N321 CARE PLAN # 1

Shelby Powell

Lakeview College of Nursing

N321: Adult Health I

Krystal Henry

September 19, 2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
09/14/25	M.L.	34	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/ Caucasian	Menards	Married	Imitrex (Sumatriptan)
Code Status	**Height**	**Weight**	
Full Code (No ACP docs)	5’6” (167.6 cm)	93kg (205 lbs)	

Medical History

Past Medical History:

The patient has a past medical history of migraines, anxiety, depression, endometriosis, current cyst on her ovary, ablation on a varicose vein, sciatica, and back spasms.

Past Surgical History:

The patient denies any surgical history.

Family History:

The patient stated her mother, aunt, and cousin have a history of cancer. She also stated that her mother and sister have endometriosis. Her sister also has diabetes. She stated her grandfather and uncle both have congestive heart failure, and her grandfather also has Alzheimer’s disease. The patient also stated that migraines run in her family, as her mother and sisters also have migraines. The patient denies any knowledge of her father’s side of her family.

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

The patient denies any use of tobacco, alcohol, or drugs.

Education:

The patient’s highest level of education is a high school diploma.

Living Situation:

The patient lives at home with her husband and daughter.

Assistive devices:

The patient denies any use of assistive devices.

Admission History

Chief Complaint:

The patient's chief complaint is headache and dizziness.

History of Present Illness (HPI)– OLD CARTS

The patient stated that around 11:30 am on 9/14/25, she had a sharp pain on the right side of her head, which was immediately followed by a spell of dizziness and stuttering, which is not a normal occurrence for her. She stated that the whole occurrence only lasted about 10 seconds. Due to the sudden onset and disappearance of the incident, there were no aggravating or relieving factors noted. The current treatment plan is to manage pain with Tylenol. The patient had an MRI and blood work ordered to rule out any underlying causes. The patient noted the severity of the incident as an 8 or 9 out of 10 on a numeric scale.

Admission Diagnosis

Primary Diagnosis:

Migraine

Secondary Diagnosis (if applicable):

There is no secondary diagnosis for this patient.

Pathophysiology

A primary migraine headache is described as a throbbing headache that can be accompanied by nausea, severe pain, or altered perceptions (Capriotti, 2020). Research shows that there are four stages of migraine: prodrome, aura, pain, and postdrome (Capriotti, 2020). During the prodrome stage, the neurons in the cerebral cortex, specifically within the occipital region, experience hyperexcitability (Capriotti, 2020). As soon as the nerve cells reach the threshold of excitability, the second stage of aura is activated due to a wave of neuronal depolarization across the cerebrum (Capriotti, 2020). This action stimulates the trigeminal nerve impulses, which trigger the third stage of pain (Capriotti, 2020). The throbbing pain felt is caused by serotonin levels decreasing and an increase in calcitonin gene-related peptides (CGRPs) (Capriotti, 2020). Calcitonin gene-related peptides are a very potent vasodilator of the dural and cerebral vessels (Capriotti, 2020). When serotonin receptors are stimulated, symptoms of migraine can be alleviated (Capriotti, 2020). The postdrome stage does not affect everyone with migraines; however, it is a continued pain that is a result of the trigeminal nervous system being stimulated, located in the top of the head, a limb, or the upper trunk with movement (Capriotti, 2020).

Signs and symptoms of a migraine include a one-sided head pain that is paired with nausea, vomiting, sensitivity to sound, and sensitivity to light, or an aura, and the pain can be worsened with activity (Capriotti, 2020). The patient showed evidence of a migraine by having right-sided head pain and a sensitivity to sound and light. The results of the CT, CTA, MRI, and MRA showed no signs of a clot, stroke, tumor, or trauma. The scans were clear, and the patient has an ongoing history of migraines.

