N311 Care Plan 5

Kiah Jensen

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman MSN, RN

November 10, 2024

Demographics (5 points)

Date of Admission 10/25/2024	Client Initials EH	Age 86 years old	Gender Male
Race/Ethnicity White	Occupation Retired ____	Marital Status Married	Allergies None
Code Status No CPR	Height 5' 10"	Weight 210 lbs	

Medical History (5 Points)

Past Medical History: Arterial fibrillation with RVR, Cerebral Vascular Accident (CVA), Depression with anxiety, memory loss, Motor vehicle accident, Hyperlipidemia

Past Surgical History: Cataract extraction, Colonoscopy w/ Biopsy, Knee Arthroscopy

Family History: The patient denies and the chart both state no family history

Social History (tobacco/alcohol/drugs, including frequency, quantity, and duration of use): The patient states no use of tobacco, alcohol, or drugs.

Admission Assessment

Chief Complaint (2 points): Aphasic and nonverbal

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

The patient's wife states that the symptoms began suddenly on the morning of admission (10/18/2024). They noticed he was unable to speak and had right arm weakness and leg weakness. Symptoms have persisted since the morning of admissions (10/18/2024). The patient was moved to the Rehabilitation floor on 10/25/2024. Along with aphasic (difficulty speaking), the patient also has dysphagia (difficulty swallowing). Sitting upright while eating helps with dysphagia. Due to weakness in both legs and right arm, mobility is restricted. The patient has pain (4/10) in the back, right arm, and legs. Moving around makes the pain worse. Rest and medication help to relieve patients' pain.

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 in identifying 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
<mark>RBC</mark>	<mark>4.40-5.80</mark>	<mark>4.16</mark>	<mark>3.96</mark>	**Decreased mobility can reduce RBC production leading to anemia (Kuhn et al., 2020)**
<mark>Hgb</mark>	<mark>13.0-16.5</mark>	<mark>12.1</mark>	<mark>11.7</mark>	**Decreased mobility can reduce RBC production leading to anemia (Kuhn et al., 2020)**
<mark>Hct</mark>	<mark>38.0-50.0</mark>	<mark>35.7</mark>	<mark>34.1</mark>	**Decreased mobility can reduce RBC production leading to anemia (Kuhn et al., 2020)**
Platelets	140-440	184	182	
WBC	4.00-12.00	5.60	6.10	
Neutrophils	Not Done	Not Done	Not Done	
Lymphocytes	Not Done	Not Done	Not Done	
Monocytes	Not Done	Not Done	Not Done	
Eosinophils	Not Done	Not Done	Not Done	
Bands	Not Done	Not Done	Not Done	

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	141	142	
K+	3.5-5.1	3.6	3.8	
Cl-	98-107	106	107	
CO2	22-30	25	25	
<mark>Glucose</mark>	<mark>70-99</mark>	<mark>125</mark>	<mark>112</mark>	**Stress can increase the glucose count as a part of natural stress response. (Mank, V., 2024)**

BUN	8-26	19	13	
Creatinine	0.70-1.30	0.73	0.72	
Albumin	Not Done	Not Done	Not Done	
Calcium	8.7-10.5	9.4	9.2	
Mag	1.6-2.6	1.9	Not Done	
Phosphate	Not Done	Not Done	Not Done	
Bilirubin	Not Done	Not Done	Not Done	
Alk Phos	Not Done	Not Done	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	Negative	Negative	Not Done	
Sputum Culture	Not Done	Not Done	Not Done	
Stool Culture	Negative	Negative	Negative	

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): XR Swallowing Function Study with Video/Cine

(done prior to rehab admission).

The x-ray swallowing test is done for a patient who has had a stroke so that they can

determine whether they are at risk for choking/aspirating. (Radiology, 2022)

Diagnostic Imaging Reference (1) (APA):

Radiology (ACR), R. S. of N. A. (RSNA) and A. C. of. (2022, June 1). *Video Fluoroscopic*

Swallowing Exam (VFSE). Radiologyinfo.org.

https://www.radiologyinfo.org/en/info/modbariumswallow

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

Medications (5 required)

