N441 CARE PLAN

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N441: Adult Health 3

Professor Robin Potts

3/6/2026

Demographics

Date of Admission	Client Initials	Age	Biological Gender
2/16/2026	ST	21	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	n/a	Single	None
Code Status	**Height**	**Weight**	
Full Code	188 cm (6’2)	101 kg (222lb 10.6oz)	

Medical History

Past Medical History: asthma, anxiety

Past Surgical History: ventriculostomy R (2/16), Shunt revision R (2/18)

Family History: none

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

none

Education: High School

Living Situation: Home with parents

Assistive devices: none

Admission History

Chief Complaint: Headache, nausea/vomiting, blurred vision for 1 month

History of Present Illness (HPI)– OLD CARTS

ST arrived at Riverside Medical Center emergency department in Kankakee on February 16th, 2026. He presented with episodes of double vision for a month and a half, mostly occurring at night. That morning, he woke up with acute femoral head and eye pressure with some vomiting. It started becoming more constant, so he and his mother decided to go to the emergency department. He expressed his symptoms as throbbing and pressure behind the eyes

with no pain, no dizziness, or numbness and tingling. To relieve the pain, he stated he would lay down. A CT scan was ordered which showed a 1.8 X 2.2cm brain mass at the base of the fourth ventricle. The provider recommended an emergent EVD and was transported by Air Life at 1030am to Carle Foundations Hospital for emergency neurosurgical evaluation and placement. ST was given 1 dose of Ativan and start Mannitol drip before the transfer. ST was admitted to Carle Foundation Hospital at 1:23p.

Admission Diagnosis

Primary Diagnosis: Obstructive hydrocephalus

Secondary Diagnosis (if applicable): brain tumor

Pathophysiology

Hydrocephalus is the abnormal buildup of fluid within the brain (Cleveland Clinic, 2022). The cerebrospinal fluid (CSF) within the ventricles of the brain surrounds the brain and spinal cord (John Hopkins Medicine, 2026). An obstructive lesion or gliosis can block CSF flow within the ventricular system (Koleva & Jesus, 2023). Whenever a blockage occurs, fluid accumulate, enlarging ventricles and increasing pressure inside the head occur (John Hopkins Medicine, 2026). Cerebrospinal fluid is absorbed into the venous sinus and enters the systemic circulation (Koleva & Jesus, 2023). Inflammation or elevated pressure within the venous sinuses can impair CSF absorption into the systemic circulation (Koleva & Jesus, 2023). Any physical or functional obstruction within the ventricular system, subarachnoid space, or venous sinuses can result in hydrocephalus developing (Koleva & Jesus, 2023).

There are two most common types of hydrocephalus. Communicating hydrocephalus, occurring when CSF flow is blocked after it exits the ventricles and non-communicating hydrocephalus, occurring along the passage of the third and fourth ventricles (John Hopkins Medicine, 2026). Most common symptoms of hydrocephalus in adults are headache, nausea and vomiting, vision problems, feeling tired, balance and coordination, and short-term memory loss (Cleveland Clinic, 2022). It is diagnosed through neurological evaluation and brain imaging like computer tomography (CT) or magnetic resonance imaging (MRI) (Cleveland Clinic, 2022). Intracranial pressure monitoring is also used to measure pressure in the brain (Cleveland Clinic, 2022). Acute hydrocephalus is a medical emergency and if left untreated can cause permanent damage (Koleva & Jesus, 2023). Treatment is directed to its etiology, but mostly surgical evacuation resolves the hydrocephalus (Koleva & Jesus, 2023). A ventriculoperitoneal shunt (VP) is most common that drains CSF from the lateral ventricle to the peritoneal cavity (Koleva

& Jesus, 2023). Another alternative is endoscopic third ventriculostomy (ETV). Endoscopic third ventriculostomy (EVT) is commonly used in cases of aqueduct stenosis to prevent permanent shunt (Koleva & Jesus, 2023).

Knowing the signs and symptoms of increased intracranial pressure is important to seek emergent medical support.

