

N311 Care Plan #3

Lakeview College of Nursing

Hope Dykes

Demographics (5 points)

Date of Admission 10/08/19	Patient Initials WP	Age 67	Gender M
Race/Ethnicity Caucasian	Occupation Retired Truck Driver	Marital Status M	Allergies NKDA
Code Status FULL	Height 5' 9"	Weight 142 lbs.	

Medical History (5 Points)

Past Medical History: Parkinson's Disease, Alzheimer's (early stage)

Past Surgical History: None noted in chart. Pt reported a kidney stone removal "several years ago".

Family History: Both parents deceased. Mother age 88, old age. Father age 75, cancer. Has 1 son, age 37, in good health.

Social History (tobacco/alcohol/drugs): No hx of alcohol, tobacco, or drug abuse.

Admission Assessment

Chief Complaint (2 points): Fall

History of present Illness (10 points): Pt fell on 10/2/19. He reported, "I fell about 2 weeks ago at home". He remembered feeling dizzy, falling, and having a "really bad headache" when he stood up and realized he was bleeding. The patient's wife was home and called the ambulance. He said he spent "about a week" at Carle Hospital, where he got 8 stitches in the right side of his head. He told me he has had some dizziness over the past few months since his medications for Parkinson's disease were increased, and he believes this led to his fall. Other than dizziness, he did not feel other side effects. He told me "the doctor's must have agreed because they lowered those medications", which he believes is helping decrease his dizziness.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fall related to Parkinsonism medication side effects

Secondary Diagnosis (if applicable): Parkinsonism

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

Falls are very common in patients suffering from Parkinson's disease (PD). While some of these falls are due to typical causes like age and environmental factors, one cause specific to Parkinsonism is difficulties related to gait. When walking, patients with PD often experience lower limb weakness and "freezing of gait". They can also suffer from instability and dyskinesia (erratic movements caused by Parkinson's). These combinations lead about half of all patients with PD to fall.

Another factor that is still being researched is the effect of Levodopa on falls in Parkinson's patients. According to Dhall, Krishnamurthi, Liberman, Dhanani, and Pan (2013), Levodopa positively improves gait in Parkinson's patients, but does not improve balance. As a result, patients walk faster but remain unbalanced, leading to falls.

My patient takes a drug called Sinemet, which has Levodopa in it. The generic name for this medication is Carbidopa-Levodopa. He reported that his doctor increased his dosage about a month ago. After this increase, he began to notice dizziness and difficulty walking. He did not have any aids to walking at home (no walker, wheelchair, etc.) prior to his fall. The patient plans to use a walker when he returns to his home after rehabilitation. Also, his doctor reduced his medication dosage from 400mg of Levodopa daily to 300mg of Levodopa daily to reduce his risk of falls due to his medication.

Pathophysiology References (2) (APA):

Curtze, C., Nutt, J. G., Carlson-Kuhta, P., Mancini, M., & Horak, F. B. (2015, September).

Levodopa Is a Double-Edged Sword for Balance and Gait in People With Parkinson's Disease. Retrieved from [https://www.ncbi.nlm.nih.gov/pubmed/26095928?](https://www.ncbi.nlm.nih.gov/pubmed/26095928)

fbclid=IwAR2jQiMSqFAzqMIEgm9ceO5J-zGXkKnCyQAXl-0dgebq2FlqAhAQDM2680.

Dhall, R., Krishnamurthi, N., Lieberman, A., Dhanani, S., & Pan, D. (2013, February 12).

Why Levodopa May Increase Falls in Parkinson's Disease (P06.091). Retrieved from https://n.neurology.org/content/80/7_Supplement/P06.091?

fbclid=IwAR2vJg52tiDZoc-vcpdC8bLOnOLr6xJUEtPHMV5S3VGHbkyvQL80m1nNwaw.

