

N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Scribner

11/14/2024

Demographics (5 points)

Date of Admission 11-13-2024	Client Initials A.S.K	Age 74 years old	Gender Male
Race/Ethnicity White	Occupation Unemployed	Marital Status Married	Allergies Benazepril Hcl, tetanus toxoid
Code Status Full code	Height 177.8cm	Weight 93.8kg	

Medical History (5 Points)

Past Medical History: coronary artery disease, type 2 diabetes, carotid stenosis, AFib, hypertension, hyperlipidemia, anemia, thrombocytopenia, chronic kidney disease, mitral regurgitation

Past Surgical History: CABG, heart catheterization, laparoscopic appendectomy, colectomy

Family History: None known at this time

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

Tobacco smoker 0.8packs a day for 33 years

Admission Assessment

Chief Complaint (2 points): Patient fell down steps and hit their head.

History of Present Illness – OLD CARTS (10 points): Patient fell down steps while talking on the phone on 11/13/2024. When they fell, they hit their head/face and their hand. The pain persisted from the accident until hospitalization when they received pain medications. The patient is unable to describe the characteristics of hand pain. An aggravating factor was the fall from loss of balance. The treatment plan is a brain CT, hand X-ray, and neuro checks every 4 hours. The severity was mild to moderate.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Subdural hemorrhage

Secondary Diagnosis (if applicable): Trapezium bone fracture

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

A subdural hematoma, which can also be referred to as a subdural hemorrhage, results from bleeding in the space below the dura mater above the arachnoid membrane (Capriotti, 2024, pg 900). Subdural hematomas can be categorized as acute which happens within minutes to hours of the trauma, or subacute which can happen days to weeks after the trauma, and chronic which is when the bleeding is slow and occurs for weeks or months without being noticed (Cleveland Clinic, 2024). The subdural hematoma occurs from tearing of bridging veins located in the subdural space (Capriotti, 2024, pg 900). The bleeding from the subdural veins is slow but can accumulate over time to create substantial intracranial pressure that compresses the brain tissue (Capriotti, 2024, pg 900).

Some of the signs and symptoms of a subdural hematoma include headaches, nausea and vomiting, slurred speech, changes in vision, dizziness, balance issues, and weakness of one side of your body (Cleveland Clinic, 2024). Repeat follow-up neurological examination is required in 2 to 5 days from when the subdural hematoma was suspected (Capriotti, 2024, pg 900). CT scan and skull x-ray are necessary to determine the severity of the bleed (Capriotti, 2024, pg 900). CT scan may or may not show bleeding into the subdural space immediately after injury; a follow-up CT scan is necessary in the next few days when subdural hematoma is suspected (Capriotti, 2024, pg 900).

Large subdural hematomas require a craniotomy to evacuate the blood and reduce the intracranial pressure (Capriotti, 2024, pg 900). On occasion, a subdural hematoma is small and causes little pressure or no midline shift; in this case, surgery may be withheld or delayed

(Capriotti, 2024, pg 900). A small subdural hematoma can slowly be reabsorbed by the brain though sometimes they can fail to be reabsorbed and increase in size as a result of osmotic fluid shifts or membrane formation (Capriotti, 2024, pg 900). Chronic subdural hematomas can be removed by a craniotomy and catheter placement under the dura mater to drain the blood (Capriotti, 2024, pg 900).

Pathophysiology References (2) (APA):

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

Subdural hematoma. Cleveland Clinic. (2024, August 30).

<https://my.clevelandclinic.org/health/diseases/21183-subdural-hematoma>

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	4.10-5.70uL (Epic, 2024)	4.36uL	4.22uL	
Hgb	12.0-18.0g/dL (Epic, 2024)	11.0g/dL	10.6g/dL	Patients Hgb is low due to their hemorrhage (Pagana et al., 2023, pg 480).
Hct	37.0-51.0% (Epic, 2024)	37.6%	36.64%	Patients Hct is low due to their hemorrhage (Pagana et al., 2023, pg 478).
Platelets	140-400uL (Epic, 2024)	158uL	152uL	
WBC	4.00-11.00uL (Epic, 2024)	7.75uL	5.64uL	
Neutrophils	1.60-7.70uL (Epic, 2024)	6.66uL	4.42uL	
Lymphocytes	1.00-4.90uL	0.34uL	0.37uL	Patient has low lymphocytes due to