Treatment of migraines includes NSAIDS, serotonin receptors, and dopamine agonists (Capriotti, 2020). There are non-medical treatment options such as deep breathing, meditation,

getting enough sleep, eating well, and drinking enough water daily (Mayo clinic, 2025). Other treatment options include sitting or lying down in a dark, quiet room, or using a cold compress at the base of the occipital bone or across the frontal bone to help vasoconstrict blood vessels. My patient said she liked to lie down in a dark and quiet room and use cold compresses across her forehead (Frontal bone).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Mayo Foundation for Medical Education and Research. (2025, July 8). *Migraine*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/migraine-headache/diagnosis-treatment/drc-20360207

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	**110 mmol/L**	**110 mmol/L**	**98-107 mmol/L**	**The increased chloride levels can be due to dehydration (Pagana, 2025).**
Bun/ Creatine Ratio	**9 ratio**	**11 ratio**	**12-20 ratio**	**The patients BUN/creatine ration can be low due to**

				malnutrition or malabsorption due to her being vegetarian (Pagana, 2025).
Glucose	**106 mg/dL**	**101 mg/dL**	**70-99 mg/dL**	**The patient's slightly elevated glucose levels can be caused by an acute stress response from pain or being in the hospital (Pagana, 2025).**
Calcium	**8.5 mg/dL**	**8.6 mg/dL**	**8.7-10.5 mg/dL**	**The patient's calcium levels can be low due to malabsorption or a vitamin D deficiency due to the patient being vegetarian (Pagana, 2025).**
Glucose; Bedside POCT	**106 mg/dL**	**N/A**	**70-99 mg/dL**	**The patient's slightly elevated glucose levels can be caused by an acute stress response from pain or being in the hospital (Pagana, 2025).**

PTT	**21 seconds**	**N/A**	**25-36 seconds**	**Below average due to low MPV (Cleveland, 2025).**
MPV	**8.2 fl**	**8.0 fl**	**9.7-12.4 fl**	**Can be low due to a decrease in B12 and/or folate from a lack of getting it through diet (Metropolis Healthcare Limited, 2025).**
Neutrophils	**74.0%**	**63.3%**	**47.0-73.0%**	
Absolute Lympocytes	**1.00 10(3)/mcl**	**1.20 10(3)/mcl**	**1.30-3.20 10(3)/mcl**	**Can be low due to malnutrition or not enough B12 from diet (Cleveland, 2025).**
N/A	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**

Previous diagnostic prior to admission (ER, clinic etc.) if	Previous diagnostic results and correlation to client admission	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and

pertinent to admission diagnosis				**condition**
N/A	**N/A**	**CT Stroke Head W/O contrast**	Headache, sudden/severe episode of stuttering, and severe headache	The impression showed no acute intracranial pathology. This means they can rule out a stroke, and it falls in line with a migraine.
N/A	**N/A**	**CTA Stroke Head and Neck**	Right-sided head pain and dizziness with an episode of stuttering	The results showed no intracranial arterial large vessel occlusion or flowing limits. This

				means they can rule out a blood clot or hemorrhage. Which rules in favor of a migraine.
N/A	**N/A**	**MRI brain w/o contrast**	Right-sided head pain and dizziness with an episode of stuttering.	The results of the MRI were unremarkable and showed no acute abnormalities of the brain, cervical carotid, neck, and vertebral arteries. Which means that her diagnosis falls in line with a

				migraine and rules out a stroke.
N/A	**N/A**	**MRA and/or MRV neck w/wo contrast**	Right-sided head pain and dizziness with an episode of stuttering.	The MRA showed no acute intracranial abnormalities, and patent and wide vertebral arteries bilaterally. This rules out a stroke and in favor of a migraine.
N/A	**N/A**	**N/A**	**N/A**	**N/A**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's Diagnostic & Laboratory Test Reference*. Elsevier.

