

N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

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Demographics

Date of Admission 9/24/25	Client Initials CH	Age 75	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies Isosorbide nitrate
Code Status Full	Height 66 in	Weight 195 lb	

Medical History

Past Medical History: Benign prostatic hyperplasia, Type II Diabetes Mellitus (DM), Gastroesophageal Reflux Disorder (GERD), heart murmur, unspecified hypertension (HTN), nephrolithiasis (unspecified laterality), myocardial infarction (MI), shortness of breath (SOB), severe aortic stenosis, coronary artery disease (CAD) without angina pectoris, abnormal stress test, angina with effort, mixed-type age-related cataract (bilateral)

Past Surgical History: aortic valve replacement, unspecified back surgery, cardiac catheterization x2, cataract removal with implant (bilateral), cholecystectomy, colonoscopy, coronart artery bypass graft (CABG) x3, left hip arthroplasty, bilateral total knee arthroplasty

Family History: Father – deceased from complications due to CAD & MI at the age of 51.
Mother – still alive, patient (pt) was unsure of medical history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
smoking/tobacco – never. Alcohol – yes, rarely uses, ~1 drink weekly. Drug use – never.

Education: High school graduate, attended one year of college.

Living Situation: Lives at home with his spouse, receives support from spouse for activities of daily living (ADLs). **Per case management, spouse is medical decision maker (MDM).**

Assistive devices: No assistive devices at this time.

Admission Assessment

Chief Complaint: Dizziness and mental confusion

History of Present Illness (HPI) – OLD CARTS: The pt reported feeling dizzy and said he was “unsure of what he was doing”. He notified his physicians at the VA who sought transportation to the emergency department (ED). The mental confusion resolved shortly after the pt’s arrival to the ED. He reported no other motor or sensory deficit. He denied headache, chest pain, SOB, abdominal pain, nausea/vomiting, constipation, diarrhea, myalgia, vertigo, or falling. He is currently taking analgesic medication prescribed for nephrolithiasis.

Primary Diagnosis

Primary Diagnosis on Admission: Transient ischemic attack (TIA)

Secondary Diagnosis (if applicable): Altered mental status

Pathophysiology

Pathophysiology of the Disease, APA format:

A transient ischemic attack (TIA), which is colloquially called a “mini-stroke”, happens when blood circulation to a part of the brain is temporarily occluded. This occlusion interrupts the delivery of oxygen and nutrients to the cells, which results in dysfunction and eventual death of brain cells. As Capriotti (2024) explains, “The nervous system is an intricate web of fibers that enables the human body to interact with the environment. When these fibers are damaged, messages traveling to or from the brain or spinal cord may not reach their target destination. This can lead to numerous complications ranging from an inability to move to a constant struggle with intractable pain.” The damage caused by a TIA can be small or great, and is often not fully

understood right away. The patient will note what they are feeling able or unable to do, including ambulating and physical sensation. Speech, hearing, and speaking may also be affected.

In addition to physical and physiological symptoms from a TIA, note that psychological symptoms are also possible. Cognitive impairment and memory dysfunction following a TIA or stroke (CVA) are also very common. “Cognitive impairment and memory loss are common after a stroke. Approximately 30% of stroke patients develop dementia within 1 year of stroke onset.¹ Stroke affects the cognitive domain, which includes attention, memory, language, and orientation.” (Al-Qazzaz et al., 2014) With the obvious problems of attention or language comprehension, note that memory is a potentially problematic chance for patients to become combative. When the patient is unaware of his or her surroundings or the people around them, they could become frightened and respond violently. This is why it is especially important to ensure the patient is properly oriented and assimilated to their environment following a TIA or CVA.

Pathophysiology References (2) (APA):

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

Al-Qazzaz NK, Ali SH, Ahmad SA, Islam S, Mohamad K. Cognitive impairment and memory dysfunction after a stroke diagnosis: a post-stroke memory assessment. *Neuropsychiatr Dis Treat.* 2014 Sep 9;10:1677-91. doi: 10.2147/NDT.S67184. PMID: 25228808; PMCID: PMC4164290.

