

N311 Care Plan 4

Kacee Sands

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman

11/07/2024

Demographics (5 points)

Date of Admission 10/29/2024	Client Initials MP	Age 39	Gender Female
Race/Ethnicity Cherokee Indian, part Scottish	Occupation Caregiver	Marital Status Legally separated	Allergies Amoxicillin- Nausea Aspirin- Hives, Rash, itching Bee venom- Vomiting Demerol-vomiting Fish allergy- Shortness of breath Iodine- (patient states) Shortness of breath Meperidine- Vomiting Nickel- Rash Penicillin- (patient states) Antiphallic Shellfish allergy- shortness of breath Naproxen- Vomiting
Code Status Full	Height 5'6"	Weight 231.3 LBS	

Medical History (5 Points)

Past Medical History: Anxiety, Asthma, Depression, Hypertension, fibromyalgia, hyperlipidemia, multiple sclerosis, marijuana dependence, PTSD, GERD, Stroke

Past Surgical History: Cesarean section, dilation and curettage, HX leep procedure, Tibal ligation

Family History: Chronic heart failure, cancer emphysema- mother, Hypertension, stroke- father, Cancer- maternal grandma, Cancer- paternal grandma

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

Former smoker- 0.5 pack cigarettes per day for 10 years still uses nicotine patches, former vaping, alcohol- patient states that she used to drink half a gallon a day, patient states they she used to use fentanyl and marijuana after her fiancé passed away

Admission Assessment

Chief Complaint (2 points): leg weakness

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

Patient states that she went to the hospital in Tennessee about 40 days ago due to leg weakness, at that facility it was found that she was having a stroke that was causing the leg weakness. Patient stated rehab and physical therapy in Tennessee but has since come to Urbana IL to continue her rehab, patient states “she chose to come here because she has family here and the staff in Tennessee was very mean and rude to her, stating that she was crazy and a liar”. Patient says that she is taking pain medication for her pain as it is a 10 out of 10, that nothing makes her feel better except her pain medication. She is still undergoing her treatment in the rehab facility to hopefully regain movement in her lower extremities.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): CVA (stroke)

Secondary Diagnosis (if applicable): None noted

Pathophysiology

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

A thrombus or embolus obstructing cerebral blood flow causes strokes. The internal carotid and middle cerebral arteries are the arterial vessels most frequently implicated in ischemic stroke (Capriotti 2024). Ischemia of brain tissue is frequently caused by a clot that lodges in the middle cerebral artery after ascending the internal carotid artery (Capriotti 2024). Cerebral infarction, or the death of brain tissue, is caused by ischemia. Since the middle cerebral artery provides the brain with its blood flow, it is a cerebral artery that is frequently impacted by stroke. One of three common causes of a clot or thrombus that

results in an ischemic stroke is cerebral artery arteriosclerosis, atrial fibrillation, which can result in a cardioembolic event, or carotid stenosis, which can also result in an embolic event (Capriotti 2024). Signs and symptoms include trouble speaking, understanding, numbness, weakness in face arm and leg, trouble seeing, headache (Mayo Clinic 2024). Most people know the signs and symptoms as the acronym FAST, to look for any signs of change in the face, arms, speech, and they need to know the time. Stabilization is the first step in treatment to stop more brain damage (Capriotti 2024). It is important to keep the airway open and to keep the heart rate and blood pressure stable. Keeping your blood sugar and body temperature in order is also very important.

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2024, October 1). *Stroke*.

Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113>

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

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 10-30-24	Today's Value 11-04-24	Reason for Abnormal Value
RBC	3.8-5.3	4.0	3.9	
Hgb	12-15.8	12	11.8	Patient most likely has a lower hemoglobin level as she is not

				getting the correctly nutritional needs (Pagana 2024).
Hct	36-47%	36.3	35.0	Patient more than likely has a low hematocrit level related to her low hemoglobin level that is related to poor nutritional intake (Pagana 2024)
Platelets	140-440	335	318	
WBC	4-12	11.3	8.0	
Neutrophils	47-73%	58	Not Completed	
Lymphocytes	18-42%	27.2	Not Completed	
Monocytes	4-12%	8.5	Not Completed	
Eosinophils	0-5%	5.2	Not Completed	Patient most likely has a high eosinophils level related to the stress of being transferred from her Tennessee treatment center (Pagana 2024).
Bands	Not Completed	Not Completed	Not Completed	

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value 10-30-24	Today's Value 11-04-24	Reason For Abnormal
Na-	136-145	138	137	
K+	3.5-5.1	4.1	3.8	
Cl-	98-107	105	101	
CO2	22-30	25	27	
Glucose	70-99	103	86	Patient most likely has a slightly elevated glucose level related to the stress of being transferred from the previous hospital (Pagana 2024).

