N431 CARE PLAN 2

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N431: Adult Health II

Professor Lawson

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Demographics

Date of Admission 3/31/2025	Client Initials C.R	Age 83 years old	Biological Gender Male
Race/Ethnicity Black/African American	Occupation True Grit	Marital Status Married	Allergies No known allergies
Code Status Full	Height 5'10"	Weight 193lbs 12.8oz	

Medical History

Past Medical History: Patients past medical history not on file. Patient stated that he does have hypertension.

Past Surgical History: Past surgical history not on file. Patient stated that he had a prostate removal 20+ years ago.

Family History: Family history not on file. Patient denies knowing any past family history.

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

Social history not on file. Patient denies using tobacco, alcohol, or drugs.

Education: This patients' highest level of education was high school.

Living Situation: Patient lives at home with his wife.

Assistive devices: None, this patient does not use any assistive devices.

Admission History

Chief Complaint: Left upper and lower extremity numbness

History of Present Illness (HPI)– OLD CARTS

This patients' symptoms started early yesterday morning. The numbness was located in the left extremities, the hands, fingers and feet. This patient stated that his balance was unstable and he felt like he was staggering. Patient stated that he was on the phone with Carle clinic and started

slurring his speech. There was not anything that made the symptoms worse for this patient. The patient said that after the symptoms started, they did not go away until he was admitted to the hospital and they gave him medication, however he could not remember what the medication was. He said that there was a little slight tingling sensation that came back late last night. This patient came into the hospital for treatment and is not currently in any pain.

Admission Diagnosis

Primary Diagnosis: Acute Ischemic Stroke

Secondary Diagnosis (if applicable): N/A

Pathophysiology

It is proven that an acute ischemic stroke can lead to immunosuppression and put the patient at risk for infection (Hinkle et al, 2022). Accelerated atherosclerosis also affects the blood arteries in the brain (Hinkle et al, 2022). Transient ischemic attacks and strokes can result from occlusive alterations or the development of an embolus somewhere in the vasculature that lodges in a brain blood artery (Hinkle et al, 2022). Overproduction of platelets can result in thrombi, or clots; blockage of blood vessels might arise, which can cause stroke (Capriotti, 2020). This can be due to a disruption of blood flow because of a thrombus form in one of the arteries of the brain, which can then lead to a reduction in cerebral perfusion (Capriotti, 2020). This reduction in cerebral perfusion can affect the brain region and deprive it from oxygen, this is crucial to help the neurons in the brain live and function.

The signs and symptoms that this patient experienced that are related to the primary diagnosis is paralysis and weakness on the left side. This patient also experiences slurred speech and confusion. The patient stated that he "was staggering" when he was trying to stand when he started experiencing these symptoms.

This diagnosis was established in this patient by doing CT tests, MRI test, Chest X-Ray, and Echo tests. It was also discovered because of the patients signs and symptoms and the neuro checks showing confusion. This patient came in with left sided weakness and numbness.

The specific treatment that was ordered for this patient was blood thinners and antiplatelet medications. He was also prescribed blood pressure medication due to his new onset diagnosis of hypertension. They also wanted to make sure they did supportive care and continuous monitoring. They also needed to give this patient education on the importance of keeping up with his health, lifestyle changes, and the importance of taking medications.

The clinical data that relates to this patient includes abnormal lipid panel, this patients HDL and LDL labs were all abnormal and possibly causing these patients overall health to worsen. This patient also had protein and bacteria in the urine and could be due to an undiagnosed UTI and could cause more issued in the body because of this going untreated. This patient also had abnormal kidney function labs which could all be due to the body being dehydrated and inflammatory response. This patient went home on aspirin, Plavix, and amlodipine. These medications are all going to help this patient's overall health, help reduce the risk of clots, and control the hypertension.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd

ed.). F.A. Davis Company: ISBN 9780803694118

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of

medical-surgical nursing* (15th ed.). Wolters Kluwer

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	110	113	98-107	This lab could be elevated due to dehydration and the infusion of sodium chloride can increase this level (Pagana et al, 2021).
BUN	29	N/A	8-26	This patient may have an elevated level due to dehydration (Pagana et al, 2021).
Creatinine	1.80	1.63	0.70-1.30	This could be elevated due to possible infection or the contrast agents that were used in the MRI or CT (Pagana et al, 2021). This level is starting to go down back to normal.
GFR	37	42	>60	This lab could be low due to dehydration and a possible infection (Pagana et al, 2021). This could also be due to the

