N311 Care Plan # 1

Lakeview College of Nursing

Marranda Steffen

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
1/18/11	DS	81	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	None	Single	Codeine Phosphate, Cogentin, Lithium Asparte, Propoxyphene Thiopental, Tramadol, Ziprasidone
Code Status	**Height**	**Weight**	
Full Code	65.0 in	74.8 kg	

Medical History (5 Points)

Past Medical History: CHF, High Cholesterol, Pneumonia, Dysphagia, Somnolence, Respiratory Failure, Angina, Fibromyalgia, Type 2 Diabetes, Schizoaffective Disorder, COPD, Arthritis, CKD - Stage 3, Tachycardia, Scoliosis, Spondylopathy, Malformation of the Spine, Anemia, Depression, Anxiety, GERD

Past Surgical History: Hysterectomy, Gastric Ulcer Operation, Tubal Ligation, Tonsillectomy

Family History: Not Available

Social History (tobacco/alcohol/drugs): Alcohol - Never used, Drugs - Never used, Tobacco - Never used

Admission Assessment

Chief Complaint (2 points): Needs assistance

History of present Illness (10 points):.Dementia

Onset 1/18/11, forgetting things like ADL. Client is confused at sometimes more than others. Relieving factors are reorienting her every day by asking her name, having calendars up and a clock displayed where it can easily be seen. Client is taking medication to help treat the symptoms. Severity is a 13 on her mental health awareness test.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Dementia

Secondary Diagnosis (if applicable): Hypertension

Pathophysiology of the Disease, APA format (20 points):

Dementia

"Dementia is a decline of reasoning, memory, judgment, and other cognitive functions. This disease impairs the ability for one to carry out ADLs" (Capriotti, T., & Frizzell, J. P. (2018). p.845). Dementia can be both reversible and irreversible depends on the cause. When a person has dementia they will lose their ability to reason making it harder for them to solve problems and think critically when the situations come up in daily life. Alzheimer's disease and vascular disease (also called multi-infarct dementia) are the two main types of dementia, depending on the type the pathophysiology changes. "Alzheimer's disease is the most common cause of a progressive dementia in older adults, but there are a number of causes of dementia" (Dementia. (2019, April 19). Both types of dementia are usually treated by treating the symptoms and not the disease itself.

Alzheimer's Disease

"Alzheimer's disease is a progressive neurological degenerative disease of the brain, is characterized by significant changes in brain tissue" (Capriotti, T., & Frizzell, J. P. (2018). p.845). Tau proteins are changed chemically and become unstable when this happens they pair with other threads of tau becoming neurofibrillary tangles which caused the neuron's transport system to collapse. When the transport system collapses it leads to the death of brain cells. Acetylcholine deficiency occurs in Alzheimer's disease, it is involved in memory functions so because there is a deficiency of it then it causes the brain to lose memory.

Vascular Dementia

Vascular Dementia, also called multi-infarct dementia, can be caused by many different things. “Multi-infarct dementia is thought to be irreversible form of dementia, and its onset is caused by a number of small strokes or, sometimes, one large stroke preceded or followed by other smaller strokes” (Capriotti, T., & Frizzell, J. P. (2018). p.846). If patients have signs of Alzheimer’s disease and cerebrovascular disease then they are diagnosed with mixed dementia. It can be diagnosed by evidence of ischemic lesions present on a neuroimaging diagnostic test.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2018). *Nursing 120 - Pathophysiology Bundle: pathophysiology introductory concepts*. Place of publication not identified: F A DAVIS.

Dementia. (2019, April 19). Retrieved October 1, 2019, from https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC				
Hgb				
Hct				
Platelets				

WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Metoprolol Tartrate**	**Potassium Chloride Granules**	**MetFORMIN HCl**	**Atorvastatin Calcium**	**Furosemide**
Dose	50 mg	20 mEq	500mg	10 mg	20 mg
Frequency	bid	qd	bid	qd	bid
Route	po	po	po	po	po
Classification	Beta1-adrenergic antagonist	Electrolyte cation	Dimethylbiguanide	Synthetically derived fermentation product	Sulfinamide
Mechanism of Action	Inhibits stimulation of beta1-receptor sites located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand	Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic process	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production.	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.
Reason Client Taking	HTN	Supplement Heart Failure	Type 2 Diabetes	Cholesterol	Edema b/c of Heart Failure
Contraindications (2)	Acute Heart Failure & Cardiogenic Shock	Acute Dehydration & Peptic Ulcer Disease	Advanced Renal & Metabolic Acidosis	Active hepatic disease & hypersensitivity to atorvastatin	Anuria unresponsive to furosemide & hypersensitivity to furosomide
Side Effects/Adverse Reactions (2)	Anxiety & Depression	Confusion & Bradycardia	Aplastic Anemia & Hypoglycemia	Anemia & Pneumonia	Weakness & Elevated cholesterol and triglyceride levels

(Jones & Barlett Learning. (2019). p. 107-108, 546-548, 755-757, 784-785, & 990-992.)