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	4.0-4.9 <i>10⁶/uL</i>	4.47 <i>10⁶/uL</i>	-	
Hgb	12.0-16.0 <i>g/dL</i>	13.4 <i>g/dL</i>	-	
Hct	37.0-48.0%	40.0%	-	
Platelets	150-400 <i>10³/uL</i>	177 <i>10³/uL</i>	-	

WBC	4.1-10.9 <i>10³/uL</i>	4.71 <i>10³/uL</i>	-	
Neutrophils	1.50-7.70 <i>10³/uL</i>	2.58 <i>10³/uL</i>	-	
Lymphocytes	1.00-4.90 <i>10³/uL</i>	29.1 <i>10³/uL</i>	-	
Monocytes	0.00-0.80 <i>10³/uL</i>	9.8 <i>10³/uL</i>	-	
Eosinophils	0.00-0.50 <i>10³/uL</i>	5.5 <i>10³/uL</i>	-	
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 <i>mmol/L</i>	138 <i>mmol/L</i>		
K+	3.5-5.1 <i>mmol/L</i>	3.4 <i>mmol/L</i>		Very slightly low. Parkinson's can cause electrolyte levels to be low (Capriotti & Frizzell, 2016).
Cl-	98-107 <i>mmol/L</i>	104 <i>mmol/L</i>		
CO2	21.0-32.0 <i>mmol/L</i>	24.0 <i>mmol/L</i>		
Glucose	60-99 <i>mg/dL</i>	98 <i>mg/dL</i>		
BUN	5-20 <i>mg/dL</i>	10 <i>mg/dL</i>		
Creatinine	0.5-1.5 <i>mg/dL</i>	0.76 <i>mg/dL</i>		
Albumin				
Calcium	8.5-10.1 <i>mg/dL</i>	8.5 <i>mg/dL</i>		
Mag	1.6-2.6 <i>mg/dL</i>	2.3 <i>mg/dL</i>		
Phosphate	-			
Bilirubin	-			

Alk Phos	-			
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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	Colorless-Yellow, Clear	Yellow, Cloudy		Dehydration can cause yellow, cloudy urine (Capriotti & Frizzell, 2016).
pH	5.0-7.0	7.0		
Specific Gravity	1.003-1.005	1.016		
Glucose	Negative	50		High stress levels (pt fell and lacerated head right before coming into hospital) can increase glucose levels (Capriotti & Frizzell, 2016).
Protein	Negative	Negative		
Ketones	Negative	Trace		
WBC	0-25/uL	23/uL		
RBC	0-20/uL	8/uL		
Leukoesterase	Negative			

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				No culture on file.
Blood Culture				No culture on file.
Sputum Culture				No culture on file.
Stool Culture				No culture on file.

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- **CT Brain w/out Contrast: No hydrocephalus. No hemorrhage. No significant findings. Unremarkable brain w/ no definitive acute intracranial abnormality.**
- **CT Chest: Healing fractures of 5th-10th ribs. No pulmonary embolus. Trace pericardial effusion.**
- **MRI Brain w/ and w/out Contrast: No acute intracranial abnormalities. No acute infarction.**
- **X-ray Chest: No acute cardiopulmonary disease.**

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

Medications (5 required)

Brand/Generic	Sinemet/ Carbidopa- Levodopa	Proscar/ Finasteride	Amantadine	Azilect/ Rasagaline	Cholicalcifero l/ Vitamin D3
Dose	25-100mg	5mg	100mg	1mg	50,000u

Frequency	1t 1700 qd 2t 2300 qd	1tqhs	1cqdl	1tqdl	1tq wk on Saturday.
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antiparkinson agents	Benign prostatic hyperplasia agent	Antidyskinetic.	Irreversible MAO inhibitor	Vitamins
Mechanism of Action	Levodopa converted to dopamine in the CNS and serves as a neurotransmitter. Carbidopa, a decarboxyl	Inhibits 5-alpha reductase, an enzyme which converts testosterone into a potent androgen partially responsible	Affects dopamine, a neurotransmitter essential for normal motor function. Amantadine can increase dopamine release and stimulate dopamine	Inhibits degradation of catecholamines and serotonin in the CNS, increasing the dopamine level in the striatum. The increased	Activates in the liver and kidneys to create the active form of vitamin D ₃ .