Laboratory/DiagnosticData

Lab Name	Admission Value	Today’s Value	Normal Range	Reasons for Abnormal
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CBC	-			
Serum Glucose	-			History of Type II DM
Comprehensive metabolic panel (CMP)	-			History of MI, Type II DM, GERD, HTN, nephrolithiasis, and CAD

Diagnostic Test& Purpose	Clients Signs and Symptoms	Results
CBC	Mental confusion	RBC – 4.08 Hgb – 12.9 MCV – 96.8 MPV – 7.8 Neutrophils – 79.5 Lymphocytes – 10.1 Absolute neutrophils

		- 9.5 Absolute monocytes - 1.00
Serum Glucose	Mental confusion, hx of Type II DM	203
Serum Calcium	Mental confusion, hx of MI	9.7
Head computed tomography (CT)	Mental confusion, hx of HTN and DM	Negative for acute process

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). Mosby's diagnostic and laboratory test reference (15th ed.). Elsevier.

Assessment

Physical Exam – **HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: Alertness: Orientation: Distress: Overall appearance:	A&OX4, no distress noted. Pt was well groomed and acclimated to surroundings.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor:	Pt's skin was warm to the touch and appropriately colored. No bruising, rashes, petechiae, lesions, or abnormal nevi were noted. Skin turgor was asses as appropriately mobile. There was an IV line present in the right arm in the dorsal radial artery.

<p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score:</p> <p>Drains present: Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Type:</p>	
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y<input type="checkbox"/> N<input type="checkbox"/> Edema Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet</p>	

<p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p> Distention:</p> <p> Incisions:</p> <p> Scars:</p> <p> Drains:</p> <p> Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Type:</p>	
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Type:</p> <p> Size:</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p>	

<p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>A neurological exam performed to the best of my ability. The patient was A&OX4. PERRLA. The patient showed no sign of ataxia. No palsy was noted. Sensation to temperature, pain, and pressure were equally present bilaterally in both upper and lower limbs. There were no signs of hearing loss bilaterally. No evidence of vision deficits bilaterally. No evidence of macular degeneration bilaterally. No evidence of aphasia. Grip strength was present and equal in both hands.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patient is fully cognitively developed and present. He does not actively practice any religion. His coping methods for his sudden onset dizziness and mental confusion are not yet developed, but he states that his wife is his primary monitor. His wife is also his MDM, and appears to be very attentive and involved with his medical care.</p>

Vital Signs, 1 set – **HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1519	71	141/73	17	97.5	99% on room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1522	0-10	Head, temporal area	4	Throbbing	N/A

Intake and Output

Intake (in mL)	Output (in mL)
~250 mL water	1 Urine output of unspecified volume (from nurse's chart)

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components Listed in order by priority – highest priority to lowest priority 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> How did the client/family respond to the nurse's actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.

pertinent to this client				
<p>1. Impaired cognition related to a TIA as evidenced by professed mental confusion.</p>	<p>The patient stated that he suddenly lost his mental faculties and became unaware of his actions, surroundings, and motivation behind his decisions.</p>	<p>1. Full-time monitoring via in-home care. 2. Transferring the patient to an assisted-living facility.</p>	<p>1. The patient will have a safer environment with the proper supervision in case he experiences another episode of mental confusion.</p>	<p>The client's wife (MDM) stated that she felt comfortable with providing care for him at this time, and did not think it was necessary for assistance at home or in an assisted living center.</p>
<p>2. Potential risk for harm to self or other related to sudden onset confusion as evidenced by inability to recognize his own actions.</p>	<p>Due to the patient's inability to recall his actions or motivations behind them, he is a potential hazard to himself and/or others.</p>	<p>1. Full-time monitoring via in-home care. 2. Transferring the patient to an assisted-living facility.</p>	<p>1. Should the patient become combative/harmful to himself or those around him, he will be properly assisted with appropriate measures to keep others safe while maintaining his safety and dignity.</p>	<p>See above.</p>

Other References (APA):