	(Epic, 2024)			inflammation from hemorrhage (Thotakura et al., 2020).
Monocytes	0.00-1.10uL (Epic, 2024)	0.53uL	0.63uL	
Eosinophils	0.00-0.50uL (Epic, 2024)	0.08uL	0.10uL	
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-	136-145mmol/L (Epic, 2024)	144 mmol/L	145 mmol/L	
K+	3.5-5.1mmol/L (Epic, 2024)	5.2 mmol/L	4.9 mmol/L	
Cl-	98-107mmol/L (Epic, 2024)	118 mmol/L	121 mmol/L	Patient has high chloride due to his kidney dysfunction (Pagana et al., 2023, pg 221).
CO2	22.0-29.0mmol/L (Epic, 2024)	17.0 mmol/L	18.0 mmol/L	Patient has low CO2 due to his chronic kidney disease (Pagana et al., 2023, pg 189).
Glucose	74-100mg/dL (Epic, 2024)	133 mg/dL	106 mg/dL	Patient has high glucose because of type 2 diabetes
BUN	8-26mg/dL (Epic, 2024)	53 mg/dL	51 mg/dL	Patient has high BUN due to his chronic kidney disease (Pagana et al., 2023, pg 151).
Creatinine	0.70-1.30mg/dL (Epic, 2024)	3.61mg/dL	3.22 mg/dL	Patient has high creatine due to his chronic kidney disease (Pagana et al., 2023, pg 297).
Albumin	3.4-4.8g/dL (Epic, 2024)	3.5 g/dL	N/A	
Calcium	8.9-10.6mg/dL (Epic, 2024)	9.0 mg/dL	8.7 mg/dL	Patient has low calcium due to his chronic kidney disease (Pagana et al., 2023, pg 181).
Mag	1.6-2.6mg/dL (Epic, 2024)	N/A	2.0mg/dL	
Phosphate	3-4.5mg/dL (Pagana et	N/A	N/A	

	al., 2023, pg 675)			
Bilirubin	0.2-1.2mg/dL (Epic, 2024)	0.4 mg/dL	N/A	
Alk Phos	40-150U/L (Epic, 2024)	72 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	Colorless (Epic, 2024)	N/A	N/A	
pH	4.6-8pH (Epic, 2024)	N/A	N/A	
Specific Gravity	1.005-1.03 (Epic, 2024)	N/A	N/A	
Glucose	Negative (Epic, 2024)	N/A	N/A	
Protein	Negative (Epic, 2024)	N/A	N/A	
Ketones	Negative (Epic, 2024)	N/A	N/A	
WBC	Negative (Epic, 2024)	N/A	N/A	
RBC	Negative (Epic, 2024)	N/A	N/A	
Leukoesterase	Negative (Epic, 2024)	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	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	

Stool Culture	Negative	N/A	N/A	
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Lab Correlations Reference (1) (APA):

Epic (10-17-2024) *Carle Foundation Hospital*.

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and laboratory test reference: 16th edition*. Elsevier.

Thotakura, A. K., Stein, A. A., Tao, Z., Osuka, K., Xin-Ji, Z., Hyun, S., Lattanzi, S., Wang, D., Holl, D. C., Edlmann, E., Koliass, A. G., Aoyama, T., Zhao, J. L., Chen, J., & Singh, S. (2020, February 17). *Assessment of peripheral blood cell inflammatory markers in patients with chronic subdural hematoma*. *Clinical Neurology and Neurosurgery*.

<https://www.sciencedirect.com/science/article/abs/pii/S0303846720300810#:~:text=The%20decreased%20albumin%20and%20lymphocyte,CSDH%20and%20predicting%20its%20risk.>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Brain CT: A brain CT looks at the brain and is able to make a 3D view of the cranial contents in order to diagnose an intracranial hemorrhage and much more (Pagana et al., 2023, pg 268). This was important for my patient to monitor the growth of his subdural hematoma.

Cervical CT: A cervical CT creates a 3D image of the bones, soft tissue, organs, and muscles in the neck to look for any injuries (Pagana et al., 2023, pg 274). This was important for my patient because they had a head trauma after falling down a step and it's important to check for any other trauma.

Maxillofacial CT: A maxillofacial CT will look at the soft tissue and the bones of the face and jaw to check for any fractures or injuries. This was important for my patient because they had fell and hit their face and needed to check for any fractures.

Hand X-ray: A hand X-ray examines the bone structures in the hand and looks for displacements or fractures. My patient needed one because he was having pain in his hand after the fall.

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and laboratory test reference: 16th edition*. Elsevier.