Brand/ Generic	Eliquis (apixban)	Proscar (finasteride)	Lopressor (metoprolol tartrate)	Miralax (polyethlene glycol)	Flomax (tamsulosin)
Dose	5mg	5mg	25mg	17g	0.8mg
Frequency	2 time daily	Daily	2 time daily	2 times daily	Every morning
Route	Oral	Oral	Oral	Oral	Oral
Classification (Pharmacologic & Therapeutic)	Anticoagulant (Bartlett, 2023)	5-alpha-reductase inhibitor (Bartlett, 2023) Androgen hormone inhibitor (Bartlett, 2023)	Selective beta-blocker (Bartlett, 2023) Antihypertensive, antianginal (Bartlett, 2023)	Osmotic laxative (Bartlett, 2023) Laxative (Bartlett, 2023)	Alpha-1 adrenergic blocker (Bartlett, 2023) Prostate anti-inflammatory, benign prostatic hyperplasia (BPH) agent (Bartlett, 2023)
Mechanism of Action	Stimulates an essential enzyme in the coagulation cascade, which prevents the formation of	Lowering dihydrotestosterone levels reduces prostate size, alleviating	Decreases heart rate, cardiac output, and blood pressure	Polyethylene glycol works by retaining water in	Tamsulosin selectively blocks alpha-1 receptors

	thrombin (Bartlett, 2023)	symptoms of benign prostatic hyperplasia (Bartlett, 2023)	(Bartlett, 2023)	the stool, which increases stool frequency and softens it. (Bartlett, 2023)	in the smooth muscle of the prostate and bladder neck, leading to relaxation of these muscles (Bartlett, 2023)
Reason Client Taking	**Avoid blood clots**	**Decrease side effects of enlarged prostate**	**Avoid arterial fibrillation**	**Decrease activity**	**Helps increase urine output**
Contraindic ations (2)	**1. Active bleeding (gastroin testinal bleeding) (Bartlett, 2023)** **2. Severe hypersensitivity (Bartlett, 2023)**	**1. Pregnancy (Bartlett, 2023)** **2 . Pediatric patients (Bartlett, 2023)**	**1. Severe Bradycardia (Bartlett, 2023)** **2. Cardiogenic shock (Bartlett, 2023)**	**1. Bowel obstructi on (Bartlett, 2023)** **2. Renal impairm ent (Bartlett, 2023)**	**1. History of orthostati c hypotensi on (Bartlett, 2023)** **2. Severe hepatic impairme nt (Bartlett, 2023)**
Side Effects/Adve rse Reactions (2)	**1. Bleeding (Bartlett, 2023)** **2. Anemia (Bartlett, 2023)**	**1. Erectile dysfunction (Bartlett, 2023)** **2.Gynecomast ia (Bartlett, 2023)**	**1. Fatigue (Bartlett, 2023)** **2. Dizziness (Bartlett, 2023)**	**1. Abdomi nal bloating (Bartlett, 2023)** **2. Nausea (Bartlett, 2023)**	**1 . Dizziness (Bartlett, 2023)** **2. Abnormal ejaculatio n (Bartlett, 2023)**

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and orientated** **No sign or distress** **Well groom**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Cream** **Warm, Moist** **Warm** **Turgor normal** **No rashes** **No bruises** **No wounds** **16**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **No lump or lesions** **Symmetrical** **Symmetric, no swelling** **No septum deviation** **Dentures** .
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:**	**No murmurs** **Pulse is strong in all extremities** **Less than 2 seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No wheezing, crackles or pops**

GASTROINTESTINAL:	
Diet at home:	**Normal – soft food**
Current Diet	**Regular diet**
Height:	**5'10"**
Weight:	**210**
Auscultation Bowel sounds:	**3-5 gurgles in each quadrant**
Last BM:	**Yesterday night**
Palpation: Pain, Mass etc.:	**No masses or pain**
Inspection:	
Distention:	**No distention**
Incisions:	**No incisions**
Scars:	**No scars**
Drains:	**No drains**
Wounds:	**No wounds**
Ostomy: Y ☐ N ☒	
Nasogastric: Y ☐ N ☒	
Size:	
Feeding tubes/PEG tube Y ☐ N ☒	
Type:	
GENITOURINARY:	
Color:	**Yellow**
Character:	**Clear**
Quantity of urine:	
Pain with urination: Y ☐ N ☒	
Dialysis: Y ☐ N ☒	
Inspection of genitals:	**Appropriate for age**
Catheter: Y ☐ N ☒	
Type:	
Size:	
MUSCULOSKELETAL:	
Neurovascular status:	==**Right-handed weakness**==
ROM:	==**Low extremities weakness**==
Supportive devices:	==**Walker, wheelchair**==
Strength:	
ADL Assistance: Y☒ N ☐	
Fall Risk: Y ☒ N☐	
Fall Score:	==**60 – high risk**==
Activity/Mobility Status:	==**Bedbound**==
Independent (up ad lib) ☐	**Yes, but with assistance**
Needs assistance with equipment ☐	==**Needs assistance with equipment**==
Needs support to stand and walk ☐	==**Needs assistance to stand and walk**==
NEUROLOGICAL:	
MAEW: Y ☒ N☒	==**Lower extremities weakness**==
PERLA: Y ☒ N☐	

