N431 CARE PLAN #1

Opeoluwa Babatunde

Lakeview College of Nursing

N441: Adult Health 3

Professor Bergen

3/9/2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
3/25/2025	ST	82	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Married	Lemon Flavor Diphenhydramine Hydrocodone Sulfa Penicillin V Potassium
Code Status	**Height**	**Weight**	
Full	5’2”	83 lb 12.4 oz	

Medical History

Past Medical History: Degenerative arthritis (spine) w/ scoliosis, kidney stones, measles, anemia, arthritis, blood clots, cervical cancer, colon cancer, mitral regurgitation, osteopathia, stroke

Past Surgical History: Breast biopsy (1996), cataract removal, cholecystectomy (7/2018), colonoscopy (9/2019), right excisional biopsy, right femur fracture surgery (2/13/2023), hemicolectomy (7/2018), liver biopsy (7/2018), TAH & BSO (1994), ureteroscopy (6/2003 and 10/2020).

Family History: Colon cancer (mother), stroke (maternal grandmother), & breast cancer (daughter).

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): never used for all three categories.

Education: Unknown

Living Situation: Lives with husband at home

Assistive devices: Glasses and walker

Admission History

Chief Complaint: Altered Mental Status

History of Present Illness (HPI)– OLD CARTS

The patient present to the emergency room with complaints of altered mental status which had started earlier in the day. When the patient arrived at the ED it was also noted that the patient had some aggravating factors which included increased work of breathing, weakness, and seizure-like activity. Her SpO2 was hovering around 60, which prompted the providers to tube her. The patient was given KEPPRA, which is used to control seizures. The patient's LOC deteriorated rapidly, and the patient was unable to sustain a good oxygen level, indicating that the severity of the symptoms and situation was 10/10.

Admission Diagnosis

Primary Diagnosis: Colon Cancer w/ brain and lung metastasis

Secondary Diagnosis (if applicable): Metabolic encephalopathy

Pathophysiology

Colon cancer can be very lethal. Colon, or colorectal, cancer has the highest incidence among many cancers, including cervical cancer, which the patient had been treated for in the past (Menon & Cagir, 2024). "This condition is the second most common cause of cancer-related mortality in the United States" (Menon & Cagir, 2024). But first, to understand the patient, it is important to understand colon cancer. Colon cancer is diagnosed through biopsy and ultimately confirmed through the final pathology of the tissue sample (Menon & Cagir, 2024). "Colon cancer develops through 3 main genetic pathways: chromosomal instability, MMR, and the CpG island methylator phenotype" (Menon & Cagir, 2024). Chromosomal instability refers to a mutation gain that results in

an imbalance between oncogene and tumor suppressors. These mutations are often the ones that incite carcinogenesis. They are also found in about 60% of colon cancers (Menon & Cagir, 2024). MMR can be characterized by gene mutations, which results in DNA replication error accumulation (Menon & Cagir, 2024). The malignancies that come from these mutations are more sensitive to immunotherapy (Menon & Cagir, 2024). 15% of colon cancers are from the final pathway. Risk factors for colon cancer include being over 65, having a family history of colon cancer, and history of prior radiation (Menon & Cagir, 2024). These are all risk factors that the patient was positive for. The patient's mother had colon cancer, the patient was over 65, and the patient had partaken in radiation therapy in the past. The patient also suffered from brain metastasis. Symptoms of brain metastasis from colon cancer can include, nausea, headache, seizures, personality changes, vomiting, and memory loss (Moffitt Cancer Center, 2025). To correctly diagnose, providers will often order a neurological exam, imaging tests, and a biopsy (Moffitt Cancer Center, 2025). Those imaging tests will often be CT scans, MRIs, and PET scans (Moffitt Cancer Center, 2025). The patient underwent a head CT, brain and neck CT, and a head MRI to confirm diagnosis. Treatment can be surgery, radiation, chemotherapy, and medication (Moffitt Cancer Center, 2025). Because of the patient's age and outlook, the provider was currently treating the patient with medication to help manage the symptoms and keep her calm.