Pathophysiology References (2) (APA):

Cleveland Clinic. (2022). *Hydrocephalus*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17334-hydrocephalus

John Hopkins Medicine. (2026). *Hydrocephalus*. John Hopkins Medicine. https://www.hopkinsmedicine.org/health/conditions-and-diseases/hydrocephalus

Koleva, M., Jesus, O. (2023). *Hydrocephalus*. National Institute of Health. StatPearl. https://www.ncbi.nlm.nih.gov/books/NBK560875/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC 10^3/uL	**14.41 ↑**	4.90	4.00-11.00 10^3/uL	This is abnormal because there is an infection that can cause inflammation and blockage of the brain
Absolute Neutrophil 10^3/uL	**11.19 ↑**	2.99	1.60-7.70 10^3/uL	This is abnormal because there is an infection of cerebrospinal fluid
Absolute Monocytes 10^3/uL	**1.31 ↑**	0.85	0.00-1.10 10^3/uL	This is abnormal because there is an inflammation of the brain
Glucose, POC mg/dL	**105 ↑**	**117 ↑**	60-99 mg/dL	This is abnormal because of a stress response to the infection
Glucose mg/dL	**115 mg/dL ↑**	135 mg/dL	74-100 mg/dL	This is abnormal because of a stress response to the infection
Calcium mg/dL	9.1 mg/dL	**8.7 mg/dL ↓**	8.9-10.6 mg/dL	This is abnormal because of a brain injury and electrolyte imbalance
Phosphorus mg/dL	**2.3 ↓**	**2.3 mg/dL ↓**	2.5-4.4 mg/dL	This is abnormal because of a brain injury
INR ratio	1.1 ratio	**1.2 ratio ↑**	0.9-1.1 ratio	This is abnormal because of clotting abnormalities due to a brain tumor
PTT sec	13.9 sec	**15.4 sec ↑**	12.1-14.9 sec	This is abnormal because of clotting abnormalities due to a brain tumor

- All normal and abnormal lab values were provided by Carle Foundation Hospital Epic system

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	Previous diagnostic results and correlation to client admission	Current Diagnostic Test & Purpose	Clients Signs and Symptoms	Results and correlate to client diagnosis and condition
CT brain w/out contrast 2/16, 0851	Headaches, nausea/vomiting, visual change	**Purpose**: a noninvasive diagnostic imaging procedure	Blurred vision with nausea and vomiting, throbbing eye	A 2.2cm brain mass causing obstructive hydrocephalus

		that produces images of the brain tissue and brain structure (John Hopkins Medicine, 2023)	pressure	
MRI head w/ & w/out contrast 2/16, 1844	Compared to head CT, moderate to severe hydrocephalus	**Purpose**: a painless test that produces images of brain structures using a large magnet, radio waves, and computer to produce these images (Cleveland Clinic, 2022)	Blurred vision with nausea and vomiting, throbbing eye pressure	Multilobulated enhancing irregularly-shaped mass centered within the pineal seen with local regional mass effect measuring 1.5 by 2.2cm
MRI cervical spine w/ & w/out contrast 2/16, 1844	Small L central posterior disc extrusion with slight caudal migration at T12-L1, minimal ventral sac compression	**Purpose**: capture high-resolution visuals of the vertebrae and surrounding tissues in the neck using magnetic fields and radio waves (Ansari, 2024).	Neurological symptoms like headaches and blurred vision	No abnormal enhancement within the cervical, thoracic, or lumbar spine
MRI Lumbar/Thoracic Spine 2/16, 1845	Small L central posterior disc extrusion with slight caudal migration at T12-L1, minimal ventral sac compression	**Purpose**: medical imaging tool that evaluates pain, numbness, and dysfunction in the spine (Schultz, 2023)	Neurological symptoms like headaches and blurred vision	No abnormal enhancement within the cervical, thoracic, or lumbar spine
XR KUB 2/18, 1430	Acute abdominal pain	**Purpose**: assess abdominal area for causes of abdominal pain or the organs and structures of the urinary or GI system (John Hopkins Medicine, 2026).	Nausea and vomiting	Borderline caliber loop of small bowel in the lower quadrant