BUN	10-20	13	11	
Creatinine	.6-1.00	.82	.75	
Albumin	3.5-5.0	3.7	Not Completed	
Calcium	8.7-10.5	9.4	9.5	
Mag	Not Completed	Not Completed	Not Completed	
Phosphate	Not Completed	Not Completed	Not Completed	
Bilirubin	Not Completed	Not Completed	Not Completed	
Alk Phos	Not Completed	Not Completed	Not Completed	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

No Urinalysis Completed

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

No Cultures Completed

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

No Diagnostic Imaging Completed

All Other Diagnostic Tests (10 points):

Diagnostic Imaging Reference (1) (APA):

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

5 different medications must be completed

Medications (5 required)

Brand/ Generic	lisinopril	Lactulose	Metoprolol tartrate	Methocarbamol	oxcarbazepine
Dose	20mg	30g	50mg	750mg	300mg
Frequency	1 dose daily	2 dose daily	2 dose daily	3 dose daily	2 dose daily
Route	oral	oral	oral	oral	oral

Classification	ACE Inhibitor	Disaccharide	Beta -adrenergic blocker	Carbamate derivative	Carboxamide derivative
Mechanism of Action	Reduce blood pressure (Jones and Bartlett 2024)	Arrives in the colon to break down lactic acid to make stool softer (Jones and Bartlett 2024).	Inhibits stimulation sites mainly in the heart to lower cardiac output (Jones and Bartlett 2024).	Depressed CNS which leads to muscle relaxation and alters the perception of pain (Jones and Bartlett 2024).	Prevents seizures by closing sodium channels, preventing sodium from entering slows nerve impulses thus decreasing the risk of seizures (Jones and Bartlett 2024).
Contraindications (2)	<ol style="list-style-type: none"> 1. Patients with diabetes who take aliskiren concurrently with lisinopril (Jones and Bartlett 2024). 2. use of a neprilysin 	<ol style="list-style-type: none"> 1. Patient having a hypersensitivity to lactose (Jones and Bartlett 2024). 2. Patient is on a low-galactose diet (Jones and Bartlett 2024). 	<ol style="list-style-type: none"> 1. Patient has a hypersensitivity to metoprolol (Jones and Bartlett 2024). 2. Patient has a heart rate of less than 45/min or considered to have heart failure (Jones 	<ol style="list-style-type: none"> 1. Hypersensitivity to methocarbamol (Jones and Bartlett 2024). 2. Only 1 contraindication can be found 	<ol style="list-style-type: none"> 1. Hypersensitivity to oxcarbazepine (Jones and Bartlett 2024). 2. Hypersensitivity to eslicarbazepine (Jones and Bartlett 2024).

	<p>inhibitor, like sacubitril, after taking lisinopril for 36 hours (Jones and Bartlett 2024).</p>		<p>and Bartlett 2024).</p>		
<p>Side Effects/Adverse Reactions (2)</p>	<p>1. Confusion (Jones and Bartlett 2024)</p> <p>2. CV A (Jones and Bartlett 2024).</p>	<p>1. hyperglycemia (Jones and Bartlett 2024).</p> <p>2. Abdominal cramps (Jones and Bartlett 2024).</p>	<p>1. Anxiety (Jones and Bartlett 2024).</p> <p>2. Depression (Jones and Bartlett 2024).</p>	<p>1. Dizziness (Jones and Bartlett 2024).</p> <p>2. Seizures (Jones and Bartlett 2024).</p>	<p>3. Adverse coordination or gait (Jones and Bartlett 2024).</p> <p>4. Difficulty concentrating (Jones and Bartlett 2024).</p>

Medications Reference (1) (APA):

2024 NDH Nurse's Drug Handbook. (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.

<p>GENERAL:</p> <p>Alertness:x4</p> <p>Orientation:x4</p> <p>Distress: no signs of distress</p> <p>Overall appearance: well groomed</p>	
<p>INTEGUMENTARY:</p> <p>Skin color: tan</p> <p>Character: warm, dry</p> <p>Temperature: warm</p> <p>Turgor: no tinting</p> <p>Rashes: no</p> <p>Bruises: mild bruising</p> <p>Wounds: no</p> <p>Braden Score: 19</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<p>Brusing related to patients' physical therapy</p>
<p>HEENT:</p> <p>Head/Neck: symmetrical</p> <p>Ears: no wounds, symmetrical</p> <p>Eyes: white sclera, pink conjunctiva</p> <p>Nose: no deformities, no deviation noted, symmetrical</p> <p>Teeth: present, moderate condition</p>	<p>Patient has had a history of smoking and drinking without preforming oral hygiene</p>

