N321 CARE PLAN 1

Hadley Jones

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

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Demographics

Date of Admission 09/11/2025	Client Initials J.H.	Age 68	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired police officer	Marital Status Married	Allergies Colchicine; patient encounters hives
Code Status Full	Height 6'1	Weight 225 pounds	

Medical History

Past Medical History: The patient stated that they have a history of congestive heart failure (CHF), COVID-19, diverticulosis, chronic obstructive pulmonary disease (COPD), elevated cholesterol, gout, and heart valve regurgitation. The patient also has hypertension, kidney cysts, knee pain, sleep apnea, stroke, and chest pain at rest. Adding on, bipolar disorder, anxiety, early dementia, Attention-deficit/hyperactivity disorder (ADHD), and Transient Ischemic Attack (TIA).

Past Surgical History: The patient underwent both a left and a right cardiac catheterization and a colonoscopy, followed by a colon resection surgery. The client also had bilateral knee surgery, followed by a total left knee arthroplasty, nose surgery, and an upper gastrointestinal endoscopy.

Family History: The patient stated that his family history consists of congestive heart failure and heart attacks in both his mother and father, diabetes in his sister, and cancer in his father.

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

The patient states that they do not use tobacco products, even smokeless, but does occasionally drink alcohol, more specifically beer, about 4 cans a week, depending on plans with family.

Education: The patient verbally stated that they graduated from high school and college and obtained their PhD from Northwestern.

Living Situation: The patient lives with his wife and granddaughter in their house outside of Danville.

Assistive devices: This patient ambulates occasionally with a walker but uses glasses daily.

Admission History

Chief Complaint: Extremity weakness

History of Present Illness (HPI)– OLD CARTS: The patient began an onset of pain last Thursday, 09/18/2025, around 10:00 AM. The location of pain was on the patient's left side, expanding from his arm down to his legs. The client came to the hospital immediately after and described characteristics as weak and aching. An aggravating factor was the client trying to move, and they did not take any steps at home to alleviate or treat their complaint. The client rated the severity a 6 on a scale from 0-10 and later stated a rating of 3.

Admission Diagnosis

Primary Diagnosis: Acute cerebrovascular accident (CVA)

Secondary Diagnosis (if applicable): This patient did not have a secondary diagnosis during their stay.

Pathophysiology

A cerebrovascular accident (CVA) can be defined as a stroke, or a neurological condition in which blood arteries are blocked. Blood vessels burst and arteries get clogged because of clots that develop in the brain, stopping blood flow and resulting in hemorrhagic, or blood vessels in the brain getting blocked, resulting in an ischemic stroke (Kariakose & Xiao, 2020). These are the two main types of strokes. Another way the two strokes can be distinguished is that hemorrhagic strokes are brought on by bleeding or leaking blood vessels, whereas an ischemic stroke is caused by insufficient blood and oxygen reaching the brain (Kariakose & Xiao, 2020). When the arteries supplying the brain burst during a stroke, brain cells abruptly die from a shortage of oxygen, and deficits like dementia and depression can result after a stroke (Kariakose & Xiao, 2020). Two internal carotid arteries in the front and two vertebral arteries in the back (the circle of Willis) control blood flow to the brain (Kariakose & Xiao, 2020). In the brain, ischemic occlusion causes thrombotic and embolic situations, and in this patient's case, it can be said that they encountered the symptoms of this kind of stroke. These symptoms included left-sided extremity weakness, severe headache, and confusion from the patient. Alcohol and drug abuse can also add to the risk for stroke, and it is said to be higher if the male intakes more than two drinks a day (Kariakose & Xiao, 2020). In this case, the patient states that they only drink occasionally, and not more than two drinks daily. Atherosclerosis-induced arterial constriction impairs blood flow in thrombosis, and plaque accumulation will ultimately cause the vascular chamber to narrow and clot, leading to thrombotic stroke, another category of ischemic stroke (Kariakose & Xiao, 2020). An embolism is caused by reduced blood supply to the brain area in an embolic stroke; this results in extreme stress and necrosis (Kariakose & Xiao, 2020). Following necrosis, the plasma membrane is disrupted, organelles enlarge and spill their contents into the extracellular space, and neurons stop working (Kariakose & Xiao, 2020). Inflammation,

energy failure, loss of homeostasis, acidosis, blood–brain barrier impairment, and oxidative stress are factors as well (Kariakose & Xiao, 2020).

The internal carotid and middle cerebral arteries are the arterial vessels most frequently implicated in ischemic stroke (Capriotti, 2024). Since the middle cerebral artery provides the brain with over 80% of its blood supply, it is a cerebral artery that is frequently impacted by stroke (Capriotti, 2024). This artery provides blood to the speech center as well as the sensory and motor cortex in both hemispheres of the brain (Capriotti, 2024). Speech, motor, and sensory impairments were frequently the result of left hemisphere strokes, and the client's indications and symptoms were determined as sensory and motor problems (Capriotti, 2024). Computerized Tomography (CT), Transcranial Doppler, Magnetic Resonance Angiography (MRA), and the National Institutes of Health Stroke Scale (NIHSS) are examples of lab tests (Capriotti, 2024). In addition to the NIHSS stroke scale, the patient had many CT scans, along with MRIs. For treatment, it is crucial to diagnose the type of stroke that is happening as soon as possible (Capriotti, 2024). Stabilization is the first step in therapy to stop more brain damage, and a CT scan should be done as soon as the patient arrives at the hospital (Capriotti, 2024). Stabilizing blood pressure and heart rhythm, as well as maintaining a patent airway, are crucial, along with blood glucose control and body temperature management (Capriotti, 2024). Patients may be treated with aspirin to reduce pain, platelet aggregation, and clot formation (Capriotti, 2024), which was used for this patient.