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (Eighteenth). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x3, client showed no signs of distress, client was neat, clean, and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Clients skin color was normal, skin was dry, and warm to touch, no turgor. Client had a rash on her left wrist. Bruises on each arm, client stated "bruises are from getting blood drawn and IVs." No visible wounds. Client has a score of 18.0 on the braden scale which makes her "at risk" for skin break down. No drains are present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.Symmetrical head with no masses, no hearing aids. PERRLA. Nose and throat color is normal no drainage or redness. Client does have dentures.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	. Normal rate, rhythm, and strength. No abnormalities. S1 and S2 heard. Dorsal Pedialis +1, very faint. Radial pulse +3, strong. Capillary refill <3 seconds. No neck distention. No edema. Redness on lower legs.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	. No accessory muscle use. Clear breath sounds in the left lung.

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:**	. CCHO diet at home and is still current diet. Client's height is 65.0 in and weight is 75 kg. Bowel sounds are present in LLQ. Last BM was 9/22/19 and medium in size. Pain 9/10 when palpating the abdomen, Client states "because I have a hernia." No distention, incisions, scars, drain, or wounds in the abdomen. No ostomy, nasogastric tube, or feeding tubes.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Client did not urinate so was unable to assess the urine. Client stated sometimes having pain of 4/10 when urinating but not always. Client not on dialysis and does not have a catheter.
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☐**	. Active ROM. Has a supportive device, walker. Equal strength in both legs and arms. She is at risk for falls, a score of 65. She is independent but does need support to stand and walk, uses a walker.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -**	. MAEW. PERRLA. Strength is equal in both arms and legs. A&O x3. Slowed but clear speech. Feels all extremities.

Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	Client stated she was stressed out about her brother, but seeing him would help. She acts her age. Her preferred religion is Pentecostal. Client stated, "I haven't went to church since I got here," but she was watching religion on the TV. She has 2 brothers that have passed away. One brother is still alive but she hasn't seen him since he had surgery for cancer.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:30	94 beats/min	112/78 mm hg	14 breath/min	94.2 F	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:35	1 - 10	none	0	none	none

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Did not stay through lunch so was unable to	figure out input and output.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
● Include full nursing diagnosis with "related to" and "as	● Explain why the nursing diagnosis was		● How did the patient/family respond to the nurse's actions?