Active Orders

Active Orders	Rationale
General diet	**The patient is a vegetarian; however, she did not need a specialized diet.**
IP Consult to Tele neurology	**The patient is to consult with tele-neurology due to dizziness, headache, and dysarthria.**
UR Pregnancy test Qual	**The patient needed this test before getting an MRI to rule out the chance of pregnancy.**
MRA and/or MRV Neck w/wo Contrast	**MR venogram was recommended by neurology.**
MRI brain w/o Contrast	**MRI was ordered to rule out stroke.**
Admission Weight	**This is done upon admission, in case there are weight-based medications that need to be administered.**
Insert/Maintain Peripheral IV (x2)	**This is done upon admission for easy access for medication administration or blood lab draws. IV should be maintained to look for infiltration, infection, and patency.**
Intake and Output	**Intake and output should be monitored to make sure the kidneys and bowels are in working order. Intake should not be significantly greater than output.**

Neuro Checks; NIH Stroke Scale; RN Aspiration Risk Tool Screening	**The patient was suspected of having a stroke due to the sudden presentation of right-sided head pain, dizziness, and an episode of stuttering. Strokes can affect the function of the brain and esophagus.**
Saline Lock IV	**Saline locks are used for push medication and fluids if needed.**
Notify Physician	**The physician should be notified of any abnormal vitals, if any side effects from medications occur, or with any new or worsening pain.**
Place Seq Comp Device (HVC orders equip)	**These devices are used to help stimulate blood flow and are a preventative measure against deep vein thrombosis.**
Up as Tolerated	**Patient is able to be up and moving around as long as she is stable and shows no signs of dizziness upon standing.**
Vital signs per unit routine	**Vital signs are used to monitor pain, dehydration, blood perfusion, and heart function.**
N/A	**N/A**
N/A	**N/A**

Hospital Medications (Must List ALL)

Brand/Generic	Wellbutrin SR/ Bupropion SR	Isovue-370/ iopamidol 76%	Toradol/ Ketorolac	Claritin/ Ioratadine	Tylenol/ acetaminophen
Dose, frequency, route	150mg, oral, BID	80mL, intravenous, once	15mg, intravenous, once	10mg, oral once, daily	650mg, oral, every 4 hours as needed
Classification (Pharmacological and therapeutic and action of the drug	Pharm: Aminoketone Thera: Antidepressant (Jones & Bartlett, 2023).	Pharm: non-ionic iodinated contrast media (Drugs, 2025).	Pharm: NSAID Thera: Analgesic (Jones & Bartlett, 2023).	Pharm: H1 receptor antagonist (Drugs,2025). Thera: Antihistamin	Pharm: Nonsalicylate Thera: Antipyretic (Jones & Bartlett, 2023).

		Thera: diagnostic agent (Drugs, 2025)		e (Drugs, 2025).	
Reason Client Taking	The client is taking this medication for depression management.	A Contrast agent used for CT scan (Drugs, 2025).	To help relieve migraine pain (Jones & Bartlett, 2023).	She is taking medication for allergies.	The patient is taking medication for pain management as needed.
Two contraindications (pertinent to the client)	1. Can increase anxiety disorder (Jones & Bartlett, 2023). 2. Can increase risk of seizure disorder	1. Can have an interaction with antidepressants (Drugs, 2025). 2. Can cause dehydration (Drugs,2025).	1. Can cause peptic ulcer disease (Jones & Bartlett, 2023). 2. High risk of bleeding	1. Can cause liver/kidney damage (Drugs, 2025). 2. Can contradict antidepressant (Drugs, 2025).	1. Can cause severe liver damage if taken regularly for long periods of time (Jones & Bartlett, 2023). 2. Can potentially

	(Jones & Bartlett, 2023).		(Jones & Bartlett, 2023).		overdose (Jones & Bartlet, 2023)
Two side effects or adverse effects (Pertinent to the client)	1. Can increase dizziness (Jones & Bartlett, 2023). 2. Can cause orthostatic hypotension (Jones & Bartlett, 2023).	1.Can cause dizziness (Drugs,2025) 2.Can slow heart rate (Drugs, 2025)	1.Can cause dizziness (Jones & Bartlett, 2023). 2.Can Cause headache (Jones & Bartlett, 2023).	1.Can cause headache (Drugs,2025). 2.Can make you feel tired or drowsy (Drugs,2025).	1. Can cause dizziness (Jones & Bartlett, 2023). 2.Can cause hypotension (Jones & Bartlett, 2023).
Key nursing assessment(s) prior to administration	1. Assess the patient's blood pressure before administering (Jones &	1. Make sure the patient doesn't have an allergic reaction to another contrast agent	1. Assess and monitor blood pressure (Jones & Bartlett,	1. Assess patient for rashes before and after administration for allergic reaction	1. Monitor daily intake on acetaminophen and other medications that contain

