N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Dowell

10/5/2025

Demographics

<table>
<tr><td>Date of Admission
9/27/2025</td><td>Client Initials
DC</td><td>Age
90 years old</td><td>Biological Gender
Male</td></tr>
<tr><td>Race/Ethnicity
White/Caucasian</td><td>Occupation
Retired</td><td>Marital Status
Married</td><td>Allergies
No known allergies</td></tr>
<tr><td>Code Status
Full Code</td><td>Height
5 ft 4 inches (162.6 cm)</td><td colspan="2">Weight
61.2 kg (135 lb)</td></tr>
</table>

Medical History

Past Medical History: Hypertension

Past Surgical History: Patient’s family stated he had four bypass surgeries, surgery for dislocated shoulder, and detached retina surgery

Family History: Paternal aunt diabetes

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient stated no tobacco, alcohol, and drug usage.

Education: High school

Living Situation: Patient lives in Hawthorne nursing home

Assistive devices: Glasses and hearing aids

Admission Assessment

Chief Complaint: Syncope

History of Present Illness (HPI) – OLD CARTS: Patient’s wife stated his syncope started 9/27/25. The patient stated he was at a family reunion when syncope happened. The patient's wife stated “he passed out in less than a minute”. Patient states he felt like he just blacked out when it happened. Patient stated what helped the syncope was that he was woken up by family members kicking and shaking him awake. Patient unsure of relieving, treatment, and severity factors.

Primary Diagnosis

Primary Diagnosis on Admission: Syncope

Secondary Diagnosis (if applicable):

Pathophysiology

Pathophysiology of the Disease, APA format: According to Capriotti and Frizzell, syncope is passing out or deliquium (Capriotti & Frizzell, 2023). Syncope could happen because of overactivation of the vagus nerve, decrease in volume of fluids circulating in the body, or long or mild variety of depression (Capriotti & Frizzell, 2023). Syncope or loss of consciousness could be happening because of a stroke due to poor circulation of blood to the brain or spinal cord (Capriotti & Frizzell, 2023). According to the Cleveland Clinic, fainting can happen if you have an unexpected decrease in blood pressure, a decrease in pulse, and irregular amounts of blood going to different parts of the body (Cleveland Clinic, 2025). This would explain why the patient stated he blacked out at a family reunion by the dessert table, has a decreased mental status, and has a weak apical pulse upon auscultation.

The common symptoms of syncope are unexpected loss of consciousness, unexpected falls, being lightheaded or dizzy, feeling lethargic, weak when standing, vision changes like tunnel vision, headaches, feeling clammy or sick (Cleveland Clinic, 2025). What could trigger fainting could be standing for long periods of time, decongestants or blood pressure medicines, being outside in hot temperatures, eating too much food or caffeine, drinking too much alcohol, little salt and fluids in your diet, changing positions or standing up quickly, heart problems that influence blood flow, and problems with brain, nerves, or spinal cord (Cleveland Clinic, 2025).

Syncope can be treated with taking medications like beta-blockers or midodrine, or changing medications already taken, and wearing compression stockings or socks to improve blood circulation (Cleveland Clinic, 2025). As well, implementing changes into your diet like eating small meals throughout the day, eating more salt or potassium in your diet, drinking more water, and staying away from caffeine and alcohol (Cleveland Clinic, 2025). Cleveland Clinic says that raising the head of your bed, not standing for a long time, not being in the heat for a long time, avoiding emotional stressors, getting a pacemaker, and taking medicine or having surgery to treat brain problems can help syncope from happening (Cleveland Clinic, 2025).

The primary diagnosis was established for this client because the patient was outside at a family reunion in hot weather, standing for a long time, and due to him being elderly he is at risk of poor circulation.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives.* (4th ed.). F.A. Davis Company.

