Running head: N311 Care Plan

N311 Care Plan 3

Lakeview College of Nursing

Olamide Adewole

N311 Care Plan

Demographics (5 points)

Date of Admission 10/8/2019	Patient Initials W.W	Age 97	Gender Male
Race/Ethnicity White	Occupation Retired	Marital Status Single	Allergies none
Code Status DNR	Height 5'6	Weight 169lbs	

Medical History (5 Points)

Past Medical History: Coronary Artery Disease, Hypertension, UTI, Hyperlipidemia, Physical deconditioning, Traumatic deconditioning of the scalp

Past Surgical History:

Family History:

Social History (tobacco/alcohol/drugs): Alcohol use not currently

Admission Assessment

Chief Complaint (2 points): Low blood pressure

History of present Illness (10 points): On 10/01/2019, he felt dizzy and lost balance due to low blood pressure

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fall at home due to low b/p

Secondary Diagnosis (if applicable); Anemia, HTN, Diabetes type 2

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

Low blood pressure might seem desirable, and for some people, it causes no problems. However, for many people, abnormally low blood pressure (hypotension) can cause dizziness and fainting. In severe cases, low blood pressure can be life-threatening. A blood

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pressure reading lower than 90 millimeters of mercury (mm Hg) for the top number (systolic) or 60 mm Hg for the bottom number (diastolic) is generally considered low blood pressure.

Symptoms

For some people, low blood pressure signals an underlying problem, especially when it drops suddenly or is accompanied by signs and symptoms such as:

- **Dizziness or lightheadedness**
- **Fainting (syncope)**
- **Blurred vision**
- **Nausea**
- **Fatigue**
- **Lack of concentration**

Medical conditions that can cause low blood pressure include:

- **Pregnancy. Because the circulatory system expands rapidly during pregnancy, blood pressure is likely to drop. This is normal, and blood pressure usually returns to your pre-pregnancy level after you've given birth.**
- **Heart problems. Some heart conditions that can lead to low blood pressure include extremely low heart rate (bradycardia), heart valve problems, heart attack and heart failure.**
- **Endocrine problems. Thyroid conditions such as parathyroid disease, adrenal insufficiency (Addison's disease), low blood sugar (hypoglycemia) and, in some cases, diabetes can trigger low blood pressure.**

- **Dehydration. When your body loses more water than it takes in, it can cause weakness, dizziness and fatigue. Fever, vomiting, severe diarrhea, overuse of diuretics and strenuous exercise can lead to dehydration.**

- **Blood loss. Losing a lot of blood, such as from a major injury or internal bleeding, reduces the amount of blood in your body, leading to a severe drop in blood pressure.**

- **Severe infection (septicemia). When an infection in the body enters the bloodstream, it can lead to a life-threatening drop in blood pressure called septic shock.**

- **Severe allergic reaction (anaphylaxis). Common triggers of this severe and potentially life-threatening reaction include foods, certain medications, insect venoms and latex. Anaphylaxis can cause breathing problems, hives, itching, a swollen throat and a dangerous drop in blood pressure.**

- **Lack of nutrients in your diet. A lack of the vitamins B-12 and folate can keep your body from producing enough red blood cells (anemia), causing low blood pressure.**

Types of low blood pressure

Orthostatic Hypotension; Low blood pressure on standing up. This is a sudden drop in blood pressure when you stand up from a sitting position or after lying down. Gravity causes blood to pool in your legs when you stand. Ordinarily, your body compensates by increasing your heart rate and constricting blood vessels, thereby ensuring that enough blood returns to your brain.

Postprandial Hypotension; Low blood pressure after eating. This sudden drop in blood pressure after eating affects mostly older adults. Blood flows to your digestive tract after

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you eat. Ordinarily, your body increases your heart rate and constricts certain blood vessels to help maintain normal blood pressure. But in some people these mechanisms fail, leading to dizziness, faintness and falls.

Neurally Mediated Hypotension; Low blood pressure from faulty brain signals. This disorder, which causes a blood pressure drop after standing for long periods, mostly affects young adults and children. It seems to occur because of a miscommunication between the heart and the brain.

Multiple System Atrophy with Orthostatic Hypotension; Low blood pressure due to nervous system damage. Also called Shy-Drager syndrome, this rare disorder causes progressive damage to the autonomic nervous system, which controls involuntary functions such as blood pressure, heart rate, breathing and digestion. It's associated with having very high blood pressure while lying down.