				inflammatory response (Pagana et al, 2021).
GFR Non-African	<mark>36</mark>	<mark>41</mark>	>60	This lab could be low due to dehydration and a possible infection (Pagana et al, 2021). This could also be due to the inflammatory response (Pagana et al, 2021).
GFR African	<mark>44</mark>	<mark>49</mark>	>60	This could also be due to the inflammatory response (Pagana et al, 2021). This lab could be low due to dehydration and a possible infection (Pagana et al, 2021).
Glucose	<mark>102</mark>	N/A	70-99	The glucose level could be elevated due to a stress response to the stroke (Pagana et al, 2021). This could also be due to inflammatory response or due to the beta blocker

				medication (Pagana et al, 2021).
CK	754	N/A	30-200	This level could be elevated due to the paralysis on the patients left side (Pagana et al, 2021). This could also be a stoke induced stress response (Pagana et al, 2021).
HDL Cholesterol	38	N/A	>40	This level could be elevated due to the patient's hypertension, inflammation, blood pressure meds, or dietary factors (Pagana et al, 2021).
Non-HDL Cholesterol	157	N/A	<130	This could be due to inflammation, dietary factors, genetic factors (Pagana et al, 2021).
Chol/HDL Ratio	5.1	N/A	0-4.4	This level could be elevated due to the

				patient's hypertension, inflammation, blood pressure meds, or dietary factors (Pagana et al, 2021).
Triglycerides	184	N/A	<150	This level could be elevated because the stress response after stokes, possible cardiovascular factors such as hypertension, inflammation and systemic stress (Pagana et al, 2021).
Neutrophils	72.8%	66.5%	40-68%	This level could be elevated due to the patient's hypertension and stress, these could be relating to this patient's stroke (Pagana et al, 2021).
Lymphocytes	15.3%	18.0%	19-49%	This level could be decreased due to an

				inflammatory response because of all the stress that this patient is experiencing (Pagana et al, 2021).
Protein, Random Urine	<mark>Trace</mark>	N/A	Negative	The patient is taking aspirin, a salicylate, which can decrease hemoglobin levels, and they have experienced extreme stress, which can increase this level (Pagana et al, 2021).
Nitrate	<mark>Positive</mark>	N/A	Negative	This level could be positive due to patents with cardiovascular disease like hypertension (Pagana et al, 2021). There is a chance that this is also related to the possible UTI this patient has (Pagana et al, 2021).
WBC Esterase	<mark>Trace</mark>	N/A	Negative	This could be related to

				the bacteria in the urine and possibly mean this patient has a UTI (Pagana et al, 2021). This could also be due to an inflammatory response related to the stroke (Pagana et al, 2021).
Bacteria, Urine	<mark>Few</mark>	N/A	Negative	It is possible that this patient could have an infection due to the bacteria in the urine. This could also not be resolved because this patient does not have regular doctor appointments (Pagana et al, 2021).
RBC	4.41	<mark>4.20</mark>	4.40-5.80	Medications like anticoagulants, antiplatelet, and blood pressure can all impact this lab (Pagana et al, 2021). The amount of

				chronic stress this patient has had can cause this level to decrease (Pagana et al, 2021).
Hemoglobin	13.9	<mark>12.8</mark>	13-16.5	This level could be low because of a possible GI bleed. This is due to this patient being on aspirin, Plavix, and heparin (Pagana et al, 2021). This level can be off due to the kidneys causing an iron deficiency, especially with hypertension (Pagana et al, 2021).

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT Stroke Head WO Contrast: This test takes a scan of the brain by using detailed images (Pagana et al, 2021). This test is able to detect a stroke and tell	This patient was experiencing upper and lower extremity numbness on the right side.	No acute intracranial abnormality, nonspecific white matter change and volume loss