Pathophysiology References (2) (APA):

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

Kuriakose, D., & Xiao, Z. (2020, October 15). *Pathophysiology and treatment of stroke: Present status and future perspectives*. International journal of molecular sciences. https://pmc.ncbi.nlm.nih.gov/articles/PMC7589849/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	**134**	**129**	**136-145 mmol/L**	**Noting that this client had symptoms of an ischemic stroke, it can be said that their downwards trend of sodium is due to the ADH (SIADH) secretion which caused water retention after the brain injury (Pagana et al., 2021).**
Glucose	**172**	**95**	**70-99 mg/dL**	**This downwards trend of glucose may be due to the patient's acute stress response from the cortisol and glucagon released after the stroke on admission and then**

				went back to normal after he was calmed down (Pagana et al., 2021).
RBC	**4.38**	**4.38**	**4.40-5.80 10(6) mcL**	**The decreased RBC count for this patient remained stable throughout his visit, therefore, can be determined as his baseline and normal value.**
Glucose bedside POCT	**160**	**N/A**	**70-90 mg/dL**	**The increased glucose POCT on admission may be due to the patient's acute illness response from the ischemic stroke, due to the metabolic changes it can cause to blood glucose (Pagana et al., 2021).**
Neutrophils	**4.20**	**5.90**	**1.40-5.30 10(3) mcL**	**The upwards trend of neutrophils may be due**

				to the patient's body using neutrophils as its immune response after the stroke (Pagana et al., 2021).

Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and condition
CT Stroke Head Without Contrast: The cranial contents and soft tissues of the skull can be examined with a CT scan. Compared to other diagnostic procedures, a CT scan of the head is more readily available in emergency settings, which benefited this patient coming in with stroke symptoms (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**The findings indicated no acute intracranial abnormalities. These results show that there are no complications in the brain that could be done by blockage.**
CTA Stroke Head and Neck: With this scan, a 3D map of the head and neck can be shown to view if there are any abnormalities, blockages, blood	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**The findings pertaining to the head revealed substantial localized stenosis of the vertebral artery**

clots, etc. ranging from the skull to the tissues and orangs in the neck (Pagana et al., 2021).		**proximal V4 segment, but no intracranial arterial big vessel blockage. This shows notable constriction in the vertebral artery immediately before it connects to the basilar artery inside the skull and restricts blood flow to the back of the brain, raising the risk of stroke pertaining to this patient (Burle et al., 2022). The neck findings revealed many dental cavities but no flow-limiting stenosis, occlusion, or dissection of the cervical carotid or vertebral arteries.**

CT Head or Brain Without Contrast: This is a quick test done to show any bleeding in the brain or any abnormalities involving sizes and shapes (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**This test showed negative results of a brain hemorrhage, and no changes to the head as previous CT scan. This confirms that the client did not have hemorrhagic bleeding.**
MRI Brain Without Contrast: The brain can accurately detect abnormal neoplasms using an MRI (Pagana et al., 2021). Additionally, it may detect vascular diseases including hemorrhagic and ischemic stroke, and it can reveal damage like hematomas and detect infections (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**This test showed no other changes from the previous CT scans, with a stable flare of the left temporal lobe compared to previous MRI done on 7/27/2023. This results in the client having a stable condition of the brain.**
CT Stroke Head Without	**The patient experienced**	**No other changes**

Contrast: The cranial contents and soft tissues of the skull can be examined with a CT scan. Compared to other diagnostic procedures, a CT scan of the head is more readily available in emergency settings, which benefited this patient coming in with stroke symptoms (Pagana et al., 2021).	**headaches, neurological deficit, and extremity weakness.**	**from previous CT scans were noted.**
CTA Stroke Head and Neck: With this scan, a 3D map of the head and neck can be shown to view if there are any abnormalities, blockages, blood clots, etc. ranging from the skull to the tissues and orangs in the neck (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**No changes from previous CTA scan of the head. Results from the neck included moderate lingual tonsil prominence, due to scan showing soft tissue structures including the tonsils, which in this patient's case, may not be dangerous or**

		correlated to their complaint (Pagana et al., 2021).
MRI Brain Without Contrast: The brain can accurately detect abnormal neoplasms using an MRI (Pagana et al., 2021). Additionally, it may detect vascular diseases including hemorrhagic and ischemic stroke, and it can reveal damage like hematomas and detect infections (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**No changes were noted from previous MRI.**
MRI C-Spine Without Contrast: Used to evaluate the structure and alignment of the spine, the bones, discs, ligaments, or spinal cord, as well as any tumors, inflammation, or infections of the soft tissues around the spinal cord (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**Cervical: mild to severe neuroforaminal stenosis, multi-level degenerative alterations of the cervical spine, and no significant spinal canal stenosis. The thoracic and lumbar**

		spine also showed multi-level degenerative changes, but no changes were noted from the cervical results. The wear down of the patient's spine can be due to the client's age (Capriotti, 2024).
MRI T-Spine Without Contrast: Test that views the thoracic spine and evaluates the structure and alignment of the spine, the bones, discs, ligaments, or spinal cord, as well as any tumors, inflammation, or infections of the soft tissues around the spinal cord (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**No changes were noted from previous MRI C-Spine data.**
MRI L-Spine Without Contrast: Test that views the lumbar spine and evaluates the structure and	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**No changes were noted from previous MRI C-Spine data.**

alignment of the spine, the bones, discs, ligaments, or spinal cord, as well as any tumors, inflammation, or infections of the soft tissues around the spinal cord (Pagana et al., 2021).		
CT Head or Brain Without Contrast: This is a quick test done to show any bleeding in the brain or any abnormalities involving sizes and shapes (Pagana et al., 2021).	**The patient experienced headaches, neurological deficit, and extremity weakness.**	**No changes from previous CT Head or Brain Without Contrast scan.**

