

N321 CARE PLAN 1

Bethany Waugh

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

01/31/2025

Demographics

Date of Admission 01/24/2025	Client Initials R.F.	Age 83	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired Electrician	Marital Status Married	Allergies Codeine
Code Status Full	Height 6'	Weight 83.9 kg	

Medical History

Past Medical History: Chronic obstructive pulmonary disorder, Abdominal Aortic Aneurysm, chronic kidney disease, atrial fibrillation, left lung cancer, right lower lung cancer, age related nuclear cataract of right eye (0910/18), age related nuclear cataract of left eye, allergic rhinitis, benign prostatic hyperplasia, hypertension, hyper lipidemia, major depressive disorder, Alzheimer's dementia

Past Surgical History: appendectomy, laparoscopic inguinal hernia repair, tooth extraction, cataract removal with implant (left), cataract removal with implant (right), colonoscopy

Family History: father died of heart disease; mother died due to dementia complications caused by Alzheimer's. One brother had leukemia.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
The patient has not recently been smoking but has a 52 year smoking history. Never used smokeless tobacco. Does not drink or use drugs.

Education: electrician apprenticeship

Living Situation: lives with wife but she has been in a nursing home for about a month because of her own worsening condition

Assistive devices: gait belt, front wheeled walker

Admission History

Chief Complaint: generalized weakness, shortness of breath

History of Present Illness (HPI)– OLD CARTS

Patient reports to the emergency department on 01/24/2025 complaining of generalized muscle/body weakness and shortness of breath that began two weeks prior to 01/24/2025 and has been progressively getting worse since onset. The patient stated that they were not feeling an actual “pain” but would rate their discomfort as a 4/10 on a scale of 1-10 and that they were frightened by the shortness of breath. The generalized muscle weakness radiated throughout their entire body; the shortness of breath caused tightness in the accessory breathing muscles but did not radiate outside of the chest. The patient also reported living with a dizziness that he describes as a “lightheadedness” that gets worse upon light exertion. The patient denied having tried any relieving factors at home and claims their symptoms were not alleviated until they received treatment in the emergency room. The patient was running a fever when they arrived in the emergency room.

Admission Diagnosis

Primary Diagnosis: transient ischemic attack

Secondary Diagnosis (if applicable): pneumonia

Pathophysiology

A transient ischemic attack is a brief period of neurological deficit that occurs when an embolus breaks free in an arterial vessel and causes an occlusion to the brain; often as a result of atrial fibrillation (Capriotti, 2020). Transient ischemic attacks are often mistaken for “mini strokes” because they often present with similar symptoms, but this is a fallacy.

The main difference between transient ischemic attacks and ischemic strokes is that transient ischemic attacks will resolve themselves within 24 hours, where an ischemic stroke will not (Capriotti, 2020).

Diseases that can lead to the formation of an embolus that can cause a transient ischemic attack include atherosclerosis and small vessel disease (Cleveland Clinic Staff, 2023). The symptoms of a transient ischemic attack are one-sided facial paralysis, slurred speech or trouble speaking at all, blurred vision, nausea, vomiting, neck stiffness, confusion, agitation, headaches, and fainting (Cleveland Clinic Staff, 2023). Transient ischemic attacks are diagnosed with physical and neurological exams, computed tomography scans, and magnetic resonance imaging (Cleveland Clinic Staff, 2023). Treatment of a transient ischemic attack includes medications (aspirin, statins, and blood thinners), lifestyle changes (eating heart healthy diet, exercise, and lowering cholesterol), and in extreme cases surgical intervention can be used (Cleveland Clinic Staff, 2023).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. F.A.

Davis.

Cleveland Clinic Staff. (2023, June, 1st). *Transient Ischemic Attack (TIA)*.