ECG 12 lead 2/18, 1416	Sinus tachycardia	**Purpose**: noninvasive test that records your heart electrical activity (Cleveland Clinic, 2026)	Nausea and vomiting	Sinus tachycardia

Diagnostic Test Reference (1) (APA):

Ansari, R. (2024). *Cervical Spine MRI: Your Comprehensive Guide*. Lone Star Neurology. https://lonestarneurology.net/blog/mri-of-cervical-spine/

Cleveland Clinic. (2022*). Brain MRI*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/22966-brain-mri

Cleveland Clinic. (2026). Electrocardiogram (EKG/ECG). Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/16953-electrocardiogram-ekg

John Hopkins Medicine. (2026). *Computed Tomography (CT or CAT) Scan of the Brain.* John Hopkins University. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-or-cat-scan-of-the-brain

John Hopkins Medicine. (2026). *Kidney, Ureter, and Bladder X-ray*. John Hopkins University. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/kidney-ureter-and-bladder-xray

Schultz, J. (2023). *Thoracic Spine MRI: What is it*? Centeno-Schultz Clinic. https://centenoschultz.com/thoracic-spine-mri/

Active Orders

Active Orders	Rationale
Diet: Regular	Continuing regular diet intake
Activity: strict bedrest	To prevent complications or worsening condition
Neuro Check: Q2hr	Early detection of neurological deterioration and signs of increased intracranial pressure
Pneumatic Compression Stocking	To prevent deep vein thrombosis (DVT) and pulmonary embolism (PE)
IV access	To allow delivery of drugs via intravenous
Place a forced air warmer on patient with a temp of <36C (96.8F)	Goal of reaching 36 before discharging from PACU
Notify Anesthesiologist if	RR <8, chest pain, HR <40, ventricular

	arrhythmias, symptomatic tachycardia/bradycardia, pain unresolved, temp >99F, glucose <70 or >200
May initiate ACLS/PHLS protocol	To provide standardized emergency treatment for cardiac and respiratory events
Assess apnea or hypoventilation <8bpm	Administer O2 via mask or Ambu bag, get skilled personal immediately, call attending anesthesiologist, bring naloxone 0.4mg to bedside
EVD: Assessment/Monitoring	Setting: 15cm H_2O, Asses for site drainage, monitor dressing for adhesion concerns, monitor for redness around insertion site, monitor urine output hourly
EVD: Documentation	Document site, dressing, and wake form Q4hr and output hourly
EVD: Notify Provider	No drainage over 2hrs, waveform stopped fluctuating, any neurological exam changes, head pain develop, increased ICP >20
Notify Provider if	If SBP <90 or >160
Cardiac Monitoring	For indication of cardiac/respiratory arrest
Delirium: Notify Provider	Increased agitation despite treatment, Haldol PRN x2 in 8hrs with no relief, s/s of oversedation
Universal Decolonization	To reduce or eliminate harmful bacteria on the skin
Incentive Spirometer Q1hr	To expand the lungs and prevent respiratory complications
Initiate ICU mobility protocol	To promote early movement and activity to prevent complications of immobility
Safety Interventions for External Ventricular Drain	To drain cerebrospinal fluid and monitor intracranial pressure

Hospital Medications (Must List ALL)

Brand/Generic	Tylenol/ Acetaminophen (Jones & Bartlett, 2024)	Ventolin HFA/ Albuterol (Jones & Bartlett, 2024)	Benzocaine-Menthol / Cepacol (WebMD, 2024)	Dulcolax/ Bisacodyl (Multum, 2025)
Dose, frequency, route	1000mg, Q8hr, orally	90mcg, 4x daily, inhalant	15-26mg, PRN, orally	10mg, PRN, rectal
Classification	**Pharmacological**:	**Pharmacological**:	**Pharmacological**:	**Pharmacological**:

(Pharmacological and therapeutic and action of the drug	Nonsalicylate, para-aminophenol derivative (Jones & Bartlett, 2024) **Therapeutic**: Antipyretic, nonopioid analgesic (Jones & Bartlett, 2024)	Adrenergic (Jones & Bartlett, 2024) **Therapeutic**: Bronchodilator (Jones & Bartlett, 2024)	Topical anesthetic (WebMD, 2024). **Therapeutic:** Analgesic (WebMD, 2024).	Laxative (Multum, 2025) **Therapeutic**: Laxative (Multum, 2025)
Reason Client Taking	To relieve mild to moderate pain (Jones & Bartlett, 2024)	To prevent or treat bronchospasms in patients with reversible obstructive airway disease (Jones & Bartlett, 2024)	Blocking nerve signals for pain and calming irritating sensations (WebMD, 2024).	To treat constipations and stimulate bowel movements (Multum, 2025)
Two contraindications (pertinent to the client)	1. Severe active liver disease (Jones & Bartlett, 2024) 2. Increase warfarin normalized ration (Jones & Bartlett, 2024)	1. Beta-blockers inhibits the effects (Jones & Bartlett, 2024) 2. Monitor serum potassium levels (Jones & Bartlett, 2024)	1. Hypersensitivity to benzocaine/ menthol (WebMD, 2024) 2.	1. Intestinal obstruction (ASHP, 2025) 2. Dehydration and electrolyte imbalances (ASHP, 2025)
Two side effects or adverse effects (Pertinent to the client)	1. hypotension (Jones & Bartlett, 2024) 2.hypokalemia (Jones & Bartlett, 2024)	1. Arrhythmias (Jones & Bartlett, 2024) 2. Bronchospasms (Jones & Bartlett, 2024)	1. Temporary stinging or burning sensations (WebMD, 2024) 2. Headaches (WebMD, 2024)	1. Light headedness (Multum, 2025) 2. stomach pain/discomfort (Multum, 2025)
List two teaching needs for the medication	1. do not exceed recommended dosage (Jones &	1. Wait 1 minute in between inhalations	1. Store at room temperature between 68F –	1. Call provider if you experience rectal bleeding

pertinent to the client	Bartlett, 2024) 2. Recognize signs of hepatotoxicity (Jones & Bartlett, 2024)	(Jones & Bartlett, 2024) 2. Shake and wash actuator with water and let air dry completely once a week (Jones & Bartlett, 2024)	77F (WebMD, 2024) 2. Stop taking medication if allergic reactions occur (WebMD, 2024)	(Multum, 2025) 2. Do not use more than one rectal suppository per day (Multum, 2025)
Two Key nursing assessments(s) prior to administration	1. Swallow hole and do not crush (Jones & Bartlett, 2024) 2. Take every 4-6hrs as needed (Jones & Bartlett, 2024)	1. Prime the inhaler and shake well before first use (Jones & Bartlett, 2024) 2. Administer inhalations during inspiration when airways are open wider (Jones & Bartlett, 2024)	1. Can cause numbness in mouth or throat (WebMD, 2024) 2. Sore throat can last for more than 2 days (WebMD, 2024)	1. Remove wrapper from suppository and avoid handling it too long for risk of melting (Multum, 2025) 2. Shake the rectal enema before use (Multum, 2025)
Brand/Generic	Senokot/ Sennoside (Drug Ace, 2023)	Ativan/ Lorazepam (Jones & Bartlett, 2024)	Narcan/ Naloxone (Jones & Bartlett, 2024)	Oxaydo/ Oxycodone (Jones & Bartlett, 2024)
Dose, frequency, route	8.6mg, BID, oral	0.5mg, Q6 PRN, IV push	0.4mg/mL, PRN, IV push	10mg, Q4 PRN, orally
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacological**: Laxative (Drugs Ace, 2023) **Therapeutic**: Laxative (Drugs Ace, 2023)	**Pharmacological**: Benzodiazepine (Jones & Bartlett, 2024) **Therapeutic**: Anxiolytic (Jones & Bartlett, 2024)	**Pharmacological**: Opioid antagonist (Jones & Bartlett, 2024) **Therapeutic**: Antidote (Jones & Bartlett, 2024)	**Pharmacological**: Opioid (Jones & Bartlett, 2024) **Therapeutic**: Opioid analgesic (Jones & Bartlett, 2024)
Reason Client Taking	To treat constipation	To treat anxiety (Jones &	To treat known or suspected	To relieve pain (Jones & Bartlett,