Diagnostic Test Reference (1) (APA):

Burle, V. S., Panjwani, A., Mandalaneni, K., Kollu, S., & Gorantla, V. R. (2022, August 16). *Vertebral artery stenosis: A narrative review*. Cureus. https://pmc.ncbi.nlm.nih.gov/articles/PMC9477552/

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

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

Active Orders

Active Orders	Rationale
Phosphorus (PO4)	**To monitor for the importance of energy production and nerve and muscle function (Capriotti, 2024). The patient had weakened left-sided muscle strength and confusion.**
MDI Treatment Rt-Initial	**Inhaler therapy due to asthma and COPD within client.**
Up in chair 2x daily	**The patient needs to ambulate in order to prevent skin breakdown and any other complications.**
POCT Glucose	**The patient received bedside glucose monitoring once during their stay to gather a baseline.**
Insert-Maintain peripheral IV, Saline Lock IV, Thrombolytic infusion	**The patient received a peripheral saline lock IV to receive fluids and medication. The IV must stay maintained in order to prevent infection or complications.**
Vital signs per unit routine, Measure BP	**Patient received a set of vitals per routine to make sure no abnormalities or stroke complications show.**
Pulse Oximetry, spot, Oxygen Therapy	**It was important to monitor the patient's oxygen due to the asthma and COPD history,**

	and to assess if they need oxygen administered.
Notify physician (specify), When PTA medication review complete	**It is important to notify the Physician to maintain medication safety and monitor the patient's bradycardia (<50 pulse), SPO2 <90, and blood pressure of systolic <85, >105, and diastolic <50. If there is any new or worsening pain like a worsened mental status, new headache, or edema, notify the physician.**
CBC with Diff	**To monitor blood count levels along with platelet levels (Pagana et al., 2021).**
Comprehensive Metabolic Panel (CMP)	**To show electrolytes, glucose level, and kidney and liver function of the patient (Pagana et al., 2021).**
Admission weight	**Baseline weight to confirm patient's diet and fluid categories.**
Intake/Output	**The patient's intake and output are monitored to check for balance and no abnormalities.**
Elevate HOB	**To improve the patient's breathing.**
PT evaluate and treat; OT evaluate and treat	**Due to the patients weakened mobility, they needed to be evaluated for rehab.**
IP Consult to Case Management	**The patient's discharge planning and home health equipment if needed.**
CPR Full Treatment	**The patient's code status in case of emergency.**

ADULT DIET. Diet type: General	**The patient received a standard diet since there were no restrictions.**
Urinalysis reflex if indicated by abnormal results	**To check the patient to make sure they do not have a UTI or other issues when urinating.**
Place Sequential Compression Device (HUC orders equipment)	**To prevent blood clots and DVT within the patient's legs.**
ED-Admit to inpatient	**To assess the patient's current needs in form of medication and care all around.**
Strict Bedside	**To be monitoring for symptoms related to stroke and safety.**
Cardiac monitoring	**To evaluate patient for irregular rhythm that could alter their status. This is important since the patient has bradycardia.**
NIH Stroke Scale	**To review the severity of patient's stroke.**
EKG 12 Lead	**To determine the patient's baseline rhythm (Pagana et al., 2021).**
RN Aspiration Risk Tool Screening	**To assess and evaluate the patient's risk for aspiration when eating or drinking.**
BMP with Calcium Total	**To focus on the patient's electrolyte levels (Pagana et al., 2021).**
APTT (PTT)	**To monitor the patient's coagulation status (Pagana et al., 2021).**
PT	**To monitor the patient's coagulation status (Pagana et al., 2021).**
CBC with Auto Differential	**To determine WBC count quickly (Pagana et al., 2021).**
Up with Assistance	**For the patient's safety in case, they are unstable, but still important to get up and move.**

Hospital Medications (Must List ALL)

Brand/ Generic	**Norvasc/ amlodipine**	**Nuvigil/ armodafinil**	**Aspirin/ acetylsalicylic acid**	**Lipitor/ atorvastatin**	**Coreg/ carvedilol**	**Aricept/ donepezil**
Dose, frequency, route	**5mg tablet, once daily, oral**	**150mg tablet, every morning, oral**	**81mg chewable tablet, once daily, oral**	**40mg tablet, once at night, oral**	**25mg tablet, BID, oral**	**10mg tablet, once nightly, oral**
Classification (Pharmacolog	**Pharmacological: Calcium channel**	**Pharmacologic al: Analeptic**	**Pharmacological: Salicylate**	**Pharmacologi cal: HMG-**	**Pharmacol ogical:**	**Pharmacol ogical:**

ical and therapeutic and action of the drug	**blocker Therapeutic: Antihypertensive Action: Enhances oxygen flow to the heart and lowers blood pressure by preventing calcium from entering vascular smooth muscle.**	**modafinil derivative Therapeutic: CNS stimulant Action: increases alertness and decreases tiredness and exhaustion by binding to the brain's dopamine transporter and blocking dopamine reuptake in limbic areas.**	**Therapeutic: NSAID Action: Aspirin can produce local vasodilation along with discomfort and edema by inhibiting the activity of cyclooxygenase, an enzyme required for prostaglandin production. By preventing the synthesis of thromboxane A2 and a chemical that mimics platelet aggregation, aspirin prevents platelet aggregation.**	**CoA reductase inhibitor Therapeutic: Antihyperlipidemic Action: Increases the number of LDL receptors on liver cells to enhance LDL absorption and breakdown and inhibits HMG-CoA reductase and cholesterol synthesis in the liver to lower plasma cholesterol and lipoprotein levels.**	**Nonselective beta-blocker and alpha-1 blocker Therapeutic: Antihypertensive, heart failure treatment adjunct Action: lowers peripheral vascular resistance, lowers cardiac output, and induces vasodilation, all of which lower blood pressure and cardiac strain.**	**Acetylcholinesterase Therapeutic: Antidementia Action: increases the quantity of acetylcholine at cholinergic synapses and reversibly inhibits acetylcholinesterase. Cognitive function may be enhanced by increasing acetylcholine levels in the cerebral cortex.**
Reason Client Taking	**The client just had a stroke, so supporting blood pressure management can help prevent the risk of another stroke.**	**The client has a past medical history of ADHD and anxiety, and this can help increase alertness.**	**The client is taking this drug for stroke prevention, since it blocks platelets and makes them less sticky.**	**The client is taking this drug because it can act as a stroke preventor. It reduces the risk of another ischemic stroke by reducing plaque and clot build up.**	**The client is taking this drug because it controls blood pressure and enhances cardiac function.**	**The client is taking this drug because of their onset dementia.**