<https://my.clevelandclinic.org/health/diseases/14173-transient-ischemic-attack-tia-or-mini-stroke>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
-----------------	------------------------	----------------------	---------------------	-----------------------------

Sodium	133 mmol/L	139 mmol/L	136-145 mmol/L	Low sodium levels can be caused by chronic renal insufficiency (Pagana, 2023). This patient has a history of chronic kidney disease. The sodium levels have trended back up into a normal level, most likely as a result of the patient receiving IV fluids while in hospital.
CO2 Venous	19 mmol/L	24 mmol/L	22-30 mmol/L	Decreased CO2 venous levels can be caused by kidney failure and pneumonia (Pagana, 2023). This patient has a history of chronic kidney disease and has been diagnosed with pneumonia. The CO2 levels have trended up most likely as a result of

				oxygen therapies and treating the pneumonia with antibiotics.
Creatinine Blood	1.73 mg/dL	1.54 mg/dL	0.70 – 1.30 mg/DL	High creatinine blood levels are associated with reduced renal blood flow and can be caused by kidney disease, heart failure, and dehydration (Pagana, 2023). The patient has a history of chronic kidney disease, and while not currently diagnosed with congestive heart failure, they do experience cardiac issues such as atrial fibrillation. The creatinine blood levels have trended down; which means the patient has been consuming less protein,

				<p>remaining hydrated, and/or moving around less (using less muscle mass than what would be seen with exercise).</p>
GFR, Estimated	39	44	60	<p>A higher creatinine level usually indicates a lower glomerular filtration rate (Pagana, 2023). This patient has raised creatinine blood levels. The levels for this lab have trended up as the creatinine levels have trended down.</p>
BUN/Creatinine ratio	11	11	12-20	<p>BUN/creatinine levels usually increase in patients with kidney disease, but this patient's BUN/creatinine ratio has</p>

				decreased (Pagana, 2023). This decrease is probably due to a low protein diet.
Calcium	8.4 mg/dL	8.5 mg/dL	8.7-10.5 mg/dL	Low calcium levels can be caused by renal failure (Pagana, 2023). This patient has a history of chronic kidney disease.
Albumin	3.1 mg/dL	N/A	3.5-5.0 g/dL	Kidney disease can cause an increased loss of albumin (Pagana, 2023). This patient has a history of chronic kidney disease.
Alkaline Phosphate	163 U/L	N/A	40-150 U/L	A recently ingested meal or taking antibiotics can raise Alkaline phosphate levels (Pagana, 2023). This patient may have recently eaten before their lab and is currently

				prescribed amoxicillin.
GFR, EST NON AFRICAN	38	43	60	This lab is decreased by impaired kidney function (Pagana, 2023). This patient has impaired kidney function. The levels have trended up, possibly due to the patient's high blood pressure, increased hydration, or an increase in blood volume.
GFR, EST AFRICAN	46	53	60	This lab is decreased by impaired kidney function (Pagana, 2023). This patient has impaired kidney function. The levels have trended up, possibly due to the patient's high blood pressure, increased hydration, or

				an increase in blood volume.
WBC	34.60 10(3)mcL	43.80 10(3)mcL	4.00-12.00 10(3)mcL	White blood cell counts are raised when an infection enters the body (Pagana, 2023). This patient has been diagnosed with pneumonia. The levels have trended up, which would indicate that the body is still fighting the infection.
RBC	4.33 10(6)mcL	4.15 10(6)mcL	4.40-5.80 10(6)mcL	Red blood cell levels can be decreased by chemotherapy and kidney disease (Pagana, 2023). This patient has been diagnosed with lung cancer and chronic kidney disease. The levels have trended down, most likely due to

				the patient's chronic kidney disease.
MCV	98.2 fl	97.3 fl	82.0-96.0 fl	Mean corpuscular volume can be increased by antibiotics (Pagana, 2023). This patient has been prescribed amoxicillin. The levels have trended down, meaning the underlying cause is being treated.
MCH	32.4 pg	31.7 pg	26.0-32.0 pg	Mean corpuscular hemoglobin can be increased by antibiotics and chemotherapy drugs (Pagana, 2023). This patient has been diagnosed with lung cancer and is prescribed amoxicillin. These levels have trended down, meaning that the treatment of the

				underlying cause is successful.
MPV	7.2 fl	7.5 fl	8.0-12.6 fl	Mean platelet volume levels vary with platelet production and can also be affected by kidney disease and chemotherapy (Pagana, 2023). This patient has chronic kidney disease and has been diagnosed with lung cancer. The level has trended up; indicating that the patient's body is catching up on platelet production.
Neutrophils %	14.0 %	N/A	40.0-68.0 %	Neutrophils are depleted due to infections in the body (Pagana, 2023). This patient has been fighting off pneumonia.
Lymphocytes	0.69	0.70	0.90- 3.30	This lab can be