whether it is ischemic or hemorrhagic. It can then tell which areas of the brain are affected.		
CT Angio Head and Neck WWO Contrast W PP: This test is an advanced imaging that can show the blood vessels in the head and neck (Pagana et al, 2021).	This patient was experiencing upper and lower extremity numbness on the right side.	No CTA evidence of large vessel stenosis or occlusion, No aneurysm or vascular malformation in head or neck.
Chest X-Ray: This test shows an evaluation of the pulmonary and cardiac systems (Pagana et al, 2021). It uses a small amount of radiation to create an image of the structures.	It is unclear why this test was ordered. It was stated in the chart that this was ordered to rule out a stroke because of the signs and symptoms this patient was showing.	No acute findings
EKG Scan and 12 lead: These tests record the electrical activity of the heart (Pagana et al, 2021).	This patient was having signs and symptoms of a Stroke and was monitoring arrythmias.	Normal sinus rhythm, left ventricular hypertrophy noted, T wave abnormality.
ECHO: This is a non-invasive test that uses sound waves to show the heart (Pagana et al, 2021). It is used to assess the heart structure and function.	This patient had signs and symptoms of a stroke, so this Dr. ordered an ECHO to rule out vegetation and blood clots.	Mild left ventricle hypertrophy, systolic function normal, mild aortic valve insufficiency, mild mitral regurgitation, left atrium mildly enlarged
MRI Brain W/O Contrast: This imagining test uses magnets and waves to create a detailed picture of the brain (Pagana et al, 2021).	This patient has the signs and symptoms of a stroke. The Dr. ordered an MRI of the brain to rule out neuro deficit and acute stroke that was suspected.	Small focal area of infarction in right corona radiata (Early subacute infarction).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Active Orders

Active Orders	Rationale
Code status- CPR Full Treatment	Perform all lifesaving measures
Diet Cardiac	Due to stoke protocol, hypertension, and his lipid panel labs were abnormal.
OT Evaluate and treat	Patient had a suspected stroke
Oxygen therapy	To maintain SpO2 of 88-93%
Neuro checks Q4H	Routine, patient had s/s of stroke
NIH Stroke Scale	Documents any acute neurological changes
Intake and Output	This patient's urinalysis came back abnormal and had abnormal kidney related labs.
Patient education provide stroke education material to patient and family	Educate patient on the signs/symptoms of a stroke to watch for.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Aspirin EC Tablet Delayed Response	This patient was on this medication to help prevent clots from forming.

Hospital Medications (Must List ALL)

Brand/ Generic	0.9% Sodium Chloride Solution	amlodipine (Norvasc)	Aspirin chewable tablet	Atorvastatin (LIPITOR)	Clopidogrel (PLAVIX)	
Classification	Pharm: Parenteral fluid Thera: Electrolyte replenisher (Jones & Bartlett, 2023).	Pharm: Calcium channel blocker Thera: Antianginal, antihypertensive (Jones & Bartlett, 2023).	Pharm: Salicylate Thera: NSAID (Jones & Bartlett, 2023).	Pharm: HMG-CoA reductase inhibitor Thera: Antihyperlipidemic (Jones & Bartlett, 2023).	Pharm: P2Y12 platelet inhibitor Thera: Platelet aggregation inhibitor (Jones & Bartlett, 2023).	
Reason Client Taking	Dehydration	High blood pressure	Blood clot prevention	Help his cholesterol levels	Blood thinner, to reduce chance of clots	
List two teaching needs for the medication pertinent to the client	The importance of staying hydrated and how this can help his kidneys flush everything out (Jones & Bartlett, 2023).	Take with food and check blood pressure regularly (Jones & Bartlett, 2023).	Watch for possible bleeding and med interactions (Jones & Bartlett, 2023).	Take drug at same time every day and take missed dose as soon as possible (Jones & Bartlett, 2023).	Teach patient how to watch for any bleeding and do not use NSAIDs (Jones & Bartlett, 2023).	
Key nursing assessment(s) prior to administration	Assess fluid status and IV patency.	Assess blood pressure and for any chest pain.	Assess for any bleeding and pain level.	Assess cholesterol levels and liver function tests.	Assess for any bleeding and skin.	
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Brand/ Generic	Heparin (porcine) injection	Lopamidol (ISOVUE-370)	Acetaminophen (Tylenol)	Calcium carbonate (TUMS)	hydralazine (Apresoline)	
Classification	Pharm: Anticoagulant Thera:	Pharm: Iodinated contrast	Pharm: Nonsalicylate, para-	Pharm: Calcium salts Thera:	Pharm: Vasodialator Thera:	