Two contraindications (pertinent to the client)	**1. Severe aortic stenosis 2. Cardiogenic shock**	**1. Mental health disorders 2. Hypertension**	**1. Increased risk of bleeding 2. Aspirin-induced asthma**	**1. Alcohol use 2. Renal impairment**	**1.Bradycardia 2. Asthma**	**1.COPD 2. Bradycardia**
Two side effects or adverse effects (Pertinent to the client)	**1. Headache 2. Palpitations**	**1. Depression 2. Headaches, severe and throbbing**	**1. Shortened lifespan of RBCs 2. Confusion**	**1. Headache 2. Myalgia**	**1. Weakness 2. Dry eyes if wearing contacts**	**1. Headache 2. Frequent urination**
Key nursing assessment(s) prior to administration	**1. Assess blood pressure and pulse of the client before administering. 2. Assess neurological status of the client before administering.**	**1. Assess history of arrythmias before administering. 2. Assess mental status before administering, as this drug can worsen symptoms.**	**1. Assess and check for signs of bleeding before administering. 2. Review platelets count labs before administering.**	**1. Assess baseline muscle weakness before administering. 2. Review AST, ALT, and bilirubin labs, and ask about alcohol use.**	**1. Assess blood pressure and pulse of the client before administering. 2. Assess patient's respirator status before administering.**	**1. Assess heart rate and rhythm before administering. 2. Assess mental status before administering.**

Brand/ Generic	**Microzide/ hydrochlorothiazide**	**Synthroid/ levothyroxine**	**Cozaar/ lorsartan**	**Namenda/ memantine**	**Asmanex HFA/ mometasone**	**Singulair/ montelukast**
Dose, frequency, route	**12.5mg tablet, once daily, oral**	**88mcg tablet, once daily, oral**	**25mg tablet, once daily, oral**	**10mg tablet, once daily, oral**	**200MCG/ ACT inhaler, 2 puff, BID, inhalation**	**10mg tablet, once daily, oral**
Classification (Pharmacological and therape	**Pharmacological: Thiazide diuretic Therapeutic: Diuretic Action: HCTZ is a**	**Pharmacological: Synthetic thyroxine (T4) Therapeutic: Thyroid**	**Pharmacological: Angiotensin II receptor blocker (ARB) Therapeutic: Antihypertensive**	**Pharmacological: NMDA receptor antagonist Therapeutic: Antidementia agent**	**Pharmacological: Glucocorticoid Therapeutic: Anti-**	**Pharmacological: Leukotriene receptor Therapeutic:**

utic and action of the drug	**thiazide diuretic, or water pill that is used to treat edema, or fluid retention, in patients with renal disease, liver cirrhosis, congestive heart failure, or edema brought on by estrogen or steroids. Additionally, HCTZ is used to treat hypertension, or elevated blood pressure. Blood pressure decline can be explained by a decrease in cardiac output, extracellular fluid volume, or plasma volume.**	**hormone Action: Regulates protein synthesis, DNA transcription, and the replacement of endogenous thyroid hormone. It raises energy expenditure, speeds up cellular oxidation, controls stem cell differentiation and proliferation, and facilitates nerve myelination.**	**Action: Prevents angiotensin II from attaching to receptor sites in a variety of tissues, such as the vascular smooth muscle and adrenal glands. Blood pressure is lowered by angiotensin II's inhibitory actions.**	**Action: Protects brain cells and aids in memory and thought processes by blocking the excitor amino acid glutamate on N-methyl-D-aspartate (NMDA) receptor cells in the central nervous system (CNS). This is significant since glutamate levels are unusually high during both active and resting brain cells.**	**inflammatory Action: Reduces inflammatory cell influx into nasal airways, which may reduce nasal inflammation by inhibiting the function of cells and mediators involved in the inflammatory response. It helps in lowering the lungs' inflammatory response to aid in the alleviation of asthma symptoms.**	**Antiallergen, antiasthmatic Action: When cysteinyl leukotrienes attach to receptors in bronchial airways, they increase the permeability of endothelium membranes, causing smooth muscle contraction, airway edema, altered cell activity, and the inflammatory process associated with asthma. Reducing these effects helps with respiratory and nasal problems, and help to improve breathing, lessen inflammation in the**