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

5 different medications must be completed

Medications (5 required)

Brand/Generic	Humalog/ lispro	Roxicodone/ oxycodone	Cardura/ doxazosin	Lipitor/ atorvastatin	Lasix
Dose	1-20 units	5mg	1mg	80mg	20mg
Frequency	Every 4 hours	As needed	Once daily	Evening daily	Once
Route	subcutaneous	Oral	Oral	Oral	Oral
Classification Pharmacologic: Therapeutic:	Insulin Insulin (DrugBank Online, 2024)	Opioid Opioid analgesic (Jones & Bartlett Learning, 2024, pg 1041)	Alpha-blocker Antihypertensive, benign prostatic hyperplasia therapeutic agent (Jones & Bartlett Learning, 2024, pg 414)	HMG-CoA reductase inhibitor Antihyperlipidemic (Jones & Bartlett Learning, 2024, pg 121)	Loop Antih diure Bartl 2024
Mechanism of Action	Insulin lispro binds to the insulin receptor, a heterotetrameric protein consisting of two extracellular alpha	Alters perception of and emotional response to pain at spinal cord and higher levels of CNS by blocking release of	Inhibits alpha1- adrenergic receptors competitively in the sympathetic nervous system, causing	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol	Inhib and v reabs loop incre forma body

	<p>units and two transmembrane beta units. The binding of insulin to the alpha subunit of IR stimulates the tyrosine kinase activity intrinsic to the beta subunit of the receptor. The bound receptor autophosphorylates and phosphorylates numerous intracellular substrates such as insulin receptor substrates proteins, Cbl, APS, Shc and Gab 1. Activation of these proteins leads to the activation of downstream signaling molecules including PI3 kinase and Akt. Akt regulates the activity of glucose transporter 4 and protein kinase C, both of which play critical roles in metabolism and catabolism. In humans, insulin is stored in the form of hexamers; however, only insulin monomers are able to interact with IR. Reversal of the proline and</p>	<p>inhibitory neurotransmitters, such as acetylcholine and gamma-aminobutyric acid (Jones & Bartlett Learning, 2024, pg 1042)</p>	<p>peripheral vascular resistance. This action decreases blood pressure especially when the patient stands. Doxazosin also relaxes muscle of the bladder neck, prostate capsule, which reduces urethral resistance and pressure and urinary outflow resistance (Jones & Bartlett Learning, 2024, pg 414)</p>	<p>synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown (Jones & Bartlett Learning, 2024, pg 121)</p>	<p>volume aldosterone production increased promotes reabsorption of the ion potassium hydroxide Furosemide increases excretion of ammonium bicarbonate calcium magnesium phosphate reduces intracellular volume reduces pressure decreases output cardiac return (Jones Learning pg 61)</p>
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	<p>lysine residues at positions B28 and B29 of native insulin eliminates hydrophobic interactions and weakens some of the hydrogen bonds that contribute to the stability of the insulin dimers that comprise insulin hexamers. Hexamers of insulin lispro are produced in the presence of zinc and <i>m</i>-cresol. These weakly associated hexamers quickly dissociate upon subcutaneous injection and are absorbed as monomers through vascular endothelial cells. These properties give insulin lispro its fast-acting properties (DrugBank Online, 2024).</p>				
Reason Client Taking	Diabetic	For pain from trauma	Hypertension	Hyperlipidemia	Chro Disea
Contraindications (2)	Hypersensitivity and drug reaction (DrugBank Online, 2024)	Hypersensitivity to oxycodone, and significant respiratory distress (Jones & Bartlett Learning, 2024, pg 1043)	Hypersensitivity to doxazosin, and hypersensitivity to other components (Jones & Bartlett Learning, 2024, pg 414)	Hypersensitivity to atorvastatin and acute liver failure (Jones & Bartlett Learning, 2024, pg 121)	Hype to fun hepat (Jone Learn pg 61

Side Effects/Adverse Reactions (2)	Low blood sugar and dizziness (DrugBank Online, 2024)	Dizziness and nausea/vomiting (Jones & Bartlett Learning, 2024, pg 1043)	Dizziness, and headache (Jones & Bartlett Learning, 2024, pg 414)	Facial paralysis and dizziness (Jones & Bartlett Learning, 2024, pg 122)	Dizziness, elevated cholesterol, triglycerides (Jones & Bartlett Learning, 2024, pg 61)
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Medications Reference (1) (APA):

Insulin lispro: Uses, interactions, mechanism of action | drugbank online. Insulin lispro. (n.d.). <https://go.drugbank.com/drugs/DB00046>

Jones & Bartlett Learning. (2024). *2024 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	<ul style="list-style-type: none"> • Awake • Person, place, time, situation • No signs of distress • Well groomed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	<ul style="list-style-type: none"> • Tanned • Dry • Warm • Less than 3 seconds • None • Bruising of the nose • Abrasion on the nose • 21
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<ul style="list-style-type: none"> • Normal size, no lumps, bruises or lesions. • Symmetrical, no drainage, no skin breakdown, no bruises or lesions. • Symmetrical, no drainage, no bruises or lesions, sclera white, conjunctiva pink.

