

N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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November 10th, 2024

Demographics (5 points)

Date of Admission 10/18/2024	Client Initials W.W.	Age 59	Gender Male
Race/Ethnicity Caucasian	Occupation 3-Z Printing Employee	Marital Status Married	Allergies Azithromycin (shortness of breath)
Code Status Full Code	Height 5'8" (172.7 cm)	Weight 218 lbs (101 kg)	

Medical History (5 Points)

Past Medical History: Hypertension, prediabetes

Past Surgical History: Left arm open reduction internal fixation surgery (1996) - metal plate with 5 screws placed

Family History: Paternal: Coronary artery disease (triple bypass), Maternal: no known history

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

No tobacco use, no alcohol use, no drug use stated during assessment. Lives with a life partner in a single family home in Mason, IL.

Admission Assessment

Chief Complaint (2 points): Left sided weakness

History of Present Illness – OLD CARTS (10 points): Patient was in normal health on October 17th, but woke up the following morning (10/18) with left sided weakness and slurred speech. No alleviating or aggravating factors noted. Patient went to the emergency department in Evansville, IL where his blood pressure was elevated but the patient was asymptomatic. They sent him to another hospital for a stroke workup. A CT head and MRI brain was done which showed an acute infarct located in the right ventral pons. Patient was presenting with left sided hemiplegia, and was started on dual antiplatelet therapy for 30 days and then started on lifelong plavix.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute ischemic stroke

Secondary Diagnosis (if applicable): N/A

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

According to UNTB Health (n.d.), about 87% of all strokes are ischemic strokes in which blood flow to the brain is blocked. This can affect various parts of the brain and can cause physical and mental defects depending on the severity and location of the blockage. Stroke is the second most common cause of death worldwide and one of the leading causes of long-term disability globally, and the treatment of ischemic strokes may vary depending on the patient. (Kamarova et. al, 2022).

Antiplatelet therapy is a common implementation to reduce the mortality and mobility of an acute ischemic stroke. Localized brain damage and the impairment it may cause is the reason that early intervention is pivotal in positive patient outcomes. With this patient, the right side of the brain was where the infarction was seen on imaging. Weakness on the left side of the body is seen due to the injury of motor pathways, which disrupts voluntary muscle movement signals (Saini et. al, 2021).

Pathophysiology References (2) (APA):

Kamarova, M., Baig, S., Patel, H., Monks, K., Wasay, M., Ali, A., Redgrave, J., Majid, A., & Bell, S. M. (2022). Antiplatelet Use in Ischemic Stroke. *The Annals of pharmacotherapy*, 56(10), 1159–1173. <https://doi.org/10.1177/10600280211073009>

Saini, V., Guada, L., Yavagal, D. R. (2021). Global epidemiology of stroke and access to acute ischemic stroke interventions. *Neurology*, 97(20 Supplement 2), S6-S16.

<https://doi.org/10.1212/WNL.0000000000012780>

UTMB Health. (n.d.). *Stroke facts*. UTMB Health. Retrieved [11/09/2024], from

<https://www.utmbhealth.com/services/neurology/procedures-conditions/stroke/stroke-facts>

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	5.08	4.62	N/A
Hgb	12.0-15.8	15.0	13.4	N/A
Hct	36.0-47.0	44.1	40.6	N/A
Platelets	140-440	223	252	N/A
WBC	4.00-12.00	7.70	6.70	N/A
Neutrophils	47.0-73.0	68.0	Not done	N/A
Lymphocytes	18.0-42.0	21.5	Not done	N/A
Monocytes	4-12	6.5	Not done	N/A
Eosinophils	0.0-5.0	1.8	Not done	N/A
Bands	0-6	Not done	Not done	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
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Na-	136-145	141	141	N/A
K+	3.5-5.1	3.8	3.9	N/A
Cl-	98-107	102	106	N/A
CO2	22-30	24	23	N/A
Glucose	70-99	138	107	N/A
BUN	10-20	24	20	BUN may be high due to high blood pressure and the effect on kidneys (BC Cancer, n.d.).
Creatinine	0.6-1.00	0.97	0.87	N/A
Albumin	3.5-5.0	4.0	Not done	N/A
Calcium	8.7-10.5	9.2	9.2	N/A
Mag	1.6-2.6	Not done	Not done	N/A
Phosphate	40-150	Not done	Not done	N/A
Bilirubin	0.1-1.2	Not done	Not done	N/A
Alk Phos	44-147	Not done	Not done	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	Not done	Not done	N/A
pH	5.0-9.0	Not done	Not done	N/A
Specific Gravity	1.003-1.030	Not done	Not done	N/A
Glucose	Negative	Not done	Not done	N/A
Protein	Negative	Not done	Not done	N/A

