N311 Care Plan 5

Ashley Shields

Lakeview College of Nursing

N311: Foundations of Professional Practice

Linda Scribner

November 21, 2024

Demographics (5 points)

Date of Admission 11/9/23	Client Initials DC	Age 67	Gender Male
Race/Ethnicity White	Occupation Disability	Marital Status Widowed	Allergies N/A
Code Status Full	Height 167.6 cm	Weight 74.8 Kg	

Medical History (5 Points)

Past Medical History: Congestive Heart Failure 07/01/2016, MI

Past Surgical History: Coronary Artery Bypass Graft x4, Automatic Implantable Cardioverter Defibrillator, AICD generator change 1/05/2023, Melanoma excision of the scalp 2023

Family History: Mother- hypertension, Father- coronary artery disease, Brother- glaucoma

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Cigarette smoker since age 9 (0.5 packs/day), last beer 1999, last marijuana use 1999

Admission Assessment

Chief Complaint (2 points): Shortness of breath and vomiting

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

DC is a 67-year-old man who came to the ED at 0839 on November 09, 2024 with shortness of breath and vomiting. He reports for one week, when he tries to do “anything physical or exerts himself”, he gets out of breath very quickly with lightheadedness, dizziness, and an inability to balance his head. DC states he just has to sit and rest for a while to “get right again”. He reports he hasn’t been able to hold anything down for a week because he throws it up, so he’s been avoiding food.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cerebral Parenchymal Mass

Secondary Diagnosis (if applicable): Vasogenic Brain Edema

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

Parenchyma is a small mass of tissue within a gland or organ that carries out specialized functions of the gland or organ. (NIH, 2024). Each mass is labeled according to where it is located withing the body, therefore a cerebral parenchymal mass is a clump of this tissue located in the cerebrum. A mass can actually be in the form of a true mass, but is more often a type of lesion. Intraaxial lesions involve the parenchyma of the brain. They may follow an anatomic distribution (vascular) or non-anatomic distribution (abscess). (Smirniotopoulos, Jager, 2020). The parenchyma in the brain is the most common site of CNS metastatic disease in adults, with the majority occurring in the cerebral hemisphere. (Newton. Malkin, 2022).

Parenchymal lesions can also be malignant or benign, more often the latter. To properly diagnose this type of lesion, you typically start with a CT scan or MRI. (Newton. Malkin, 2022). A CT scan (computed tomography scan) has thin beams of x-rays directed at and moved around a specified area, resulting in computer-manipulated pictures that are not obscured by overlying anatomy. (Taylor, 2023, page 1463). An MRI (magnetic resonance imaging) uses computer-generated radio waves and a powerful magnetic field to produce detailed images of body structures. (Capriotti,2024, page 894). The pattern of surrounding edema is a key indicator of the type of disease a person has. (Newton. Malkin, 2022).

Brain lesions can happen with any condition or circumstance that can cause damage to the brain. These vary from brain tumors to degenerative/genetic diseases, to infections, and to strokes. Trauma, medical procedures, and exposure to toxins can also cause brain lesions.

Signs and symptoms of parenchymal lesions vary depending on the area of the brain that is affected. Frontal lobe includes learning difficulties, executive dysfunction, mood swings,

aphasia, weakness, paralysis, and anosmia. Temporal lobe(s) include aphasia and auditory processing difficulties. Parietal lobe includes numbness, tingling, agraphia, acalculia, finger agnosia, and confusion of left and right. Insular lobe affects you sense of taste and disruptions of the sympathetic and parasympathetic nervous systems. Occipital lobe would affect your vision. Cerebellum impairments would include coordinating muscles as you speak, dizziness, paralysis, shaking, tremors, and trouble controlling eye movements. Lesions in your brainstem would disrupt your heart rhythm, blood pressure, eye alignment, and more. (Cleveland Clinic, 2022).

