N311 Care Plan 4

Riley Arend

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission 10/01/2025	Client Initials BH	Age 71	Biological Gender Male
Race/Ethnicity Caucasian	**Occupation** ERN Enterprise (Part Time)	**Marital Status** Divorced	**Allergies** No known allergies
Code Status Full Code	**Height** 5'9"	**Weight** 229lbs	

Medical History

Past Medical History: Diabetes mellitus, high cholesterol, hypertension, vertigo

Past Surgical History: Hernia repair (1954)

Family History: No known family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): No tobacco use. No drug use. Client drinks around one to three beers a week and has done this for thirty plus years.

Education: High school diploma, completed some college courses

Living Situation: Resides at home by himself

Assistive devices: No assistive devices

Admission Assessment

Chief Complaint: Numbness in left leg and dizzy

History of Present Illness (HPI) – OLD CARTS: The client came into the hospital presenting with dizziness and numbness of his left leg. The client stated that his symptoms started October 1st, and he came in right away. He said he thought he was having an episode of vertigo until he noticed the numbness in his left leg. He said the duration of his symptoms lasted only a couple of hours. He stated, "I felt more scared than anything." He described this symptom as feeling nauseous and as if he was spinning. He rated the severity of the pain to be a 0 out of 10. He did not feel a lot of pain, more just anxious about what was going on. The client had no other related symptoms. He did not have any relieving symptoms. The client also had no aggravating symptoms. As per his treatment plan he was working with the physical therapy team to strengthen his muscles and improve mobility.

Primary Diagnosis

Primary Diagnosis on Admission: Ischemic stroke, Transient ischemic attack (TIA)

Secondary Diagnosis (if applicable): Not Applicable.

Pathophysiology

Pathophysiology of the Disease, APA format:

Ischemic stroke according to Capriotti, results from an obstruction in cerebral blood flow either by a thrombus or embolus (2024). As per Capriotti, a clot travels up the internal carotid artery and into the middle cerebral artery thus becoming stuck, causing ischemia of the brain tissue (2024). As per Capriotti, the middle cerebral artery is most affected by a stroke due to its function of supplying the brain with more than eighty percent of its blood flow and this leads to a cerebral infarction which is also known as death of the brain tissue (2024).

Signs and symptoms of a stroke may include, but are not limited to sudden face drooping, numbness, and speech difficulty. When performing the musculoskeletal and neurological assessment on this client he did very well. There was no sign of speech difficulty, and he had full range of motion. As per Gulanick et al., risk factors for a stroke include hypertension, diabetes mellitus, high cholesterol, smoking, and obesity (2022). The client has a previous medical history including majority of these risk factors such as hypertension, diabetes mellitus, and high cholesterol. The client had symptoms such as left side numbness and dizziness which brought him into the hospital. He has history of vertigo and thought he was experiencing an episode of that, but he claimed, “it was the worst I have ever felt; I was scared so I called 911.” According to Capriotti, individuals present with temporary neurological symptoms that can either last for minutes or hours, and the symptoms should resolve within that hour (2024). When I assessed him, he had already been there for twenty-four hours, so he was not experiencing any symptoms or pain anymore.

After listening to the doctor speak with this client they diagnosed him, having a transient ischemic attack (TIA). A TIA as per Capriotti, is similar to a stroke except that it is usually temporary and resolves quicker than a full-blown stroke (2024). As per Capriotti, a TIA is caused by an embolus that suddenly dislodges in an arteriosclerotic arterial vesicle that causes arterial occlusion in the brain (2024). This leads to the clinical presentation appearing as a stroke. People experience symptoms such as confusion and disorientation with this. The client was experiencing confusion when this was happening to him. As per Capriotti, small vessels in the brain become occluded causing small areas of ischemic brain damage that often cause no major symptoms (2024). As per Capriotti, in this, the hypoxic brain cells release excess glutamate which triggers an influx of calcium, thus causing activation of enzymatic degeneration of the brain cells (2024). A TIA is still considered to be a medical emergency, and people should seek help immediately when experiencing stroke like symptoms.