Absolute	10(3)mL	10(3)mL	10(3)mL	decreased by immunodeficiency (Pagana, 2023). This is an older patient who has been diagnosed with cancer and therefore has a lower immunity. The results have trended slightly up indicating that the body is catching up.
Lymphocytes %	2.0%	N/A	19.0-49.0%	This lab can be decreased by immunodeficiency (Pagana, 2023). This is an older patient who has been diagnosed with cancer and therefore has a lower immunity.
Monocytes Absolute	1.38 10(3)mL	N/A	0.10-0.90 10(3)mL	Monocyte levels are affected by infections in the body (Pagana, 2023). This patient has been

				diagnosed with pneumonia.
Eosinophils Absolute	27.68 10(3)mcL	33.40 10(3)mcL	0.00-0.50 10(3)mcL	Eosinophils are affected by allergic reactions and infection (Pagana, 2023). This patient has a history of allergic rhinitis and has been diagnosed with pneumonia. The levels have trended up, indicating that the body is still fighting infection.
Neutrophils	N/A	20.8%	40.0-60.0%	Neutrophils have decreased due to the patient's overwhelming infection of pneumonia (Pagana, 2023).
Eosinophils %	80.0%	N/A	0.0-8.0%	Eosinophils are affected by allergic reactions and infection (Pagana, 2023). This patient has a history of allergic

				rhinitis and has been diagnosed with pneumonia.
Lymphocytes	N/A	1.5%	19.0-49.0%	The patient's lymphocyte level is depleted because their body has been fighting off pneumonia. Lymphocyte levels are decreased by bacterial and viral infections (Pagana, 2023).
Monocytes	N/A	1.4%	3.0-13.0%	Monocytes are affected by infection (Pagana, 2023). This patient has been fighting off pneumonia.
Eosinophils	N/A	76.2%	0.0-8.0%	Eosinophils are raised when the body is fighting off an infection (Pagana, 2023). This patient has been fighting off pneumonia.

Neutrophils Absolute	4.84 10(3)mCL	9.10 10(3)mCL	1.40-5.30 10(3)mCL	The absolute neutrophils have increased because the body is fighting off pneumonia (Pagana, 2023).
Urine Culture	Protein- Trace! Ketones – Trace!	N/A N/A	Negative Negative	Protein in urine can be caused by kidney disease (Pagana, 2023). This patient has kidney disease. Ketones are found in urine when the body begins to use fat as an energy source instead of glucose (Pagana, 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
X-ray of the chest/single view/portable to show idiopathies in the chest.	Patient has been experiencing shortness of breath accompanied by weakness.	Bilateral abnormal dense areas were seen in the lungs, indicating pneumonia.
Computed tomography scan	The patient suffered a transient	Normal signs of

<p>of the head or brain without contrast.</p>	<p>ischemic attack which can present with similar symptoms to a stroke, and computed tomography scans are used to rule out hemorrhagic stroke.</p>	<p>aging were seen, along with a narrowing of the blood vessels in the brain, and remaining damage to the brain from a previous incident.</p>
<p>Magnetic resonance imaging of the brain with/without contrast.</p>	<p>Neuro deficiency, suspected stroke</p>	<p>No noticeable differences when compared to the results of the previous magnetic resonance imaging of the brain performed on 09/03/2024.</p>
<p>EKG</p>	<p>Atrial fibrillation, hypertension</p>	<p>No significant findings when compared to the EKG performed on 05/31/2024.</p>