Strength Equal: Y ☐ N ☒ if no - **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	<mark>**Lower extremities weakness**</mark> **Orientated and alert** **Intact - Appropriate for age** <mark>**Unable to speech**</mark> **(nonverbal)** **Appropriate for age** **None**
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):**	 **Watching T.V** **Appropriate for age (limited verbally)** **Christian** **Lives with wife in single-story home scab,** **Patient receives 24-hour care.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0635	**98.6**	**120/74**	**16**	**98.6**	**97%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1330	**0-10**	**Back, Right hand, and legs**	**4/10**	**Intermitted pain, sharp and sometimes intense**	**Pain medication**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
750mL – Cranberry & Orange juice, **Water**	**550mL - Urine**

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 aspiration related to stroke as evidenced by a failed swallow study and use of thickening liquids.	This diagnosis is prioritized because aspiration can lead to pneumonia, respiratory distress, and even death.	1.Position the client upright (at a 90-degree angle) during meals and for 30 minutes afterward. (Nanda, 2012) 2 .Collaborate with speech therapy to develop a safe feeding plan, including modified texture diets or swallowing exercises. (Nanda, 2012)	1. The client will demonstrate safe swallowing techniques during meals without signs of aspiration within the next week.	If the client maintains an aspiration-free status, the interventions are successful. Adjust the plan if issues arise, such as further difficulty swallowing, by intensifying collaboration with speech therapy or adjusting liquid consistency.
2. Risk for falls related to lower extremities weakness as evidenced by use of	Falls are prioritized to prevent potential injury, which is	1. Implement a fall prevention protocol, including bed/chair	1. The client will remain free from falls during hospitalizatio n and will	If the client avoids falls and shows improved stability with assistive

walker/wheelchair & 2 assist.	critical in clients with limited mobility.	alarms (Nanda, 2012) 2.Encourage physical therapy sessions focused on strengthening lower extremities and improving balance. (Nanda, 2012)	improve in confidence and strength when transferring or ambulating with assistance.	devices, the interventions are effective. If falls or increased instability occur, review the fall prevention measures and consider additional physical therapy.

Other References (APA):

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

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

Concept Map (23 Points):

Subjective Data

Patents blood work shows abnormal RBC, Hgb, Hct & glucose.

Limited mobility from the waist down, needing assistance devices to move about along with right-handed weakness.

The patient has limited weakness and right-handed weakness.

Patient pain was 4/10.

Subjective Data

The patient is frustrated/limited approach due to not being able to communicate effectively.

Experiencing frustration and embarrassment about not being able to communicate effectively.

The Patient failed his x-ray swallow test.

Client Information

Male

Height: 5'10"

Weight: 210 lbs.

The patient is white 86-year-old

Client Information

Nursing Diagnosis/Outcomes

1. Risk for aspiration related to stroke as evidenced by a failed swallow study and use of thickening liquids.
2. The client will demonstrate safe swallowing techniques during meals without signs of aspiration within the next week.

1. Risk for falls related to lower extremities weakness as evidenced by use of walker/wheelchair & 2 assist.
2. The client will remain free from falls during hospitalization and will improve in confidence and strength.

1. Position the client upright (at a 90-degree angle) during meals and for 30 minutes afterward.
2. Collaborate with speech therapy to develop a safe feeding plan, including modified texture diets or swallowing exercises.

Nursing Interventions

1. Implement a fall prevention protocol, including bed/chair alarms.
2. Encourage physical therapy sessions focused on strengthening the lower extremities and improving balance.