What is syncope?. Cleveland Clinic. (2025, June 4). https://my.clevelandclinic.org/health/diseases/17536-syncope

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
White Blood Cells	3.70/mm3	4.86/mm3	5,000-10,000/mm3 (Pagana et al., 2025)	White blood cell levels could be low because of malnutrition, many infections, and a condition when the bone marrow does not produce enough blood cells (Pagana et al., 2025).
Sodium	132 mEq/L	135 mEq/L	136-145 mEq/L (Pagana et al., 2025)	Sodium levels could be low because of low sodium intake and low sodium in IV fluids (Pagana et al., 2025).
Potassium	3.9 mEq/L	3.4 mEq/L	3.5- 5.0 mEq/L (Pagana et al., 2025)	Potassium levels could be low because of a trauma, uncommon buildup of fluid in the abdomen, and inflated aldosterone levels (Pagana et al., 2025).
Glucose	155 mg/dL	88 mg/dL	82-115 mg/dL	Glucose levels could be elevated due to diabetes,

			(Pagana et al., 2025)	stress, and taking corticosteroids (Pagana et al., 2025).
Calcium	8.6 mg/dL	8.1 mg/dL	9-10.5 mg/dL (Pagana et al., 2025)	Calcium levels could be low due to low vitamin d levels in the body, malabsorption, and a disorder causing diminished and wearing out of bones because of low hardening (Pagana et al., 2025).
Chloride	102 mEq/L	106 mEq/L	98-106 mEq/L (Pagana et al., 2025)	Within normal levels.
T Bili	0.9 mg/dL	1.3 mg/dL	0.3-1 mg/dL (Pagana et al., 2025)	Total bilirubin could be elevated due to chronic liver disease, jaundice due to breakdown of red blood cells, and healing of a large localized collection of blood (Pagana et al.,

				2025).
Total Protein	5.7 g/dL	4.8 g/dL	6.4-8.3 g/dL (Pagana et al., 2025)	Total protein could be decreased due to an infection, heart attack, and chronic liver disease (Pagana et al., 2025).
Albumin	3.6 g/mL	2.8 g/mL	3.5-5.0 g/mL (Pagana et al., 2025)	Albumin could be low due to an infection, advanced chronic liver disease, and surgery (Pagana et al., 2025).
A/G Ratio	1.7 g/L	1.4 g/L	1-3 g/L (Pagana et al., 2025)	Within normal levels.
CO_2	22 mEq/L	23 mEq/L	23-30 mEq/L (Pagana et al., 2025)	Carbon dioxide levels could be low due to shock, diabetes induced ketoacidosis, and food deprivation (Pagana et al., 2025).
Anion Gap	8.0 mEq/L	6.0 mEq/L	12±4 mEq/L	Within normal levels.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR Ankle 3 or more left elbow, ankle, tibia, and fibula		Severe degenerative changes are seen in the radial and ulnar chamber with narrowing of the joint space and bony growths on the edges of the joint (Pagana et al., 2025). There is thick and hardening of the layer of bone underneath the joint cartilage of the end of the humerus and head of the radius with crystals made of calcium in the tissues by a joint (Pagana et al., 2025). Patient’s chart states that there is no collection of a lot of fluid in a joint

		space seen. No aspect of the palm side of the wrist or structure in it showing as a dense, white region on an X-ray (Pagana et al., 2025). Soft tissue malformation may be due to skin laxity (Pagana et al., 2025). The chart also states there is no evidence from the x-ray showing localized bleeding under the skin. There is an acute undisplaced spiral fracture of lateral malleolus (Pagana et al., 2025). The chart states the fracture is seen at the bottom of the calf

		bone. There is an enlargement of the lower end of the fibula, and no fracture of the tibia is seen (Pagana et al., 2025). No wound is seen at the dome-shaped top of the talus bone (Pagana et al., 2025). The chart states there is mild interstitial fluid accumulation in the soft tissues. Mild spinal fracture of the bottom of the fibula (Pagana et al., 2025). The chart states the shape of the tibia is normal, and the bones are decalcified. Little view of the knee

		shows a peripheral artery bypass and an unknown 4.9 cm calcified mass that could be a cyst or a bulge in the wall of an artery or vein (Pagana et al., 2025).
XR Chest single view portable		The area around the heart, as well as the heart on an x-ray show it being bigger than normal but hasn't changed a lot over a span of time (Pagana et al., 2025). The chart states excessive blood pooling in the vessels of the chest is seen. The lung tissue shows the interstitium around the middle

		part of the lungs has elevated density (Pagana et al., 2025). The chart states there is little fluid seen on both sides of the part between the lungs and the thoracic wall. A collapsed lung is not noted. The chart states that a well known skin fold on the side of the right thoracic wall is present. The chart states regional bones are undamaged, but deterioration changes due to old age is present. After surgery, the patient shows a good incision of the