						airways caused by allergies, and avoid asthma episodes.
Reason Client Taking	**The client is taking this drug because they have hypertension.**	**The client is taking this drug to stabilize their thyroid hormone levels and reduce risks for cardiovascular complications.**	**The client is taking this drug to manage their hypertension, and this drug can protect their heart and kidneys.**	**The client is taking this drug to help with their onset dementia symptoms because it aids in memory and thought process.**	**The client is taking this drug to decrease the risk of an asthma attack and help with reducing inflammation in their airway which also benefits for their COPD.**	**The client is taking this drug because they have a history of asthma.**
Two contraindications (pertinent to the client)	**1.Alcohol use** **2.Athsma**	**1. Angina pectoris** **2. Tremors**	**1. Acute kidney injury** **2. Elderly patient**	**1. Alcohol use** **2. Heart failure**	**1. Eye problems** **2. Thyroid disorder**	**1. Neurological psychiatric disorders** **2. Cardiac complications**
Two side effects or adverse effects (Pertinent to the client)	**1.Muscle weakness** **2.Dysrthythmias**	**1. Headache** **2. Chest pain and tightness**	**1. Lightheadedness** **2. GI upset**	**1. Abnormal gait (high fall risk client)** **2. CVA**	**1. Headache** **2. Cough**	**1. Worsened anxiety** **2. Upper respiratory infection**
Key nursing assessment(s) prior to administration	**1.Assess that the client eats food before administering this drug, as it can cause GI upset.**	**1. Assess the clients blood pressure before administration.** **2. Assess client's history for angina and monitor the**	**1. Assess the client's blood pressure before administration.** **2.Assess serum potassium levels before administration.**	**1. Assess the client's fall risk and Braden score before administering to take the correct procedures when it comes to**	**1. Assess ABCs before administering this drug.** **2.Assess blood pressure and sugar before**	**1. Assess the patient's lung sounds, respiratory rate, and SPO2**

	2.Assess potassium levels before administering.	**chest pain before administration.**		**ambulating. 2.Assess the clients mental health status before administration, as this drug can worsen anxiety.**	**administration.**	**before administering. 2. Assess the patient's anxiety before administering this drug as it can increase and worsen. If their anxiety is high, consider giving a lower dosage.**
Brand/ Generic	**Trileptal/ oxcarbazepine**	**Protonix/ pantoprazole**	**Stiolto Respimat/ tiotropium-olodaterol**	**Paxil/ paroxetine**		
Dose, frequency, route	**150mg tablet, once daily, oral**	**40mg tablet, every morning before breakfast, oral**	**2 puffs, once daily, inhalation**	**40mg tablet, once, 1 dose, oral**		
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacological: Carboxamide derivative Therapeutic: anticonvulsant Action: Soothes the brain's nerves, blocking sodium from entering the cell that limits the transmission of nerve impulses and reduce the pace at which neurons fire,**	**Pharmacological: Proton pump inhibitor Therapeutic: Antiulcer Action: By blocking the hydrogen-potassium-adenosine triphosphatase enzyme system or protein pump in the gastric parietal cells, it**	**Pharmacological: Long-acting muscarinic antagonist (LAMA), Long-acting beta-2 adrenergic agonist (LABA) Therapeutic: Bronchodilator Action: Together, olodaterol and tiotropium maintain the airways open for**	**Pharmacological: Selective serotonin reuptake inhibitor (SSRI) Therapeutic: Antianxiety, antidepressant, antipanic, antiobsessional Action: By increasing serotonin activity in the central nervous system and preventing**		

	therefore reducing seizures and irregular nerve signaling.	**prevents the production of gastric acid, lessens acid-related discomfort, and promotes healing of the duodenum, stomach, or esophagus.**	**COPD maintenance by actively relaxing the airway muscles and preventing airway tightness.**	**serotonin absorption at presynaptic neuronal membranes, it has anti-anxiety, antidepressant, anti-obsessional, and anti-panic properties. It prolongs the action of serotonin, raises levels, and prevents its reuptake.**		
Reason Client Taking	**The client is taking this drug because it can act as a stabilizer in their mood related to their bipolar disorder and can aid in nerve pain.**	**The client is taking this drug because it helps and reduce their Gastroesophageal reflux disease (GERD).**	**The client is taking this drug as a treatment for their COPD. This drug lessens airflow restriction, wheeze, and dyspnea and aids in preventing flare-ups of COPD.**	**The client is taking this drug due to their anxiety to help improve mood, lessen tension and worriedness.**		
Two contraindications (pertinent to the client)	**1. Hyponatremia** **2. Renal impairment**	**1. Renal impairment** **2.Hypomagnesemia**	**1.Cardiovascular disease** **2.Paradoxical bronchospasm**	**1. Bipolar disorder; may trigger** **2.Increased risk of bleeding**		
Two side effects or adverse effects (Pertinent to the client)	**1.Abnormal gait (high fall risk client)** **2.Muscle weakness**	**1.Chest pain** **2.Anxiety**	**1.Cough** **2.Chest pain/tightness**	**1. Hyponatremia** **2.Parathesia**		
Key	**1.Assess**	**1.Asess the**	**1.Assess lung**	**1.Assess mental**		