	Bartlett, 2023) 2. Monitor patient for worsened depression or increased suicide risk (Jones & Bartlett, 2023)	(Drugs, 2025). 2. Assess patient for any signs of infection prior to injection (Drugs,2025)	2023). 2. Monitor pain levels. Notify the provider if relief from pain does not occur (Jones & Bartlett, 2023)	(Drugs,2025). 2. Assess lungs and airway prior to administration of medication.	acetaminophen as to not exceed daily limits (Jones & Bartlett, 2023). 2. Monitor renal function, watch for lower flank pain, blood in urine, and urine output for long-term use of this drug (Jones & Bartlett, 2023).

Brand/ Generic	TUMS/ Calcium Carbonate	Ativan/ Lorazepam	Melatonin/ Olly	Zofran/ Ondansetr	Glycolax/ Polyethylene

				on	glycol
Dose, frequency, route	1000mg, oral, every 8hours as needed	1mg, intravenous, once PRN	6mg, oral, nightly PRN	4mg, oral, every 6 hours and needed. OR 4mg, intravenous, every 6hours as needed	17g, oral, BID as needed.
Classification (Pharmacological and therapeutic and action of the drug	Pharm: Calcium Salts Thera: Antacid (Jones & Bartlett, 2023).	Pharm: benzodiazepine Thera: Anxiolytic (Jones & Bartlett, 2023).	Pharm: Hormone Thera: Sleep-aid (Drugs, 2025).	Pharm: selective serotonin Thera: Antiemetic (Jones & Bartlett, 2023).	Pharm: Osmotic laxative Thera: Laxative
Reason Client Taking	The client is taking this medication as needed for	The patient had a one-time injection to	The patient takes this medicatio	The patient will take this	The patient takes this medication to help with

	heartburn and indigestion management.	help manage anxiety during an MRI.	n at bedtime to help with sleep manageme nt.	medicatio n as needed to help control nausea.	constipation as needed.
Two contraindicati ons (pertinent to the client)	1. If the patient is dehydrated, it can worsen the calcium concentration (Drugs,2025). 2.	1. Being on an antidepressa nt while taking this med can potentially cause respiratory depression (Jones & Bartlett, 2023). 2. Can cause respiratory insufficienc y (Jones &	1. Can combine with ondansetro n and cause serotonin syndrome. (Jones & Bartlett, 2023). 2. May alter mood or worsen depression symptoms (Drugs,	1. Increased risk of serotonin syndrome (Jones & Bartlett, 2023). 2. Contamin ant use of apomorphi ne (Jones & Bartlett, 2023).	1. Do not use it if there is a suspected bowel obstruction (Micromedex,20 23). 2.

		Bartlett, 2023).	2025).		
Two side effects or adverse effects (Pertinent to the client)	1. Can cause hypotension (Jones & Bartlett, 2023). 2. Can cause elevated calcium levels (Drugs, 2025)	1. Depression is a side effect (Jones & Bartlett, 2023). 2. Photophobia is an adverse reaction (Jones & Bartlett, 2023).	1. Can cause dizziness (Drugs, 2025) 2. Can cause vivid dreams or nightmares (Drugs, 2025).	1.Can cause hypotension (Jones & Bartlett, 2023). 2.Can cause constipation (Jones & Bartlett, 2023).	1. Loose stools or diarrhea are a common side effect. 2. Dehydration is caused by loose stool or diarrhea.
Key nursing assessment(s) prior to administration	1. Monitor blood pressure before administering (Jones & Bartlett, 2023).	1. Make sure the patient is already taking an anti-depressant	1. Monitor patients vitals. 2. Monitor patient's sleep cycles.	1.Watch patient closely for signs of serotonin syndrome (Jones &	1. Monitor intake and output. 2. Check skin turgor and blood pressure.