Risk factors

Low blood pressure (hypotension) can occur in anyone, though certain types of low blood pressure are more common depending on your age or other factors:

- **Age. Drops in blood pressure on standing or after eating occur primarily in adults older than 65. Neurally mediated hypotension primarily affects children and younger adults.**
- **Medications. People who take certain medications, for example, high blood pressure medications such as alpha blockers, have a greater risk of low blood pressure.**
- **Certain diseases. Parkinson's disease, diabetes and some heart conditions put you at a greater risk of developing low blood pressure.**

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>Highlight All Abnormal Labs</mark>—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	**4.40 - 5.80**	**3.15**	**2.99**	
Hgb	**13.0 - 16.5**	**10.8**	**10.2**	
Hct	**38.0 - 50.0**	**32.0**	**30.4**	
Platelets	**140 - 440**	**295**	**295**	
WBC	**4.0 - 12.0**	**6.88**	**6.99**	
Neutrophils				

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Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	**133 - 144**	**133**	**134**	
K+	**3.5 - 5.1**	**4.3**	**4.2**	
Cl-	**98 - 107**	**99**	**102**	
CO2				
Glucose	**60 - 99**	**96**	**96**	
BUN	**7 - 25mg**	**32**	**30**	
Creatinine	**0.50 - 1.20**	**0.59**	**0.59**	
Albumin				
Calcium	**8.60 - 10.3**	**8.9**	**8.5**	
Mag				
Phosphate				
Bilirubin				
Alk Phos				

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Urinalysis <mark>Highlight All Abnormal Labs</mark>—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 <mark>Highlight All Abnormal Labs</mark>—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

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All Other Diagnostic Tests (10 points):

 CT Brain without contrast

CT Hip right without contrast

XR Chest pain AP or PA only

XR Pelvis

Imaging results;

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

Medications (5 required)

Brand/Generic	Clopidogrel	Metapropol	Melatonin	Furosemide	Atorvastatin
Dose	75mg	25mg	25mg	20 mg	40mg
Frequency	1				
Route	Oral	Oral	Oral	Oral	Oral
Classification	anti-platelet	beta-blocker	Melatongernic	Diuretic	Statins
Mechanism of Action	P2Y12 Receptor Antagonist.	Anticonvulsant	Unknown	blocks absorption of sodium	synthetic lipid-lowering agent

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Reason Client Taking	prevents blood clots	Treats Angina	Sleep aid	Treats high blood pressure	Diabetes
Contraindications (2)	Coagulation Anemia	Asthma Liver disease	Irratability Stomach cramps	Lupus Diabetes	Heart failure NSAID's
Side Effects/Adverse Reactions (2)	diarrhea rash	Dizziness Depression	Depression Dizziness	High blood pressure Pallor	low pottasium Leg cramps

Medications Reference (APA):

Clopidogrel: Indications, Side Effects, Warnings. (n.d.). Retrieved from

https://www.drugs.com/cdi/clopidogrel.html.

Metoprolol: Uses, Dosage, Side Effects. (n.d.). Retrieved from

https://www.drugs.com/metoprolol.html.

Melatonin: Uses, Side Effects, Interactions, Dosage, and Warning. (n.d.). Retrieved from

https://www.webmd.com/vitamins/ai/ingredientmono-940/melatonin.

Furosemide (Lasix) Uses, Dosage, Side Effects. (n.d.). Retrieved from

https://www.drugs.com/furosemide.html.

Atorvastatin: Drug Uses, Dosage, Side Effects. (n.d.). Retrieved from

https://www.drugs.com/atorvastatin.html.

Assessment

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Physical Exam (18 points)

GENERAL: **Alertness: X3** **Orientation: yes** **Distress: None** **Overall appearance: Looks good**	
INTEGUMENTARY: **Skin color: good and moist** **Character: good** **Temperature: 97.5** **Turgor: None** **Rashes: None** **Bruises: Face and arms** **Wounds: None** **Braden Score:** **Drains present: Y☐ N☒** **Type:**	
HEENT: **Head/Neck:** **Ears: hearing aid** **Eyes: glasses** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N☒** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home: Regular** **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:	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ■
Dialysis: Y ☐   N ■
Inspection of genitals:
Catheter: Y ☐   N ■
  Type:
  Size:	

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 ☐** **wheelchair and walker** **Needs support to stand and walk☐**	.
NEUROLOGICAL: **MAEW: Y ■ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ■ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: x3** **Mental Status: good** **Speech: normal** **Sensory:**	.

LOC:no	
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):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8.05am	**61**	**156/ 83**	**20**	**98.1**	**98**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8.05am	**0**	**Room**			

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
720	

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 evidenced by" components	● Explain why the nursing diagnosis was chosen		● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.

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1. At risk for erratic blod gluose levels	As evidence by patient being diagnosed with type 2 diabetes	1. Check BP every four hours 2. Assess blood glucose levels before meals and at bedtime	
2. At risk for pain		1. Provide patient controlled analgesia(PCA) as prescribed 2. Check patient pain level every 2 hours	

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Pain level at 0

At risk for erratic blood glucose levels

At risk for pain

Nursing Interventions

Objective Data

Patient Information

Pulse; 61

Temperature; 98.1

Blood pressure; 156/83

Respiration; 20

Oxygen; 98

Initials; W.W

Age; 97

Gender; Male

Assess blood glucose before meals and at bedtime

Check BP every 4 hours

Check patient pain levels every 2 hours

Provide patient controlled analgesia(PCA) as prescribed

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