N311 Care Plan 4

Tayelor Lowe

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Linda Scribner

November 3, 2024

Demographics (5 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
October 30, 2024	DE	73 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired but was a contractor	Married	Atorvastatin, Crestor
Code Status	**Height**	**Weight**	
Attempt CPR/Full Treatment	5 ft 10 inches	177 lbs. 14.6 oz.	

Medical History (5 Points)

Past Medical History: Actinic keratosis. Allergic rhinitis. Benign essential hypertension. Diabetes mellitus. Diabetes mellitus type II. Diabetic retinopathy of the right eye. Follicular thyroid cancer. Pure hypercholesterolemia. Squamous cell carcinoma. Wolff-Parkinson-White Syndrome.

Past Surgical History: Ablation of dysrhythmic focus. Colonoscopy. Endoscopy. HC excision for mass. Malignant skin lesion excision. Thyroidectomy. Tonsillectomy.

Family History: Father had heart problems, hypertension, lipid problems, and diabetes. His brother also had diabetes. His sister had thyroid issues and diabetes as well.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): He used to smoke. He smoked one pack a day for fifteen years. He starts smoking in 1958 and quite in 1973. It has been about fifty years since he stopped smoking. He does not vape. He drinks 8.3 standard drinks of alcohol per week. He drinks beer. He does not do drugs.

Admission Assessment

Chief Complaint (2 points): Aphasia

History of Present Illness – OLD CARTS (10 points): His aphagia began on October 30, 2024. He was with his friends when everyone began to notice that he could not make out the

words. He stated that he “knew what he wanted to say” but “he couldn’t make the words out.” When asked if he had experienced any pain, he told me that he felt some pain on his forehead; however, he immediately mentioned that it was a “sinus problem.” He said it just felt like pressure. This episode lasted for thirty minutes. He seemed to return to normal when he went to the emergency room.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): TIA

Secondary Diagnosis (if applicable): N/A

Transient Ischemic Attack

A transient ischemic attack (TSA) is caused by an embolus, or a blood clot, that traveled to the brain. When this happens, the tissue is temporarily deprived of oxygen, which leads to symptoms of an actual stroke. However, what makes a TSA different from an ischemic stroke is that TSAs are temporary and resolve (Capriotti, 2024, pg. 842).

Someone experiencing a TSA may not see or understand that this is occurring. It is often reported by individuals surrounding the person. Some signs and symptoms are inability to talk, disoriented, confused, and impaired memory. Often, this stroke-like event is resolved most times in the emergency department because of how quickly the clot resolves (Capriotti, 2024, pg. 842). As a matter of fact, these attacks last just a few minutes, and the symptoms will disappear withan one hour (Mayo Clinic Staff, 2024).

Even though a TSA may seem harmless, and no further damage is being done, this is faulty reasoning. The small vessels that get cut off from oxygen are called lacunar infarcts. These are often associated with uncontrolled diabetes, high blood pressure, and smoking (Capriotti, 2024, pg. 842).

Unfortunately, if a TSA goes unnoticed or is not cared for, almost 50% of those experience an actual stroke within the next year (Capriotti, 2024, pg. 842). It is so important that this is handled. Taking medications and lifestyle changes can help the individual and get them on the road to recovery.

References

Capriotti, Theresa. (2024). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Mayo Clinic Staff. (2024, February 24). *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	4.10-5.70	4.47	N/A	
Hgb	12.0-16.0	13.3	N/A	
Hct	37.0-51.0%	39.8%	N/A	
Platelets	140-400	281	N/A	
WBC	4.00-11.00	6.50	N/A	
Neutrophils	N/A	N/A	N/A	
Lymphocytes	20-40 (Pagana et al., 2023, pg. 946)	28.8	N/A	
Monocytes	2-8 (Pagana et al., 2023, pg. 946)	13.7	N/A	Because everything was normal in regard to his CBC, the high monocytes can be caused by short term acute stress. Because he was stressed by his surrounding environment, this could explain the rise (Begum, 2023).
Eosinophils	1-4 (Pagana et al., 2023, pg. 946)	1.4	N/A	
Bands	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	138	N/A	N/A
K+	3.5-5.1	3.9	N/A	N/A
Cl-	98-107	104	N/A	N/A

CO2	22.0-29.0	25.1	N/A	N/A
Glucose	74-100	108	164	It jumped up to 164 because he snuck in and ate a small pack of pretzels. His blood sugar may have been high to begin with because he had gotten done eating lunch with his friends.
BUN	8-26	13	N/A	N/A
Creatinine	0.70-1.30	1.00	N/A	N/A
Albumin	3.4-4.8	3.8	N/A	N/A
Calcium	8.9-10.6	8.9	N/A	N/A
Mag	N/A	N/A	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	0.2-1.2	0.4	N/A	N/A
Alk Phos	40-150	73	N/A	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	Colorless, yellow	Yellow	N/A	N/A
pH	5.0-8.5	6.0	N/A	N/A
Specific Gravity	1.000-1.030	1.015	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	Negative	N/A	N/A
Ketones	Negative	Trace	N/A	The patient is diabetic. This does explain why he had ketones in his urine. He did say that he "doesn't

				eat a diabetic diet at home." His diabetes may not be well under controlled (Pagana et al., 2023, pg. 910).
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukocyte Esterase	Negative	Negative	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	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (1) (APA):

Begum, Jabeen. (2023, November 6). *Monocyte: What High and Low Levels Mean.* WebMD. https://www.webmd.com/a-to-z-guides/what-to-know-about-high-monocyte-count.