The client was diagnosed with a TIA through multiple diagnostic tests such as an electrocardiogram (EKG), echocardiogram, and magnetic resonance imaging (MRI). Restoration in blood flow is critical according to Capriotti, and, in some cases, can reverse some of the neurological dysfunction the client is experiencing (2024). This client participates in the

Jehovah's witness religion, so he did not believe in receiving any blood from an outside source. The client rated his pain to be a zero out of ten and was just ready to go back home. As per treatment he was receiving intravenous fluids along with some medication. He was also working with the physical therapy team to strengthen his muscles and improve mobility. The client was being discharged later that afternoon as he was no longer presenting with stroke-like symptoms or pain.

Pathophysiology References (2) (APA):

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

Gulanick, M., & Myers, J. L. (2022). *Nursing care plans: Diagnoses, interventions, & outcomes*. Elsevier.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	133 mmol/L	138 mmol/L	136-145 mmol/L	According to Haws, sodium level may have been decreased due to hypertension medications. It can also be decreased due to an excessive antidiuretic hormone (ADH) level

				(2020).
Carbon Dioxide Venous (CO_2 Venous)	18 mmol/L	21 mmol/L	12-20 mmol/L	According to Haws, an increased level in this lab value could be due to a reduced amount of cerebral blood flow (2020).
Blood Urea Nitrogen (BUN) Creatinine	25 mg/dL	16 mg/dL	12-20 mg/dL	According to Haws, blood urea nitrogen (BUN) measures the amount of urea in the blood. If this value is elevated it could be related to but not limited to shock, dehydration, and diabetes (2020).
Glucose	140 mg/dL	112 mg/dL	70-99 mg/dL	According to Haws, an increased level of glucose could be related to client's medical history consisting of diabetes mellitus. This elevated level can also be related

				to stress (2020).
Hemoglobin (HGB)	6.8%	No known value	4.0-6.0 %	According to Haws, an increased levels of Hemoglobin (HGB) can be related to shock and dehydration (2020).
High-density lipoprotein (HDL) cholesterol	38 g/dL	No known value	>40 mg/dL	According to Haws, a decreased level of High-density lipoprotein (HDL) could be related to high saturated and trans-fat diets and excess body weight (2020).

Haws, J., & Haws, S. (2020). *Lab values: 63 must know labs for nurses*. NRSNG.com.

Diagnostic Test & Purpose	**Clients Signs and Symptoms**	**Results**
Electrocardiogram (EKG)	As per the (University of Rochester Medical Center), people who suffer a stroke also have an abnormality in the hearts electrical cycle and are at a higher risk for death (2025). This	Results not released

	diagnostic test was used to check for any abnormal heart electrical abnormalities. Client was experiencing signs and symptoms of left side numbness and fatigue.	
Echocardiogram	As per Capriotti, this diagnostic test would be done to identify a heart related cause such as a blood clot that could have traveled to the brain. Client was experiencing signs and symptoms of left side numbness and fatigue (2024).	Results not released
Magnetic Resonance Imaging (MRI)	As per Capriotti, magnetic resonance imaging (MRI) diagnostic test would be done to accurately diagnose the type, size, and location of the stroke. Client was experiencing signs and symptoms of left side numbness and fatigue (2024).	As stated by the attending physician, “No evidence of acute intercranial hemorrhage or abnormal extra-axial fluid collections. No evidence of acute ischemia or cytotoxic edema.