	(Drugs Ace, 2023)	Bartlett, 2024)	opioid overdose (Jones & Bartlett, 2024)	2024)
Two contraindications (pertinent to the client)	1. GI obstruction (Drugs Ace, 2023) 2. Intestinal inflammation (Drugs Ace, 2023)	1. Acute angle-closure glaucoma (Jones & Bartlett, 2024) 2. Sleep apnea (Jones & Bartlett, 2024)	1. Cardiovascular disorders (Jones & Bartlett, 2024) 2.	1. Acute/Severe bronchial asthma (Jones & Bartlett, 2024) 2.GI obstruction (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	1. Abdominal cramping and pain (Drugs Ace, 2023) 2. Excessive bowel activity (Drugs Ace, 2023)	1. Seizures (Jones & Bartlett, 2024) 2. Respiratory depression (Jones & Bartlett, 2024)	1. Seizures (Jones & Bartlett, 2024) 2. Cardiac arrest (Jones & Bartlett, 2024)	1. Bradycardia (Jones & Bartlett, 2024) 2. Seizures (Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to the client	1. Administer 1-2 times daily (ASHP, 2025). 2. Take at bedtime (ASHP, 2025)	1. Withdrawal symptoms can last more than 12 months (Jones & Bartlett, 2024) 2. Avoid hazardous activities (Jones & Bartlett, 2024)	1. Can be purchased over-the-counter (Jones & Bartlett, 2024) 2. Call 911 immediately after administration (Jones & Bartlett, 2024)	1. Take food (Jones & Bartlett, 2024) 2. Dispose unused drugs by flushing down the toilet (Jones & Bartlett, 2024)
Two Key nursing assessments(s) prior to administration	1. Shake well before use (ASHP, 2025) 2. Max dose is 34.4mg twice daily (ASHP, 2025)	1. Dilute with equal amount of 0.9% Normal Saline (Jones & Bartlett, 2024) 2. Administer slowly, no more than 2mg/min (Jones & Bartlett, 2024)	1. Keep resuscitation equipment available during administration (Jones & Bartlett, 2024) 2. Dilute 2mg in 500mL of 0.9% Sodium Chloride	1. Do not crush, take a whole tablet (Jones & Bartlett, 2024) 2. If swallowing difficulty, sprinkle over food (Jones & Bartlett, 2024)

			(Jones & Bartlett, 2024)	
Brand/Generic	Protonix/ Pantoprazole (Jones & Bartlett, 2024)			
Dose, frequency, route	40mg, Daily, IV push			
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacological**: Proton pump inhibitor (Jones & Bartlett, 2024) **Therapeutic**: antiulcer (Jones & Bartlett, 2024)			
Reason Client Taking	Treat erosive esophagitis associated with GERD (Jones & Bartlett, 2024)			
Two contraindications (pertinent to the client)	1. hypersensitivity to medication, substitute benzimidazole (Jones & Bartlett, 2024)			
Two side effects or adverse effects (Pertinent to the client)	1. bronchitis (Jones & Bartlett, 2024) 2. (Jones & Bartlett, 2024)			
List two teaching needs for the medication pertinent to the client	1. Expect relief of symptoms within 2 weeks (Jones & Bartlett, 2024) 2. May causes an adverse effect of increased coughing (Jones			

