

N311 Care Plan 2

Lakeview College of Nursing

Veronica Hemmingway

Demographics (5 points)

Date of Admission 11/29/2011	Patient Initials L.B.	Age 68	Gender M
Race/Ethnicity White	Occupation Laborer	Marital Status Single	Allergies Penicillin
Code Status Full Code	Height 71in	Weight 96.62kg	

Medical History (5 Points)

Past Medical History: Hyperlipidemia unspecified, Gastro-esophageal reflux disease w/o esophagitis, Unspecified Osteoarthritis unspecified site, Essential primary hypertension

Past Surgical History: Not available

Family History: Mom deceased, died of old age. father died of cancer

Social History (tobacco/alcohol/drugs): Drunk ten beers a week, was a chronic smoker but stopped seven years ago, no recreational drugs, alcohol dependence

Admission Assessment

Chief Complaint (2 points): Hemiplegia and Hemiparesis following unspecified cerebrovascular affecting left non dominant side and stomach pain

History of present Illness (10 points): Patient had a stroke in September 2011 on his left side. He felt a numbness in his arm and believes it stems from high blood pressure that he takes medicine for and he stopped smoking.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hemiplegia and Hemiparesis following unspecified cerebrovascular affecting left non dominant side and stomach pain

Secondary Diagnosis (if applicable): Unspecified Osteoarthritis

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

Pathophysiology References (2) (APA):

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	4.29-5.56		4.9	
Hgb	13.0-17.0		15.4g/dL	
Hct	38.1-48.9		41.7	
Platelets	149.393		263k/mcL	
WBC	4.0-11.7		7.9k/mL	
Neutrophils	2.4-8.4		4.0 X 10³/mc L	
Lymphocytes	0.8-3.7		2.0X 10/mcL	
Monocytes	4.4-12.0		12.6%	
Eosinophils	0.0-6.3		9.3%	
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-	136-145		140	
K+	3.5-5.1		4.3	
Cl-	98-107		105	
CO2	21-31		27	
Glucose	74-109		90	
BUN	7-25		15	
Creatinine	0.70-1.20		1.06	
Albumin	3.5-5.2		3.8	
Calcium	8.6		8.9	
Mag				
Phosphate				
Bilirubin	0.3-1.0		0.5	
Alk Phos	40-130		66	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.(NO URINE OBTAINED)

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. (NO URINE OBTAINED)

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

Lab Correlations Reference (APA): Sarah Bush Lincoln (2019) Reference Range (Lab values) Mattoon IL (n.d.)

Diagnostic Imaging

All Other Diagnostic Tests (10 points): NO DIAGNOSTIC TESTING

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

Brand/Generic	Acetaminophen/ Abenol	Aspir-Low/ Aspirin	Pravastin Sodium/ Pravachol	Metoprolol Tartrate/ Betaloc (CAN)	Lisinopril/ Prinivil
Dose	325mg 2 Tab	81mg Ec Tab	20mg 1 Tab	50mg 1 Tab	10mg 1 Tab
Frequency	Daily	Daily	Daily	Daily	Daily
Route	P O	P O	P O	P O	P O
Classification					Chemical class Lysine ester enalaprilat. Therapeutic class antihypertensive vasodilator.
Mechanism of Action					May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II angiotensin II is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone. Lisinopril may also inhibit Reno and vascular production of angiotensin II Decrease release of aldosterone reduce sodium and water reabsorption and increases their excretion there by reducing blood pressure.
Reason Client Taking	Pain	Cerebrovascular Disease	Hyperlipidemia	Hypertension	Hypertension
Contraindications (2)					Concurrent aliskiren use in patients with diabetes or patients with renal impairment heredity or idiopathic angioedema or history of angioedema related to previous

Medications (5 required)

Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and Oriented X 3 No Distress Worn out clothes, holes in shoes
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pink Moist Warm to touch > 3 None None None 18 (mild risk)
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Hair present, no hearing aids Glasses for reading Hair present, clear Missing several teeth
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. S1, S2 Cardiac rhythm (if applicable): Peripheral Pulses: Pt refused Capillary refill: Normal Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	

	Yes
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	Let side stroke, not mobile Left side no strength from stroke Alert and Oriented X 3 Normal Normal Alert and Conscious
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):	Puzzles, books and reads the paper Highschool, went to the army No Sister out of states but calls

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:30	80	142/70	14	95.0 axillary	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:30	5/10	Stomach	Mild	Discomfort Not sharp	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Water and apple juice	147mL

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1.		1. 2.	
2.		1. 2.	

Other References (APA):

Concept Map (20 Points):

Pathophysiology Stroke

A stroke occurs when the blood supply to part of your brain is interrupted or reduced,

depriving brain tissue of oxygen and nutrients. Within minutes, brain cells begin to die. A

stroke is a medical emergency. Prompt treatment is crucial and early action can minimize

brain damage and potential complications. The good news is that strokes can be treated and

prevented, and many fewer Americans die of stroke now than in the past. The primary

pathophysiology of stroke is an underlying heart or blood vessel disease. The secondary

manifestations in the brain are the result of one or more of these underlying diseases or risk

factors. The primary pathologies include hypertension, atherosclerosis leading to coronary

artery disease, dyslipidemia, heart disease, and hyperlipidemia. The two types of stroke that

result from these disease states are ischemic and hemorrhagic strokes.

Subjective Data

Stomach pain, drunk ten beers a week, was a smoker but stopped seven years ago. Both parents are deceased. Patient was not feeling well when we went to assess him.

Nursing Diagnosis/Outcomes

Objective Data

Patient is a 68yr old male who lives in the nursing home because he had a stroke in which is unable to use his left side.. He was admitted September 2011, he is a full code, he is allergic to penicillin, he is white, he had Unspecified Osteoarthritis, Essential primary hypertension. He has high blood pressure and takes medication for it

Patient Information

Patient name B.L age 68yr old
White male, allergic to Penicillin, full- code. Had a stroke in September 2011 and how lives in the nursing home who also has primary hypertension

Nursing Interventions

Give the patient Pepto-Bismol for upset stomach and have him lay in the bed in a comfort