nursing assessment(s) prior to administration	**neurological status 2.Assess serum sodium level**	**client's GI status before administering. 2.Assess and review liver function tests.**	**sounds, respiratory rate, and SPO2 before administering. 2.Assess heart rate and rhythm before administering.**	**health status before administration. 2.Assess baseline weight, as this drug can cause changes.**		
Brand/ Generic	**Tylenol/ acetaminophen**	**Proventil HFA, Ventolin HFA/ albuterol**	**Fioricet, Esgic/ butalbital 50- acetaminophen 325- caffeine 40mg**	**Tums/ calcium carbonate**	**Benedryl/ diphenhydramine**	**Apresoline/ hydralazine**
Dose, frequency, route	**650mg tablet, Q4H PRN, oral**	**2 puff inhaler, Q4H PRN, inhalation**	**50-325-40mg tablet, Q4H PRN, oral**	**1000mg tablet, Q8H PRN, oral chewable tablet**	**25mg, Q8H PRN, Intravenous**	**10mg, Q4H PRN, Intravenous**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacological: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic Action: Prevents prostaglandin synthesis and interferes with the peripheral nervous system's ability to generate pain impulses by inhibiting the cyclooxygenase enzyme.**	**Pharmacological: Beta2-adrenergenic agonist Therapeutic: Bronchodilator Action: The bronchial smooth muscle's B-adrenergic receptors are stimulated by albuterol. Breathing becomes easier during bronchospasm because of this activation, which relaxes the airway muscles and produces bronchodilation.**	**Pharmacological: Barbiturate, non-opioid analgesic/antipyretic, CNS stimulant Therapeutic: Analgesic Action: Reduces headache discomfort due to lowering inflammation, easing tense muscles, and adjusting blood flow to the brain.**	**Pharmacological: Calcium salts Therapeutic: Antacid Action: Tums reduce heartburn symptoms by instantly neutralizing stomach acid.**	**Pharmacological: Antihistamine Therapeutic: Antianaphylactic adjunct, antiemetic, antihistamine, sedative-hypnotic Action: Benadryl reduces allergy symptoms by blocking histamine receptors, but because it penetrates the brain, it also makes individuals drowsy.**	**Pharmacological: Vasodilator Therapeutics: Antihypertensive Action: By immediately relaxing arteries, hydralazine decreases blood pressure and facilitates the heart's ability to pump blood.**
Reason Client	**The client is taking this drug**	**This client is taking this drug**	**The client is taking this drug**	**The client is taking this drug**	**The client is taking this**	**The client is taking**

Taking	**for mild or severe pain whenever they need it with a gap of 4 hours between each administration. Client took this drug for his headache.**	**when needed due to his asthma and COPD complications.**	**when needed due to his severe headaches that are constant.**	**to reduce heartburn due to his GERD whenever he feels like he needs it with a gap of 8 hours between each administration.**	**drug to help with nausea and to reduce tremors when needed.**	**this drug to reduce his blood pressure when needed, which can reduce the risk of a secondary stroke.**
Two contraindications (pertinent to the client)	**1.Cardiovascular complications** **2.Liver disease**	**1.Arrhythmias** **2.Hypertension**	**1.Respiratory disease** **2.Liver impairment**	**1.Hypercalcemia** **2.Renal impairment**	**1.Liver disease** **2.Usuage of monoamine oxidase inhibitors (MAOIs)**	**1.Renal impairment** **2.Mitral valvular rheumatic heart disease**
Two side effects or adverse effects (Pertinent to the client)	**1.Liver toxicity** **2.Respiratory complications**	**1.Tremors** **2.Anxiety**	**1.Dependance/ tolerance** **2.Jitteriness**	**1.Arrhythmias** **2.Kidney stones**	**1.Confusion** **2.Headaches**	**1.Palpitations** **2.Headaches**
Key nursing assessment(s) prior to administration	**1.Assess and review liver tests such as AST, ALT, and bilirubin before administering.** **2.Assess the client's pain level before administering to monitor effectiveness.**	**1.Assess client's respiratory status before administering.** **2.Assess patient's cardiac status before administering.**	**1.Assess the client's pain for baseline information to monitor the effectiveness of the drug before administering.** **2. Assess a medication review before administering as some interactions can occur with other CNS depressants.**	**1.Assess renal function before administering.** **2. Assess a medication review before administering as some interactions can occur with levothyroxine, etc.**	**1.Assess mental status before administering.** **2.Assess blood pressure and heart rate before administering.**	**1.Assess the client's blood pressure before administering.** **2.Assess the client's cardiac status before administration.**

Brand/ Generic	**Toradol/ ketorolac**	**Melatonin/ circadian (sp)**	**Reglan/ metoclopramide**	**MiraLAX/ polyethylene glycol**	**Compazine/ prochlorperazine edisylate**	
Dose, frequency, route	**30mg, Q8H PRN, Intravenous**	**6mg tablet, once nightly PRN, oral**	**10mg, Q6H PRN, Intravenous**	**17g packet, BID PRN, oral**	**10mg injection, Q8H PRN, Intravenous**	
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacological: NSAID Therapeutic: Analgesic Action: Suppresses prostaglandin production, inhibits COX-1 and COX-2 enzymes, and lowers fever, inflammation, and discomfort.**	**Pharmacological: Chronobiotic Therapeutic: Antioxidant Action: Melatonin helps you fall asleep and maintain a regular sleep pattern by interacting with brain receptors (MT1, MT2) that regulate your body's circadian clock.**	**Pharmacological: Dopamine-2 receptor antagonist Therapeutic: Antiemetic, upper GI stimulant Action: Reglan increases intestinal movement to help clear food from the stomach and blocks dopamine in the brain to prevent nausea and vomiting.**	**Pharmacological: Osmotic laxative Therapeutic: Laxative Action: MiraLAX softens stool and eases constipation by drawing water into the intestines.**	**Pharmacological: Piperazine phenothiazine Therapeutic: Antiemetic Action: Compazine regulates nausea, vomiting, and occasionally anxiety or psychosis by inhibiting dopamine receptors in the brain.**	
Reason Client Taking	**The client is taking this drug when needed to help with moderate to severe pain.**	**The client is taking this drug whenever he needs it to level out his sleep schedule pleasantly.**	**The client is taking this to help aid his GERD.**	**The client is taking this drug as needed to help with defecating.**	**The client is taking this drug to help with his anxiety.**	
Two contraindications (pertinent to the client)	**1.Increased bleeding 2.Cardiovascular complications**	**1.Mental health complications 2.Increase risk of bleeding**	**1.GI complications 2.Tardive dyskinesia**	**1.Bowel obstruction 2.Renal impairment**	**1.CNS depression 2.Cardiovascular disease**	
Two side effects or	**1.Headache 2.Renal impairment**	**1.Headache 2.Mood changes**	**1.Bradycardia 2.Bronchospasm**	**1. Electrolyte imbalance 2.Cramping in**	**1.Tradive dyskinesia 2.Drowsiness**	