Ketones	Negative	Not done	Not done	N/A
WBC	Negative, 0-5	Not done	Not done	N/A
RBC	Negative, 0-5	Not done	Not done	N/A
Leukoesterase	Negative	Not done	Not done	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	Not done	Not done	N/A
Blood Culture	Negative	Not done	Not done	N/A
Sputum Culture	Negative	Not done	Not done	N/A
Stool Culture	Negative	Not done	Not done	N/A

Lab Correlations Reference (1) (APA):

BC Cancer Foundation. (n.d.) *Lab test confirmation table*.

http://www.bccancer.bc.ca/pharmacy-site/Documents/Clinical_Pharmacy_Guide/cpg3e-lab-test-table.pdf

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Computed tomography of head without contrast, MRI of brain

Diagnostic imaging is used to diagnose an acute ischemic stroke. The CT of the head without contrast was completed to rule out a stroke. When an infarction is detected, and MRI of the brain is performed to determine the exact location, size, and severity of the infarction (Powers et. al, 2019).

Diagnostic Imaging Reference (1) (APA):

Powers, W. J., Rabinstein, A. A., Ackerson, T., Adeoye, O. M., Bambakidis, N. C., Becker, K., & Tirschwell, D. L. (2019). 2018 guidelines for the early management of patients with acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, *50*(12), e344–e418.

<https://doi.org/10.1161/STR.0000000000000211>

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

5 different medications must be completed

Medications (5 required)

Brand/Generic	Amlodipine/ Norvasc	Atorvastatin/ Lipitor	Clopidogrel/ Plavix	Losartan/ Cozaar	Acetaminophen/ Tylenol
Dose	10 mg	80 mg	75 mg	100 mg	650 mg
Frequency	Daily	Nightly	Daily	Daily	q4 hours PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Calcium channel blocker/Anti hypertensive	Lipid lowering agent/Statin	Platelet inhibitor/Antiplatelet agent	Angiotensin II receptor blocker/Anti hypertensive	Analgesic/Antipyretic
Mechanism of Action	Reduces vascular resistance and lowers BP by blocking calcium channels	Inhibits the liver's production of cholesterol	Blocks the ADP receptor on platelets to prevent aggregation	Inhibits the constriction of blood vessels that typically raise blood pressure	Inhibits the synthesis of inflammatory prostaglandins that create pain
Reason Client Taking	To treat hypertension	To treat high cholesterol	To prevent clots from forming amid an acute stroke	To treat hypertension	For pain
Contraindications (2)	Hypotension, Aortic stenosis	Liver disease, allergy to atorvastatin	Active bleeding, Liver impairment	Hypotension, use of other antihypertensives	Greater than 4000 mg taken daily, Alcohol use
Side	Lightheaded	Myalgia,	Bruising,	Dizziness,	Nausea,

Effects/Adverse Reactions (2)	ness, Edema	headache, dizziness	abdominal pain, itching	back pain	vomiting, constipation
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Medications Reference (1) (APA):

Gerriets, V., Anderson, J., Patel, P., et al. (2024, January 11). Acetaminophen. In *StatPearls*

[Internet]. StatPearls Publishing. Available from

<https://www.ncbi.nlm.nih.gov/books/NBK482369/>

Assessment

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

GENERAL:
Alertness: Alert & Awake
Orientation: Alert and oriented to person, place, time, and event (x4)
Distress: Calm & cooperative, no acute distress noted
Overall appearance: Calm and cooperative, hemiparesis noted
INTEGUMENTARY:
Skin color: Pale, normal for ethnicity
Character: Warm, dry
Temperature: Warm
Turgor: Quick to return to original state, no signs of dehydration
Rashes: None noted
Bruises: None noted
Wounds: No wounds noted
Braden Score: 20
Sensory perception: 4
Moisture: 4
Activity: 3
Mobility: 3
Nutrition: 3
Friction & Shear: 4
Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Type:
HEENT:
Head/Neck: Head and neck symmetrical, tongue is midline, tongue is midline, no nodules palpable

Ears: No bumps, lesions, or deformities, Bilateral canals clear

Eyes: PERRLA Intact, EOM intact bilaterally, bilateral sclera white, no visible drainage

Nose: Septum is midline, no visible bleeding or polyps. Bilateral frontal sinuses nontender to palpation

Teeth: Teeth are intact

CARDIOVASCULAR:

Heart sounds: Clear S1 and S2 heart sounds auscultated

S1, S2, S3, S4, murmur etc.