Pathophysiology References (2) (APA):

Menon, G. & Cagir, B., (2024). Colon Cancer. *StatPearls* https://www.ncbi.nlm.nih.gov/books/NBK470380/

Moffit Cancer Center (2025). Colon cancer metastasis to the brain. *Moffit Cancer Center. https://www.moffitt.org/cancers/brain-tumor/brain-metastases/colon/*

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
pH	**7.238**	**n/a**	**7.35-7.45**	**This can indicate fluid/acid-base imbalance**
PO2	**155.9**	**n/a**	**80-100**	**Increased po2 can be attributed to hyperventilation (Martin, 2024).**
HCO3	**15.4**	**n/a**	**22-26**	**This can indicate acid base imbalances.**
BE	**11.1**	**n/a**	**-2-2**	**This can indicate fluid/acid-base imbalance**
Potassium	**2.8**	**n/a**	**3.5-5.1**	**The patient is currently on diuretic therapy (Martin, 2024).**
Chloride	**121**	**n/a**	**98-107**	**Increased chloride can indicate kidney dysfunction (Martin, 2024).**
CO2	**16**	**n/a**	**22-29**	**Decreased CO2 could be**

				attributed to pain or hypoxemia (Martin, 2024).
Magnesium	**1.4**	**n/a**	**1.6-2.6**	**Decreased magnesium can be due to renal disease (Martin, 2024).**
Calcium	**6.1**	**n/a**	**8.9-10.6**	**Decreased calcium can be due to renal disease (Martin, 2024).**
Total Protein	**4.2**	**n/a**	**6-8**	**Decreased total protein could be due to kidney disorders or liver disease (Martin, 2024).**
Albumin	**1.5**	**n/a**	**3.4-4.8**	**Decreased albumin can be attributed to poor kidney function**
AST	**190**	**n/a**	**9-43**	**Increased AST can indicate kidney/liver dysfunction (Martin, 2024).**
ALT	**89**	**n/a**	**0-34**	**Increased ALT can indicate kidney/liver dysfunction (Martin,**

				2024).
COHB	**1.6**	**n/a**	**0.5-1.5%**	**This can indicate abnormal ABGs and bad oxygen perfusion**
Blood Gas HGB	**8.3**	**n/a**	**12-18**	**This can indicate abnormal ABGs and bad oxygen perfusion**
Blood Gas HCT	**24**	**n/a**	**37-50%**	**This can indicate abnormal ABGs and bad oxygen perfusion**
(Urine) Blood	**Trace**	**n/a**	**Negative**	**This can be due to poor kidney function**
(Urine) Casts	**33**	**n/a**	**0-2**	**Increased levels can be due to poor kidney function (Martin, 2024).**
(Urine) Granular Casts	**Present**	**n/a**	**Not seen**	**This can be due to poor kidney function (Martin, 2024).**
(Urine) Hyaline Casts	**Present**	**n/a**	**Not seen**	**This can be due to poor kidney function (Martin, 2024).**
(Urine) Ketone	**15**	**n/a**	**Negative**	**Increased levels can be due to poor kidney**

				function (Martin, 2024).
(Urine) Protein	**100**	**n/a**	**Negative**	**Increased levels can be due to poor kidney function (Martin, 2024).**
Squamous Epi	**103**	**n/a**	**0-30**	**Increased levels can be due to poor kidney function (Martin, 2024).**
INR	**1.6**	**n/a**	**0.9-1.1**	**The patient it taking anticoagulants, which could increase the PT.**
Prothrombin Time	**18.5**	**n/a**	**12.1-14.9**	**The patient it taking anticoagulants, which could increase the PT.**
WBC	**15.59**	**n/a**	**4-11**	**This is indicative of active infection in the patient's body (Martin, 2024).**
RBC	**2.53**	**n/a**	**3.5-5.2**	**This could be indicative of anemia (Martin, 2024).**
HGB	**7.2**	**n/a**	**11-16**	**This could be indicative of anemia (Martin, 2024).**
HCT	**24.2**	**n/a**	**34-47**	**This could be indicative of anemia (Martin, 2024).**
MCHC	**29.8**	**n/a**	**31-35**	**This could be indicative of anemia (Martin, 2024).**