	<p>PERRLA intact</p> <ul style="list-style-type: none"> • Bruising on the nose as well as an abrasion. • Teeth are present, none missing
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<ul style="list-style-type: none"> • Regular rhythm, S1 and S2 present • All pulses present 2+ • Less than 3 seconds • Edema present bilaterally in lower extremities
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<ul style="list-style-type: none"> • Clear lung sounds in all fields bilaterally
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<ul style="list-style-type: none"> • Regular • Diabetic • 177.8cm • 93.8kg • Bowel sounds normal and present in all 4 quadrants • 11/13/2024 • No pain or masses present • None • None • Laparoscopy scar, left upper quadrant • None • none
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> • yellow • clear • 300mL • Normal, no bruising, lesions, or lumps

Type: Size:	
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	<ul style="list-style-type: none"> • Normal • All extremities have full range of motion • None • Equal strength bilaterally in lower extremities, left hand less strength than right hand • 15 • 1 assist with gaitbelt
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	<ul style="list-style-type: none"> • Person, place, situation, time • A&O x4 • Clear • All senses present • Awake and alert
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):	<ul style="list-style-type: none"> • Talking and spending time with wife • Integrity VS. despair • Non-religious • Patient lives at home with wife

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:28am	63bpm	167/65	18	99.0F oral	94% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

7:28am	Number scale 0-10	N/A	0- No pain	N/A	Prn pain medications
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600mL 0.9% NaCl	300mL urine

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? • Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> 1. Acute pain related to physical injury as evidenced by hand fracture (Phelps, 	I chose this nursing diagnosis because my patient has as needed pain medications for the	<ol style="list-style-type: none"> 1. Use pain scale to assess pain (Phelps, 2023, pg. 464). 2. Return to patient in 30 	<ol style="list-style-type: none"> 1. Patient will express relief from pain within a reasonable time after intervention this shift (Phelps, 	<ul style="list-style-type: none"> • The patient was receptive to the interventions and goal. • Goal considered met due to

2023, pg. 463).	trauma from his fall, resulting in his hand fracture.	minutes to check intervention effectiveness (Phelps, 2023, pg. 464).	2023, pg. 463).	patient did not experience pain this shift
2. Impaired skin integrity related to surface friction as evidenced by abrasion on nose (Phelps, 2023, pg. 621).	I chose this nursing diagnosis because my patient has an abrasion on his nose requiring a dressing.	<ol style="list-style-type: none"> 1. Maintain infection control (Phelps, 2023, pg. 623). 2. Perform prescribed treatment regimen for the skin condition (Phelps, 2023, pg. 623). 	1. Patient will have few, if any, complications this shift (Phelps, 2023, pg. 623).	<ul style="list-style-type: none"> • Patient understands the interventions and goals and agrees. • Goal met, patient did not have any complications this shift.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual 12th edition*. Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

- Subdural hemorrhage
- Trapezium fracture
- Patient fell down steps while talking on the phone.
- Hgb 10.6g/dL
- Hct 36.64%
- Glucose 106mg/dL
- Pain in face and left hand after fall.
- Fall score 15
- Abrasion on nose

Objective Data

Nursing Diagnosis/Outcomes

74 year old male patient with history of CAD, AFIB, CKD, HTN, T2DM admitted for SDH after falling.

- Full code
- Impaired skin integrity related to surface friction
- Unemployed
- Married
- Initials: A.S.K
- A&O x4

Client Information

- Acute pain related to physical injury as evidenced by hand fracture.
- Use pain scale to assess pain.
- Goal: Patient will express relief from pain within a reasonable time after intervention this shift.
- Return to patient in 30 minutes to check intervention effectiveness.

- Maintain infection control.
- Perform prescribed treatment regimen for the skin condition.
- Patient will have few, if any, complications this shift.

Nursing Interventions