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Diet & Nutrition: cardiac	The patient has been diagnosed with atrial fibrillation as well as hypertension and has a history of abdominal aortic aneurysm.
Therapy: Occupational therapy to evaluate and treat. Physical therapy to evaluate and treat. Speech & language pathologist to evaluate and treat.	Occupational therapy is evaluating because of a suspected stroke. Physical therapy is evaluating because of a suspected stroke. A speech and language pathologist is evaluating because of a failed aspiration screen.
Respiratory: pulse oximetry; spot	Pulse oximetry allows for monitoring of a patient's Oxygen level to ensure they are receiving adequate oxygen. This patient has a history of COPD and lung cancer, which places them at risk for dangerous

	oxygenation levels.
Admission weight	Admission weight helps us establish a baseline of the patient's nutritional status.
No VTE prophylaxis	Patient is already on antithrombotic medications
Ambulate patient	Ambulation helps prevent adverse effects of immobility and improve circulation and cardiac health.
Covid-19, Flu, and Pneumonia screen	These screens allow the correct contact precautions to be put into place and diagnose infectious diseases. The patient was diagnosed with pneumonia.
Insert/maintain peripheral IV	Peripheral IVs are vital to being able to quickly administer fluids and medications.
I&O routine every 8 hours	I&O keeps track of extensive fluid retention or loss, bowel mobility, and nutritional status.
NIH stroke scale (on admission, every shift, & with any neurological changes)	The patient was admitted for a transient ischemic attack, which present with similar symptoms of a stroke and causes the same disabilities.
Notify physician for: pressure under 50 or above 120, respiratory rate less than 10 or	The provider wants to be notified if the patient presents with unsafe vital signs that

<p>above 30, temperature above 101.5°F (38.5°C), urine output less than 240 ml in 8 hours, systolic blood pressure less than 85 or above 180, diastolic blood pressure below 50 or above 105, pulse lower than 90, and for new or worsening pain.</p>	<p>indicate a worsening of their diagnosed condition.</p>
<p>Notify provider of medication route changes</p>	<p>The right route is one of a patient's rights of safe medication administration.</p>
<p>Notify provider for O2 less than 94% or temperature above or below 100.4°F</p>	<p>A temperature above 100.4 and an O2 of less than 94% has been deemed unsafe for this patient by their provider.</p>
<p>Obtain modified Rankin score prior to new stroke symptoms and discharge</p>	<p>Detect neurological changes and monitor recovery progression</p>
<p>Orthostatic vital signs</p>	<p>Monitors for signs of circulatory instability</p>
<p>Provide stroke education material to patient and family</p>	<p>A transient ischemic attack is an indicator of a future stroke and also causes the patient to experience similar symptoms of a stroke.</p> <p>The patient and their family will need to be educated on safety tactics for the home and the early warning signs of a stroke and how to respond efficiently.</p>

Patient may shower	The patient is progressing well and there are no contraindications.
PHQ2 depression screen on admission	The patient has a history of major depressive disorder.
Pulse ox/ STAT continuous	To assess and maintain adequate oxygen levels.
RN Aspiration risk tool screening	To assess risk for aspiration/ the patient had a failed aspiration screen.
Sequential compression device (SCD)- (HUC orders equip) (left on al all times unless ambulating or bathing)	Sequential compression devices help to prevent blood clots.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
--------------------	--------------------------

Aspirin 81 mg chewable tablet by mouth daily. 07/23/24-07/23/25	Mild to moderate pain relief (Jones & Bartlett, 2024)
Aspirin EC (ECORTIN) 325 mg tablet delayed response. Oral x 1 daily. Patient reported that they are not taking this medication on 01/24/25	Mild to moderate pain (Jones & Bartlett, 2024)
Apixaban (ELIQUIS) 2.5 mg tablet 2x daily. Started 06/02/24- 01/23/25	Anticoagulant prescribed for atrial fibrillation (Jones & Bartlett, 2024)
Sertraline (ZOLOFT) 25 mg tablet 12.5 mg by mouth (1/2 tablet). Started on 12/02/24	Antidepressant, the patient has been diagnosed with major depressive disorder (Jones & Bartlett, 2024)
Meclizine (ANTIVERT) 25 mg tablet by moth. Started 06/21/19	Antiemetic, to relieve nausea (Jones & Bartlett, 2024)
Atorvastatin (LIPITOR) 40 mg tablet nightly; oral. Started 06/02/24-1/23/25	Antihyperlipidemic, the patient has been diagnosed with hyperlipidemia (Jones & Bartlett, 2024)
Lisinopril (PRINIVIL, ZESTRIL) 10 mg tablet PO nightly	Antihypertensive, the patient has been diagnosed with hypertension (Jones & Bartlett, 2024)
Metroprolol tartrate (LOPRESSOR) 25 mg tablet oral x 2 daily start: 06/02/2024-01/23/2025	Betablocker (Jones & Bartlett, 2024)
Cyanocobalamin 500 mg tablet oral x 1	Hematopoietic agent (Jones & Bartlett,