RDW	**15.4**	**n/a**	**12-15**	**This can indicate anemia**
RDW-SD	**53.5**	**n/a**	**38-52**	**This can indicate anemia**
Abs Neutrophils	**12.98**	**n/a**	**1.60-7.7**	**This is indicative of active infection in the patient's body (Martin, 2024).**
Abs Lymphocytes	**0.34**	**n/a**	**1-4.9**	**This is indicative of active infection in the patient's body (Martin, 2024).**
Abs Monocytes	**1.38**	**n/a**	**0-.20**	**This is indicative of active infection in the patient's body (Martin, 2024).**
Immature Granulocytes	**0.68**	**n/a**	**0-.09**	**This is indicative of active infection in the patient's body (Martin, 2024).**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Head CT – was given to assess for tumor growth in the brain	**The patient had a spo2 in the 60s, increased weakness, and seizure like activity**	**The CT scan showed that she was negative for any acute changes in the head.**
EEG – This was done to monitor the patient's brain activity	**The patient was showcasing seizure-like activity**	**The EEG helped to monitor the patient's status and**

		ensure that the patient was not having any seizures.
Spontaneous Breathing Trials – This was done to test if the patient would be able to sustain breathing on their own.	**The patient was currently intubated, and the provider wanted to see if the patient would be able to sustain their own breaths**	**The patient did well in the trials.**
Echocardiogram – This was to test the patient heart function	**The patient had been struggling to breathe on their own and doctors wanted to see how much that was affecting the heart**	**Patient's heart function was ok and her ejection fraction at the time was 55-60%, which is ok.**
Brain and Neck CT – this was done to assess for tumor growth in the brain	**The patient wasn't showing any signs or symptoms of deterioration, the providers just wanted to ensure that the tumor wasn't growing and causing further damage to the brain**	**The CT showed that there were no significant changes to the tumor in the brain. The CT took images of part of the lungs, which showed that the lungs were in really bad shape.**
Head MRI – this was to	**The patient was unable to follow**	**The MRI showed**

assess for brain tumor growth	**commands at the time, indicating to providers that the lesion on the brain might have grown a little bit**	**that the lesion had grown slightly**

Diagnostic Test Reference (1) (APA):

Martin P. (2024). Complete normal lab values reference guide & cheat sheet. ***Nurselabs*****.** **https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-arterial-blood-gas-abg-normal-lab-values**

Active Orders

Active Orders	Rationale
Contact Isolation	**Patient has MRSA of the nares**
Restraints	**Patient was pulling lines and tubes**
NPO	**Intubation**
Enteral Feeding	**Nutritional Support**
Weekly Weights	**Monitoring weight/fluid fluctuations**
Pneumatic Compression Stockings	**DVT Prophylaxis**
Cardiac Monitoring	**Hemodynamic Monitoring**
Neuro Checks Q 1 hour	**Altered Mental Status**
Vital Signs Q 1 hour	**Hemodynamic Monitoring**
I&O Q 1 hour	**Monitoring weight/fluid fluctuations**
Oral Care Q 2 hours	**Risk for Ventilator Associated Pneumonia**

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Albuterol	**This was used to help the patient sustain her airway, by dilating the bronchioles**
Budesonide	**Used to help break up secretions**
Clotrimazole	**This was sued to help treat the patient's fungal infections at home**
Duloxetine	**This was given to the patient to help treat her pain**
Eliquis	**This was given to the patient to prevent and treat blood clots**
Empagliflozin	**This is given to help treat diabetes**
Furosemide	**This was given to help the patient take fluid off of her body and reduce the workload on the heart**
Ipratropium-albuterol	**This was used to help the patient sustain her airway, by dilating the bronchioles**
Magnesium L Lactate	**This is given to help sustain the amount of magnesium in the body**
Montelukast	**Helps the patient sustain their airway by opening up the bronchioles**
Omeprazole	**This is given to manage the amount of acid in the stomach, preventing gastric ulcers, esophagitis, or GERD.**
Prochlorperazine	**To help manage nausea and vomiting**
Entresto	**This helps to manage blood pressure**
Spironolactone	**This is also used to help manage blood pressure**

Hospital Medications (Must List ALL)

Brand/ Generic	Cefazoline/ Ancef	Dexamethasone/ Dexamethasone Intensol	Insulin	Levetiracetam/ Keppra	Pantoprazole/ Protonix	Norepinephrine/ Levophed
Classification	Pharmacological: First-generation cephalosporin (NDH, 2023). Therapeutic: Antibiotic (NDH, 2023).	Pharmacological: Glucocorticoid (NDH, 2023). Therapeutic: Anti-inflammatory diagnostic aid and immunosuppressant (NDH, 2023).	Pharmacological: Human insulin (NDH, 2023). Therapeutic: Antidiabetic (NDH, 2023).	Pharmacological: Pyrrolidine derivative (NDH, 2023). Therapeutic: Anticonvulsant (NDH, 2023).	Pharmacological: Proton pump inhibitor (NDH, 2023). Therapeutic: Antiulcer (NDH, 2023).	Pharmacological: Sympathomimetic (NDH, 2023). Therapeutic: Vasopressor (NDH, 2023).
Reason Client Taking	The client is taking this medication to treat bacterial infection	The client is taking this to reduce inflammation in the lungs	This is taken for blood glucose control	The patient is taking this medication to manage seizure-like activity	The patient is taking this medication as prophylaxis for stomach ulcers	The client is taking this medication to help increase blood pressure
List two teaching needs for the medication pertine	Teach patient to report water, blood stools immediately	Teach patient to follow a strict diet containing low sodium, high potassium, and high protein; also teach patient to	Teach the patient about the importance of not using drugs or alcohol while	Teach the patient to avoid hazardous activities until the effects of this drug are	Teach the patient to notify the provider if there is diarrhea (NDH, 2023). Also, teach	Teach the patient to report burning, leaking or tingling around the IV site and for any