Treatment for this disease varies. Some situations can heal with time or don't require a treatment because they are asymptomatic and benign. Others may require medication or surgery. The lesions associated with genetic and degenerative conditions have no treatment available. (Cleveland Clinic, 2022).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). Davis Advantage for Pathophysiology (3rd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719650533

Cleveland Clinic. (11 November 2022). Brain Lesions. https://my.clevelandclinic.org/health/symptoms/17839-brain-lesions

Newton, Herbert B. Malkin, Mark G. Neurological Complications of Systemic Cancer and Antineoplastic Therapy (Second Edition) (2022). (Pages 647-657). https://doi.org/10.1016/B978-0-12-821976-8.09997-7. (https://www.sciencedirect.com/science/article/pii/B9780128219768099977)

NIH. Dictionary terms. (21 November 2024). **https://www.cancer.gov/publications/dictionaries/cancer-terms/def/nodular-parenchyma**

Smirniotopoulos JG, Jäger HR. Differential Diagnosis of Intracranial Masses. 2020 Feb 15. In: Hodler J, Kubik-Huch RA, von Schulthess GK, editors. Diseases of the Brain, Head and Neck, Spine 2020–2023: Diagnostic Imaging [Internet]. Cham (CH): Springer; 2020. Chapter 8. Available from: https://www.ncbi.nlm.nih.gov/books/NBK554352/ doi: 10.1007/978-3-030-38490-6_8

Taylor, C., Lynn, P. 1., & Bartlett, J. L. (2023). *Fundamentals of nursing: the art and science of person-centered care.* Tenth edition. Philadelphia, Wolters Kluwer.

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 10^6/uL**	**2.46 10^6uL**	**2.58 10^6/uL**	**DC is highly suspected of having advanced cancer and a low RBC (anemia) count supports this suspicion. (Pagana et al., 2023, page 750).**
Hgb	**12.0-18.0 g/dL**	**7.2 g/dL**	**7.7 g/dL**	**Anemia and cancer can cause a low hemoglobin level. (Pagana et al., 2023, page 480).**
Hct	**37.0-51.0%**	**22.6%**	**23.8%**	**Anemia and different cancers cause a low hematocrit level. (Pagana et al., 2023, page 478).**
Platelets	**140-400 10^3/uL**	**266 10^3/uL**	**301 10^3/uL**	
WBC	**4.00-11.00 10^3/uL**	**8.25 10^3/uL**	**20.59 10^3/uL**	**Steroids can increase a WBC and DC is receiving Dexamethasone. (Pagana et al., 2023, page 949).**
Neutrophils	**1.60-7.70 10^3/uL**	**6.27 10^3/uL**	**20.05 10^3/uL**	**Neutrophils are one of the WBCs and they can also increase with steroid use. (Pagana et al., 2023 page 948,).**
Lymphocytes	**1.00-4.90**	**1.15**	**0.35**	**Unlike the other WBCs, lymphocyte**

	10^3/uL	**10^3/uL**	**10^3/uL**	**levels can decrease with steroid therapy and cancers. (Pagana et al., 2023 page 948).**
Monocytes	**0.00-1.10 10^3/uL**	**0.41 10^3/uL**	**0.21 10^3/uL**	
Eosinophils	**0.00-0.50 10^3/uL**	**0.30 10^3/uL**	**0.00 10^3/uL**	
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 mmol/L**	**138 mmol/L**	**139 mmol/L**	
K+	**3.5-5.1 mmol/L**	**4.0 mmol/L**	**5.2 mmol/L**	**Hemolysis can cause low potassium levels and considering the anemia, that is likely the cause of this. (Pagana et al., 2023, page 708).**
Cl-	**98-107 mmol/L**	**107 mmol/L**	**107 mmol/L**	
CO2	**22.0-29.0 mmol/L**	**22.0 mmol/L**	**26.0 mmol/L**	
Glucose	**74-100 mg/dL**	**127 mg/dL**	**163 mg/dL**	
BUN	**8.0-26.0 mg/dL**	**17 mg/dL**	**35 mg/dL**	**Congestive heart failure (CHF) causes elevated BUN levels. (Pagana et al., 2023, page 151).**
Creatinine	**0.70-1.30 mg/dL**	**1.35 mg/dL**	**1.32 mg/dL**	**Dehydration causes an increase in creatinine levels, but they tend to show up later. DC was vomiting for a week before he came to the hospital. (Pagana et al., 2023, page 297).**
Albumin	**3.4-4.8 g/dL**	**2.5 g/dL**	**N/A**	**Stress can lower albumin levels. When DC was admitted, he had been very sick and putting his body under additional stress. (Pagana et al., 2023, page 729).**
Calcium	**8.9-10.6 mg/dL**	**8.9 mg/dL**	**8.9 mg/dL**	