daily last: 01/23/2025	2024)
Finasteride (PROSCAR) 5 mg tablet oral x 1 daily last: 01/23/2025	Genitourinary product, the patient has been diagnosed with benign prostatic hyperplasia and this medication controls the growth of the prostate (Jones & Bartlett, 2024).
Memantine (NAMENDA) 10 mg tablet by mouth 2x daily. 08/06/24 – 01/24/25	To treat dementia caused by Alzheimer's (Jones & Bartlett, 2024)
Pantoprazole (PROTONIX) 20 mg tablet delayed response by mouth 1x daily Last dose: 01/23/25	To reduce the symptoms of gastroesophageal reflux disease (Jones & Bartlett, 2024)
Vitamin D-3 (cholecalciferol) 400 unit tablet 10mcg by mouth 1x daily	Helps to improve heart disease (Jones & Bartlett, 2024)

Hospital Medications (Must List ALL)

Brand/ Generic	Tylenol/ Acetaminophen	Eliquis/ Apixaban	Aspirin/ acetylsalicylic acid, ASA	Lipitor/ atorvastatin calcium	Apo-Cal (CAN), Calci- Mix, Calsan (CAN), Liqui-Cal, Liquid- Cal-600, Titalac/ calcium carbonate	Flovent HFA/ Fluticasone	
Classification	Pharmacologic: non-salicylate	Pharmacologic: factor Xa inhibitor Therapeutic:	Pharmacologic: salicylate Therapeutic: NSAID (anti-	Pharmacologic: HMG- CoA	Pharmacologic: calcium salts	Pharmacologic/ therapeutic	

	e, paraminophenol derivative Therapeutic : antipyretic, nonopioid analgesic (Jones & Bartlett, 2024)	anticoagulant (Jones & Bartlett, 2024)	inflammatory, antiplatelet, antipyretic, nonopioid analgesic (Jones & Bartlett, 2024)	reductase inhibitor Therapeutic: antihyperlipidemic (Jones & Bartlett, 2024)	Therapeutic: antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiogenic (Jones & Bartlett, 2024)	: inhaled glucocorticoid	
Reason Client Taking	Pain relief, reduce fever (Jones & Bartlett, 2024)	To prevent and treat blood clots (Jones & Bartlett, 2024)	Pain relief, inflammation, heart health (Jones & Bartlett, 2024)	Lower cholesterol (Jones & Bartlett, 2024)	Reduce stomach acid, relieve heart burn (Jones & Bartlett, 2024)	Relieves allergic rhinitis (Jones & Bartlett, 2024)	
Key nursing assessment(s) prior to administration	Hypersensitivity to acetaminophen, liver disease (Jones & Bartlett, 2024)	Not for patients with severe hepatic dysfunction, discontinue 48 hours before an invasive procedure, follow guidelines when switching with another anticoagulant (Jones & Bartlett, 2024)	Coagulation disorder, flu symptoms, GI bleed/ulcers, hypersensitivity to aspirin (Jones & Bartlett, 2024)	Acute liver failure, hypersensitivity to atorvastatin calcium (Jones & Bartlett, 2024)	Hypercalcemia, ventricular fibrillation, hypersensitivity to calcium salts (Jones & Bartlett, 2024)	Hypersensitivity to fluticasone (Jones & Bartlett, 2024)	
Brand/ Generic	Apresoline (CAN)/ hydralazine hydrochloride	Labetalol hydrochloride	Prinivil, Qbrelis, Zestril/Lisinopril	Milk of magnesia/ magnesium hydroxide	Melatonin tablet	Namenda, Namenda XT, memantine hydrochloride	
Classification	Pharmacologic: vasodilator Therapeutic: antihypertensive	Pharmacologic: noncardioselective beta-blocker/alpha1-blocker Therapeutic: antihypertensive (Jones & Bartlett, 2024)	Pharmacologic: ACE inhibitor Therapeutic: antihypertensive (Jones & Bartlett, 2024)	Pharmacologic: mineral Therapeutic: electrolyte replacement	Pharmacologic: hormone	Pharmacologic: N-methyl-D-aspartate (NMDA) receptor antagonist Therapeutic: antidementia	