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory Test Reference.* Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Patient was taken down to get an MRI of his brain. Because of the events leading up to his hospitalization, the MRI was taken to see if it was a stroke or a TIA. Unfortunately, the results were not posted fast enough to be noted. An MRI will illustrate a detailed

image if the brain and its structures. This allows for more detailed imaging of the clot. However, taking an MRI is only beneficial if the clot has not resolved.

Diagnostic Imaging Reference (1) (APA):

Capriotti, Theresa. (2024). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

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

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

Medications (5 required)

Brand/ Generic	Acetaminophen/ paracetamol	Aspirin/ acetylsalicylic acid	Clopidogrel/ Plavix	Insulin Lispro/Humalog	Levothyroxine tablet/Eltroxin
Dose	500 mg	81 mg	75 mg	1-20 units	137 mcg
Frequency	Every four hours, administer as needed, altering with ibuprofen	Daily	Daily	Before meals and at bedtime	Daily
Route	Oral	Oral	Oral	Subcutaneous	Oral
Classification	Pharmacologic class: Nonsalicylate, paraaminophenol derivative Therapeutic class: Antipyretic, nonopioid, analgesic (Jones and Bartlett, 2024, pg. 9).	Pharmacological class: Salicylate. Therapeutic class: NSAID	Pharmacological class: P2Y12 platelet inhibitor Therapeutic class: Platelet aggregation inhibitor (Jones and Bartlett, 2024, pg. 305).	Therapeutic class: Rapid-acting insulin (Jones and Barlett, 2024, pg. 1449).	Pharmacological class: Synthetic thyroxine (T4) Therapeutic class: Thyroid hormone replacement (Jones and Bartlett, 2024, pg. 790).
Mechanism of Action	Blocks prostaglandin	Reduced inflammation	This medication	This drug binds to	This drug replaces

	production and slows down the electrical pain signal. Also effects the hypothalamus, which is in charge of temperature regulation (Jones and Bartlett, 2024, pg. 11).	by stopping the prostaglandins. Effects the hypothalamus by lowering temperature (Jones and Bartlett, 2024, pg. 110). It also reduces the risk of ischemic strokes (Jones and Bartlett, 2024, pg. 9).	binds to ADP to stop which in turn means the blood cannot aggregate and form a clot (Jones and Bartlett, 2024, pg. 306).	glycoproteins in the body. This works to regulate the metabolism of carbs, fats, and proteins (Khanna et al., 2024, pg. 2).	the thyroid hormone, T4. It can give the person more energy and decreases blood and cholesterol levels (Jones and Bartlett, 2024, pg. 791-792).
Reason Client Taking	Takes it when he feels pain, requests some, or his temperature is higher than 100.4 °F.	Aspirin is a blood thinner essentially because it reduces the risk of blood becoming sticky. In turn, it decreases the chances of having a blood clot.	Patient is taking this medication to reduce his chances of having a stroke or a heart attack (Jones and Bartlett, 2024, pg. 305).	Patient is taking this to help manage his type II diabetes.	He takes this because he had his thyroid removed, so this medication makes up for the loss of the thyroid.
Contraindications (2)	Do not take if allergic to acetaminophen or its components. Do not take if liver is severely injured (Jones and Bartlett, 2024, pg. 11).	Do not take if patient has a bleeding or clotting disorder. Do not take if experiencing flu-like symptoms (Jones and Bartlett, 2024, pg. 110).	Do not take if allergic to clopidogrel or its components. Do not take if there is active bleeding happening inside the body (Jones and Bartlett, 2024, pg. 306).	Do not take this insulin if blood sugar is already low (hypoglycemia). Do not take this insulin if allergic to insulin lispro and its other factors ((Khanna et al.,	Do not take if allergic to the Levothyroxine pill or its components. Do not take if the adrenal gland is insufficient (Jones and Bartlett, 2024, pg. 792).

