N311 Care Plan 2

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N311: Foundations of Professional Practice

Clinical Instructor: Dowell/Henry

9/19/2025

Demographics

Date of Admission	Patient Initials	Age	Biological Gender
9/9/2025	LR	71	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired	Single	Codeine Lisinopril Simvastatin
Code Status	**Height**	**Weight**	
Full	4’11”	200lbs	

Medical History

Past Medical History: Dementia, Type 2 diabetes, hypertension, deep vein thrombosis

Past Surgical History: No known history

Family History:

Father: type 2 diabetes, heart disease

Mother: hypertension

Sister: hypertension

Son: type 2 diabetes

Brother: asthma

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

No previous history

Education: High school

Living Situation: At home with sisters

Assistive devices: Rollator, wheelchair

Admission Assessment

Chief Complaint: Worsening altered mental status

History of Present Illness (HPI)– OLD CARTS: Patients sister brought her to the ER for worsening altered mental status. The patient was last seen normal on September 7th and has been deteriorating for three days. Location unable to be determined. Patients' sister reported she was getting increasingly lethargic and incoherent. Associated and relieving factors unable to obtain due to patients decreased level of consciousness. Leading to the event, the patient was taking all prescribed meds correctly.

Primary Diagnosis

Primary Diagnosis on Admission: Hypernatremia

Secondary Diagnosis (if applicable): Encephalitis r/t hypernatremia

Pathophysiology

Simply put, hypernatremia is a serum increase of sodium above 145 mEq/L. This can be caused by either an increase in serum sodium or decrease in body water. Examples of an increase in serum sodium are excessive dietary intake, tube feedings with inadequate water administration, and sodium retention (Capriotti, 2024). Examples of a decrease in water include things such as diabetes insipidus, inadequate intake, decreased antidiuretic hormone, extensive sweating, diarrhea, and certain medications (Capriotti, 2024). During hypernatremia, the cells start to dehydrate and shrink, especially cells in the CNS and brain. The brain then compensates by taking fluid from cerebrospinal fluid and shifting it into the dehydrated cells. However, doing this also brings in solutes like amino acids (Capriotti, 2024).

Clinical manifestations of hypernatremia can be split into hypernatremia with and without fluid overload (Capriotti, 2024). In hypernatremia with fluid overload, symptoms may include weight gain and hypertension with severe cases evolving to pulmonary edema and nonspecific mental status changes such as agitation, restlessness, coma, and seizures (Hoffman, 2020). In hypernatremia without fluid overload the patient may present as dehydrated, tachycardic, and irritable with orthostatic hypotension, decreased urine output and polydipsia (Hoffman, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives*. Philadelphia: F. A. Davis. Retrieved 09 12, 2025

Hoffman, J. S. (2020). *Davis Advantage for Medical-Surgical Nursing: Making Connections to Practice*. Philadelphia: F. A. Davis.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
0701	73bpm	130/73	14RR	97.7°F	97%	Room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0701	1-10	NA	0	NA	NA

Intake and Output

Intake (in mL)	Output (in mL)
590mL	600mL

NANDA APPROVED Nursing Diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" • Listed in order by priority	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for adult pressure injury r/t prolonged immobility as evidenced by decreased level of consciousness and decreased Glasgow	The patient is overweight, incontinent, and fully dependent on nursing staff for ADLs.	**1.**Turn and reposition patient every two hours **2.**Keep patients' skin dry and clean	**1.** Patient will remain free of pressure ulcers by discharge	As of 9/18 patient has remained free of pressure ulcers. Continue checking patient for stage one pressure ulcers when turning and bathing and keeping brief changed as needed.

	coma score				
2.	Imbalanced nutrition: less than body requirements	Patient only ate around 10% of breakfast	1. Monitor electrolyte levels and report abnormal values **2.** Determine food preferences and provide within the limits of the prescribed diet	**1.** Patient will consume at least 25% of meal by 9/30	Patient has yet to consume more than 10% of their meals. Will talk to family next time they come in about likes and dislikes. If inadequate intake continues other methods of nutrition delivery may need to be considered.

Other References (APA)

Phelps, L. (2023). *Nursing Diagnosis Reference Manual* . Philadelphia : Wolters Kluwer.