Mag	**N/A**	**N/A**	**N/A**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2 mg/dL**	**0.4 mg/dL**	**N/A**	
Alk Phos	**40-150 u/L**	**96 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	**Clear**	**Clear**	**Clear**	
pH	**4.5-8.0 pH**	**5.5 pH**	**5.0 pH**	
Specific Gravity	**1.003-1.035 arbitrary unit**	**1.019 arbitrary unit**	**1.045 arbitrary unit**	**Dehydration causes a high specific gravity number. (Pagana et al., 2023, page 909)**
Glucose	**Neg**	**Neg**	**Neg**	
Protein	**Neg**	**Neg**	**Trace**	**The only similarity I can find for this one would be protein being excreted through the urine through a connection to a low albumin level. The levels are not high enough or consistent enough to support another cause. (I went back and forth in Pagana and could not connect this strongly to anything since he is not in renal failure.) (Pagana et al., 2023, page 908).**
Ketones	**Neg**	**Trace**	**Trace**	**Keytones are normally found in diabetic patients. However, with dexamethasone increasing blood glucose, the body will expel that through the kidneys. (Pagana et al., 2023, page 910)**
WBC	**0-25/uL**	**5/uL**	**4/uL**	
RBC	**0-20/uL**	**13/uL**	**14/uL**	

Leukoesterase	**Neg**	**Trace**	**Neg**	**Leukocyte esterase is caused by WBC in the urine and is generally from a UTI. DC was not on any antibiotics or had a diagnosis of a UTI in his chart. (Pagana et al., 2023, page 909-910).**

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):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

DC had an X-ray to evaluate his lungs on 11/09/2024 because he reported shortness of breath. X-rays provide a radiologic examination in the form of pictures/images of the inside of a body. (Taylor). This showed multiple pulmonary nodules. (Epic, 2024) DC had a CT scan (computed tomography scan) of the chest, abdomen, and pelvis with IV contrast on 11/09/2024 showing innumerable pulmonary nodules and a mediastinal mass. (Epic, 2024). A CT scan has thin beams of x-rays directed at and moved around a specified area, resulting in computer-manipulated

pictures that are not obscured by overlying anatomy. (Taylor, 2023, page 1532). DC was scheduled for a biopsy on his lungs on 11/15/2024 to determine if the nodules were malignant or benign. (Epic 2024). DC also had a CT scan without contrast and a MRI of his head with and without contrast 11/10/2024. (Epic, 2024). An MRI (magnetic resonance imaging) uses computer-generated radio waves and a powerful magnetic field to produce detailed images of body structures. (Capriotti, 2024, page 861). DC was diagnosed with a cerebral parenchymal mass and vasogenic brain edema. (Epic).

Diagnostic Imaging Reference (1) (APA):

Capriotti, T. (2024). Davis Advantage for Pathophysiology (3rd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719650533

Epic. (2024, November 14). Carle Foundation Hospital.

Taylor, C., Lynn, P. 1., & Bartlett, J. L. (2023). *Fundamentals of nursing: the art and science of person-centered care.* Tenth edition. Philadelphia, Wolters Kluwer.

