

**N311 Care Plan 1**

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N311: Foundations of Professional Practice

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### Demographics

<b>Date of Admission</b> 2025 February 7	<b>Client Initials</b> C.G.	<b>Age</b> 82 years old	<b>Biological Gender</b> Male
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Marine Corp. then worked at the United States Postal Service	<b>Marital Status</b> Married	<b>Allergies</b> Phenergan & Zocor
<b>Code Status</b> Full code	<b>Height</b> 5 ft. 8 in.	<b>Weight</b> 233lbs	

### Medical History

**Past Medical History:** The client has Peripheral Vascular Disease (PVD), Post-Traumatic Stress Disorder (PTSD), Obstructive Sleep Apnea (OSA), Myocardial Infarctions (x2), Hypertension, Hyperlipidemia, Coronary Atherosclerosis of the Native Coronary Artery, Congestive Cardiac Failure (CAD), Benign Prostatic Hyperplasia, Acute Myocardial Infarction, Abdominal Aneurysm without mention of rupture, Gastroesophageal Reflux Disease (GERD), and back pain.

**Past Surgical History:** The client has received Carpal tunnel release, Percutaneous Transluminal Coronary Angioplasty (PTCA), colon resection, Abdominal Aortic Aneurysm repair, Cardiac catheterization, Upper Gastrointestinal Endoscopy, left heart catheterization, PTCA/stent, and Thromboendarterectomy.

**Family History:** Client states that his father had passed due to cardiac disorders, his mother had diabetes mellites and his five younger sisters all passed from cardiac disorders.

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**  
Client is fifty-two years smoke free from smoking one pack of cigarettes a day for twenty years. Client declined the use of alcohol and drugs.

**Education:** Client states that he received childhood education however, he ended his high school education to enter the United States Marine Corps.

**Living Situation:** Client states that he was born and raised in Hazard, Kentucky and then later moved to Urbana, Illinois where he currently lives. The client and his wife are currently searching for a rehabilitation living facility close by. They are working with the Danville VA Medical Center to find a suitable location.

**Assistive devices:** Client uses glasses, hearing aid and dentures. He also declines the use of walkers or any physical assistive devices.

### **Admission Assessment**

**Chief Complaint:** Stroke Alert

**History of Present Illness (HPI)– OLD CARTS:** Client was admitted to Carle Foundation Hospital on February 7, 2025, for personal claims of dehydration. He was admitted with dehydration, right-side weakness and confusion and placed on Stroke Alert. Plans were to be discharged to a rehabilitation facility on the ninth of February. However, this was not applicable due to the facility not having a room ready. Overall, the client's wife states that his overall cognitive awareness has increased by at least seventy-five percent when asked. States that some characteristics of his current state include pain is dorsum pain and difficulty mobilizing. He states that the pain "feels steady" rather than sharp or stabbing. Aggravating and associated factors include prolonged resting, particularly in bed and only walking from bed to chair for a short period of time. However, pain is stated to be slightly reduced when walking around the house and keeping active. He stated that it helps "stretch" all his muscles. Using a vibrating

back massager decreases his pain as well. Client enjoys using this tool to reduce pain from seven to four on a pain scale of zero to ten. Treatment includes receiving physical therapy, using vibration therapy throughout the day and doses of Tylenol and Voltaren when needed. The severity of the client's pain normally stays at a "consistent seven or eight" on the pain scale of zero to ten, however, the lowest it will reach is a four as stated.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** Stroke Alert

**Secondary Diagnosis:** none

### **Pathophysiology**

**Pathophysiology of the Disease:** Studies show that the occurrence of a stroke is the second highest cause of death worldwide. There are two main types of strokes that would potentially happen if an individual were to suffer from a stroke. These two types are Ischemic and Hemorrhagic. According to John Hopkins Medicine, "an Ischemic stroke occurs when a blood vessel that supplies the brain becomes blocked or "clogged" and impairs blood flow to part of the brain. The brain cells and tissues begin to die within minutes from lack of oxygen and nutrients" (lines, 8-10). The Ischemic stroke then branches off into two more categories which include Thrombotic strokes and Embolic strokes. These two types of strokes are similar in some ways however, a Thrombotic stroke results from a blood clot that forms in the blood vessels located in the brain. Embolic strokes are also a subcategory of an Ischemic stroke although, a blood clot forms in a different location of the body which travels to the brain and later causes blockage. On the other hand, hemorrhagic strokes also branch off into to more specific groups. These groups are called Intracerebral hemorrhage and Subarachnoid hemorrhage. An Intracerebral

hemorrhage is simply the blood vessels bleeding in the brain. The Subarachnoid hemorrhage occurs in the small area that is in between the brain itself and all the membranes that surround the brain and begins to bleed. During the occurrence, in which a client is placed on stroke alert, it is extremely important to watch for the warning signals of a stroke. According to the American Stroke Association, the acronym F.A.S.T. should be used to distinguish a stroke occurrence. This acronym means that it is important to watch for facial drooping, notice arm weakness, speech difficulty and to call emergency services if these signs appear. Some other stroke symptoms include “numbness on one side of the body, confusion, trouble seeing in one or both eyes, trouble walking or loss of balance, and a severe headache with no known cause” (par, 2). The client experienced major signs of a stroke which was right-side weakness as well as confusion. In the occurrence of a stroke, it is necessary to note the time in which these signs occur because every minute counts to save a life.

### Pathophysiology References

The Johns Hopkins University, The Johns Hopkins Hospital, and Johns Hopkins Health System.

(2025). *Types of Stroke*. John Hopkins Medicine, lines 8-10.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/stroke/types-of-stroke>

American Stroke Association. (2025). *Stroke Symptoms*. American Stroke Association,

paragraph 2. <https://www.stroke.org/en/about-stroke/stroke-symptoms>

### Vital Signs, 1 set – **HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
0800	66 bpm	<b>120/58mm/Hg</b>	18bpm	97.7 F	<b>93% SpO2</b>	CPAP

**Pain Assessment, 1 set**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0800</b>	<b>0-10</b>	<b>Whole back</b>	<b>7</b>	<b>Steady pain</b>	<b>Administer Tylenol, Voltaren with Physical Therapy. The client states that he uses a vibrating back brace at home to help decrease pain from 7 to 4 on a 0-10 pain scale.</b>