	Anticoagulant (Jones & Bartlett, 2023).	agent Thera: Diagnostic imaging agent (Jones & Bartlett, 2023).	aminophenol derivative Thera: Antipyretic, nonopioid analgesic (Jones & Bartlett, 2023).	Antacid (Jones & Bartlett, 2023).	Antihypertensive (Jones & Bartlett, 2023).	
Reason Client Taking	Thin the patients' blood	Helps visualize more clearly on CTs.	Mild pain	Heartburn/Indigestion	High blood pressure	
List two teaching needs for the medication pertinent to the client	Teach to watch for signs of bleeding and do not inject at the same sight every time (Jones & Bartlett, 2023).	Teach the patient the purpose of the contrast agent and what to expect during the procedure (Jones & Bartlett, 2023).	Watch for signs of hepatoxicity and do not exceed prescribed dose (Jones & Bartlett, 2023).	Chew tablet completely and take with a meal (Jones & Bartlett, 2023).	Do not abruptly stop med and change position slowly (Jones & Bartlett, 2023).	
Key nursing assessment(s) prior to administration	Assess clotting factors and for any bleeding and injection side.	Assess for any allergies and if this can affect any other medication.	Review liver labs and pain assessment.	Assess patients' allergies and history.	Assess blood pressure and pulse and check for any orthostatic hypotension.	
Brand/ Generic	Labetalol (NORMODYNE;TANDATE)	Magnesium hydroxide (Milk of Magnesia)	Melatonin (Circadin)	Ondansetron (Zofran)	Polyethylene glycol (Glycolax, MiraLAX)	
Classification	Pharm: Noncardioselective beta-blocker/alpha1-blocker Thera: Antihypertensive (Jones &	Pharm: Mineral Thera: Electrolyte replacement (Jones & Bartlett,	Pharm: N-acetyl-5-methoxytriptamine Thera: Acetamines (Jones &	Pharm: Selective serotonin (5-HT3) receptor antagonist Thera:	Pharm: Osmotic bowel prep Thera: Laxative (Jones & Bartlett,	

	Bartlett, 2023).	2023).	Bartlett, 2023).	Antiemetic (Jones & Bartlett, 2023).	2023).	
Reason Client Taking	High blood pressure	3rd line constipation	Sleep	1st line Nausea	1st line Constipation	
List two teaching needs for the medication pertinent to the client	Take without food around same time every day and avoid sudden position changes (Jones & Bartlett, 2023).	Do not take within 2 hours of other meds and this can cause diarrhea (Jones & Bartlett, 2023).	Take this medication before going to sleep and it can cause drowsiness (Jones & Bartlett, 2023).	Teach patient the purpose of this medication and to watch for any side effects fluids (Jones & Bartlett, 2023).	Can cause diarrhea and dehydration and drink fluids (Jones & Bartlett, 2023).	
Key nursing assessment(s) prior to administration	Assess blood pressure and heart rate and any medication contraindications.	Abdominal assessment and assess function.	Assess level of conscious and sleeping habits.	Assess history and hydration status.	Abdominal assessment and assess bowel function.	
Brand/ Generic	Senna (Senokot)	N/A	N/A	N/A	N/A	
Classification	Pharm: Stimulant laxative Thera: Stool softener (Jones & Bartlett, 2023).	N/A	N/A	N/A	N/A	
Reason Client Taking	2nd line constipation	N/A	N/A	N/A	N/A	
List two teaching needs for the medication pertinent to the client	Watch for possible dehydration or diarrhea and do not use long term (Jones & Bartlett, 2023).	N/A	N/A	N/A	N/A	
Key	Assess patient's	N/A	N/A	N/A	N/A	

nursing assessment(s) prior to administration	bowel function and abdominal assessment.					

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett

Learning.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Clopidogrel (Plavix)	I chose this med because thinning the blood is very important in a patient with a blood clot. He is also going home on this med and we need to make sure that he is at a low risk of blood clots.	1. Bleeding risk (Jones & Bartlett, 2023). 2. Numbness (Jones & Bartlett, 2023).
2. Amlodipine (Norvasc)	I chose this med because this patient has hypertension. He did not know that he had this before and it is important for his overall health to keep his blood pressure controlled. I also chose this because it is better to use calcium channel blockers in stroke patients.	**1.** Headache (Jones & Bartlett, 2023). 2. Dizziness (Jones & Bartlett, 2023).
3. Aspirin	I chose this med because it is important for him to be taking in the hospital and at home to help with blood flow and thinning. This is going to help decrease his chance of blood clots.	1. Bleeding risk (Jones & Bartlett, 2023). 2. Weakness (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett

   Learning.

