

N431 CARE PLAN #1

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N441: Adult Health 3

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Demographics

Date of Admission 03/06/2025	Client Initials AN	Age 18	Biological Gender M
Race/Ethnicity Asian	Occupation Fast food worker	Marital Status single	Allergies Lidocain
Code Status Full	Height 172.7 cm (5'8)	Weight 99.8 kg (220 lb 0.3 oz)	

Medical History

Past Medical History: History of suicidal behavior, dipolar disorder, mood disorder

Past Surgical History: NONE

Family History: NONE

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

No history of smoking/tobacco/or drug use. Pt did try to commit self-harm but overdose of pills

Education: High school

Living Situation: at home with mom and dad

Assistive devices: NONE

Admission History

Chief Complaint: MVC (motor vehicle collision)/seizure

History of Present Illness (HPI)– OLD CARTS: 18 yr old male involved in a motorcycle crash, but the exact cause of the crash is unclear. The seizure occurred after the crash, and the patient was not found to have any specific location-related trauma, besides blunt head trauma from the crash. The seizure was witnessed by a bystander, but the specific duration is unknown. It is unclear if the crash triggered the seizure or if the seizure caused the crash, but the blunt head trauma could have been the factor for the onset seizure.

Admission Diagnosis

Primary Diagnosis: Seizure

Secondary Diagnosis (if applicable): MVC

Pathophysiology

Seizures

Seizures can be categorized as provoked or unprovoked. Provoked seizures or acute systematic seizures could result from electrolyte disorders, toxins, head injury, infectious processes, vascular anomalies, tumors or other mass lesions, etc. (Hinkle et al., 2022). Every individual exists on a seizure susceptibility continuum with many factors influencing the possible risk (Huff & Murr, 2023). When brain inflammation or head trauma occurs, it often leads to an individual crossing that threshold and resulting in the patient having a seizure (Huff & Murr, 2023). This patient experienced a provoked seizure after crashing his motorcycle and hitting his head.

Seizures start in the brain when certain brain cells (neurons) become overly excited and start firing in large groups (Huff & Murr, 2023). Two chemicals, glutamate (which excites neurons) and GABA (which calms them), play a big role (Huff & Murr, 2023). When there's too much excitement or not enough calming, it leads to abnormal brain activity, causing seizures (Huff & Murr, 2023). The specific brain area affected determines the signs and symptoms of the seizure.

Once this patient arrived at the hospital, they diagnosed him with having a generalized tonic-clonic seizure. A tonic-clonic seizure has two parts. First, during the "tonic" phase, the person's muscles stiffen, and they may lose consciousness (Hinkle et al.,

2022). Then, in the "clonic" phase, their body starts to jerk or convulse, and they may shake uncontrollably for a short time (Hinkle et al., 2022). The person may also bite their tongue or lose control of their bladder (Hinkle et al., 2022). After the seizure, they often feel confused, tired, or sleepy (Hinkle et al., 2023). A bystander that witnessed the crash/seizure expressed the patient falling to the ground, muscles stiffened, then started jerking. The patient also was A&Ox1 when arriving at the hospital, along with having a lateral bite on his tongue.

Pathophysiology References (2) (APA):

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

Huff, J. S., & Murr, N. I. (2023, February 7). *Seizure*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK430765/>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Absolute Neutr	9.24	8.07	1.60-7.70	With the body responding from the crash, inflammation occurred which releases neutrophils from bone marrow to help fight the injury, infection, or tissue damage (Finlay et

				al., 2021).
WBC	12.70	11.81	4.00-11.0	Because of the crash, the patient experienced soft tissue damage, which produces more WBCs to help with tissue repair and to fight off any potential infection that could arise from the open wounds or internal injuries (Finlay et al., 2021).
pCO2	33.2	34.3	41.0-51.0	The pt. was experiencing pain, anxiety, tingling and shock from the crash that caused the patient to breathe rapidly (Sharma & Hashmi, 2023).
Lactate	16.61	2.03	0.50-2.00	The patient could have been experiencing decreased tissue perfusion that led to shock after the crash (Arslan & Sultan Sahin, 2024).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
x-ray right hand	Painted stated pain and swelling. Done because of the status post-accident.	No acute fracture or dislocation is identified.
MRI pelvis with and w/o contrast	Done because of results from the abdomen/pelvis contrast. Also wanting done because of the hip trauma and bony lesion.	Benign cyst within the left superior rami extending into the left public bone. 6 cm in length. No aggressive or concerning features. No surrounding edema
MRI head w and w/o contrast	Because of the history with the seizure after the accident and falling to the ground.	Left frontal scalp contusion. No evidence of acute intracranial

		abnormality
CT abdomen/pelvis w contrast	When coming into the ED, pt. was indicated as a trauma yellow. According to Carle policies, this is a standard diagnostic test for motor vehicle accidents.	Possible punctate nondisplaced age-indeterminate fracture in the left superior pubic ramus to pubic bone structure which could be due to a bone cyst.
CT brain	Because of the accident, the patient had a history of head and facial trauma with moderate-severe.	Left frontal scalp swelling and subgaleal hematoma extending into the left superior periorbital region