	(Jones & Bartlett, 2024)	Bartlett, 2024)	2024)	(Jones & Bartlett, 2024)		agent (Jones & Bartlett, 2024)	
Reason Client Taking	Lower blood pressure (Jones & Bartlett, 2024)	Lower blood pressure (Jones & Bartlett, 2024)	Lower blood pressure (Jones & Bartlett, 2024)	Heartburn, indigestion (Jones & Bartlett, 2024)	To help them sleep (Jones & Bartlett, 2024)	To treat symptoms of dementia (Jones & Bartlett, 2024)	
Key nursing assessment(s) prior to administration	Coronary artery disease, hypersensitivity to hydralazine, mitral valvular rheumatic heart disease (Jones & Bartlett, 2024)	Bronchial asthma, cardiogenic shock, hypersensitivity to labetalol, severe bradycardia, obstructive airway disease (Jones & Bartlett, 2024)	Angioedema, previous treatment with ACE inhibitor, hypersensitivity to lisinopril (Jones & Bartlett, 2024)	Hypersensitivity to magnesium salts, renal impairment (Jones & Bartlett, 2024)	Can interfere with anticoagulant and antihypertensives (Jones & Bartlett, 2024)	Hypersensitivity to memantine or amantadine	
Brand/ Generic	Kaspargo Sprinkle, Toprol-XL/metoprolol tartrate	Nicoderm CQ, Nicotrol/Nicotine	Zofran, ODT, Zuplenz/ondansetron	Pantoloc (CAN), Protonix, Protonix I.V./ pantoprazole sodium	Polyethylene glycol	Zoloft/sertraline hydrochloride	Amoxicillin, Apocillin, Amoxicillin (CAN), Novamoxin (CAN), amoxicillin trihydrate (amoxicillin)
Classification	Pharmacologic: Beta1-adrenergic blocker Therapeutic: antianxiety, antihypertensive (Jones & Bartlett, 2024)	Pharmacologic: nicotinic agonist Therapeutic: smoking cessation adjunct (Jones & Bartlett, 2024)	Pharmacologic: selective serotonin (5-HT3) receptor antagonist Therapeutic: antiemetic (Jones & Bartlett, 2024)	Pharmacologic: proton pump inhibitor Therapeutic: antiulcer (Jones & Bartlett, 2024)	Pharmacologic: laxative Therapeutic: (Jones & Bartlett, 2024)	Pharmacologic: selective serotonin reuptake inhibitor (SSRI) Therapeutic: antianxiety, antidepressant, anti-obsessive compulsant, antipanic, antiposttraumatic stress, antipremenstrual	Pharmacologic: aminopenicillin Therapeutic: antibiotic (Jones & Bartlett, 2024)

						dysphoric (Jones & Bartlett, 2024)	
Reason Client Taking	Lower blood pressure (Jones & Bartlett, 2024)	Smoking cessation (Jones & Bartlett, 2024)	To prevent nausea and vomiting (Jones & Bartlett, 2024)	To reduce stomach acid (Jones & Bartlett, 2024)	To relieve constipation (Jones & Bartlett, 2024)	To treat the symptoms of major depressive disorder (Jones & Bartlett, 2024)	To treat pneumonia (Jones & Bartlett, 2024)
Key nursing assessment(s) prior to administration	Hypersensitivity to metoprolol or other beta blockers, heart failure (Jones & Bartlett, 2024)	Hypersensitivity to nicotine (Jones & Bartlett, 2024)	Hypersensitivity to Zofran (Jones & Bartlett, 2024)	Hypersensitivity to pantoprazole (Jones & Bartlett, 2024)	Intestinal obstruction, GI bleed, diabetes, chronic renal insufficiency (Jones & Bartlett, 2024)	Use of disulfiram, hypersensitivity to sertraline (Jones & Bartlett, 2024)	Hypersensitivity to amoxicillin (Jones & Bartlett, 2024)