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

Medications (5 required)

Brand/ Generic	**Decadron/ dexAMETHasone**	**FT Nicotine Mini OTC /Nicotine**	**Sennosides/ ExLax**	**Acetaminophen / Tylenol**	**Atorvastin/ Lipitor**
Dose	**4 mg/table**	**21 mg/24 hr patch**	**8.6 mg**	**650 mg**	**40 mg**
Frequency	**Every 6 hours**	**Once daily**	**Once daily PRN**	**Every 4 hrs PRN**	**Once daily**
Route	**Oral**	**Transdermal**	**Oral**	**Oral**	**Oral**
Classification	**Tyrosine kinase 2 inhibitor/ immunosuppressant**	**Nicotinic antagonist/ smoking cessation adjunct**	**Contact/ Stimulant Laxative**	**Nonsalicylate, para-aminophenol derivative; Antipyretic/ analgesic**	**HMG-CoA reductase inhibitor/ Antihyperlipidemic**

Mechanism of Action	**Stabilizes lysosomal and cell membranes.**	**Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, at neuromuscular junctions, and in the brain.**	**Alter permeability of cell walls in the colon, inhibiting water absorption and irritates the intestinal lining to stimulate movement.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acts directly on temperature-regulating center in the hypothalamus inhibiting synthesis of prostaglandid E2.**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.**
Reason Client Taking	**DC is undergoing radiation therapy and dexamethasone is recommended as a component of antiemetic regimens for the prevention of nausea and vomiting associated with radiation therapy.**	**DC is a smoker and nicotine patches are used to help curb the cravings of nicotine withdraw.**	**DC had not had a bowel movement in 4 days.**	**Used secondary to help control break through pain.**	**DC has CHF and high cholesterol levels.**
Contraindications (2)	**Systemic fungal infections, hypersensitivity**	**Allergic to soya, Cardiovascular disease.**	**Ulcerative Colitis/ GI, Rectal bleed**	**Hypersensitivity, severe active liver disease/ impairment.**	**Acute liver failure, decompensated cirrhosis/ hypersensitivity to atorvastatin or its components**
Side Effects/Adver	**Hyperglycemia Osteoporosis**	**Gastrointestinal dyspepsia,**	**Electrolyte imbalance/**	**Constipation/ Hypoglycemic**	**Arrythmias, abnormal**

se Reactions (2)	**(Lexidrug/Epic, 2024) (NDH, 2024, page 365).**	**headache (Lexidrug/ Epic, 2024). (NDH, 2024, page 969)**	**Diarrhea (Cunha, 2021). (PDR, 2024).**	**Coma (NDH, 2024, page 9).**	**dreams (NDH, 2024 page 121).**

Medications Reference (1) (APA):

2024 NDH nurse's drug handbook (Twenty fourth edition.). (2024). Jones & Bartlett Learning.

Cunha, J. P. (2021, September 1). *Senna: Side effects, uses, dosage, interactions, warnings*. RxList. https://www.rxlist.com/senna/generic-drug.htm#what_are_dosages_of_senna

Lexidrug/Epic. (2024, November 14)

https://www.pdr.net/drug-summary/?drugLabelId=Senokot-sennosides-3182. (2024, November 22)

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is A&O x4. No signs of distress. Overall appearance was fairly neat and in order. Patient stated he waits until after radiation to take a shower because he "hates the way that stuff smells."**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Patient had fair, pale complexion. Skin was warm and dry, no tenting noted. The patient had a green-ish colored bruise on his R lower leg. Braden score of 21. The patient had 3 tattoos- two on his R arm and one on his L.**
HEENT: **Head/Neck:** **Ears:**	**Patient has a scar on the R occipital area from a cancer removal surgery. Patient has bilateral sclera white, bilateral cornea clear, bilateral**