	2.Monitor serum calcium levels (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023). 2. Assess the patient's respiratory status closely due to respiratory depression (Jones & Bartlett, 2023).		Bartlett, 2023). 2.Monitor blood pressure (Jones & Bartlett, 2023).	
Brand/ Generic	Senokot/Senna	N/A	N/A	N/A	N/A
Dose, frequency, route	8.6mg, oral, BID as needed	N/A	N/A	N/A	N/A
Classification (Pharmacolog	Pharm: Laxative Thera: Laxative	N/A	N/A	N/A	N/A

ical and therapeutic and action of the drug	(Drugs, 2025)				
Reason Client Taking	The patient is taking this medication for constipation if the polyethylene glycol isn't enough.	N/A	N/A	N/A	N/A
Two contraindications (pertinent to the client)	1. Do not use it if there is a suspected bowel obstruction (Micromedex,2023). 2.	N/A	N/A	N/A	N/A
Two side effects or adverse effects	1. Diarrhea is one side effect (Drugs, 2025). 2. Increased	N/A	N/A	N/A	N/A

(Pertinent to the client)	thirst or urination (Drugs, 2025).				
Key nursing assessment(s) prior to administration	1. Monitor intake and output. 2. Check skin turgor and blood pressure.	N/A	N/A	N/A	N/A

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Wellbutrin SR/ Bupropion SR	This medication was chosen because of the patients history of depression.	1. Can increase anxiety disorder (Jones & Bartlett, 2023). 2. Can increase risk of seizure disorder (Jones & Bartlett, 2023).

2. Tylenol/ acetaminophen	This medication was chosen because it is a pain reliever, and my patient suffers from migraines.	1. Can cause dizziness (Jones & Bartlett, 2023). 2.Can cause hypotension (Jones & Bartlett, 2023).
3. Zofran/ Ondansetron	I chose this medication because the migraines that she gets can make her nauseated and Zofran is a great antinausea medication	1.Can cause hypotension (Jones & Bartlett, 2023). 2.Can cause constipation (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Drugs.com. (n.d.). *Prescription drug information*. Drugs.com. https://www.drugs.com/

Micromedex. (2023). *Polyethylene glycol 3350: contraindications and precautions.* IBM Watson Health. Accessed September 19, 2025.

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

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented x 4- name, date of birth, location, current president. She is well groomed and in slight distress with a minor head pain of a 3/10 on a numerical scale. The patient is not on any infection control precautions, aside from a peripheral IV site that was clean and dry

Infection Control precautions: **Client Complaints or Concerns:**	upon inspection. The client complained of a minor headache, which she rated as a 3/10 on a numerical scale.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	Vitals at 0715 consisted of a blood pressure of 105/71, pulse of 72, oxygen of 99 on room air, temperature of 97.6, and respiratory rate of 16 breaths per minute. Vials at 1050 consisted of a blood pressure of 111/65, pulse of 70, oxygen of 99 on room air, temperature of 97.6, and respiratory rate of 20 breaths per minute. Vials at 1506 consisted of a blood pressure of 116/68, pulse of 76, oxygen of 100 on room air, temperature of 96.9, and respiratory rate of 16 breaths per minute.
PAIN ASSESSMENT: **Time: 0848** **Scale: numerical** **Location: right side of her head** **Severity: 3/10** **Characteristics: Right-sided head pain, throbbing sensation, sharp, pressure** **Interventions: None noted**	At 0848, the patient had right-sided head pain, which she rated a 3/10 on a numerical scale. She described the pain as throbbing, with an initial sharp onset of pain and the feeling of pressure afterward. I asked her if her pain level was a comfortable level for her or if she would like medication for her pain, which she denied.

