N311 Care Plan 2

Cheyenne Wilken

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
9-17-2025	RH	62 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed since 2022	Single	No known allergies
Code Status	**Height**	**Weight**	
Full	180.3 cm	286 lbs. 9.6oz	

Medical History

Past Medical History:

- Cardiomyopathy
- Congestive heart failure (CHF)
- Diabetic acidosis Type II (HCC)
- Hypertension
- Stroke (Cerebrum) (HCC)

Past Surgical History:

- Four stints placed in the right carotid artery
- Two stints placed in the heart
- One stint placed in the brain
- Gallbladder removed
- Tumor removed from the bladder

Family History:

- Grandmother had heart problems
- Father had heart problems
- Brother was a type II diabetic

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

No use of tobacco, smokeless tobacco, vaping, alcohol or drugs.

Education:

- High school diploma
- Degree in Network engineering

Living Situation:

Patient lives with his sister and brother in-law in Tilton IL

Assistive devices:

No assistive devices used

Admission Assessment

Chief Complaint: Right upper extremity numbness

History of Present Illness (HPI) – OLD CARTS:

Patient presented to the emergency department with right shoulder numbness. This had started at four pm on 09/17/25 and was still present as of 09/18/25. Patient stated that the numbness started in he right upper arm and went up his neck and radiated down to his fingers. There were no aggravating factors and no relieving factors. Patient did not do any treatment at home to help with it. On a scale of 0 to 10 for pain patient stated there was no pain at all.

Primary Diagnosis

Primary Diagnosis on Admission: Cerebrovascular Accident (CVA)

Secondary Diagnosis (if applicable): No secondary diagnosis stated

Pathophysiology

Pathophysiology of the Disease, APA format:

Cerebrovascular accident (CVA) is a condition that causes brain damage. According to Capriotti “A stroke is a specific type of brain injury caused by ischemia of brain tissue or hemorrhage of a cerebral blood vessel.” (2024) There are different kinds of strokes, which are called Ischemic stroke, hemorrhagic stroke and transient ischemic attack (TIA). Ischemic stroke is when either a thrombus or embolus lodges into a cerebral artery which then blocks the blood flow to the brain tissue. (Capriotti, 2024) The next one is called hemorrhagic stroke which is when a cerebral artery ruptures or hemorrhages. This then leads to compression and toxicity of the brain cells and blood flow. (Capriotti, 2024) Then there is TIA which is often referred to as a “mini stroke”. This is when there is a disruption of cerebral circulation and there are neurological deficits that can be reversible and last for 24 hours. (Capriotti,2024) When it comes to strokes the ischemic stroke and a TIA are similar, but a TIA is reversible and resolves. There are approximately 50,000 Americans every year that experience a TIA and without treatment about 50% of them will have a stroke the next year. (Capriotti, 2024) There are many risk factors when it comes to strokes which include Hypertension, Tabacco use, excessive use of alcohol and obesity. (Capriotti, 2024)

My 62-year-old male patient was experiencing right upper extremity numbness. When he came into the emergency department the numbness had started that day at about four pm. The patient has had a stroke in the past. According to Phelps “Assess patients LOC and changes in behavior.” (Phelps, 2023) Due to the patient’s history of having a stroke they are going to want to rule out that he was not having another one because of the symptoms that he presented with. Some symptoms of a stroke could be motor neurological deficits, sensory, motor and speech deficits are also symptoms that can be cause by strokes. (Capriotti, 2024)

Pathophysiology References (2) (APA):

Phelps, L. L. (2023b). *Nursing diagnosis reference manual*. Wolters Kluwer.

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0740 am	72 bpm	128/78	18 RR	97.4 °F	97%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1010 am	0-10	N/A	N/A	N/A	N/A

Intake and Output

Intake (in mL)	Output (in mL)
Breakfast	Urination x2

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis	Rationale • Explain why the	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family

with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client	nursing diagnosis was chosen			respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Powerlessness related to anxiety due to health and fear of further strokes as evidenced by patients fear of experiencing the loss of control over his body again.	Chosen because the patient expressed the fear of experiencing a stroke again and how he never wanted to feel like that again. This fear could lead to feelings of powerlessness because the patient could feel like he is	**1.** Accept the patient’s feelings of powerlessness as normal. **2.** Help the patient learn about the health condition, treatment and prognosis.	**1.** Patient will talk about and acknowledge his feelings of fear and concerns about his current health situation.	Patient talks about his positive and negative feelings about current situation.

	unable to control or prevent it from happening again.			
2. Interrupted family processes related to shift in family roles as evidenced by patient's sister and brother in-law taking on caregiving responsibilities leading to role confusion and stress.	Chosen because patient now lives with sister and brother in-law and is unemployed because of previous stroke.	**1.** When it is possible give privacy to patient and family members for their discussions and conferences. **2.** Encourage family to look at their communication patterns.	**1.** Family members will communicate directly, honestly, consistently and clearly.	Family will identify problems and work together to solve them with communication.

Other References (APA):