Eyes: **Nose:** **Teeth:**	**conjunctiva pink with no visible drainage from the eyes. Lids are moist and pink bilaterally without lesions or discharge noted.**
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:**	**Patient has clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient has normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.
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:**	Patient weighs 74.8 kg and is 167.6 cm tall which puts his BMI at 26.6. Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Deferred**	**Patient has no notable changes in urine reported and voids in the toilet PRN. No notable bladder distension upon palpation and patient reports zero discomfort or pain.**

Catheter: Y ☐ N ☒ **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 3** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	All extremities have full ROM, hand grips and pedal pushes/pulls are normal and equal strength. Gait is balanced and smooth. Patient has a fall score of 3 and is high risk for falls.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is A&O to person, place, time and reason for being in the hospital. PERRLA and EOMs intact. Strength in upper and lower extremities are equal bilaterally. No face drooping noted, speech clear, and mental status is appropriate and clear.
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):**	Patient states he talks when he is coping with things. He is stage 8- Integrity vs. Despair. DC stated he doesn't exactly practice a religion, he was baptized Catholic as a kid, but he believes in God. He has a lot of support around him, especially his brother whom he lives with. His attitude about his diagnosis and prognosis is positive and he appears to be coping very well with the information.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:32 am	**90**	**128/78**	**20**	**36.3 C/ oral**	**95% room air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:38 am	**Number 0-10**	**N/A**	**0**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL (chart was not specific on what either of these were or why they were entered. This was the only I&O listed on his chart for his entire hospital stay, so I wondered if they were actually entered in his chart by mistake. He uses the toilet for elimination and everything else only said voided or BM)	**360 mL**

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

Nursing Diagnosis • Include full nursing diagnosis with	Rationale • Explain why the nursing	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the