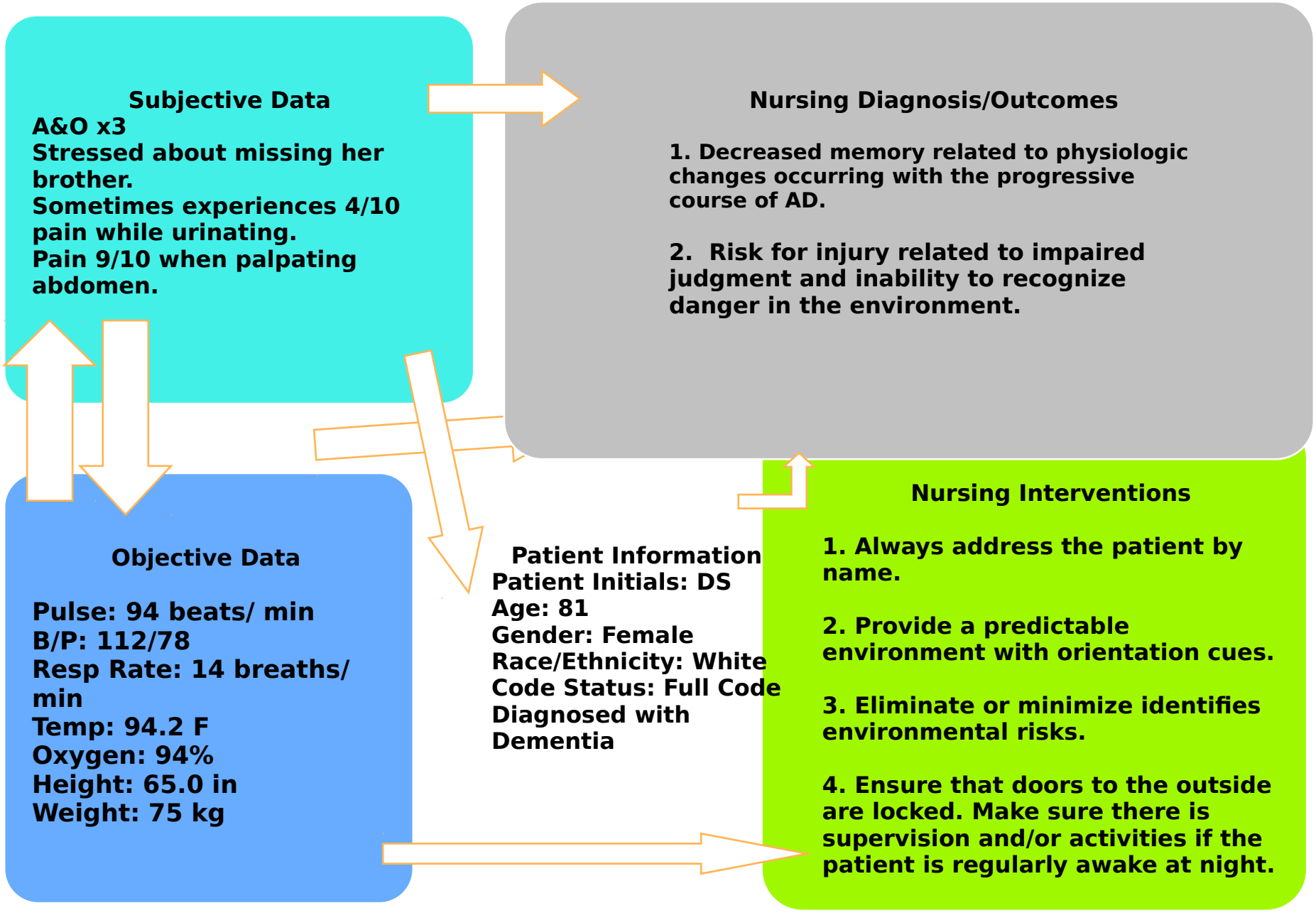
evidenced by" components	chosen		● Client response, status of goals and outcomes, modifications to plan.
1. Decreased memory related to physiologic changes occurring with the progressive course of AD.	Client has dementia and her memory will be decreasing as time goes on.	1. Always address the patient by name. 2. Provide a predictable environment with orientation cues.	The client was more oriented in the environment that had cues and she remembers her name every time you call her by her name. Goal was met patient remembers name and there is a calendar and clock in place to keep her oriented.
2. Risk for injury related to impaired judgment and inability to recognize danger in the environment.	Client had a fall assessment done at it graded her as fall risk.	1. Eliminate or minimize identifies environmental risks. 2. Ensure that doors to the outside are locked. Make sure there is supervision and/or activities if the patient is regularly awake at night.	The doors to the outside are locked and the environment is clear of items that might cause patient to fall. Goal was met patient did not fall.

(Swearingen, Wright. (2016.) p.738&739)

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2016). *All-in-one care planning resource: medical-surgical, pediatric, maternity & psychiatric nursing care plans*. Philadelphia, PA: Elsevier/Mosby.

Concept Map (20 Points)


Subjective Data
A&O x3
Stressed about missing her brother.
Sometimes experiences 4/10 pain while urinating.
Pain 9/10 when palpating abdomen.
Nursing Diagnosis/Outcomes
1. Decreased memory related to physiologic changes occurring with the progressive course of AD.
2. Risk for injury related to impaired judgment and inability to recognize danger in the environment.
Objective Data
Pulse: 94 beats/ min
B/P: 112/78
Resp Rate: 14 breaths/ min
Temp: 94.2 F
Oxygen: 94%
Height: 65.0 in
Weight: 75 kg
Patient Information
Patient Initials: DS
Age: 81
Gender: Female
Race/Ethnicity: White
Code Status: Full Code
Diagnosed with Dementia
Nursing Interventions
1. Always address the patient by name.
2. Provide a predictable environment with orientation cues.
3. Eliminate or minimize identifies environmental risks.
4. Ensure that doors to the outside are locked. Make sure there is supervision and/or activities if the patient is regularly awake at night.