		sternum and has a cardiac device on his left side with many leads (Pagana et al., 2025).
XR Elbow minimum 3 views left		There are four views of the left elbow with no mild fracture or dislocation seen. Deterioration is present in the compartments of the radius and ulna (Pagana et al., 2025). Narrowing of the joint spaces and bony protrusions at the edges of the joints (Pagana et al., 2025). There is thickening and hardening of the layer of bone under the cartilage of the

		joint in the bottom part of the humerus that connects the radius and ulna (Pagana et al., 2025). It is also seen at the head of the radius with crystals made of calcium in the tissues nearby a joint (Pagana et al., 2025). The chart states there is no build up of too much fluid in a joint space. There is no unfamiliar material on x-ray. The deficiency of the soft tissues on the palm side of the hand may connect to why the skin is losing its elasticity (Pagana et

		al., 2025). No obvious x-ray evidence of large volumes of blood under the tissues. There is a mild spinal fracture at the bottom of the fibula and at the big part of the fibula that shapes the calf (Pagana et al., 2025). There is acute widening of the bony socket built at the bottom end of the fibula and tibia (Pagana et al., 2025). No present fractures of the tibia. No wound is seen at the dome-shaped top of the talus bone (Pagana et al., 2025).

		There is a lot of fluid accumulating in the soft tissues. There is an acute break in the bottom part of the fibula (Pagana et al., 2025). The chart states the shape of the tibia is normal and the bones are decalcified. Little view of the knee shows a peripheral artery bypass and an unknown 4.9 cm calcified mass that could be a cyst or a bulge in the wall of an artery or vein (Pagana et al., 2025).
XR Tibia and fibula left		There are four views of the left elbow with no mild fracture or

		dislocation seen (Pagana et al., 2025). The chart states deterioration is present in the compartments of the radius and ulna. Narrowing of the joint spaces and bony protrusions at the edges of the joints (Pagana et al., 2025). There is thickening and hardening of the layer of bone under the cartilage of the joint in the bottom part of the humerus that connects the radius and ulna (Pagana et al., 2025). It is also seen at the head of the radius

		with crystals made of calcium in the tissues nearby a joint (Pagana et al., 2025). No build up of too much fluid in a joint space. There is no unfamiliar material on x-ray. The deficiency of the soft tissues on the palm side of the hand may connect to why the skin is losing its elasticity (Pagana et al., 2025). No obvious x-ray evidence of large volumes of blood under the tissues. There is a mild spinal fracture at the bottom of the fibula and at

		the big part of the fibula that shapes the calf (Pagana et al., 2025). There is acute widening of the bony socket built at the bottom end of the fibula and tibia (Pagana et al., 2025). No present fractures of the tibia. No wound is seen at the dome-shaped top of the talus bone (Pagana et al., 2025). There is a lot of fluid accumulating in the soft tissues. There is an acute break in the bottom part of the fibula (Pagana et al., 2025). The shape of the tibia is normal.

		The bones are decalcified. Little view of the knee shows a peripheral artery bypass and an unknown 4.9 cm calcified mass that could be a cyst or a bulge in the wall of an artery or vein (Pagana et al., 2025).
Imaging miscellaneous scan		An enlargement of the heart with a left pacemaker is present. There is nonstop buildup of thick tissue at the bottom of the right lung noted (Pagana et al., 2025). Nonstop prolonged collapse of the bottom part of the right lung is also

		noted (Pagana et al., 2025).

Diagnostic Test Reference (1) (APA): Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby.

Current Medications

Brand/Generic	Aspirin/ acetylsalicylic acid	Lipitor/ Atorvastatin calcium	Celexa/ citalopram hydrobromide	Lasix/ Furosemide	Claritin/ Loratadine
Dosage, Route, Frequency given	81mg, oral, daily	20mg, oral, daily	20mg, oral, daily	20mg, oral, daily	10mg, oral, daily
Reason Client Taking	The patient could be taking aspirin to reduce any risk of death and heart attacks due to coronary artery disease (Jones & Bartlett Learning, 2024).	The patient could be taking lipitor to reduce the risk of angina, stroke, or heart attack (Jones & Bartlett Learning, 2024).	The patient could be taking celexa to treat depression (Jones & Bartlett Learning, 2024).	The patient could be taking lasix to decrease edema caused by cirrhosis, heart failure, and renal disease (Jones & Bartlett Learning, 2024).	The patient could be taking claritin to decrease symptoms of indoor and outdoor allergies (Jones & Bartlett Learning).
[redacted]					

Medications Reference: Jones & Bartlett Learning. (2024). *2025 Nurse's Drug Handbook* (22nd ed.). Jones & Bartlett Learning.