<p>CARDIOVASCULAR:</p> <p>Heart sounds: S1, S2 present</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable): normal</p> <p>Peripheral Pulses: equal 2+</p> <p>Capillary refill: less than 3 seconds</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p> <p>Normal, bilaterally equal</p>	
<p>GASTROINTESTINAL:</p> <p>Diet at home: Patient states “whatever she wants”</p> <p>Current Diet Patient states “whatever she wants”</p> <p>Height: 5’6”</p> <p>Weight: 231.3 lbs</p> <p>Auscultation Bowel sounds: present, Active</p> <p>Last BM: yesterday</p> <p>Palpation: Pain, Mass etc.: No pain, or masses noted</p> <p>Inspection:</p> <p>Distention: No</p> <p>Incisions: No</p> <p>Scars: yes, cesarian scar</p> <p>Drains: No</p> <p>Wounds: N</p>	<p>Patient has scar from a c-section she had, did not state when it was from</p>

<p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY:</p> <p>Color: yellow</p> <p>Character: none cloudy</p> <p>Quantity of urine: normal voiding</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals: Patient states "it is fine"</p> <p>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Type: Pure wick, as needed</p> <p>Size:</p>	<p>Patient uses the pure wick when staffing personal is not able to come and assist her to the bathroom as she is currently immobile</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status: good</p> <p>ROM: upper limbs have a good range of motion, lower limbs have full range of motion although patient can not move lower limbs without help</p> <p>Supportive devices: walker, wheelchair, lift equipment</p> <p>Strength: bilateral leg weakness related to stroke</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: faculty did not complete this</p> <p>Activity/Mobility Status: limited</p>	<p>Patient is in the rehab faculty doing physical therapy in result of a stroke making her lose strength and feelings in the lower limbs</p>

<p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input checked="" type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/> <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation: Good</p> <p>Mental Status: Good</p> <p>Speech: Good</p> <p>Sensory: Good</p> <p>LOC: Good, Normal</p>	<p>Patient has lower limb weakness related to past CVA</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Watching TV, crafting, talking with family</p> <p>Developmental level: Good</p> <p>Religion & what it means to pt.: Christian</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Good family support</p>	<p>.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	73	143/83	16	97.9	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0807	1-10	Generalized	10	Patient states “Hurts everywhere and Head throbbing”	She was waiting on her morning med pass
------	------	-------------	----	---	--

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Normal oral intake	Voiding well, no complications

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.
<ol style="list-style-type: none"> 1. Patient is at risk for falls related to immobility as evidence by total weakness in the lower extremities. 	<p>This diagnosis was chosen due to the fact the patient is not capable of completing tasks by herself related to total</p>	<ol style="list-style-type: none"> 1. Make sure patient has call light within reach (Phelps 2024). 2. Teach patient how to properly transfer to 	<ol style="list-style-type: none"> 1. Patient will have no falls 	<p>Client understood that she was not able to get up and move without assistance and that she needed to continue to go the physical therapy.</p>

	weakness in the lower limbs making her a risk for fall	and from wheelchair (Phelps 2024).		
2. Patient is at risk for skin breakdown related to impaired skin hygiene as evidenced by having to use a pure wick.	This diagnosis was chosen because patient stated that she uses a pure wick to void when staffing personal is not able to make it to the room as patient in completely immobile now making her dependent on other. Therefore using a pure wick can cause poor hygiene which can lead to skin break down.	1. Teach client to perform perineal care after using a pure wick (Phelps 2024). 2. Teach client about positioning the pure wick properly to ensure minimal leakage (Phelps 2024).	1. Patient will keep supplies within reach to perform perineal care after using pure wick.	Patient understood that she needed to still clean her perineal area even after using the pure wick.

Other References (APA):

Phelps, L. L. (n.d.). *Nursing Diagnosis Reference Manual, Twelfth Edition.*

Concept Map (23 Points):

Subjective Data

Patient states that she has 10 out of 10 pain all of the time.
 Patient physically lifted legs by grabbing her pants and pulling her leg up
Patient states that she is not able to use her legs at all.
 Patient took pure wick and put it back into the package after use to save for the next time.
Patient states that she uses a pure wick when staff can not take her to the restroom

Objective Data

Client is a 39 year old patient in acute rehab after having a CVA resulting in total lower limb weakness, patient patches that doing mostly everything to have a good support system go to physical therapy but is not always motivated.

Client is at risk for falls related to immobility as evidence by total weakness in the lower extremities.

Patient will have no falls

Client is at risk for skin breakdown related to impaired skin hygiene as evidence by not performing perineal care after using a pure wick.

Patient will keep supplies within reach to perform perineal care after using minimal leakage (Phelps 2024).

Nursing Diagnosis/Outcomes

- 1. Make sure patient has call light within reach (Phelps 2024).**
- 2. Teach patient how to properly transfer to and from wheelchair (Phelps 2024).**
- 2. Teach client to perform perineal care after using a pure wick (Phelps 2024).**
- 2. Teach client about positioning the pure wick properly to ensure minimal leakage (Phelps 2024).**

Client Information