Diagnostic Test Reference (1) (APA):

Arslan, K., & Sultan Sahin, A. (2024, December 6). *Lactate, lactate clearance, and lactate-to-*

albumin ratio in: Medicine. LWW. DOI: 10.1097/MD.0000000000040704

Finlay, L., Conway Morris, A., Deane, A. M., & Wood, A. J. (2021, September 9).

Neutrophil kinetics and function after major trauma: A systematic review. World journal of critical care medicine.

https://pmc.ncbi.nlm.nih.gov/articles/PMC8462018/?utm_source=chatgpt.com

Sharma, S., & Hashmi, M. (2023, February 19). *Hypocarbica*. StatPearls [Internet].

https://www.ncbi.nlm.nih.gov/books/NBK493167/?utm_source=chatgpt.com

Active Orders

Active Orders	Rationale
Seizure precautions	Pt. has a history of seizing after his MVC, and these precautions protect the patient in case he has another.
continuous EEG monitoring	Because of the MVC, the patient is at a

	high risk of developing a brain injury that could lead to seizures.
Neuro checks and Glasgow Q2h	The pt needs to be closely monitored for any signs of changes in their neurological condition
Regular diet	Pt. was NPO but now able to tolerate regular foods.
Q4V	This helps monitor the pt overall condition and can detect any changes that could indicate complications
Assist x 1	Pt. is still very sore from the MVC. To decrease the risk of falling, having someone be there for support is in the best interest for the patient.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Sertraline	To treat major depression
Vraylar	Antipsychotic med treat schizophrenia and bipolar disorder

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (paracetamol)	ARIPiprazole (Abilify)	Bactitracin topical ointment	Enoxaparin (lovenox)	Polyethylene glycol oral powder packet (miralax)	Sennosides (senokot)
Classification	Pharmacological: Nonsalicylate, para-aminophenol derivative Therapeutic class:	Pharmacological: atypical antipsychotic Therapeutic: antipsychotic	Pharmacological: antibiotic	Pharmacological: low-molecular-weight heparin Therapeutic: anticoagulant	Pharmacological: osmotic laxative	Pharmacological: laxatives

	antipyretic , nonopioid analgesic			ant		
Reason Client Taking	To relieve mild to moderate pain	To treat acute schizophrenia; maintain stability	Topical antibiotic to prevent infection in road rash on the body	To prevent a DVT from forming after MVC and pt not being as mobile.	Ordered in case pt. goes more than 3 days without a BM because of pain medication	An herb that is likely effective in alternative medicine as an aid in treating occasional constipation (Drugs.com, 2023)
List two teaching needs for the medication pertinent to the client	1. Educate the patient that tablets may be crushed or swallowed whole, but that extended-release forms should not be broken, chewed, crushed, or split (Jones & Bartlett, 2023) 2. Educate pt. to not exceed recommended dosage or take other drugs	1. Educate family to watch patient closely for suicidal tendencies, especially when therapy starts or dosage changes, especially in teenagers (Jones & Bartlett, 2023) 2. Pt. needs to be educated to get up slowly from a lying or sitting position	1. clean the skin area before applying ointment (Cerner Multum, 2023) 2. Pt can cover the treated skin with a bandage after ointment is applied (Cerner Multum, 2023)	1. Advise pt. to notify provider about adverse bleeding (Jones & Bartlett, 2023) 2. Educate pt that if they are taking aspirin or other NSAIDS with this med, it increases risk for bleeding (Jones & Bartlett, 2023)	1. Report if pt starts experiencing abdominal distention and pain, nausea, vomiting, diarrhea, flatulence, or abdominal cramping (Drugs.com, 2023) 2. Report to provider if pt starts experiencing an allergic reaction (Drugs.com, 2023)	1. Educate the patient about the serious side effects to monitor for such as rectal bleeding, no bowel movement within 12 hours of using, leg cramps, irregular heartbeat (low potassium) (Drugs.com, 2023). 2. Ed pt on the common side effects as well such as stomach