IV ASSESSMENT: **Size of IV: 20g** **Location of IV: anterior; proximal, R-forearm** **Date on IV: 9/14/25** **Patency of IV: clear** **Signs of erythema, drainage, etc.: no** **IV dressing assessment: clean/ dry** **Fluid Type/Rate or Saline Lock: lock**	The patient has a 20 gage anterior proximal right forearm IV inserted. It was placed on September 14, 2025. The IV was patent, with no signs of erythema, drainage, infiltration, or infection. The IV dressing was clean and dry upon inspection with a Saline Lock in place.
INTEGUMENTARY: **Skin color: fair** **Character:** **Temperature: warm/ dry** **Turgor: intact** **Rashes: none** **Bruises: arms from IVs** **Wounds: no** **Braden Score: 23** **Drains present: Y☐ N ☒** **Type: N/A**	The patient's skin is fair/ivory in color. Skin is warm and dry upon inspection. There are no rashes or lesions found, with minimal bruising on the right and left anterior proximal forearms due to IV insertion. The patient has a normal quantity, distribution, and texture of hair. Skin turgor has normal mobility. The patient has a capillary refill of less than 3 seconds in fingers and toes bilaterally, with no clubbing or cyanosis found upon inspection. The patient does not have any drains, and she has a Braden Score of 23.
HEENT:	The head and neck are symmetrical, the trachea is

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	midline without deviation, and the thyroid is not palpable with no nodules noted. The carotid pulses are palpable and 2+ bilaterally. There is no lymphadenopathy noted in the head or neck. The auricles have no visible or palpable deformities, lumps, or lesions bilaterally. Sclera is white, and conjunctiva is pink with no visible drainage from the eye bilaterally. Eyelids are moist and pink without lesions or discharge bilaterally. PERRLA and EOMs are intact bilaterally. Septum is deviated, nares are moist and pink with no visible signs of bleeding or blockages bilaterally. Frontal sinuses are nontender to palpation. Some teeth are missing or damaged.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒**	Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space with a normal rate and rhythm. The patient's capillary refill is less than 3 seconds in fingers and toes bilaterally. Peripheral pulses 2+ in carotid, brachial, radial, popliteal, dorsalis pedis, and posterior tibial bilaterally. No

Edema Y ☐ N ☒ **Location of Edema: N/A**	edema was inspected or palpated in all extremities. No neck vein distention was inspected.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clear throughout the anterior and posterior lobes bilaterally. No wheezes, crackles, or rhonchi heard upon inspection. Respirations were nonlabored, and no accessory muscles were used.
GASTROINTESTINAL: **Diet at home: Vegetarian** **Current Diet: General** **Is Client Tolerating Diet? fine** **Height: 5'6" (167.6 cm)** **Weight: 205lbs (93 kg)** **Auscultation Bowel sounds: Normal in all 4Q** **Last BM: 0830 9/15/2025** **Palpation: Pain, Mass etc.: No** **Inspection:** **Distention: no** **Incisions: no** **Scars: no** **Drains: no**	The patient is vegetarian and was placed on a general diet during her admission. She stated she was tolerating the diet well, she was just eating what she normally ate. The patient is 5'6" and 205 pounds. The patient's abdomen is soft, nontender during assessment. No organomegaly or masses felt upon palpation of all 4 quadrants. Bowel sounds are normoactive in all four quadrants. No distention, incisions, scars, drains or wounds were found on the abdomen during the inspection. The patient doesn't have an ostomy, a nasogastric tube, or a feeding/ PEG tube. The patient stated that her last bowel movement was

Wounds: no **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:N/A**	around 0830.
GENITOURINARY: **Color: yellow/ clear** **Character: No smell** **Quantity of urine: N/A** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	The patient's urine was yellow and clear, with no foul smell. The quantity of urine was unknown. Patient stated there was no pain, burning, frequency, or urgency with urination. The patient is not on dialysis nor does she have a catheter.
Intake (in mLs) **1190ml** **Output (in mLs)** **N/A**	The patient had a fluid intake of 1190ml and no recorded urine output in mL. However, she did state she urinated 5 times.
MUSCULOSKELETAL: **Neurovascular status:**	All extremities have a full range of motion. Hand grips/pushes and pedal pushes/pulls demonstrate

