

N311 Care Plan 1

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N311: Foundations of Professional Practice

Professor Dowell

9/14/2025

Demographics

Date of Admission ● 9/7/2025	Client Initials ● DS	Age ● 31 yrs old ● DOB: 10/14/1993	Biological Gender ● Female
Race/Ethnicity ● White	Occupation ● Unemployed	Marital Status ● Married	Allergies ● Acetaminophen-codeine Reaction: Nausea ● Toradol [Ketorolac Tromethamine] Reaction: Vomiting
Code Status ● Full Code	Height ● 5'2 (157.5 cm)	Weight ● 80 kg (176 lb. 5.9 oz.)	

Medical History

Past Medical History: Acute pancreatitis without necrosis or infection, unspecified (10/11/2023), Alcohol abuse, asthma, auditory hallucination, depression, deep venous thrombosis of the leg (HCC), hypertension, marijuana use, non-compliance, preeclampsia, preterm delivery, pyloric stenosis, and schizoaffective disorder (HCC).

Past Surgical History: Cesarean Section; exploratory of abdomen; Cesarean Section; left finger surgery; upper gastrointestinal endoscopy; and Esophagogastroduodenoscopy Colonoscopy.

Family History: Cancer in maternal grandfather; diabetes in her father; hypertension in maternal grandfather, maternal grandmother, mother, paternal grandfather, and paternal grandmother; lung cancer in maternal grandmother; stroke in maternal grandmother.

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

Patient reports she smoked cigarettes every day in the past but has not smoked for the past month. Unable to identify how many packs and for how many years at this time. Patient has been exposed to tobacco smoke. Patient has never used smokeless tobacco products. Patient stated she is an everyday drinker and drinks about half a pint of hard liquor. Unable to clarify how many years the patient consumed alcohol at this time. Patient reports current drug use of marijuana. Unable to identify how often patient uses marijuana at this time.

Education: Unable to access education level at this time.

Living Situation: Unable to access living situation at this time.

Assistive devices: None

Admission Assessment

Chief Complaint: Left-sided body weakness

History of Present Illness (HPI)– OLD CARTS: Patient stated she woke up with left sided weakness yesterday (9/6/2025). Unable to access duration, characteristics, aggravating, and relieving of left sided weakness at this time. Patient stated weakness has worsened significantly.

Patient also complained of left sided loss of sensation. Unable to assess onset, duration, characteristics, aggravating, relieving, and severity of left sided loss of sensation at this time.

Patient reported abdominal pain and vomiting in the last two days. Unable to assess location, duration, characteristics, aggravating, relieving, treatment, and severity of abdominal pain and vomiting at this time.

Primary Diagnosis

Primary Diagnosis on Admission: Cerebral Vascular Accident (CVA)

Secondary Diagnosis (if applicable): Left-sided weakness

Pathophysiology

An ischemic stroke happens when a blood clot or a traveling clot blocks a cerebral artery and blocks blood flow to the brain tissue (Capriotti & Frizzell, 2023). These are often found in the internal carotid and middle cerebral arteries (Capriotti & Frizzell, 2023). When a clot is stuck and blood flow is cut off, the brain tissue becomes deprived of oxygen, which leads to ischemia (Capriotti & Frizzell, 2023). A clot or a traveling clot that causes an ischemic stroke commonly happens due to many factors, for example, arteriosclerosis of a cerebral artery, atrial fibrillation that causes a cardioembolic event, or carotid stenosis that could cause an embolic event (Capriotti & Frizzell, 2023). Blood clots can form from plaque and travel up the carotid artery and into the brain (Capriotti & Frizzell, 2023). Cell injury starts at the beginning of arteriosclerosis (Capriotti & Frizzell, 2023). When arteriosclerotic plaque builds up, it decreases the blood vessel diameter, which decreases blood flow to the tissue (Capriotti & Frizzell, 2023). Plaque can obstruct blood flow, and cause ischemia and infarction of brain tissue (Capriotti & Frizzell, 2023).

Common signs and symptoms of a stroke include weakness of extremities on one side of the body or complete loss of function of extremities, loss of sensation in an extremity, slurred

speech, facial droop, and weakness (Capriotti & Frizzell, 2023). Many patients experience disorientation, confusion, and drowsiness, which can lead to unconsciousness or comatose (Capriotti & Frizzell, 2023). The patient stated she woke up with left sided weakness yesterday morning (9/6/25). The patient also complained of left sided loss of sensation. The patient reported abdominal pain and vomiting over the past two days. The primary diagnosis was established in this client due to the patient stating she experienced left sided weakness yesterday morning (9/6/25).

The patient was diagnosed with an ischemic stroke primarily based on signs and symptoms that the patient experienced. Signs and symptoms of a stroke include weakness, loss of sensation, facial drop, and slurred speech. IMA (ischemia-modified albumin) is a lab value that may be elevated in patients with a pulmonary embolus or an acute stroke (Pagana et al., 2025). Increased levels of an IMA test may show abnormal findings of brain ischemia, myocardial ischemia, and pulmonary ischemia (Pagana et al., 2025).

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives*. (4th ed.). F.A. Davis Company.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
@ 0700	102 bpm	121/67	20	97.4 F	100%	Not

9/11/2025				(temporal)		charted
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Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
@ 0929 9/11/2025	5	Abdomen	Not charted	Not charted	Not charted