Physical Exam

<mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

GENERAL: **Alertness:** A & O x4 **Orientation:** Oriented to person, place, time, and situation **Distress:** No distress, calm **Overall appearance:** Clean, well kept **Infection Control precautions:** None **Client Complaints or Concerns:** None	Patient is A & O x4 and responsive. Oriented to person, place, situation, and time. Patient was calm and not in any distress. Appearance was clean and appropriate. No infection control precautions in place and no complains or concerns at this time.
VITAL SIGNS: **Temp:** 98.0 F **Resp rate:** 18 breaths per min **Pulse:** 88 bpm **B/P:** 152/81 **Oxygen:** 98% **Delivery Method:** Room Air	This patient's temperature was 98.0 F, respiration rate was 18 breaths per min, pulse was 88 bpm, BP was <mark>152/81</mark>, and oxygen was 98% on room air.
PAIN ASSESSMENT: **Time:** 1424 **Scale:** Numerical **Location:** None **Severity:** 0/10 **Characteristics:** None **Interventions:** Tylenol PRN	This pain assessment was at 1424 using the numerical scale. This patient stated that they were not in any pain and did not have a specific location. The severity was a 0/10 and there were no characteristics. This patient did have Tylenol that could be given as needed, if he was in pain.
IV ASSESSMENT: **Size of IV:** 20g **Location of IV:** Right hand **Date on IV:** 3/31/25 **Patency of IV:** Patent, flushed **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact **Fluid Type/Rate or Saline Lock:** Locked	IV was a 20g in the right hand, the date on it was 3/31/25. IV was patent and flushed. No signs of erythema or drainage. IV was dry, clean, and intact. Saline locked.
INTEGUMENTARY: **Skin color:** Normal for ethnicity **Character:** dry **Temperature:** warm **Turgor:** less than 3 secs **Rashes:** None	Skin color is normal for ethnicity, no redness. Skin was <mark>dry</mark> and intact and warm to touch. Skin turgor was less than 3 seconds. No rashes, bruises, wounds, or drains present. Braden score was a 20.

Bruises: None **Wounds:** None **Braden Score:** 20 **Drains present: Y**☐ **N** ☒ **Type:** N/A	
HEENT: **Head/Neck:** Symmetrical, no neck vein distention **Ears:** Normal for face and head **Eyes:** normal vision **Nose**: midline **Teeth:** Slight yellow tint to teeth	Head and neck symmetrical, skull and face symmetrical. No neck vein distention, trachea midline. Normal vision and hearing. Mucous membranes pink and moist, all teeth intact and had <mark>a slight yellow tint</mark>. Nose midline and no abnormal discharge.
CARDIOVASCULAR: **Heart sounds:** S1, S2 **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Normal **Peripheral Pulses:** 3+ **Capillary refill:** less than 3 secs **Neck Vein Distention: Y** ☐ **N** ☒ **Edema Y** ☐ **N** ☒ **Location of Edema:** None	S1, S2 present. No murmur noted. All pulses 3+ bilaterally and capillary refill was normal (less than 3 seconds). No neck vein distention. No edema noted.
RESPIRATORY: **Accessory muscle use: Y**☐ **N** ☒ **Breath Sounds: Location, character:** Clear, normal	No accessory muscle use, regular breathing pattern. Breath sounds clear and normal bilaterally anteriorly and posteriorly.

GASTROINTESTINAL:
Diet at home: Normal
Current Diet: Cardiac
        Is Client Tolerating Diet? Yes
Height: 5' 10"
Weight: 193lbs 12.8oz
Auscultation Bowel sounds: Hypoactive, Normal
Last BM: This morning
Palpation: Pain, Mass etc.: None
Inspection:
    Distention: None
    Incisions: None
    Scars: None
    Drains: None
    Wounds: None
Ostomy: Y ☐   **N** ☒
Nasogastric: Y ☐   **N** ☒
	Patient stated that his diet at home is "normal." He is currently on a <mark>cardiac diet</mark> and tolerating it well. He is 5'10" and 193 lbs. 12.8 oz. Bowel sounds were hypoactive and last bowel movement was earlier this morning (4/1/25). No pain upon palpation. No distention, incisions, scars, drains, wounds noted. No ostomy, NG tube, or feeding tubes.

Size: N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	

GENITOURINARY:
Color: Yellow
Character: Clear
Quantity of urine: N/A
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals: Patient declined
Catheter: Y ☐   N ☒
   Type: N/A
   Size: N/A
	Patient stated that his urine was "yellow and clear." He did not urinate during the shift. He does not have any pain when urinating and declined inspection of genitals. No dialysis or catheter.