				2024, pg. 19).	
Side Effects/Adverse Reactions (2)	It can affect the nervous system by causing anxiety, insomnia, or agitation. It can also cause muscle spasms (Jones and Bartlett, 2024, pg. 11).	Taking this medication can cause confusion. It can also effect the GI greatly by casing diarrhea or GI bleeds (Jones and Bartlett, 2024, pg. 111).	Taking this medication can cause deadly intracranial bleeding. Taking this medication can also cause acute liver failure (Jones and Bartlett, 2024, pg. 306).	Taking this medication can cause hypoglycemia. It can also cause hypokalemia (Khanna et al., 2024, pg. 16).	This drug can cause seizures and angioedema (Jones and Barlett, 2024, pg. 792-793).

Medications Reference (1) (APA):

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.*

Khanna et al. (2024). *StatPearls.* StatPearls Publishing.

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:**	Patient was alert and oriented to person, place, time, and situation. No signs of distress. Overall, he was very well groomed!
INTEGUMENTARY: **Skin color:**	He scored twenty-one on the Braden scale. He is a very active individual. He can turn himself, get up by himself to use the restroom, and get up to brush his

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	teeth. It is highly unlikely for him to get a pressure sore in this moment.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical. No tracheal deviation. He had a surgery to remove his thyroid, so it especially was not palpable. Besides that, the other lymph nodes were not palpable. PERRLA intact. EOM's intact. Nose was symmetrical and clear with no deviations. He had dentures but took care of them very well. Ears were symmetrical with no deformities or rashes. .
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:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient did not use his accessory muscle to breathe. Stethoscope was place six times in the front and eight in the back, making sure the sides were included. All breath sounds were clear.

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**☐	He scored a seven on the fall score. It was barely above the low risk but still high enough to be considered moderate fall 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):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	Patient had a strong family system. He uses his family to help cope through the trials. He is in the Integrity vs. Despair portion of his life. He was talking about his daughters and his wife and how proud he was of them and how much he loved them. He worked a hard job for most of his life and was proud of that. He did not talk much about religion. As stated

environment, family structure, and available family support):	previously, he did have a good support system. His wife and daughter showed up in the afternoon.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:00	54	176/78 (left upper arm)	18	97.8 ℉ (oral)	96% (Room air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:15	Number scale	None	None	None	-Continue to monitor his pain

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
He drank very little water while I was there. He did drink a little to take his pills. He did have coffee for breakfast. He snuck in some graham crackers and had oatmeal.	**He did urinate this morning around 7:15 but it was directly in the toilet so I was unable to measure.**

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client

priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
1. Communicational deficits related to loss of blood supply to brain as evidenced by difficulty speaking.	This diagnosis was picked because communication is essential. This is the priority so a plan of action can be carried out immediately to help him communicate.	1.Got an MRI done to see what the underlying issue was. 2.Start living a healthy lifestyle: eating healthy, exercise, and drinking plenty of water.	1. Patient will continue to communicate clearly with the staff and family by the time he is discharged today.	Family was very supportive and agreed that there needed to be some changes, such as diet.
2. Deficient Knowledge related to inadequate knowledge of resources as evidenced by poor diet choices (Phelps, 2023, pg. 381).	This diagnosed was picked simply because if he doesn't have the full knowledge of a TSA, he may not understand the potential stroke that awaits ahead.	**1.** Ask him what he knows about TIA's, while also gauging his best learning style. Then present him with information that fits those needs. 2.Get the family involved with his plan of care moving forward.	1. Patient will understand and want to gain control of his current situation with a family supporting him by the time he is discharged.	As stated previously, family was supportive and he realized there needs to be changes.

Other References (APA):

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

Subjective Data

- S/S
  - Said he was unable to form the words he wanted
  - Said he felt sinus pain when the episode took place
- Was not much information to back up his diagnosis
- Labs were normal, except his ketones in urine- due to high blood sugar
- Vitals were normal
- Seemed to return to normal when he was in the emergency room
- MRI would have either confirmed or disputed the diagnosis; was not there to see that
- No other issues than the aphagia
- TSA is suspected

Objective Data

- October 30, 2024
- DE- 73 years old
  - White male
- Married and retired
- Allergies: Atorvastatin
- Full treatment/attempt CPR

Client Information

- 5 ft 10 in
- 177 lbs. 14.6 oz

Nursing Diagnosis/Outcomes

1.) Communicational Deficits related to loss of blood supply to brain as evidenced by difficulty speaking.

a. Patient will continue to communicate clearly with the staff and family by the time he is discharged today.

2.) Deficient Knowledge related to inadequate knowledge of resources as evidenced by poor diet choices.

a. Patient will understand and want to gain control of his current situation with a family supporting him by the time he is discharged.

Nursing Interventions

1.) Communicational Deficits

a. Get an MRI done to see what the underlying issue was.

b. Start living a healthy lifestyle: eating healthy, exercise, and drinking plenty of water.

2.) Deficit Knowledge

a. Ask him what he knows about TIA's, while also gauging his best learning style. Then present him with information that fits those needs.

b. Get the family involved with his plan of care moving forward.