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:** A&O x2 **Orientation:** A&O x2 **Distress:** no signs of acute stress **Overall appearance:** Patient is well groomed	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
CARDIOVASCULAR: **Heart sounds:** Heart sounds on the aortic, pulmonic, ERB's point, and tricuspid are 2+ with normal rate and rhythm. Mitral heart	.

sounds are 1+ and weak. **S1, S2, S3, S4, murmur etc.:** No murmurs are noted upon auscultation. **Cardiac rhythm (if applicable):** **Peripheral Pulses:** Bilateral dorsalis pedis, apical, and posterior tibial pulses are 1+ and weak. Bilateral carotid, brachial, radial, ulnar, and popliteal pulses are 2+ with normal rate and rhythm. **Capillary refill:** Capillary refill returns in less than two seconds. **Neck Vein Distention:** No neck vein distention noted. **Edema:** No edema noted in bilateral arms and legs. **Location of Edema:** No edema noted in bilateral arms and legs.	
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:**	.

Scars: Drains: Wounds: **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐**	

Needs assistance with equipment ☐ **Needs support to stand and walk**☐	
NEUROLOGICAL: **MAEW:** No, the patient struggles to move left calf and foot due to fall. **PERLA:** Bilateral pupils are equal, round, and react to light. **Strength Equal:** Arms are equal in strength bilaterally. Legs are not bilaterally equal in strength. The left calf and foot are weak in strength. **Orientation:** Patient is oriented x2. **Mental Status:** Patient is alert and is not lethargic. Patient has memory impairment and confusion due to knowing who he is and where he is, but does not know time and situation. **Speech:** Patient's speech is clear and easy to understand **Sensory:** Patient can feel light and deep palpation in bilateral arms and legs. **LOC:** Patient is alert and oriented x2.	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Patient talks to family and friends to cope with stress. **Developmental level:** Patient's developmental level is appropriate for his age and educational level. **Religion & what it means to pt.:** Patient is a christian and has no religious concerns **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient gets support from his wife and daughter. Upon discharge the patient was being transferred to Hawthorne nursing home, so he will receive support with physical	.

therapy and support from friends.	

Fall Score: High Fall Risk

Braden Score: 17

Mobility: Patient needs assistance with two people and is non-weight bearing on the left ankle.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
07:00 AM	61 beats per minute	138/83	16 breaths per minute	97.1 ℉	97% Room Air

Pain Assessment, 1 set

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
07:00 AM	Patient states no pain.	Patient states no pain.	Patient states no pain.	Patient states no pain.	Patient states no pain.

Intake and Output

Intake (in mL)	**Output (in mL)**
500mL	200mL

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis ● 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	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Risk for adult falls related to being a high fall risk, as evidenced by his previous syncope fall and low strength in left calf and foot (Phelps, 2023).	I chose this nursing diagnosis because the patient has a past fall due to fainting.	1.Recognize things that could cause injuries from falling (Phelps, 2023). 2. Encourage the patient to continue wearing his hearing aid (Phelps, 2023).	**1.** Patient and family will begin ideas to preserve safety before the patient is discharged (Phelps, 2023).	I would evaluate the patient for risk of falls by assessing the patient's strength in bilateral legs, as well as his gait and posture upon discharge.
2. Deficient knowledge related to the patient unsure of his past medical history and relying on family for answers, as evidenced by alert and orientation to person and place	I picked this nursing diagnosis because the patient was unsure of what to answer for some questions and relied	**1.** Limit how long you teach the patient of their condition to prevent information overload (Phelps, 2023). **2.** Implement shared trust and	**1.** The patient will understand and state what they have learned upon discharge (Phelps, 2023).	I would evaluate the patient for deficient knowledge by asking the patient about their condition over time so upon discharge they show they have a clear understanding of

(Phelps, 2023).	on his family to answer questions for him.	respect to improve learning (Phelps, 2023).		what they know.

Other References (APA): Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.).

Wolters Kluwer.