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Eliquis/apixaban	This patient has been diagnosed with atrial fibrillation, which puts them at a high risk for stroke due to blood clots.	1. hemorrhagic stroke 2. excessive bleeding (Jones & Bartlett, 2024)
2. Prinivil/Lisinopril	This patient has been diagnosed with kidney disease and high blood pressure. They need this	1. acute renal failure 2. myocardial infarction (Jones & Bartlett, 2024)

	medication to keep their blood pressure low and protect their kidneys.	
3.Namenda/memantine hydrochloride	This medication helps to treat the symptoms of dementia caused by Alzheimer's. The patient needs this medication to keep them safe and independent.	<ol style="list-style-type: none"> 1. acute renal failure, renal insufficiency 2. congestive heart failure <p>(Jones & Bartlett, 2024)</p>
		3.

Medications Reference (1) (APA)

Nurse's Drug Handbook Jones & Bartlett Learning. (2024). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	alert and responsive oriented to person, place, and situation, but can only name what month it is and was confused about the year. well groomed and does not appear to be in any signs of distress. standard precautions patient complained of an upset stomach, but reported that he felt better after a bowel movement
VITAL SIGNS: Temp: Resp rate: Pulse:	Temperature: 97.8°F (36.6°C) Respiratory rate: 18 B/P/M Pulse: 68 B/P/M

B/P: Oxygen: Delivery Method:	Blood Pressure: 121/69 mm/hg Oxygen: 93% Delivery Method: Room air
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	1504 0-10 N/A 0-10 The patient denies experiencing any pain. N/A
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: Fluid Type/Rate or Saline Lock:	20G Left forearm 01/24/25 Clear, no blockage No signs or erythema, drainage, etc. Clear medical tape No current fluids
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	Usual for ethnicity and age (pale) Dry Warm Good/Elastic None Bruises are scattered over the upper limbs, lower limbs, abdomen, and back Scabs are scattered over the upper limbs and back Liver spots are scattered over the lower limbs, upper limbs, abdomen, back, face, and neck. Braden score:18 Fall Risk: 97 No drains present
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head is symmetric and does not present any masses, bumps, lesions, or rashes Neck has full range of motion, trachea midline, thyroid nonpalpable, jugular veins are not distended, no palpable lymph nodes noted Vision is diminished and the patient wears glasses to compensate for this, PERRLA present, bilateral sclera white, bilateral corneas clear, bilateral conjunctiva pink, no drainage noted from the eyes

	<p>Auricles are bilateral and free from rashes and lesions, tympanic membrane grey Tongue is midline, hard palate rises and falls, mucous membranes are moist and pink, no signs of rashes, sores, or lesions in the mouth Septum is midline and nostrils are pink and moist bilaterally, no signs of lesions or sores. No drainage noted in the nose. Patient has their front teeth but their back molars have been replaced with implants. The patient does have dentures.</p>
<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 type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds are clear with S1 and S2 present. Without murmurs, gallops, or rubs. Patient is diagnosed with atrial fibrillation, but no sounds were noted at the time of assessment. When I inquired to my preceptor about this I was told that the atrial fibrillation “comes and goes”. No neck vein distension. Capillary refill is less than three seconds No edema noted</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations were unlabored. Respiration pattern regular, no accessory muscle use noted. Fine crackles noted Breath sounds were clearer posteriorly than they were anteriorly</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating 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 type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Diet at home: regular Current diet: cardiac The patient is tolerating their diet well and appears eager for meals. Height: 6' Weight: 83.9 kg Bowel sounds are normoactive Last bowel movement was on 01/27 at 0955 Bowel movement was a brown, liquid consistency No distention, small/healed incisions scattered over the abdomen, no drains or wounds noted. No ostomy No nasogastric tube No feeding tube</p>

Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:	
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	Yellow Clear 300ML No pain with urination No dialysis Genitals are clean and free from ulcers or lesions No catheter Wears adult diaper
Intake (in mLs) Output (in mLs)	Intake: 33% breakfast, 80 ml applejuice, 100ml water, 240 ml orange juice, 25% of lunch Output: 300 ml clear yellow urine at 0700, 400 ml loose, watery stool at 0955
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk	ROM: Patient has full range of motion in all extremities Supportive devices: gait belt, front wheeled walker, physical therapy requested a chair follow when patient ambulated six yards. Requires assistance with activities of daily living, mainly showering, toileting and dressing. Can feed themselves. The patient can lift themselves out of bed to ambulate short distances with their walker but is not very stable on their own and should be closely monitored. Can get to a bedside commode without assistance but was exhausted after ambulating six yards.
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 checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	All extremities have full range of motion. Hand grips, pedal pushes/pulls are normal strength and equal bilaterally. Left side of the face shows palsy. Patient alert and oriented to person, place, and month but not year. PERRLA. Speech is clear and legible Sensory is equal and present Mental status is formal operational Alert and responsive

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):	Coping by watching familiar shows on television and taking naps Grown Catholic The patient was living at home with his wife, but he has been living alone for the last month when she was put into a nursing home for her own health issues. The patient has three adult children, two daughters and one son.
--	--

Discharge Planning

Discharge location: In patient rehab facility, OSF Urbana

Home health needs: twenty-four hour help, home health care, and physical therapy

Equipment needs: gait belt, front wheeled walker

Follow up plan: Contact patient regularly, keep in touch with their physical therapist to make sure they are safe and progressing. Ensure that they are receiving their home health care and medications.

Education needs: Educate the patient and their family on the early warning signs of a stroke and how to respond. Educate patient and family on how to keep the patient's home safe. Educate the patient and family on a healthy cardiac diet.

Nursing Process

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <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 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Increased risk for falls related to impaired physical mobility and impaired postural balance as evidenced by the patient requiring a gait belt, front wheeled walker, and a chair follow to ambulate six yards. (Phelps, 2023)	When I observed the patient ambulating, I noticed that while the patient was strong enough to lift themselves from the bed to use the walker, their gait was very slow, weak, and unstable. The physical therapist also requested that I followed closely behind the patient during ambulation with a chair in case the patient became to weak or unsteady to continue.	The patient will be able to safely ambulate 8 yards by their time of discharge with knowledge of how to safely use their walker, build stamina, and reduce their fear/risk of falling.	1. Teach patient with unstable gait how to safely use their front wheeled walker. 2. Improve environmental safety factors as needed. (Phelps, 2023)	The patient learned how to use their assistive equipment safely and avoided falls/injury. The patient’s children were helpful and responsive to the teaching.
2. Impaired skin integrity related to fragile skin	The patient’s skin was observed to be	The patients present	1. Encourage patient to ambulate	The patient maintained intact skin and

<p>and decreased mobility as evidenced by ecchymotic, open sores covering the patients body and the patient remaining motionless in bed for prolonged periods of time. (Phelps, 2023)</p>	<p>very fragile and prone to bruising; the patient was also observed spending long periods of time sleeping in the same position. These two observations combined lead me to believe that the patients already fragile skin is at a high risk for pressure sores or infection of sores already present.</p>	<p>lesions will heal without acquiring infection and no new lesions or sores will develop while the patient is in the care of the facility.</p>	<p>short distances to build stamina and reduce time spent in bed.</p> <p>2.Asses the patients skin every eight hours, describe and document the skin condition, and report any changes. (Phelps, 2023)</p>	<p>developed no infections while in hospital or upon discharge.</p>
<p>3. Acute confusion related to intermittent disorientation as evidenced by the patient sometimes becoming confused about the year (Phelps, 2023)</p>	<p>The patient was already suffering from dementia caused by Alzheimer's, and the transient ischemic attack has put them at a higher risk for confusion.</p>	<p>The patient will remain oriented throughout their stay in hospital and will acquire no injuries due to confusion.</p>	<p>1.Assess patient's level of consciousness daily and report any changes.</p> <p>2Give patient short, simple explanations when discussing plans of care, discharge, and medications (Phelps, 2023).</p>	<p>The patient remained oriented to person and place. The patient's home was deemed a safe place for them to live and they remain independent.</p>

Other References (APA):

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

