Mental Status: **Speech:** **Sensory:** **LOC:**	they are at OSF in Danville. The patient is very tired and sleeps a lot but is alert and cooperative when awake. Speech is clear and not slurred.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient is disoriented and unable to properly communicate current coping mechanisms and religion preference. The developmental level is age appropriate and at the formal operational level in terms of speech and mannerisms but is having trouble remaining oriented to situation and place as a suspected side effect of primary diagnosis of seizure. The patient is currently living with daughter and son-in-law who are helpful and involved in the patient's plan of care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1505	76 B/PM	136/56 mm/HG	17 b/p/m	96.1°F	96% on room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1505	1-10	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

120 ml of water at 0700 11/4	Bowel movement x1 Urinated x 3 On 11/4

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. Risk for buildup of toxins related to the patient's diagnosis of stage 4/5 kidney failure as evidenced by the patient having a BUN lab result of 42 mg/dL and a creatinine lab result of 3.03 mg/dL (Phelps, 2023).	High BUN and creatinine levels are indicative of seizures and are often caused by kidney failure**.** The patient's high lab results indicate that they are still at risk for another seizure.	1. Monitor the patient's creatinine and BUN levels and intervene with fluids and/or medications when necessary to avoid a rise in lab results. The higher the patient's creatinine and BUN are, the higher their risk for having	**1.** The patient's BUN and creatinine levels will decrease to a normal level before the patient is discharged**.**	The patient's lab levels were reduced to a non-critical level, and as a result their risk for having another seizure was lowered. The patient felt safer and at ease with less fear of their future.

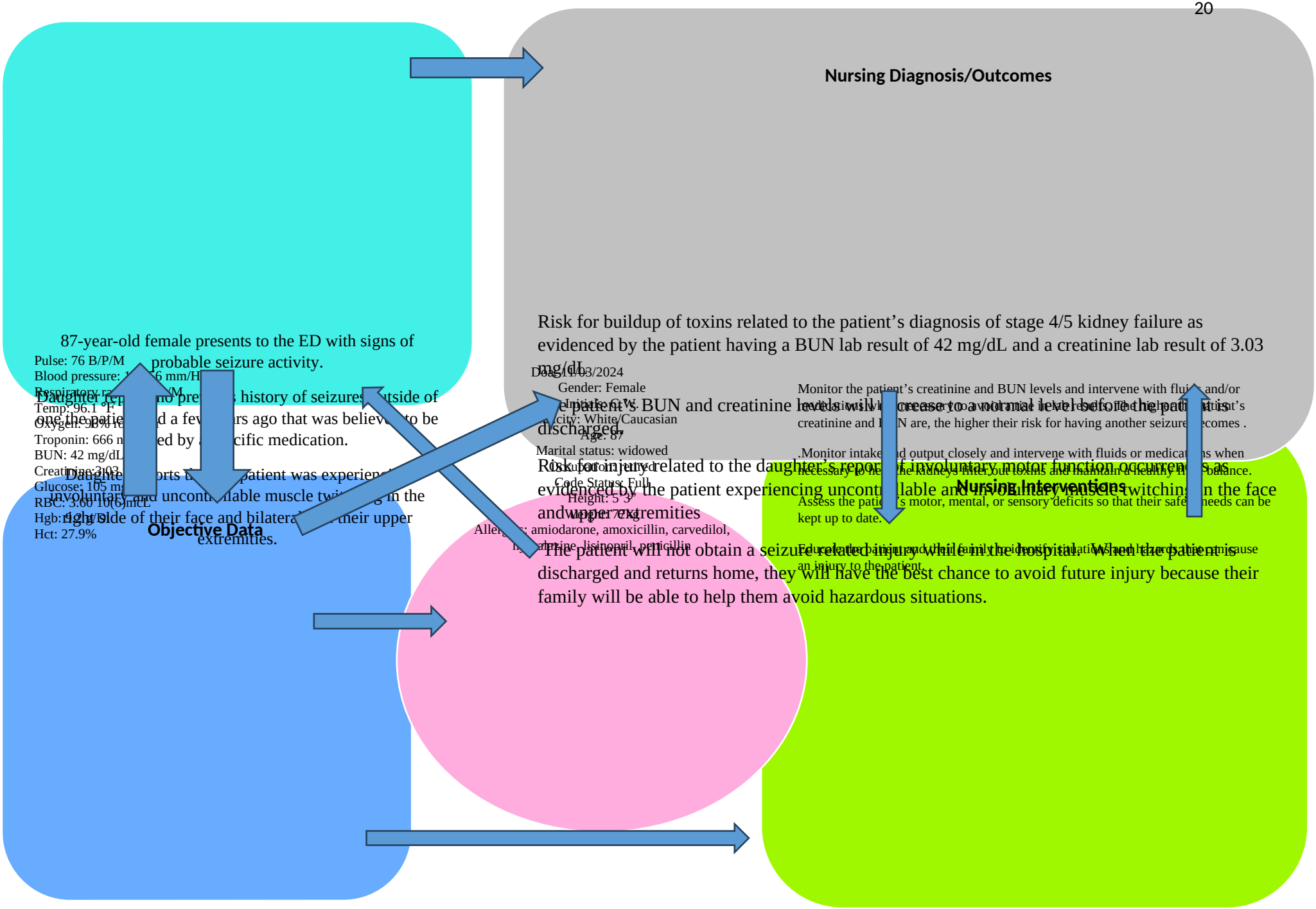
		another seizure becomes (Phelps, 2023). 2.Monitor intake and output closely and intervene with fluids or medications when necessary to help the kidneys filter out toxins and maintain a healthy fluid balance (Phelps, 2023).		
2. Risk for injury related to the daughter's report of involuntary motor function occurrences as evidenced by the patient experiencing uncontrollable and involuntary muscle twitching in the face and upper extremities (Phelps, 2023).	The involuntary twitching and loss of motor function the patient experiences during seizures places her at risk for serious musculoskeletal injuries.	**1**. Routinely assess the patient's motor, mental, or sensory deficits so that their safety needs can be kept up to date. (Phelps, 2023). **2.** Educate the patient and their family to identify situations and hazards that can cause an injury to the	**1.** The patient will not obtain a seizure related injury while in the hospital. When the patient is discharged and returns home, they will have the best chance to avoid future injury because their family will be able to help them avoid hazardous situations.	The patient's family was very involved with learning how to keep the patient safe from physical hazards at home. The proper safety devices were provided to the patient (walker, bedside commode) and made sure to be in proper working order**.**