Diagnostic Test Reference (1) (APA):

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

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Current Medications

Brand/ Generic	Lipitor/ Atorvastatin	Bayer Aspirin/ Aspirin	Heparin	Lorazepam/ Ativan	Sennosides/ Senoknot
Dosage, Route, Frequency given	40mg oral (taken at night)	81 mg oral	5000 units injection	0.5mg Injection	8.6mg oral (2x a day)
Reason Client Taking	As per Haws, this medication is to manage high cholesterol. The client has a history of high cholesterol (2020).	As per Haws, aspirin is an anti-platelet medication and prevents blood clots from forming. This	As per Haws, this medication is used to prevent blood clots and ensure patency of intravenous therapy (IV)	As per Haws, this medication is a general central nervous system depression by potentiating inhibitory neurotransmitters. Client was having feelings of anxiety and	Client was taking this medication due to constipation. As per Haws, senoknot is an over-the-counter laxative that helps

		medication is taken to prevent a second stroke for this client (2020).	catheters (2020).	stated this medication helped (2020).	relieve occasional constipation (2020).

Haws, J. (2020). *140 must know meds: Demolish nursing pharmacology*. NRSNG.

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:** Alert and awake. **Orientation:** Alert and oriented x4. (Person, place, location, date). **Distress:** Calm and cooperative. No sign of distress. Client is well groomed. **Overall appearance:** Calm and cooperative.	Client is alert and oriented to person, place, location, and date. Client is A&O x4. Client is calm and cooperative showing no sign of distress and is well groomed. Clients' overall appearance is calm and cooperative.
INTEGUMENTARY: NA **Skin color: NA** **Character: NA** **Temperature: NA**	Braden score was assessed for this client: Sensory: 4, no impairment.

Turgor: NA **Rashes: NA** **Bruises: NA** **Wounds: NA** **Braden Score:** 23 **Drains present: Y☐ N ☒** **Type: NA**	Moisture: 4, rarely moist. Activity: 4, walks frequently. Mobility: 4, no limitation. Friction & shear: 3, no apparent problem. Braden score: 23. Braden score is within normal limits.
HEENT: NA **Head/Neck: NA** **Ears: NA** **Eyes: NA** **Nose: NA** **Teeth: NA**	Not Applicable for this client. .
CARDIOVASCULAR: **Heart sounds:** S1 & S2 heart sounds normal, "lub-dub" sound heard. **S1, S2, S3, S4, murmur etc.:** No murmur or S3, S4 sounds heard. **Cardiac rhythm (if applicable):** Not Applicable. **Peripheral Pulses:** 2+ bilaterally. (radial, ulnar, brachiocephalic, carotid, popliteal, dorsalis pedis, posterior tibial). **Capillary refill:** Normal, less than one second. **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:** NA	S1 and S2 sounds normal, creating a "lub-dub" sound. No murmur or S3, S4 sounds heard. Peripheral pulses 2+ bilaterally (radial, ulnar, brachiocephalic, carotid, popliteal, dorsalis pedis, posterior tibial). Capillary refill normal, less than one second. No sign of neck vein distention. No sign of edema present.

RESPIRATORY: NA **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character: NA**	Not Applicable for this client.
GASTROINTESTINAL: **Diet at home: NA** **Current Diet: NA** **Height: NA** **Weight: NA** **Auscultation Bowel sounds: NA** **Last BM: NA** **Palpation: Pain, Mass etc.: NA** **Inspection: NA** **Distention: NA** **Incisions: NA** **Scars: NA** **Drains: NA** **Wounds: NA** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size: NA** **Feeding tubes/PEG tube Y ☐ N ☐** **Type: NA**	Not Applicable for this client.
GENITOURINARY: NA **Color: NA** **Character: NA** **Quantity of urine: NA** **Pain with urination: Y ☐ N ☐**	Not Applicable for this client.