Intake (in mLs) No Food 200 mL water Patients' IV fluids were stopped before the shift **Output (in mLs)** N/A patient did not urinate during shift	During the shift, this patient ==did not eat any lunch== and was discharged before dinner. He drank 200mL of water and the patients' IV fluids were stopped before the shift started. ==There was no output documented and this patient did not urinate during the shift.==
MUSCULOSKELETAL: **Neurovascular status:** Normal **ROM:** Active **Supportive devices:** None **Strength:** Normal **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 26 (Moderate risk)** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib):** Yes **Needs assistance with equipment:** No **Needs support to stand and walk:** No	Nailbeds intact and normal color, patient performed active range of motion. Patient does not use any supportive devices and does not need ADL assistance. Patient is ==a slight fall risk== and has a ==fall score of 26==. Patient is active, independent, does not need assistance with equipment, and does not need support to stand and walk.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERRLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** A/O x4 **Mental Status:** Normal **Speech:** Normal **Sensory:** Normal **LOC:** Alert and oriented	Patient is oriented to person, place, time, and situation. Normal cognition and PERRLA is intact. Patient moves all extremities well and strength is equal in all extremities bilaterally. Patients' mental status is normal and speech is clear, sensory is normal and patient is alert, awake, and answers questions appropriately.
PSYCHOSOCIAL/CULTURAL:	This patient stated that he enjoys watching TV

Coping method(s): Watch TV, spend time with his wife, sports (baseball). **Developmental level:** Appropriate for age. **Religion & what it means to pt.:** Christian, enjoys going to church every week **Personal/Family Data (Think about home environment, family structure, and available family support):** This patient lives at home with his wife, has a very supportive family, and is close with his children.	(sports), spending time with his wife, and teaching kids' baseball. His developmental level is appropriate for age. This patient is Christian and enjoys going to church every week. This patient lives at home with his wife, has a very supportive family, and is close with his children.

Discharge Planning

Discharge location: This patient is discharging to his home with his wife.

Home health needs: This patient does not need any additional home health needs.

Equipment needs: This patient does not need any equipment after discharge.

Follow up plan: This patient will need to follow up with his primary care provider after discharge.

Education needs: This patient was educated on his new medication that he will be taking at home. The new medications are Plavix, Aspirin, Amlodipine.

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
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent	• Explain why the nursing diagnosis was chosen			

to this client				
1. Ineffective tissue perfusion related to the interruption of blood flow to the brain as evidenced by hemiparesis and aphasia (Phelps, 2023).	I chose this nursing diagnosis due to this patient having weakness, numbness on the left side of his body, and aphasia due to the blood clot causing the stroke.	This patient's weakness will be gone by the time of discharge.	1. Monitor neurological status regularly (Phelps, 2023). 2. Ensure blood pressure is managed (Phelps, 2023).	These interventions were successful and helpful for this patient. He was able to understand why his blood pressure is important and answer the A & O questions correctly.
2. Knowledge deficit related to lack of awareness of importance of healthcare as evidenced by not seeking regular medical care (Phelps, 2023).	I chose this nursing diagnosis because this patient was unable to give me any of his history. He also did not know he had hypertension until this visit to the hospital and had nothing on file.	This patient will understand the importance of seeking medical care before he is discharged.	1. Educate patient on importance of healthcare and taking medications (Phelps, 2023). 2. Educate about patients' diagnosis and the effect sit can have on the body (Phelps, 2023).	These interventions helped this patient understand the importance of healthcare and how his health can be impacted if he does not go to the Dr. regularly.
3. Bleeding risk related to advanced age as evidenced by anticoagulant therapy (Phelps, 2023).	I chose this nursing diagnosis because this patient is at risk for bleeding due to the Heparin and Plavix medications, he is on to thin the blood.	This patient will know the signs of bleeding and watch for them before he is discharged.	1. Monitor for any bleeding and check labs (Phelps, 2023). 2. Educate on the possible signs of bleeding (Phelps, 2023).	These interventions helped this patient understand the signs of bleeding and helped him be aware of his surroundings to be cautious.

4. Impaired Physical Mobility related to hemiparesis as evidenced by limited movement and inability to move one side of the body (Phelps, 2023).	I chose this nursing diagnosis because this patient came in with left sided weakness and numbness. This caused an issue in his mobility and they said he might have this sensation come back in the future.	This patient will be able to walk and feel his left extremities before he is discharged.	1. Assist in range of motion exercises (Phelps, 2023). **2.** Encourage frequent repositioning and movement (Phelps, 2023).	These interventions helped this patients' mobility and get the feeling back on his left side.

Other References (APA):

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