	containing acetaminophen at the same time because of risk of liver damage (Jones & Bartlett, 2023)	during therapy use to minimize orthostatic hypotension (Jones & Bartlett, 2023)				pain, discomfort, diarrhea, nausea, gas, and discoloration of urine (Drugs.com, 2023).
Key nursing assessment(s) prior to administration	Liver function tests, and creatinine must be monitored before, during, and after because of the risk for hepatotoxicity (Jones & Bartlett, 2023)	Watch patients closely (especially children, adolescents, and young adults) for suicidal tendencies, particularly when therapy starts and dosage changes (Jones & Bartlett, 2023)	Nurse needs to make sure the wounds on the patient are not punctured wounds, deep skin wounds, or severe burns because this ointment does not treat those (Cerner Multum, 2023)	Need to make sure the patient is not at risk for any type of hemorrhage and assess the risk for bleeding (Jones & Bartlett, 2023)	Before administering to patient, nurse needs to ask pt if they have experienced any side effects, especially diarrhea and when last BM was.	Need to ask pt about changes in bowel habits that has lasted long than 2 weeks, stomach pain, nausea and check the pt electrolyte to make sure it is appropriate for the pt. to have (Drugs.com, 2023).
Brand/ Generic	Oxycodone (Roxicodone)					
Classification	Pharmacological: opioid Therapeutic: opioid analgesic Controlled					

	substance schedule: II					
Reason Client Taking	To relieve severe pain					
List two teaching needs for the medicati on pertinent to the client	1. Educate pt. to take med with food (Jones & Bartlett, 2023) 2. Instruct the pt to take med as prescribed and not to take it longer than needed because of the risk for drug abuse (Jones & Bartlett, 2023)					
Key nursing assessme nt(s) prior to administ ration	Monitor pt. pain level regularly and give drug as prescribed before pain becomes severe (Jones & Bartlett, 2023)					

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Enoxaparin (lovenox)	Because of the pt being in bed for long periods of time, this medication helps DVTs and PEs to not form.	1. Confusion 2. Pulmonary edema (Jones & Bartlett, 2023)
2. ARIPiprazole (Abilify)	Because of the pt. having a history of a psychiatric disorder, this med would be a high priority to manage symptoms.	1. Abnormal gait 2. homicidal ideations (Jones & Bartlett, 2023)
3. Acetaminophen (paracetamol)	This medication helps with mild/moderate pain. This medication will help keep the patient comfortable and out of pain during his healing process.	1. Hypotension 2. increased risk of alcohol could cause hepatotoxicity (Jones & Bartlett, 2023)

Medications Reference (1) (APA)

Cerner Multum. (2023, August 16). *Bacitracin topical uses, side effects & warnings.*

Drugs.com. <https://www.drugs.com/mtm/bacitracin-topical.html>

Cerner Multum. (2023b, October 24). *Senokot uses, Side Effects & Warnings.* Drugs.com.

<https://www.drugs.com/mtm/senokot.html>

Cerner Multum. (2023, November 14). *Polyethylene Glycol 3350 side effects: Common,*

severe, long term. Drugs.com. <https://www.drugs.com/sfx/polyethylene-glycol-3350-side-effects.html>

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

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	Appears comfortable, no acute distress Alert and oriented to person, place, and time SI precautions Pain complaint in hand rating 3/10
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	36.8 C P: 66 RR: 18 B/P: 119/57 O2: 96%
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	3/10 – pain on numeric scale @ 0900 Right hand pain and overall body soreness Sore and stiff from the crash, non-severe just achy Pt received acetaminophen to help with pain
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:	18G in left AC 18G in the left hand 03/06 No occlusions No signs of erythema or drainage Clean, dry and intact Saline locked, pt is not receiving anything through IV at this time.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Right upper extremity: atraumatic, motor and sensation intact – road rash present with bruising Left upper extremity: atraumatic, motor and sensation intact – road rash present with bruising Right lower extremity: atraumatic, motor and sensation intact – road rash present with bruising Left lower extremity: abrasion present to left knee – road rash present with bruising Temp: warm, dry, appropriate for pt status Turgor: intact, recoils immediately Braden score: 20

HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Skin abrasion presents over left eyebrow, abrasion present to chin Pupils: Right 3 mm and reactive and left 3 mm and reactive, conjunctiva/cornea clear bilaterally, EOMs intact bilaterally Trachea midline Spine: non tender Left supraorbital abrasion present w associated surrounding ecchymosis and swelling present, improving Tongue has laceration from biting down during seizure activity Teeth: intact, no cracks Ears: no discharge or inflammation bilaterally Nose: normal, septum midline, no drainage
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:	Clear to auscultation bilaterally, respirations unlabored – rate and rhythm regular and equal, S1 & S2 heard, no abnormalities. Peripheral pulses +2 bilaterally on all lower and upper extremities, cap refill less than 3 seconds.
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Pulses are present and palpable Breath sounds clear
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:	Regular diet @ home Pt is now able to tolerate a regular diet Height: 172.7 cm Weight: 99.8 kg Bowel sounds heard in all 4 quadrants Wounds: none, no masses, no distention Palpation: soft/nontender Rectal/prostate: normal tone Last BM 03/09 No incisions or scars

LOC:	Glasgow scale: 15
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):	Pt is coping with injuries, just wanting to get out of the hospital and does not understand why he is still in the hospital. Pt states that he is no harm to himself currently Development: appropriate for age Religion: nonreligious Personal/family: pt father is at bedside

Discharge Planning

Discharge location: Home with dad

Home health needs: No home health needs

Equipment needs: No equipment needs

Follow up plan: Follow up with Physician in two weeks to evaluate medication

compliance and how the patient is healing. This patient was also referred to mental health for a psychological evaluation to see if the medication prescribed is being effective.

Education needs: Seizure, active management education, non-epileptic seizures and seizure med education, mobility impairment education, resources for support

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
<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 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			

to this client				
<p>1. Risk for injury related to seizure activity as evidenced by recent generalized tonic-clonic seizure (Phelps, 2023).</p>	<p>This diagnosis focuses on the need for safety interventions and monitoring</p>	<p>Pt. medications will be effective and will not experience any seizure activity.</p>	<p>1. Make sure the area is safe. Remove any objects or furniture that could cause injury, use soft padding on patient rails, and make sure pt bed is in the lowest position (Phelps, 2023).</p> <p>2. Put a monitoring device in the patients' room so the patient can be monitored 24/7 in case a seizure occurs (Phelps, 2023).</p>	<p>There will be no injuries in the event of a seizure and the environment will remain free of hazards.</p>
<p>2. Acute confusion related to brain injury and seizure activity as evidenced by altered mental status following seizures (Phelps, 2023)</p>	<p>This diagnosis addresses the possible confusion or cognitive changes that may occur after an acute brain injury and seizure</p>	<p>Pt. will continue to be A&Ox4 during the healing process after the crash.</p>	<p>1. Keep the patient up with assistance when mobilizing to be able to keep patient safe and decrease the risk for fall (Phelps, 2023)</p> <p>2. Assess the patients'</p>	<p>The patient will experience no injuries during the stay and the patient is able to stay A&Ox4 and be allowed to mobilize by himself.</p>

			<p>cognitive status every 4 hours to make sure the patient is staying A&Ox4 and no altered mental status is occurring (Phelps, 2023)</p>	
<p>3. Acute pain related to trauma from motor vehicle collision as evidenced by the patient verbalizing pain and slow movements (Phelps, 2023)</p>	<p>This focuses on managing the pt pain from the MVC</p>	<p>Pt prescribed medications will keep the patient comfortable and out of pain during the healing process.</p>	<p>1. Need to assess pain Q2 along with the characteristics of pain and numeric scale number (Phelps, 2023)</p> <p>2. Need to administer this med as prescribed. Make sure it is not too soon or too long before giving another dose (Phelps, 2023)</p>	<p>The patient can stay comfortable and minimize pain while healing and consistent monitoring helps with this.</p>
<p>4. Impaired physical mobility related to injuries from accident and seizure activity as evidenced by limited movement (Phelps, 2023)</p>	<p>This shows concerns of any physical limitations the patient may experience because of the accident and seizure</p>	<p>Pt will be sore, but he will be able to maneuver and perform daily ADLs independently.</p>	<p>1. Help the patient perform active range-of-motion exercise to maintain joint flexibility and prevent stiffness (Phelps, 2023)</p>	<p>The patient can demonstrate increased movement and less stiffness along with less pain while being mobile.</p>

			2. Keep the patient on bed rest until the patient can show gradual progression to move around independently (Phelps, 2023)	
5. Deficient knowledge related to seizure management and post-accident care as evidenced by the pt not having a history of seizures before the accident (Phelps, 2023)	Shows that the pt needs education regarding seizure prevention and care following the MVC	Pt. will be able to teach back instructions on possible seizure manifestations and how to take care of himself while healing.	1. Educate the patient on seizure basics and what manifestations could arise when having one 2. Educate on seizure triggers (Phelps, 2023)	The patient is able to teach back a clear understanding of seizure types, triggers, and what to do during a seizure.

Other References (APA):

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