Dialysis: Y ☐ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type: NA** **Size: NA**	
MUSCULOSKELETAL: **Neurovascular status:** 5 P's (pain, pallor, pulse, paresthesia, paralysis) were assessed and normal. **ROM:** Full range of motion (ROM). **Supportive devices:** No use of supportive devices. **Strength:** Full strength. **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Client's 5 P's were intact with normal findings. Pain rated at a 0. Pallor was pink, no sign of paleness. Pulses 2+ bilaterally. Client felt no signs of paresthesia. Patient could move all extremities showing no sign of paralysis. All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait. Negative Rhomberg's. Morse Fall Risk score was used for this client: History of falling, immediate, within 3 months: 0 Secondary diagnosis: 0 Ambulatory aid: 0 Intravenous therapy (IV), heparin lock: 0

	Gait & transferring: 0 Mental status: 0 Morse fall risk score: 0 This score falls in the normal range for the Morse fall risk scale. The client does not use any assistive devices to help ambulate. The client does not need assistance or support to stand or walk. The client has good mobility.
NEUROLOGICAL: **MAEW: Y** ☒ **N**☐ **PERLA: Y** ☒ **N**☐ **Strength Equal: Y** ☒ **N** ☐ **if no - Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** Client alert and oriented to person, place, time, and situation. **Mental Status:** **Speech:** Speech intact, no slurring or difficulty speaking. Speech is clear. **Sensory:** Sensory function intact. **LOC:** Alert and Oriented x4. (Person, place, time, situation)	Client alert and oriented to person, place, time, and situation. Moves all extremities well (MAEW) intact. Pupils equal and reactive to light and accommodation, (PERLA) intact. Strength equal bilaterally in all extremities. Babinski negative. Deep tendon reflexes (DTRs) 2+ bilaterally. Mental status intact. Speech is clear, no slurring or difficulty pronouncing words. Sensory function intact. Level of consciousness alert and oriented x4 (person, place, time, situation).
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** No coping methods. **Developmental level:** Alert and oriented.	Client stated he does not have any coping methods. Clients developmental level is alert

Religion & what it means to pt.: Jehovah witness. **Personal/Family Data (Think about home environment, family structure, and available family support):** Client has a good support system. Client says he has two sons and many great friendships he will be returning home to.	and oriented. Client participates in the Jehovah witness religion. Client stated this religious practice is very important to him and his family. Client has a good support system. Clients support system consists of his two sons as well as family and friends.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0753	75BPM	151/81 mmHg	18 RR	98.0 F	95%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0753	Pasero Opioid Induced Sed Scale (POSS)	NA	0 out of 10	NA	NA

Intake and Output

Intake (in mL)	Output (in mL)
480 mL (oral route).	Urine x2. Client is independent, voids spontaneously without difficulty. Measuring

	not applicable for this client.

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. Confusion related to decreased cerebral perfusion as evidenced by client stating, "I	I chose this nursing diagnosis because the client was experiencing disorientation and confusion when the	1. Assess the clients neurological status using the Nation Institute of health stroke scale (NIHSS) standardized	1. Client will score low on the NIHSS standardized assessment, thus showing his neurological function is intact within an hour upon receiving his	Client was calm and cooperative, showing no sign of confusion. Client was cooperative and performed well when assessing his level of consciousness,

had no idea where I was or what was happening to me, I just knew something was wrong."	stroke like symptoms started to appear. Confusion is a sign and symptom of a possible stroke.	assessment of consciousness, vision, sensory and motor response, speech, and language function. 0 (no stroke) – 42 (severe stroke). 2.Assess clients need for reorientation and reduce sensory overload by keeping the environment calm and	treatment plan.	speech, sensory and motor function, and language function.

		quiet.		

2. Impaired physical mobility related to left side weakness as evidenced by the client stating, “my left side went limp and felt numb.”	This nursing diagnosis was chosen because the patient decided to seek treatment due to left side numbness being one of his symptoms and was worried about having a stroke. Numbness in one side is a good indicator of a possible	1. Assess client’s range of motion (ROM) ability. 2.Encourage task-oriented exercises to improve mobility and muscle strength.	1. Client will be able to walk without assistance down and back in the hallway.	Client stated he had no difficulty walking without assistance and claims he is ready to go home. Client performed ROM tasks well and showed no sign of physical mobility impairment.

	stroke.			

Other References (APA):