	ase inhibitor, prevents peripheral destruction of levodopa.	for hyperplasia and hair loss.	receptors.	dopamine helps control voluntary muscle movement.	
Reason Client Taking	Relief of tremor and rigidity in Parkinson's syndrome.	For treatment of hyperplasia in PT.	Helps PT with motor function impaired by Parkinson's.	Helps PT with motor function impaired by Parkinson's.	PT suffer from a Vitamin D deficiency.
Contraindications (2)	Hypersensitivity. Malignant melanoma.	Age (childhood). Female patients.	Angle-closure glaucoma. Hypersensitivity to Amantadine.	Angina. Cardiac arrhythmias.	Hypersensitivity. Hypercalcemia.

Side Effects/Adverse Reactions (2)	Involuntary movements. Dizziness.	Asthenia. Dizziness.	Dizziness. Mental impairment.	Amnesia. Incontinence.	Headache. Somnolence.
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Medications Reference (APA):

Deglin, J. H., & Vallerand, A. H. (2010). *2010 Drug information update for Davis's drug guide for nurses, eleventh edition and Nurses med deck, eleventh edition*. Philadelphia: F.A. Davis.

Assessment

Physical Exam (18 points)

GENERAL: A&O x4 Alertness: Orientation: Oriented to person, time, place, and situation Distress: No acute distress Overall appearance: Pt appears well groomed and in good spirits.	
INTEGUMENTARY: Skin color: Pink Character: Dry Temperature: Warm	Deducted 2 points from Braden scale as patient was mostly independent with walker nearby, but he had a gait belt present for

<p>Turgor: Rapid Recoil Rashes: No bruises or rashes noted. Bruises: Wounds: Patient has red scarring where staples were removed from right side of scalp. Wound is open to air. Skin is completely closed and appears to be healing. Braden Score: 16 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>safety. He was admitted for a fall, so his fall risk is still present.</p>
<p>HEENT: Head/Neck: Head and neck were normal cephalic. Healing wound noted on right side of scalp where staples were removed from recent laceration. Ears: Pt has hearing aids present in both ears. He is able to hear without them but has difficulty making out words. Eyes: PERRLA. Pt wears glasses. Nose: Septum midline, no deviations noted. Teeth: Pt had dentures in both top and bottom of mouth. Good dentition (dentures were clean and in good condition).</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2 present with no gallops, murmurs, or rubs. Cardiac rhythm (if applicable): Normal sinus rhythm. Peripheral Pulses: Brachial and Radial pulses 2+ bilaterally. Radial Pulse=82bpm Capillary refill: less than 3 seconds. 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: None noted.</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Lung sounds clear bilaterally with no wheezes or crackles.</p>	

<p>GASTROINTESTINAL: Diet at home: Regular. Current Diet: Regular. Height: 5'9" Weight: 142 lbs Auscultation Bowel sounds: Bowel sounds present in all 4 quadrants. Slightly hypoactive (quiet). Auscultated some gurgles. Last BM: Yesterday. Palpation: Pain, Mass etc.: No pain on palpation. Inspection: Distention: No distention noted. Incisions: No incisions. Scars: No scars. Drains: No drains present. Wounds: No wounds present. 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>Pt reports he feels "stopped up" even though he had a BM yesterday. He reports that was only because he was given a suppository, and that before that, he had not gone in a week.</p>
<p>GENITOURINARY: Color: Yellow Character: Cloudy Quantity of urine: Voided 1x in my shift. 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: Did not complete. Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Good ROM. Supportive devices: Pt had a walker and wheelchair. He is not currently using wheelchair as he says he "does fine without it". He ambulates himself up to walker unassisted. Strength: Somewhat weak. Equal bilaterally. ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>Pt was admitted due to fall at home. He has Parkinson's disease, which increases his risk of falls. He also takes medications that put him at a higher risk.</p> <p>Pt fall score of 65 based on fall within past 3 months, diagnosis of Parkinson's, some weakness, and use of a walker.</p> <p>Patient had gait belt present, but moved and walked fairly independently. While I was in the room, he got up to his own walker, walked</p>