nt to the client	**and to report pain if taking an IM injection (NDH, 2023).**	**notify provider about any surgeries or changes in stress level (NDH, 2023).**	**taking insulin (NDH, 2023). Also, teach the patient about signs and symptoms of hypo/hyperglycemia (NDH, 2023).**	**known. Also, teach the patient to swallow the tablet whole (NDH, 2023).**	**the patient to notify provider is there is a decrease in urine or if there is blood in the urine (NDH, 2023).**	**feelings of weakness or nausea (NDH, 2023).**
Key nursing assessment(s) prior to administration	**Monitor BUN and Creatinine for early signs of nephrotoxicity (NDH, 2023). Assess bowel pattern daily – severe diarrhea can indicate C-diff (NDH, 2023).**	**Monitor fluid intake, output, and crackles for signs of hypervolemia (NDH, 2023). Assess patient for signs and symptoms of Cushing's syndrome, which can arise from long-term use (NDH, 2023).**	**Monitor blood glucose level closely (NDH, 2023). Monitor potassium levels (NDH, 2023).**	**Monitor patient for adv verse skin reactions (NDH, 2023). Monitor the patient for seizure-like activity (NDH, 2023).**	**Monitor urine output (NDH, 2023). Monitor patient for diarrhea as the risk for C Diff is higher in patients taking protonix with or without antibiotics (NDH, 2023).**	**Monitor the patient's blood pressure (NDH, 2023). Monitor the client for any heart rhythm changes (NDH, 2023).**
Brand/ Generic	**Polyethylene Glycol Miralax**	**Sennosides/ Senokot**	**White petrolatum Mineral Oil**		**Propofol/ Dripivan**	
Classification	**Pharmacologica**	**Pharmacological: Laxatives**	**Pharmacological:**		**Pharmacological:**	

	l: Laxatives (Drugs.com, 2024) Therapeutic: Laxatives (Drugs.com, 2024)	**(Drugs.com, 2024) Therapeutic: Laxatives (Drugs.com, 2024)**	**topical emollients (Drugs.com, 2025). Therapeutic: (Drugs.com, 2025).**		**Phenol Derivative (NDH, 2023). Therapeutic: Sedative hypnotic (NDH, 2023).**	
Reason Client Taking	**Used to help soften stools**	**Used to help soften stools**	**Used to help keep the eyes hydrated**		**This is being used as a sedative to help keep the patient comfortable**	
List two teaching needs for the medication pertinent to the client	**Teach the patient to notify provider if there is severe stomach pain and if there is a sudden change in bowel habits that lasts longer than two weeks (Drugs.com, 2024)**	**Teach the patient to notify provider if there is severe stomach pain and if there is a sudden change in bowel habits that lasts longer than two weeks (Drugs.com, 2024)**	**Teach patient that they can use this as needed and to store at room temp (Drugs.com, 2025).**		**Urge the patient to voice concerns before administration and teach patient that vital signs will be monitored (NDH, 2023).**	

	om, 2024)					
Key nursing assessment(s) prior to administration	**Assess the patient for signs of a bowel obstruction (Drugs.com, 2024). Check the patient's history for kidney disease, or ulcerative colitis as these are contraindications for use (Drugs.com, 2024)**	**Assess the patient for signs of a bowel obstruction (Drugs.com, 2024). Check the patient's history for kidney disease, or ulcerative colitis as these are contraindications for use (Drugs.com, 2024)**	**Assess the patient for skin breakdown and swelling (Drugs.com, 2025).**		**Monitor for propofol infusion syndrome (NDH, 2023). Use cautiously in patient w/ impaired cerebral circulation or increased intracranial pressure (NDH, 2023).**	
Brand/ Generic						
Classification						
Reason Client Taking						
List two						

teaching needs for the medication pertinent to the client						
Key nursing assessment(s) prior to administration						