	& Bartlett, 2024)			
Two Key nursing assessment(s) prior to administration	1. Check calcium, magnesium, and potassium levels (Jones & Bartlett, 2024) 2. Monitor for respiratory distress			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Senokot	I chose this medication because the patient is taking multiple opioids which causes constipation	1. Abdominal cramping and pain (Drugs Ace, 2023) 2. Excessive bowel activity (Drugs Ace, 2023)
2. Albuterol HTA	I chose this medication because the patient is at risk for respiratory depression due to increased intracranial pressure	1. Beta-blockers inhibits the effects (Jones & Bartlett, 2024) 2. Monitor serum potassium levels (Jones & Bartlett, 2024)
3. Oxycodone	I chose this medication because it is used for when the patient is in pain	1. Bradycardia (Jones & Bartlett, 2024) 2. Seizures (Jones & Bartlett, 2024)

Medications Reference (1) (APA)

ASHP. (2025). *Bisacodyl (monograph).* Drugs.com. https://www.drugs.com/monograph/bisacodyl.html?utm_source=chatgpt.com

ASHP. (2025). *Senna (Monography).* Drugs.com/ https://www.drugs.com/monograph/senna.html

Drugs Ace. (2023). *Senna*. Drugace.com. Word Press. https://drugsace.com/senna/?utm_source=chatgpt.com

Jones & Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook: Twenty-Four Edition*. World headquarters.

Multum, C. (2025). *Bisacodyl (oral and rectal).* Drugs.com. https://www.drugs.com/mtm/bisacodyl-oral-and-rectal.html?utm_source=chatgpt.com

WebMD. (2024). Benzoca*ine/Menthol (Cepacol, Chloraseptic) – Uses, Side Effects, and More*. WebMD. https://www.webmd.com/drugs/benzocaine-menthol-cepacol-chloraseptic?utm_source=chatgpt.com#uses

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**Orientation**: Alert and oriented x4 to person, place, time. **Appearance**: well groomed, no acute signs of distress No infection or isolation precaution **Chief complaint**: **Headache, nausea/vomiting, blurred vision for 1 month**
VITAL SIGNS: **Temp:** **Resp rate:**	**Time**: 8am **Temp**: 99.3F, oral **RR**: 20

Pulse: **B/P:** **Oxygen:** **Delivery Method:**	**HR**: 101 **BP**: 133/71, right arm, supine o **MAP**: 95 **O2**: 95, room air
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**Time:** 8am Assessed patient pain level. No current pain or discomfort.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	**Size**: 20-gauge, 20-gauge, 18-gauge **Location**: Right antecubital, Right hand, Left hand **Date**: 2/16, 2/16, 2/18 **Patency**: flush easily, saline lock **Dressing**: transparent, dry, intact No signs of erythema, drainage, phlebitis
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Color**: normal for ethnicity, pink **Characteristic**: dry, smooth, no lesions **Temperature**: warm **Turgor**: elastic **Braden Score**: **19** No rashes, bruises, wounds, or drains
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head/Neck: symmetrical, trachea midline without deviation, bilateral carotid pulses, no nodules or lymphadenopathy identified, EVR on right side **Ears**: bilateral canal clear, no hearing loss, no visual deformities, lumps, or lesions **Eyes**: bilateral white sclera and clear cornea, PERRLA bilaterally, glasses, no visual drainage or lesions **Nose**: septum midline, bilateral frontal sinuses are nontendered, no visual bleeding **Teeth**: characteristic align with age, decay caries
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	**Sound**: S1 and S2 heard, clear, no murmur or gallops **Rhythm**: tachycardia

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	**Peripheral Pulses**: 3+ bilaterally **Capillary Refill**: 3+ bilaterally No neck vein distention or edema
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Breath Sounds: normal rate, symmetrical and non-labored, clear bilaterally No uses of accessory muscle or retraction
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating 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:**	Diet: Regular, tolerating diet well **Height**: 188cm (6'2) **Weight**: 101kg (222lb, 10.6oz) **Bowel Sounds**: hyperactive in all four quadrants **Last BM**: 2/18 **Inspection**: nontender, soft, nondistended, normoactive in all 4 quadrants No scars, distention, incision, drains, or wounds No ostomy, nasogastric, or feeding tube
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Color**: clear, yellow **Character**: clear **Quality**: thin No pain when urinating. No dialysis. No catheter. Did not assess genitals

