

N311 Care Plan # 3

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/22/18	Patient Initials J.R.	Age 82	Gender Male
Race/Ethnicity White	Occupation Salesman	Marital Status Divorced	Allergies No known allergies
Code Status DNR	Height 72 in	Weight 195.6 lbs	

Medical History (5 Points)

Past Medical History: urinary incontinence, hyperglycemia, diplopia, essential primary hypertension, third oculomotor nerve palsy- left eye, benign prostatic hyperplasia without lower urinary tract symptoms, constipation, spondylolisthesis- lumbar region, lumbar disk degeneration, Alzheimer's disease, displaced intertrochanteric fracture of right femur, fracture of right clavicle, fall on same level from slipping, tripping, and stumbling, repeated falls, polyosteoarthritis, muscle weakness, abnormalities of gait and mobility, unsteadiness on feet.

Past Surgical History: left hip surgery, skin graft-RLE, hernia repair-left side, cataract removal, right hip surgery

Family History: mother-stroke, diabetes, father-obesity

Social History (tobacco/alcohol/drugs): Patient denies any current alcohol or tobacco use. He stated he quit smoking about 9 years ago and would drink a few beers on a rare occasion.

Admission Assessment

Chief Complaint (2 points): bilateral knee pain

History of present Illness (10 points): 82 year old male was admitted to the nursing facility on 10/22/18 due to having Alzheimer's disease. Patient complains of having bilateral knee pain for several years. He stated his left knee is worse than the right. Patient complains of sharp, stabbing pain in bilateral knees when walking or using his legs. He does take Tylenol on occasion which

doesn't seem to help much. Sitting down does alleviate his pain. He wears bilateral knee braces that helps control his pain. He stated his pain is 7 or 8 out 10 when walking or using his legs.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Alzheimer's Disease

Secondary Diagnosis (if applicable): displaced intertrochanteric fracture of right femur

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

Alzheimer's disease is a progressive disorder that causes deterioration of the brain cells which causes them to die (Alzheimer's disease, 2018). Alzheimer's disease is the most common cause of dementia—a decline of reasoning, memory, judgment, and other cognitive functions (Capriotti & Frizzell, 2016). In the early stages of Alzheimer's disease, the patient may be a little bit forgetful and need reminders and prompting to get tasks completed. It is very difficult for a patient with advanced Alzheimer's disease to multitask. It is also difficult for them to grasp concepts such as numbers, therefore it can be challenging for them to balance their checkbook, pay bills, or keep up with their finances. As this disease progresses, it is difficult for these patient's to perform daily tasks such as dressing themselves, preparing meals, or maintaining the upkeep on their home (Alzheimer's disease, 2018).

The main symptom of Alzheimer's disease is memory loss. An early sign of Alzheimer's disease may be forgetting recent events or conversations. Sadly, as the disease progresses, the person will lose ability to perform everyday tasks (Alzheimer's disease, 2018). While assessing our patient, he stated he had never had any surgeries. After assessing each body system and asking more questions, he was able to tell us the different types of surgeries he has had.

Cholinesterase inhibitors are used to treat cognitive symptoms. This type of drug works by boosting levels of cell-to-cell communication that preserves the chemical messenger that is

depleted in the brain by Alzheimer’s disease (Alzheimer’s disease, 2018). Some of these drugs include Exelon, Namenda, or Aricept. These types of drugs may be used to slow the rate at which the symptoms worsen (Capriotti & Frizzell, 2016). This patient currently takes Aricept twice daily.

There is a deficiency of acetylcholine in people with Alzheimer’s disease, which is involved in memory function (Capriotti & Frizzell, 2016). Although the exact cause of Alzheimer’s disease is not fully understood, it is believed that a combination of things such as genetics, lifestyle, and environmental factors play a large role (Alzheimer’s disease, 2018). Studies have found an association between socially and mentally stimulating activities have reduced the risk for Alzheimer’s disease (Capriotti & Frizzell, 2016).

Pathophysiology References (2) (APA):

Alzheimer's disease. (2018, December 8). Retrieved from <https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447>.

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: Introductory concepts and clinical perspectives. Philadelphia, PA: F.A. Davis Company.