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Norepinephrine/Levophed	**This medication is being used to manage the patient's blood pressure. If the patient's blood pressure is left unchecked/untreated, this could be fatal for the patient**	**1. Bradycardia (NDH, 2023). 2. Angina (NDH, 2023).**
2. Dexamethasone/Dexamthasone Intensol	**This medication is being used to help reduce lung inflammation. The patient has been having trouble breathing and sustaining a normal O2, so the hope is that this medication might help**	**1. Increased ICP (NDH, 2023). 2. Seizures (NDH, 2023).**

	clear up the lungs so that she can breathe better on her own.	
3. Propofol	**This medication is helping the patient stay calm while being on a mechanical ventilator. This is important because the ventilator is helping the patient breathe and if it is taken out, the patient would suffer major consequences. So this medication is essentially helping the patient protect her airway**	**1. Bradycardia (NDH, 2023).** **2. Apnea (NDH, 2023).**

Medications Reference (1) (APA)

Drugs.com. (2024). Sennosides capsules and tablets. *Drugs.com.*

https://www.drugs.com/cdi/sennosides-capsules-and-tablets.html

Multum, C (2025). Petrolatum topical. *Drugs.com.*

***Nurse's Drug Handbook.* (2023). Jones and Bartlett Learning.**

https://www.drugs.com/mtm/petrolatum-topical.html#before-taking

Sinha, S. (2024). Miralax. *Drugs.com.* *https://www.drugs.com/miralax.html#warnings*

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: AxOx1** **Orientation: Oriented to person** **Distress: No distress** **Overall appearance:** **Infection Control precautions: Contact (MRSA)** **Client Complaints or Concerns: N/A**	
VITAL SIGNS: **Temp: 97.8**	

Resp rate: 18 **Pulse: 96** **B/P: 124/60** **Oxygen: 100%** **Delivery Method: Mechanical Ventilation**	
PAIN ASSESSMENT: **Time: 4:42** **Scale: CPOT** **Location: N/A** **Severity: 0** **Characteristics: N/A** **Interventions: N/A**	
IV ASSESSMENT: **Size of IV: 20** **Location of IV: Right Upper Arm** **Date on IV: 3/1/25** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock: Saline Lock**	
INTEGUMENTARY: **Skin color: The patient's skin color was normal** **Character: The patient did have quite a few bruises from previous IV sticks.** **Temperature: 97.8** **Turgor: Normal** **Rashes: No** **Bruises: Yes, patient has bruises from what looks like past IV attempts** **Wounds: Stage 2 Pressure wound on coccyx** **Braden Score: 12** **Drains present: Y☒ N ☐** **Type: Foley Catheter**	
HEENT: **Head/Neck: Unable to assess d/t mechanical ventilation** **Ears: Normal/Within Defined Limits** **Eyes: Unable to assess d/t patient sleeping** **Nose: Normal/Within Defined Limits** **Teeth: Unable to assess d/t patient intubation**	.

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): Normal Sinus** **Peripheral Pulses: 2+ on feet (unable to assess hands d/t mitts placed** **Capillary refill: Less than 2 secs on feet, unable to assess hands d/t mitts placed** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: N/A**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Patient had Ronchi scatted bilaterally but was more audible in the left lower lobe**	.
GASTROINTESTINAL: **Diet at home: Normal** **Current Diet: NPA** **Is Client Tolerating Diet? Yes** **Height: 5'2"** **Weight: 83 lbs** **Auscultation Bowel sounds: Normoactive – hypoactive** **Last BM: 3/2/2025 (Morning)** **Palpation: Pain, Mass etc.: N/A** **Inspection:** **Distention: N/A** **Incisions: N/A** **Scars: Observed a patient scar on outer hip (surgery); Patient also had some bruising from past IV attempts** **Drains: Foley Catheter** **Wounds: n/a** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: OG and ET Tube**	.
GENITOURINARY: **Color: Golden Yellow** **Character: Normal** **Quantity of urine: 550 mls @ 4:42**	