adverse effects (Pertinent to the client)				**abdomen**		
Key nursing assessment(s) prior to administration	**1. Assess the client's pain level before administering to monitor effectiveness.** **2.Assess the client's renal function before administration.**	**1.Assess neurological status before administering.** **2.Assess a medication review before administering as some interactions can occur with anticoagulants, or antihypertensives.**	**1. Assess the client's GI status to prevent any complications before administering.** **2. Assess a medication review before administering as some interactions can occur with CNS depressants or antipsychotics.**	**1.Assess the client's GI status to prevent any complications before administering.** **2.Assess the client is hydrated and check for imbalances before administering.**	**1.Assess the client's neurological status before administering.** **2. Assess a medication review before administering as some interactions can occur with other CNS depressants.**	

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Aspirin	**Antiplatelet treatment lowers the risk of myocardial infarction or recurrent stroke by preventing blood clots.**	**1.Increased risk of bleeding 2.Neurolgical complications; confusion**
2.Cozaar/ losartan	**By managing hypertension in stroke patients, it lessens afterload and guards against recurrent stroke.**	**1.Lightheadedness 2.GI upset**

3. Proventil HFA, Ventolin HFA/ albuterol	**Decreases wheezing and shortness of breath in individuals with respiratory impairment and improves oxygenation.**	**1.Worsen anxiety 2. Tremors**

Medications Reference (1) (APA)

2025 NDH: Nurse's Drug Handbook. Jones & Bartlett Learning.

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

Mayo Foundation for Medical Education and Research. (2025). *Butalbital, acetaminophen, and caffeine (oral route)*. Mayo Clinic. https://www.mayoclinic.org/drugs-supplements/butalbital-acetaminophen-and-caffeine-oral-route/description/drg-20075393

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Alert to person, place, situation, and time Orientation: Oriented to person, place, date, and birthdate Distress: No signs of acute distress Overall appearance: Well groomed Infection Control precautions: None Client Complaints or Concerns: None	**This patient was alert and oriented, well groomed, and no signs of acute distress. They were responsive and responded to verbal stimuli. The patient did not have any precautions for infection, and did not verbally state any complaints or concerns.**
VITAL SIGNS: Temp: 97.1 temporal Resp rate: 18 Pulse: 46 B/P: 124/67 left upper arm Oxygen: 95% Delivery Method: Room air	**Time: 0745 This patient's pulse rate was a 46, which is low. After notifying the nurse, I listened to their apical pulse and counted 52 beats in a minute. It was confirmed that this patient does have bradycardia.**
PAIN ASSESSMENT: Time: 0800	**The patient verbally stated that they were in no pain when given a pain scale from 0-10.**

Scale: 0-10 **Location: None** **Severity: 0** **Characteristics: None** **Interventions: None**	
IV ASSESSMENT: **Size of IV: N/A** **Location of IV: N/A** **Date on IV: N/A** **Patency of IV: N/A** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: N/A** **Fluid Type/Rate or Saline Lock: N/A**	**The patient did not have an IV during our assessment.**
INTEGUMENTARY: **Skin color: Normal for ethnicity** **Character: Moist and intact** **Temperature: All extremities warm** **Turgor: Less than 3 seconds** **Rashes: None** **Bruises: None** **Wounds: None** **Braden Score: 19** **Drains present: Y☐ N ☒** **Type: N/A**	**The patient's skin was well developed for their age, no rashes, lesions, bruises, etc. This patient's Braden Score was 19, which indicates a low risk for pressure injuries or skin breakdown. No drains were present.**
HEENT: **Head/Neck: Symmetrical and nontender** **Ears: Normal size, color, shape and no lesions or lumps noted. Hearing is intact.** **Eyes: Patient could not follow the pen light to assess EOMs.** **Nose: Septum is midline, moist, and pink. No bleeding or drainage noticed from bilateral nostrils.** **Teeth: Yellow, mouth and speech are intact.**	**Head and neck are symmetrical. Trachea is midline without deviation, carotid pulses bilaterally 2+ when palpated.** Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink. No drainage noted from eyes. Bilateral lids are moist and pink without drainage or lesions. PERLA intact bilaterally with pupil size being a 5, and EOMs are not intact bilaterally. **Detention did not look very healthy, but speech was intact, uvula is midline, mucous membranes moist and pink, no abnormalities noted.** **Patient's hard and soft palate are intact with no bleeding or drainage noticed within the mouth.**
CARDIOVASCULAR: **Heart sounds: Normal SR, just slow** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 2+ normal** **Capillary refill: Less than 3 seconds**	**Patient had no Afib rhythm, and no murmurs heard throughout, but confirmed bradycardia** **Pedal pulses normal, capillary refill less than 3 seconds bilaterally. No edema was inspected or palpated throughout bilaterally, 3+ pulses on extremities except the left lower leg,**

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☐ N ☒** **Location of Edema: N/A**	**diminished and 2+.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient did not use accessory muscles to breathe. Respirations were unlabored and had a regular pattern. Rhonchi heard posterior lower lobes bilaterally, all other lobes anterior and posterior clear.
GASTROINTESTINAL: **Diet at home: General** **Current Diet: General** **Is Client Tolerating Diet? Yes** **Height: 6'1** **Weight: 225 pounds** **Auscultation Bowel sounds: active** **Last BM: This morning (9/22)** **Palpation: Pain, Mass etc.: None** **Inspection: Well developed** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	Patient's bowel sounds were active in all 4 quadrants. After palpation, no masses or distention was noted. No incisions, scars, or bruising noted during inspection. Abdomen is soft and nontender in all 4 quadrants. **Patient verbally stated that their last bowel movement was the morning of 9/22/2025.**
GENITOURINARY: **Color: Yellow** **Character: Clear** **Quantity of urine: 6/7 times a day** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	**Patient verbally stated that they urinate 6 or 7 times a day, there is no pain when urinating, and it is a clear yellow color. The patient was independent, and the urine output was not being charted at the time of the assessment.**