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 4/9/19	Reason for Abnormal Value
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RBC	3.80-5.41		3.91	
Hgb	11.3-15.2		13.6	
Hct	33.2-45.3		40.2	
Platelets	149-393		184	
WBC	4.0-11.7		7.2	
Neutrophils	2.4-8.4		5.0	
Lymphocytes	0.8-3.7		1.1	
Monocytes	4.4-12.0		10.0	
Eosinophils	0.0-6.3		5.7	
Bands	45.3-79.0		68.5	

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		4.1	
Cl-	98-107		103	
CO2	22-29		27	
Glucose	70-99		139	Patient has a diagnosis of hyperglycemia
BUN	6-20		10	
Creatinine	0.70-1.20		.97	
Albumin	3.5-5.2		4.2	
Calcium	8.6-10.4		8.7	
Mag	1.6-2.4		2.1	

Phosphate	2.5-4.5		3.0	
Bilirubin	0.0-1.2		0.5	
Alk Phos	35-105		66	

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 6/18/19	Reason for Abnormal
Color & Clarity	Yellow/ Clear		Amber Cloudy	Patient diagnosed with BPH which could cause UTI (BPH, 2019)
pH	5.0-8.0		5.0	
Specific Gravity	1.005-1.034		1.021	
Glucose	Normal		50	Patient has a diagnosis of hyperglycemia
Protein	Negative		Negative	
Ketones	Negative		Negative	
WBC	<5		>100	Patient diagnosed with BPH which could cause UTI (BPH, 2019)
RBC	(0-3)		4	Patient diagnosed with BPH which could cause UTI (BPH, 2019)
Leukoesterase	Negative		3	Patient diagnosed with BPH which could cause UTI (BPH, 2019)

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
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Urine Culture	Negative		>100,000 Cfu/mL	Patient diagnosed with BPH which could cause UTI (BPH, 2019)
Blood Culture	Negative		Negative	
Sputum Culture	Negative		Negative	
Stool Culture	Negative		Negative	

Lab Correlations Reference (APA):

Benign prostatic hyperplasia (BPH). (2019, March 2). Retrieved from

<https://www.mayoclinic.org/diseases-conditions/benign-prostatic-hyperplasia/symptoms-causes/syc-20370087>.

Sarah Bush Lincoln Health Center (2019). *Reference Range*. (Lab values) Mattoon, IL.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

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

Medications (5 required)

Brand/Generic	Atorvastatin calcium/ Lipitor	Donepezil hydrochloride/ Aricept	Isosorbide mononitrate/ Monoket	Lisinopril/ Zestril	Tamsulosin Hydrochloride /Flomax
Dose	40 mg	10 mg	30 mg ER	5 mg	0.4 mg
Frequency	QD	BID	QD	QD	QD
Route	PO	PO	PO	PO	PO
Classification	Synthetically	Piperidine	Organic nitrate;	Lysine ester	Sulfamoylphe

	derived fermentation product; antihyperlipidemic	derivative; antienteria	antianginal	of enalaprilat; antihypertensive, vasodilator	nethylamine derivative; BPH treatment
Mechanism of Action	Reduce plasma cholesterol and lipoprotein 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.	Reversibility inhibits acetylcholinesterase and acetylcholine's concentration at cholinergic synapses.	Isosorbide may interact with nitrate receptors in vascular smooth-muscle cell membranes. By interacting with receptors' sulfhydryl groups, drug is reduced to nitric oxide.	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II.	Blocks alpha adrenergic receptors in the prostate. This action inhibits smooth muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra with improves the rate of urine flow and reduces symptoms of BPH.
Reason Client Taking	Hyperlipidemia	Alzheimer's Disease	Angina	HTN	BPH
Contraindications (2)	Active hepatic disease; breastfeeding	Hypersensitivity to donepezil; piperidine derivatives, or their components	Angle closure glaucoma; cerebral hemorrhage	Concurrent aliskiren use in patients with diabetes or patients with renal impairment (GFR less than 60 mg/min); heredity of idiopathic angioedema or history of angioedema	Hypersensitivity to tamsulosin, quinazolines, or their components

				related to previous treatment with an ACE inhibitor	
Side Effects/Adverse Reactions (2)	Abnormal dreams, dyspnea	Agitation; hypertension	Dysuria; orthostatic hypotension	Ataxia; cough	Constipation; decreased libido