Pain with urination: Y ☐ N ☒ **Dialysis: Y ☐ N ☒** **Inspection of genitals: n/a** **Catheter: Y ☒ N ☐** **Type: Latex** **Size: 16 French 10 cc**	
Intake (in mLs) **403 mls @ 4:42 pm** **Output (in mLs)** **550 mls @ 4:42 pm**	
MUSCULOSKELETAL: **Neurovascular status: Patient is under sedation** **ROM: Unable to assess due to patient status** **Supportive devices: Walker** **Strength: 0/10** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 30** **Activity/Mobility Status: None** **Activity Tolerance: None** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: AxOx1** **Mental Status: Unable to assess due to patient being given sedatives** **Speech: None** **Sensory: 0** **LOC: Low**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Unable to assess due to patient being given sedatives** **Developmental level: Unable to assess due to patient being given sedatives** **Religion & what it means to pt.: Patient**	.

was not very religious but is methodist Personal/Family Data (Think about home environment, family structure, and available family support): The family is really optimistic about the patient's situation, but they shouldn't be. The family is close knot, with good support, and they stated that the patient was great with the grandkids and great grandkids.	

Discharge Planning

Discharge location: Long-term advanced care

Home health needs: Continuous nursing care

Equipment needs: Pump for feeding ventilator, and a g-tube

Follow up plan: Meet with gastroenterologist for g-tube placement

Education needs: Educate the family on tube feeding and airway patency

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

Nursing Diagnosis • 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** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Risk for acute confusion related to lesions in the skill as	**The patient originally came in for altered mental**	**Patient will be brought back to baseline which would**	**1. Provide fluid and electrolytes (Wagner, 2025).**	**Unable to assess due to patient's status**

evidenced by patient's neurobehavioral manifestations (Wagner, 2025).	**status. The patient has a lesion in her brain which is what was causing her decreased level of consciousness**	**be AxOx4**	**2. Treat the underlying conditions (Wagner, 2025). For this patient, it would be the lesions in her brain**	
2. Risk for decreased cardiac output related to history of mitral insufficiency as evidenced by patient's poor tissue perfusion (Cumpian, 2025)	**The patient has a history of severe mitral insufficiency**	**The patient would have no issues with her heart**	**1. Manage infection (Cumpian, 2025)** **2. Administer oxygen as needed (Cumpian, 2025)**	**The patient did not have any issues during my time at clinical. This was evidenced by the continuous heart monitoring**
3. Risk for acute pain related to physical injury as evidenced by current patient status (Caruso, 2025).	**The patient currently has an OG and ET tube and is suffering from MRSA, which can also cause pain**	**Pain will be managed by the care team**	**1. Administer pain medication (Caruso, 2025).** **2. Promote rest for the patient (Caruso, 2025).**	**The patient's pain was a 0/10 as evidenced by the patient's CPOT score**
4. Acute encephalopathy related to brain lesions as evidenced by patient's decreased LOC (Wagner, 2025)	**The patient has a tumor in her brain which inhibits her consciousness and ability to be at her baseline normal state**	**The patient and her symptoms will be managed so that problems will not escalate further**	**1. Neuro checks every 4 hours (Wagner, 2025)** **2. Brain monitoring through EEG (Wagner, 2025)**	**The patient did not have any seizure-like activity during clinical time. The patient was also able to follow simple**

				commands when not under sedatives
5. Risk for DVT related to blood flow obstruction as evidenced by patient's recent DVT history (Wagner, 2025).	**The patient recently had a DVT, which places her at risk for developing another one**	**The patient will not have any heart or rhythm related complications**	**1. Anticoagulation therapy (Wagner, 2025).** **2. Continuous cardiac monitoring (Wagner, 2025).**	**Unable to assess due to patient's status; The patient did not have any bad or advantageous rhythms.**

Other References (APA):

Caruso, S. (2025). Acute pain nursing diagnosis & care plans. ***NurseTogether.*** ***https://www.nursetogether.com/acute-pain-nursing-diagnosis-care-plan/***

Cumpian, T. (2025). Decreased cardiac output nursing diagnosis & care plans. ***NurseTogether.*** ***https://www.nursetogether.com/decreased-cardiac-output-nursing-diagnosis-care-plan/***

Wagner, M. (2025). Deep vein thrombosis: nursing diagnoses, care plans, assessment & interventions. ***NurseTogether,*** ***https://www.nursetogether.com/deep-vein-thrombosis-dvt-nursing-diagnosis-care-plan/***

Wagner, M. (2025). Encephalopathy: nursing diagnoses & care plans. ***NurseTogether.*** ***https://www.nursetogether.com/encephalopathy-nursing-diagnosis-care-plan/***