		patient (Phelps, 2023).		

Other References (APA):

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.

Concept Map (23 Points):


Nursing Diagnosis/Outcomes
Risk for buildup of toxins related to the patient's diagnosis of stage 4/5 kidney failure as evidenced by the patient having a BUN lab result of 42 mg/dL and a creatinine lab result of 3.03 mg/dL
Risk for injury related to the daughter's report of involuntary motor function occurrences as evidenced by the patient experiencing uncontrollable and involuntary muscle twitching in the face and upper extremities
87-year-old female presents to the ED with signs of probable seizure activity.
Daughter reports no previous history of seizures outside of one the patient had a few hours ago that was believed to be caused by a specific medication.
Daughter reports the patient was experiencing involuntary and uncontrollable muscle twitching in the right side of their face and bilaterally in their upper extremities.
Objective Data
Pulse: 76 B/P/M
Blood pressure: 1[illegible]6 mm/H
Respiratory ra[illegible]/M
Temp: 96.1 °F
Oxygen: 9[illegible]% re
Troponin: 666 n[illegible]ed by
BUN: 42 mg/dL
Creatinine:3.03
Glucose: 105 m[illegible]
RBC: 3.60 10(6)/mcL
Hgb: 11 g/dL
Hct: 27.9%
Date: 11/03/2024
Gender: Female
Ethnicity: C.W.
Race/Ethnicity: White/Caucasian
Age: 87
Marital status: widowed
Occupation: retired
Code Status: Full
Height: 5 3"
Weight: 72 kg
Allergies: amiodarone, amoxicillin, carvedilol, [illegible] adenine, lisinopril, penicillin
Monitor the patient's creatinine and BUN levels and intervene with fluids and/or medications while the patient is in the hospital. The higher the patient's creatinine and BUN are, the higher their risk for having another seizure becomes .
.Monitor intake and output closely and intervene with fluids or medications when necessary to help the kidneys filter out toxins and maintain a healthy fluid balance.
Nursing Interventions
Assess the patient's motor, mental, or sensory deficits so that their safety needs can be kept up to date.
Educate the patient and their family to identify situations and hazards that can cause an injury to the patient.
The patient will not obtain a seizure related injury while in the hospital. When the patient is discharged and returns home, they will have the best chance to avoid future injury because their family will be able to help them avoid hazardous situations.