Intake (in mLs) **Output (in mLs)**	**Intake**: unable to determine **Output**: 700cc, urinal output
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	**ROM**: all extremities have full range of motions **Strength**: hand grips normal and equal, pedal pushed and pulls normal and equal **Fall Risk**: **12, moderate** No gross motor or sensory deficits, **bedrest**, no supportive device needed
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW: intact **PERLA**: intact **Strength** - Arms – equal 3+, bilaterally - Legs – equal 3+ bilaterally **Orientation**: A/O x4 to person, place, time, and situation, Glasgow 15 **Mental status**: normal cognition **Speech**: clear **LOC**: answer questions appropriately
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Unable to assess coping mechanisms, religious, and personal family data due to surgery **Developmental Level**: Intimacy vs Isolation (Cherry, 2025)

Discharge Planning

Discharge location: Transfer to U of C for higher level of care 2/18

Home health needs: unable to identify

Equipment needs: no equipment needed

Follow up plan: Patient will be transferred to another hospital. Follow up with PCP recommended

Education needs: No education needed

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

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**

1. Risk for acute confusion related to brain tumor. I chose this nursing diagnosis because this patient is susceptible to reverse disturbances of consciousness, attention, cognition, and perception that develop over a short period of time. The outcome goal is that patient's neurological status will remain stable (Phelps, 2022). Two interventions used are to assess patient's LOC and changes in behavior to provide baseline for comparison with ongoing assessment findings and limit noise and environmental stimulation to prevent patient from becoming more confused (Phelps, 2022). Evaluation for intervention was patient exhibits a mental status within his normal range (Phelps, 2022).

2. Risk for ineffective cerebral tissue perfusion related to increased intracranial pressure. I chose this nursing diagnosis because the patient is susceptible to a decrease in cerebral tissue circulation due to a brain tumor. The outcome goal is that the patient will understand the need for frequent neurological assessments to evaluate for any changes (Phelps, 2022). Two interventions used are to assess patient for positive risk factors for decrease in cerebral perfusion and to maintain adequate oxygenation to ensure cerebral perfusion (Phelps, 2022). Evaluation for intervention was that patient's hemodynamic status supports adequate cerebral perfusion (Phelps, 2022).

3. Impaired physical mobility related to increased intracranial pressure as evidence by neurological deficits. I chose this nursing diagnosis because the patient has limitation in independence and purposeful movement of the body. The outcome goal is that patient will show no evidence of complications such as thrombus formation or skin breakdown (Phelps, 2022). Two interventions used are to turn the patient every 2 hours and to perform ROM exercises at least once per shift unless contraindicated (Phelps, 2022). Evaluation for intervention was that patient shows no signs of other complication (Phelps, 2022).

4. Disturbed body image related to brain tumor as evidence by change in lifestyle. I chose this nursing diagnosis because the patient is a 21-year-old male who now must deal with the fact he has been diagnosed with a brain tumor. The outcome goal is that patient will participate in decision-making about his care (Phelps, 2022). Two interventions used are assisting the patient to identify appropriate coping strategies and to involve patient in

decision-making giving a sense of control over environment (Phelps, 2022). Evaluation for intervention is that patient acknowledges change in body image (Phelps, 2022).

5. Stress overload related to hospitalization as evidence by impaired mobility. I chose this nursing diagnosis because this patient is stressed about his current medical diagnosis and condition. The outcome goal is that patient will develop strategies to reframe distorted thinking patterns related to environmental demands (Phelps, 2022). Two interventions used are teaching coping strategies and exploring support systems with patient (Phelps, 2022). Evaluation for intervention is that patient will address coping mechanisms for dealing with stress overload (Phelps, 2022).

Other References (APA):

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