Cardiac rhythm (if applicable): Normal sinus rhythm

Peripheral Pulses: Bilateral radial pulses 2+

Capillary refill: Tested to be <3 seconds

Neck Vein Distention: Y N **Edema** Y N

Location of Edema: N/A

RESPIRATORY:

Accessory muscle use: Y N

Breath Sounds: Location, character: Clear upper and lower left lung sounds, clear upper, middle, and lower right lung sounds. No crackles, no wheezing, no rhonchi noted

GASTROINTESTINAL:

Diet at home: General/Regular diet

Current Diet: General/Regular diet

Height: 172.7 cm

Weight: 101 kg

Auscultation Bowel sounds: Normoactive bowel sounds auscultated in all four quadrants

Last BM: Today 10/24/24

Palpation: Pain, Mass etc.: Abdomen is soft, non-tender. No organomegaly

Inspection:

Distention: No distention

Incisions: No incisions

Scars: Scar noted on left lower arm from previous ORIF surgery

Drains: No drains

Wounds: No wounds

Ostomy: Y N

Nasogastric: Y N

Size: N/A

Feeding tubes/PEG tube Y N

Type: N/A

GENITOURINARY:

Color: Yellow

Character: Clear, without foul odor

Quantity of urine: Normal quantity during void, not measured

Pain with urination: Y N

Dialysis: Y N

Inspection of genitals:

Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A
MUSCULOSKELETAL:
Neurovascular status: Alert, verbalizing needs, no abnormalities noted ROM: Active ROM encouraged and done during physical and occupational therapy sessions Supportive devices: Cane with walking, and gait belt for support in therapy Strength: Generalized paralysis on upper and lower extremities due to ischemic stroke ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Fall score was not calculated, but given his hemiparesis and antiplatelet therapy his fall score would most likely be high Activity/Mobility Status: Up with supervision, 1 assist Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>
NEUROLOGICAL:
MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Alert & Oriented x4 Mental Status: Able to verbalize needs, appropriate for age Speech: Clear and spontaneous speech noted Sensory: RASS - alert & calm LOC: Completely awake, easy to arouse when at rest
PSYCHOSOCIAL/CULTURAL:
Coping method(s): Supportive family, therapy Developmental level: Appropriate for age Religion & what it means to pt.: No religion noted Personal/Family Data (Think about home environment, family structure, and available family support): Strong and supportive family structure, able to support emotionally and physically at home. Is in contact with his children and they are supportive.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0820	67	144/88	16	97.3	97% on room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Word 0-10	Lower back & right hip	8	Aching, Sore	Given prn Acetaminophen 650 mg

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
720 mL (measured oral intake)	5 voids, 1 bm (measured output with voids, not mL)

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> ● How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> ● Client response, status of goals and outcomes, modifications to plan.
1. Risk for impaired physical mobility related to acute ischemic stroke	This was chosen due to the assistance the patient will need completing	1. Encourage active and passive ROM exercises.	1. Maintain physical mobility as patient transition out of acute care rehabilitation.	The patient will show no sign of change from assessment upon discharge.

as evidenced by left-sided hemiparesis	ADLs and maintaining adequate exercise at home.	2. Monitor for complications and strength deficits.		
2. Risk for fall related to acute ischemic stroke as evidenced by hemiparesis and need for assistive devices.	This was chosen due to the high risk the patient has for injury given his left-sided hemiparesis.	1. Monitor and assist patient while completing ADLs. 2. Educate patient and family of importance and implementation of safety in the home	1. Patient will not fall and injury self or cause harm.	The patient will not fall and proves to ask for assistance when completing tasks that therapy advises they need assistance with.

Other References (APA):

National Clinical Guideline for Stroke. (2023). *Rehabilitation and recovery: Motor recovery and physical effects of stroke*. Retrieved from <https://www.strokeguideline.org>

Concept Map (23 Points):