<p>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 X</p>	<p>to the bathroom, and used the restroom independently. He says he only uses gait belt when walking without walker.</p>
<p>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 checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Oriented to person, time, place, and situation. Mental Status: See comments. Speech: Slow Sensory: Pt has glasses and hearing aids in both ears. LOC: Alert</p>	<p>Pt reported he has been diagnosed with early onset Alzheimer’s disease. When I spoke with him, he shared many stories of his job, vacations, hobbies, and times he enjoyed with his wife. He seemed to have very good mental clarity and status.</p> <p>His speech was slow, which he attributed to the Parkinson’s and apologized for.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): see comment. Developmental level: see comment. Religion & what it means to pt.: “Not overly religious” Personal/Family Data (Think about home environment, family structure, and available family support): see comment.</p>	<p>Pt seems to be coping well with current situation. He lives with his wife, and his son and family live nearby and visit often. Until recently, he was still travelling often, walking his 2 dogs daily, and gardening at home. He says up until his Parkinson’s diagnosis 5 years ago, he was able to drive a semi trailer and distribute products to stores, which he enjoyed.</p> <p>Recently, his son had a new baby. This is his third grandchild, and he says he is looking forward to getting home so he can see the new grandson.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1030	82bpm Radial	90/54 *pt reports this is normal	16	98.6 F Oral	97% Pulse Ox

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1030	1/10	Head	“Not too bad today”	“Hardly there”	N/A (no meds)

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100% solid food. 240mL juice, 120mL coffee. (=360 total liquid mL)	Pt voided 1x during my shift.
	No BM during shift.

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. Constipation related to pain meds as evidenced by patient’s report that he had a bowel movement the day before with the use of</p>	<p>Patient reported he had been taking pain medications to help relieve head pain from fall laceration. They had been discontinued, but he has still been</p>	<p>1.Ensure stool softeners are ordered and available when needed.</p> <p>2.Assess bowel sounds once per shift to make sure they are present</p>	<p>Goals met. Stool softeners were ordered, and bowel sounds were auscultated during my shift.</p>

<p>a suppository, but prior to that, it had been a week. He laughed a little as he reported, “I feel a little stopped up still!”.</p>	<p>experiencing feeling “stopped up”.</p>	<p>and patient’s bowels are not blocked.</p>	
<p>2. Risk for falls related to Parkinson’s and medications as evidenced by recent fall at home.</p>		<p>1. Assess home safety with pt and his wife. See if there are any stairs in home, throw rugs that can be removed, or fall risks like furniture out around home.</p> <p>2. Discuss and teach new medication regiments with patient and make sure he understands the reduced dosage by the time he leaves the facility for home.</p>	<p>Goals were met. I asked pt about fall risks at home. He has stairs that go up to his front door and a step up to his back deck. We discussed making sure rails were used for the time being, and he agreed this would be a good idea.</p> <p>Patient told me about his new medication regiment. I clarified with pt and the order, and he seemed to understand when and how he was to take the medication. (He taught me! I think this helped).</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt reports, "I am not feeling bad today. Pain is hardly there".
Regarding low BP, pt reports, "This is normal. I am not feeling dizzy or lightheaded".

Nursing Diagnosis/Outcomes

Constipation: Pt will take stool softeners and have a BM by the end of the day. Stool sounds will be auscultated each shift.

Risk for Falls: Pt will use hand rails on stairs when he returns home. He will make sure throw rugs are clear of walkway and someone is home with him in case of falls.

Objective Data

Temp: 98.6 F
BP: 90/54 *Low.
O2: 97%
Resp: 16
Pulse: 82bpm
Pain: 1/10

Pt does not appear to be in acute distress.
Potassium very slightly low.
Small glucose level present in urine, urine was cloudy.

Patient Information

67 y/o male with
hx of Parkinson's disease.
Lives with wife and has good family support. Until recently, very independent and "enjoyed life fully".

Nursing Interventions

Monitor bowel sounds. Administer stool softeners according to order. Discuss fall risks around the home with patient's spouse and implement a plan to make home safer when patient is discharged.