ROM: **Supportive devices: N/A** **Strength: Normal/equal** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 16** **Activity/Mobility Status: independent** **Activity Tolerance: as tolerated** **Independent (up ad lib) yes** **Needs assistance with equipment no** **Needs support to stand and walk no**	normal and equal strength. The patient does not use an assistive device. She is independent and does activity as tolerated. She doesn't need assistance to stand or walk, she is not a fall risk and has a fall risk score of 16 due to her headaches causing dizziness.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moves all extremities well; the only limitation is bending her right elbow due to the IV. PERRLA is intact. Patient has equal strength in hand pushes and pulls, and pedal pushing and pulling. Patient is alert and oriented to self, date of birth, location, and reason for admission. Patient is able to think and speak clearly. LOC- Patient is alert, aware of surroundings, and able to converse well.
PSYCHOSOCIAL/CULTURAL:	The patient has coping methods, including

Coping method(s): **Developmental level: Formal operational** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	gardening, exercising, and going on walks. She is a Christian, and her faith is very important to her. She has "a wonderful" support system at home with her husband and daughter. As well as her mother's family. Her developmental level is formal operational**.**

Discharge Planning

Discharge location: The patient is to be discharged home with her husband.

Home health needs: Patient should keep a migraine journal with descriptive entries of when migraines occur.

Equipment needs: No additional equipment is needed.

Follow up plan: Follow up with your primary care provider within 7 days of discharge. Come back to the hospital if the migraines continue. Keep a descriptive migraine journal.

Education needs: Treat migraines with Tylenol as needed, try non-medical methods as discussed today. Such as lying down in a dark and quiet room, cold compress to your forehead, deep breathing, meditation, and reducing stress levels.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome	Interventions	Evaluation of

• 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	• Explain why the nursing diagnosis was chosen	**Goal (1 per dx)**	**(2 per goal)**	**interventions**
1. Acute pain related to migraine activity as evidenced by a verbal report of a headache (Phelps, 2020).	This rationale was chosen because her pain was the number one reason she came to the hospital.	The patient will help develop a plan for pain control (Phelps, 2020).	1. Use a pain scale when assessing pain (Phelps, 2020). 2. When possible, allow the patient to	1. The patient's pain rating is documented (using a scale of 1-10) before administering medications and 30 to 45 minutes

			use alternative pain treatments (Phelps, 2020).	afterward (Phelps, 2020). 2. Patient states satisfaction with pain management regimen (Phelps, 2020).
2. Insomnia related to physical discomfort, as evidenced by acute pain and taking melatonin.	My patient looked exhausted, especially when her headache was progressing.	Patient will express feeling of being well rested (Phelps, 2020).	**1.** Ask the patient to keep a sleep log describing disturbances and their impact on daily functioning (Phelps, 2020). **2.** Create a quite environment conductive to sleep (Phelps, 2020).	Patient will identify factors that are preventing or disrupting sleep (Phelps, 2020).
3. Ineffective	Due to the	Patient	**1.** Identify and	Patient demonstrates

coping related to pain as evidenced by insufficient problem resolution.	recurring pain and not being able to find a solution to help better control the pain.	will be actively involved with planning her own care (Phelps, 2020).	reduce unnecessary stimuli in the environment (Phelps, 2020). **2.** Negotiate with the patient to develop learning goals (Phelps, 2020).	ability to cope with unexpected change (Phelps, 2020).

Nursing Process Prioritization	**Rationale**
1. Acute pain related to migraine activity as evidenced by a verbal report of a headache (Phelps, 2020).	My main goal as a nurse is to get pain manageable and a plan set in place to keep it from getting out of control again.
2. Insomnia related to physical	Second, if the pain is unmanaged, it's harder

discomfort, as evidenced by acute pain and taking melatonin.	to fall asleep and stay asleep. Which can lead to other problems such as not getting the rest your body needs to stay healthy, you'll get sick easier and stay sick longer, and possibly mood swings.
2. Ineffective coping related to pain as evidenced by insufficient problem resolution.	Third, once we get the pain under control and some much-needed rest, then we can focus on ways that will hopefully help with living with this illness. There are many different medicinal and non-pharmacologic ways that once the patient gets to a healthier place then we can go about how to do long term pain management.

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