N311 Care Plan 1

Alaska Anacker

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

September 11th, 2025

Demographics

Date of Admission 09/07/2025	Client Initials M.J.S.	Age 92	Biological Gender F
Race/Ethnicity White	Occupation Unemployed	Marital Status Married	Allergies N/A
Code Status DNR	Height 5’0 (152.4 cm)	Weight 38.6 kg (85lbs)	

Medical History

Past Medical History: Lung cancer (HCC), hyperlipidemia, depression, coronary artery disease, bronchitis (acute), arrhythmia.

Past Surgical History: Left lung cancer surgery, exploratory of abdomen, PR colonoscopy flx with endoscopic mucosal resection.

Family History: Mother (deceased) stroke, father (deceased) cancer, daughter (alive), son (alive).

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Former cigarette smoker, quit tobacco use in 1968, never used smokeless tobacco, no drug use, 1.2oz – 3.6oz per week of alcohol consumption.

Education: N/A

Living Situation: Patient lives in a 2-story house with husband. The home contains 10 stairs.

Assistive devices: Patient uses a chair lift and a walker.

Admission Assessment

Chief Complaint: Markedly elevated troponin

History of Present Illness (HPI)– OLD CARTS: Client has a history of recurring falls. The patient fell off the bed and onto the floor before admission. A small bruise appeared above her left eyebrow. Patient is nonverbal, has no complaints of pain, and gives no cues of pain. Labs found elevated troponin. Troponin was marked at 400 & went up to 1,140. Evidence of T1 and T2 fractures; the family stated it is from a previous fall. A CT scan was performed, and it was unremarkable for acute insult.

Primary Diagnosis

Primary Diagnosis on Admission: Elevated troponin

Secondary Diagnosis (if applicable): Non-ST elevated myocardial infarction (NSTEMI)

Pathophysiology

Pathophysiology of the Disease, APA format:

When high levels of troponin are found in the body, it is due to myocardial infarction (MI). Myocardial infarction causes the heart cells to die and open up (Capriotti, 2024). When ischemia happens, the oxygen supply is reduced, resulting in cell death. This leads to an inflammatory response, which has an effect on the myocardium, leading to a troponin release. After troponin leaks out into the bloodstream, the lab can analyze the patient's blood draw for cardiac proteins to see their troponin levels. If they are high in cardiac troponin I (cTnI) or cardiac troponin T (cTnT), we know that the heart is damaged (Capriotti, 2024). Troponin levels can spike as soon as 2 hours after a myocardial infarction. Levels of cardiac troponin I can remain high for 7-10 days, and levels of cardiac troponin T can remain high up to 14 days after myocardial damage. (Kathleen Deska Pagana et al., 2025). High-sensitivity troponin assay tests are used to find tiny amounts of

myocardial injury in the blood quickly, sometimes in 90 minutes. Physicians use it to see if somebody is having a heart attack, and they can check the blood more than once to see if their levels go up. This helps them know if it is a real heart problem or not. (Kathleen Deska Pagana et al., 2025).

In conclusion, troponin is a major catalyst for identifying and monitoring myocardial infarction. Both high-sensitivity and sensitive assays give the information needed for the timing and severity of the cardiac injury. This allows physicians to respond quickly and effectively to suspected heart attacks. Typical signs/symptoms of myocardial infarction can include chest pain, shortness of breath, and nausea, but due to the patient being nonverbal with severe dementia, there were no observable signs or symptoms.

Pathophysiology References (2) (APA):

References

Capriotti, T. M. (2024). ***Pathophysiology: Introductory Concepts and Clinical Perspectives.*** **(3rd ed.). F.A. Davis.**

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2025). ***Mosby's diagnostic and laboratory test reference*** **(17th ed.). Elsevier.**

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
0700	109	136/85	18	98.2 F	96%	Room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Patient is nonverbal and shows no visible cues of pain.