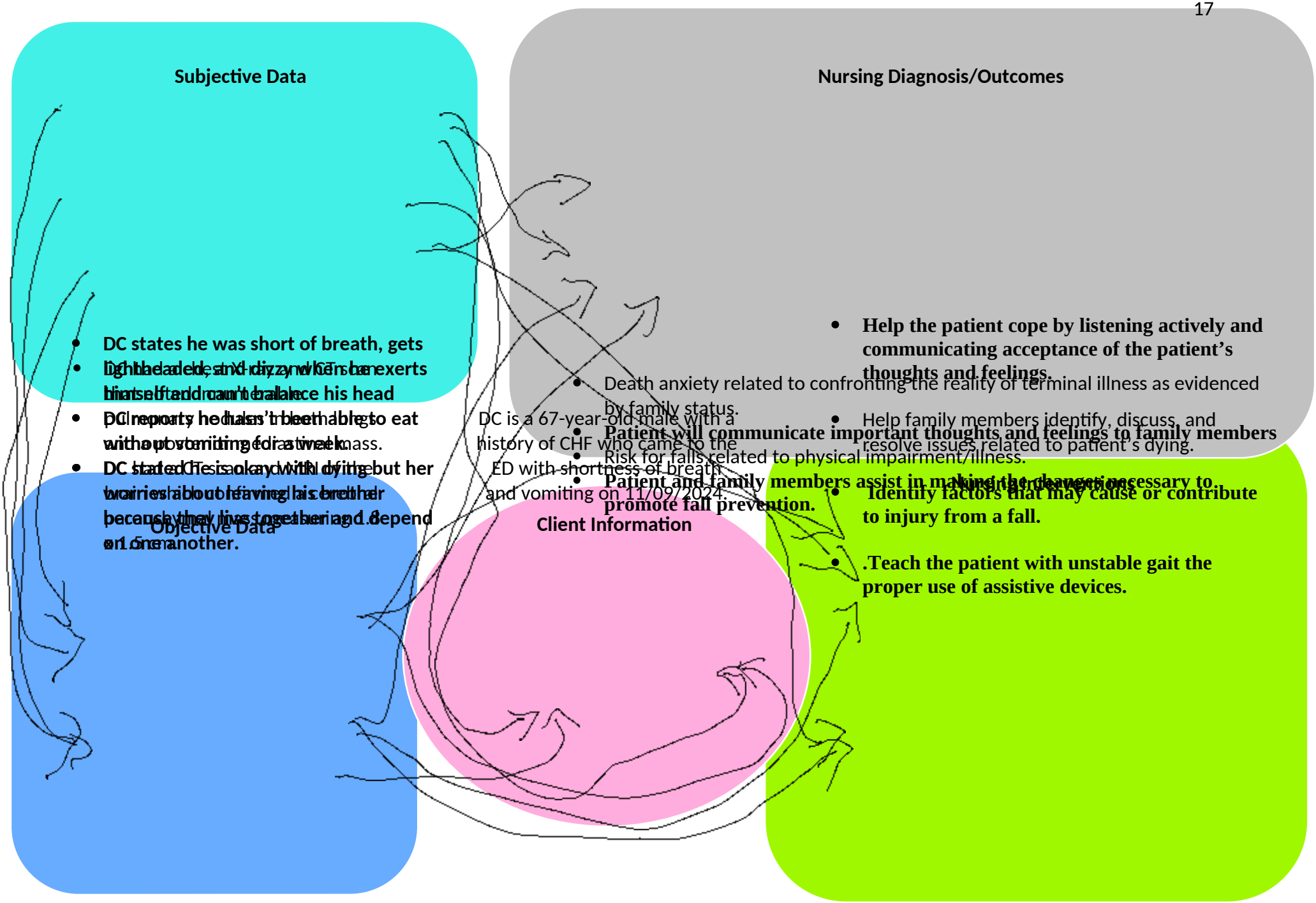
"related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	diagnosis was chosen			nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Death anxiety related to confronting the reality of terminal illness as evidenced by family status. (Phelps, 2023, page 84).	**Patient stated several times he worried how his death would impact his brother because they live together.**	**1.Help the patient cope by listening actively and communicating acceptance of the patient's thoughts and feelings before discharge.** **2. Help family members identify, discuss, and resolve issues related to patient's dying before death takes place. (Phelps, 2023, page 84).**	**1. Patient will communicate important thoughts and feelings to family members. (Phelps, 2023, page 85).**	**DC was very open to having a conversation with his brother and making sure his brother knew his final wishes, as well as making sure he knew he was at peace with whatever happens.**
2. Risk for falls related to physical impairment/ illness. **(Phelps, 2023, page 666).**	**Patient has a cerebral parenchymal brain mass.**	**1. Identify factors that may cause or contribute to injury from a fall by the end of the shift.** **2.Teach the patient with unstable gait the proper use of assistive devices by discharge.**	**1. Patient and family members assist in making the changes necessary to promote fall prevention. (Phelps, 2023, page 668).**	**DC agrees safety is a priority.**

		(Phelps, 2023, page 668).		

Other References (APA):

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual* 12th ed. Philadelphia, Wolters Kluwer Health/Lippincott Williams & Wilkins.

Concept Map (23 Points):


Subjective Data
DC states he was short of breath, gets lightheaded, and dizzy when he exerts himself and can't balance his head
DC reports he hasn't been able to eat without vomiting for a week.
DC stated he is okay with dying but her worries about leaving his brother because they live together and depend on one another.
Objective Data
DC is a 67-year-old male with a history of CHF who came to the ED with shortness of breath and vomiting on 11/09/2024
Client Information
Nursing Diagnosis/Outcomes
Death anxiety related to confronting the reality of terminal illness as evidenced by family status.
Risk for falls related to physical impairment/illness.
Patient will communicate important thoughts and feelings to family members
Patient and family members assist in making the changes necessary to promote fall prevention.
Nursing Interventions
Help the patient cope by listening actively and communicating acceptance of the patient's thoughts and feelings.
Help family members identify, discuss, and resolve issues related to patient's dying.
Identify factors that may cause or contribute to injury from a fall.
.Teach the patient with unstable gait the proper use of assistive devices.