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses Drug handbook (18th edition)*. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Patient A&O x 4. No distress. Relaxed and comfortable. Well groomed.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 19 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Patient states he is white and appears with skin tone appropriate for ethnic background. Skin cool and intact. Good skin turgor. Patient had scabs on bilateral lower extremities. His right leg had some minimal drainage from the scabs. Scar from skin graft noted. Patient had bruises on both hands. Rash on inguinal fold of left leg noted. Braden score of 19-patient not at risk for pressure ulcer.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head is normocephalic. Trachea midline, no deviations. Yellow wax on outer ears noted. Patient states he is partially blind in the left eye. He wears glasses for reading. PERRLA noted. Nose shows no deviated septum, turbinates are equal bilaterally. Oral mucosa pink and moist. Patient did not have any teeth on top and had missing teeth on bottom.

<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: 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:</p>	<p>Heart sounds auscultated and S1 and S2 were heard. Capillary refill average of less than 3 seconds. Pedal pulses assessed bilaterally.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>No accessory muscles used while breathing. Trachea midline, no deviations. Lung sounds were auscultated and clear. No wheezing, cough, sputum, or labored breathing.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient has an ordered regular diet (no added salt). His normal diet at home was a well balanced regular diet. Bowel sounds present in all four quadrants. No abdominal pain but slight abdominal distention noted. Last bowel movement was on the morning of 10/8/19.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Patient voiding without difficulty. Uses urinal at bedside. Urine is light yellow, clear, and does not have a strong odor. Patient denies pain, hesitancy, or urgency on urination. Rash in upper inguinal fold on left side noted.</p>

MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 65 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Patient has full ROM bilaterally on upper and lower extremities. Patient uses the assistance of a walker and wheelchair. Fall risk score of 65 noted-High fall risk. Patient uses walker and wheelchair for assistance.
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input 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 checked="" type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	Patient MAEW for current age and condition. Leg strength equal bilaterally. RUE stronger than LUE. A&O x 4. Speech was clear. No sensory loss noted.
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):	Patient states he is a Christian and he believes in god but is not able to go to church. He stated he has 2 children that visit often.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1020	64	140/72	12	97.6	99%
	bpm	Right arm	Breaths/min		

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1020	Numeric	Bilateral knees	7/10	Sharp; stabbing	Resting

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
	75 mL

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<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.
<p>1. Chronic knee pain related to arthritic joint changes as evidence by patient stating pain is 7-8 out of 10</p>	<p>Patient’s only complaint was bilateral knee pain</p>	<p>1.As prescribed, use analgesic adjuvants/co-analgesics</p> <p>2.Provide patient with alternate options to help relieve pain such as ice, heat, topical rubs, or leg exercises</p>	<p>Goal was to reduce the patient’s pain to 2-3/10 by the end of the shift</p>
<p>2. Potential for falls due to weakness, impaired balance, and unsteady gait as evidence by fall risk score of 65</p>	<p>Patient is at high risk for fall due to fall risk score of 65</p>	<p>1. Assess gait and monitor for weakness, difficulty with balance, tremors, spasticity, or paralysis</p> <p>2. Teach the patient to maintain sitting position before assuming standing position for</p>	<p>Goal was to prevent falls by patient using wheelchair or walking for assistance</p>

		ambulating	
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Other References (APA):

Swearingen, P.L., Wright, J.D. (2019). *All-in-one nursing care planning resource:*

Medical-surgical, pediatric, maternity, psychiatric nursing care plans. St. Louis, MO:

Elsevier/Mosby.

Concept Map (20 Points):

Subjective Data

Bilateral knee pain-left worse than right
Sharp stabbing pain
Rates pain 7-8/10
Takes Tylenol on occasion

Nursing Diagnosis/Outcomes

Chronic knee pain related to arthritic joint changes as evidence by patient stating pain is 7-8 out of 10.

Outcome- was to reduce the patient's pain to 2-3/10 by the end of the shift

Potential for falls due to weakness, impaired balance, and unsteady gait as evidence by fall risk score of 65

Outcome- was to prevent falls by patient using wheelchair or walking for assistance

Objective Data

Patient A&O x 4
Patient wearing bilateral knee braces

Patient Information

82 year old male complains of having bilateral knee pain for several years. Patient denied any surgical history during initial assessment. After reviewing all body systems patient then reported having several surgeries. Patient currently takes Aricept for

Diagnosis of Alzheimer's disease.

Nursing Interventions

Patient's pain level was assessed and while sitting he reported having no pain.