Intake (in mLs) **660mLs** **Output (in mLs)** **Client states that he urinates 6 or 7 times daily, and has a bowel movement every day, if not every other.**	
MUSCULOSKELETAL: **Neurovascular status: All extremities were warm; nail beds were intact and pink with capillary refill being less than 3 seconds.** **ROM: left side weak** **Supportive devices: walker** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 98** **Activity/Mobility Status: Not equal** **Activity Tolerance: Normal** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	When ROM were assessed, the patient struggled to perform his left side extremities, due to the weakness of them. The patient had to pick up their left arm with the right arm, in order to get it to move. Left leg is slightly stronger than the left arm but still could not do ROM well for those two extremities. **Hand grips and pushes and pulls were not bilaterally equal, with the left side arm and leg being weaker. Pedal pushes and pulls equal bilaterally.** **This client is independent and claims he does not regularly use the walker but is at the moment due to the left sided weakness.**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒** **Orientation: Oriented to person, place, location, complaint** **Mental Status: Well for developmental age; onset dementia that has not altered daily living** **Speech: Well and clear for developmental age** **Sensory: reacts to light and sharp touch, but less on left side of face** **LOC: Alert; answers questions appropriately**	Client does not move all extremities well. Left side arm and leg has decreased strength. **Patient stated that the left side of his face made the light and sharp touches seem barely noticeable.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Spending time with family, going to their horse farm, and relaxing** **Developmental level: Well for age** **Religion & what it means to pt.:**	Patient states that religion is not a big deal but stated his religion. The patient stated that they loved their granddaughter, and they have a very close bond. The granddaughter brought in a stuffed giraffe animal and patient has taken it everywhere since his stay. The patient loves his

Christian **Personal/Family Data (Think about home environment, family structure, and available family support): Stable support system**	wife and his animals back home.

Discharge Planning

Discharge location: This patient stated that they were being discharged back to their home in their personal vehicle, accompanied by his wife and granddaughter.

Home health needs: The patient has everything needed to take care of himself; no home health is needed.

Equipment needs: The patient has everything needed to take care of himself, including his walker.

Follow up plan: The patient can come back in for regular check-ups to monitor for stroke symptoms, along with the onset of dementia. The patient was not admitted to physical therapy, so there is no plan for that.

Education needs: The patient needs to understand the importance of rest and relaxation when feeling ill. The patient stated that he is a busy guy and always likes to be doing something. At his age, putting so much stress on the body could be a factor in the symptoms that he is facing, and it is important to rest.

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

Nursing Diagnosis	**Rationale**	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was			

• Listed in order by priority – highest priority to lowest priority pertinent to this client	chosen			
1. Risk for Falls related to decreased left lower extremity strength as evidenced by headaches and confusion (Phelps, 2023).	**The patient came in with a headache, confusion, and extremity weakness.**	**The patient and their family will determine the elements that raise the risk of falling before the patient is discharged from the hospital.**	**1. Inform the patient's family about the need of safe lighting. When going outside, remind the patient to wear sunglasses (Phelps, 2023).** **2. Educate the patient and family on household safety including furniture, stairs, and rugs (Phelps, 2023).**	**The patient and their family can help make the required adjustments to encourage fall prevention by pointing out hazards in their surroundings.**
2. Impaired Physical Mobility related to decrease in muscle strength as evidenced by neuromuscular impairment (Phelps, 2023).	**The patient came with the complaint of left sided weakness due to probable ischemic stroke.**	**The patient will demonstrate improved strength of their left side within one week and follow up with their provider (Phelps,**	**1. The patient will perform ROM exercises to further strengthen their left side mobility every day, three times a day as tolerated (Phelps, 2023).** **2. Educate**	**The patient and family will confirm an understandin g of the different ROM exercises and the importance of documenting**

		2023).	**patient and family members in ROM exercises and encourage them to document any finding or complications after each time (Phelps, 2023).**	**the patient's progress.**
3. Self-Care deficit related to weakness as evidenced by acing extremity pain (Phelps, 2023).	**The client came with left sided weakness, and complaints of an aching pain radiating through arm.**	**Patient will have very few, if no complications while trying to take care of themselves (Phelps, 2023).**	**1. Encourage patient to verbalize emotions and concerns about self-care deficits beforehand for a smoother recovery (Phelps, 2023).** **2. Instruct patient and family members the education of the importance of self-care and voice concern for them to help (Phelps, 2023).**	**The patient and family will understand the importance of self-care and demonstrate an understanding of the benefits of helping and accepting the help.**

Nursing Process Prioritization	**Rationale**

1. Risk for Falls	**The patient was admitted with a high fall risk score, and due to his neurological status and left sided weakness, he is more prone to falls. The patient also had difficulty with EOMs and their peripheral vision, which can also put the patient's safety at risk.**
2. Impaired Physical Mobility	**The patient was said to have ischemic stroke, and this can cause the impaired mobility. The patient needs to use his walker to ambulate until he is fully recovered.**
3. Self-Care Deficit	**For this patient, they were independent when it came to small task self-care, but patient stated concerns about showering. This patient may need help from family members in order to keep himself clean.**

Other References (APA):

Phelps, L. (2021). *Nursing Diagnosis Reference Manual*. (12th edition). Wolters Kluwer.