N311 Care Plan #1

Lakeview College of Nursing

Jessica Kavajecz

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
12/28/2019	**GB**	**90**	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	**Retired from owning rental properties/farming**	**Married**	**Amoxicillin, Dicloxacillin, Ampicillin, Penicillin G, Penicillin G sodium, Nafcillin (Causes swelling)**
Code Status	**Height**	**Weight**	
FULL	**5'7"**	**114**	

Medical History (5 Points)

Past Medical History: Diverticulitis of colon, Dry eye syndrome in both lacrimal glands, Hypokalemia, Hypoalbuminemia, myelodysplasia-chronic low grade, Parkinson's disease, colonic polyps, right hemiparesis, xerosis cutis.

Past Surgical History: Tonsil removal- around his late teens early 20's, Left leg torn meniscus surgery (1995), Back surgery (2003), Total left hip replacement (2005).

Family History: Mother and Father died at an older age of natural causes.

Social History (tobacco/alcohol/drugs): Never smoked.

Admission Assessment

Chief Complaint (2 points): Numbness on the right side of the body.

History of present Illness (10 points): **Onset:** Pt started experiencing these symptoms after his stroke (which occurred about 4 months ago-Nov.13th 2019). **Location:** The right side of the body. **Duration:** Constant numbness. **Characteristics:** Pt does not experience any pain, but the entire right side of his body is numb. **Associated manifestations:** Trouble swallowing.

Relieving factors: Numbness is constant. **Treatment:** Pt is working with a speech therapist and is in physical therapy.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute Ischemic cerebral Stroke

Secondary Diagnosis (if applicable): Aspiration pneumonia

Pathophysiology of the Disease, APA format (20 points): An Acute Ischemic cerebral stroke results from an obstruction in cerebral blood flow by a thrombus or embolus (Capriotti and Frizzell, 2016). The arterial blood vessels most commonly involved in an Ischemic (reduced blood flow) stroke are the internal carotid and middle cerebral arteries (Capriotti and Frizzell, 2016). A clot travels up the internal carotid artery into the middle cerebral artery and becomes lodged which causes ischemia of brain tissue (Capriotti and Frizzell, 2016). The middle cerebral artery supplies the brain with more than 80% of its blood flow which is why it is the most commonly affected (Capriotti and Frizzell, 2016).

An acute Ischemic stroke is caused by one of three things: Arteriosclerosis of a cerebral artery, atrial fibrillation, or carotid stenosis (Capriotti and Frizzell, 2016).

Some signs and symptoms of an ischemic cerebral stroke is facial drooping, arm drooping, speech disturbance, and time (Musuka, Wilton, Traboulsi, & Hill, 2015). The most important feature of a stroke is the sudden onset (Musuka, Wilton, Traboulsi, & Hill, 2015).

Some common risk factors for Ischemic strokes include: Age and gender (men ages 65 or older), Family history, obesity, diabetes, High blood cholesterol, High blood pressure, Tobacco use, A previous stroke, Heart disease, Alcohol use, Race, and physical inactivity (Capriotti and Frizzell, 2016).

To confirm that a stroke occurred neurovascular imaging is required for diagnosis (Musuka, Wilton, Traboulsi, & Hill, 2015). A head CT is the most common test that is used but

for the more minor strokes, an MRI is the better test to use (Musuka, Wilton, Traboulsi, & Hill, 2015).

Pathophysiology References (2) (APA):

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

Musuka, T. D., Wilton, S. B., Traboulsi, M., & Hill, M. D. (2015, September 8). Diagnosis and management of acute ischemic stroke: speed is critical. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4562827/

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	**3.90-4.98**	**2.76**		**RBC's are low due to trauma (Capriotti and Frizzell, 2016).**
Hgb	**12.0-15.5**	**8.5**		**Hemoglobin is low due to trauma (Capriotti and Frizzell, 2016).**
Hct	**35-45**	**28.3**		**Hematocrit is low due to trauma (Capriotti and Frizzell, 2016).**
Platelets	**140-400**	**142**		
WBC	**4.0-9.0**	**3.49**		**WBC's are low due to trauma (Capriotti and Frizzell, 2016).**
Neutrophils	**1.50-7.70 *10^3/uL***	**0.73**		**Neutrophils are low due to trauma (Capriotti and Frizzell, 2016).**

Lymphocytes	**1.00-4.90 *10^3/uL***	**0.73**		**Lymphocytes are low due to trauma (Capriotti and Frizzell, 2016).**
Monocytes	**0.00-0.80 *10^3/uL***	**20.9**		**Monocytes are high due to the inflammatory response and trauma (Capriotti and Frizzell, 2016).**
Eosinophils	**0.00-0.50 *10^3/uL***	**0.6**		**Eosinophils are high due to trauma (Capriotti and Frizzell, 2016).**
Bands		**Not listed**		

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-	**135-145**	**136**		
K+	**3.5-5.1**	**4.1**		
Cl-	**98-107**	**105**		
CO2	**22-29**	**24.0**		
Glucose	**70-99**	**105**		**Blood sugar slightly elevated due to trauma (Capriotti and Frizzell, 2016).**
BUN	**6-20**	**28**		**BUN levels elevated due to trauma (Capriotti and Frizzell, 2016).**
Creatinine	**0.50-1.00**	**0.44**		**Creatinine levels are low due to trauma(Capriotti and Frizzell, 2016).**
Albumin		**N/A**		
Calcium	**8.4-10.5**	**7.5**		**Calcium levels are low due to trauma (Capriotti and Frizzell, 2016).**
Mag		**N/A**		
Phosphate		**N/A**		

Bilirubin		**N/A**		
Alk Phos		**N/A**		

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 and clear**	**Cloudy**		**Urine cloudy due to infection (Capriotti and Frizzell, 2016).**
pH	**5.0-7.0**	**5.0**		
Specific Gravity	**1.003-1.005**	**1.024**		**Specific gravity high due to infection (Capriotti and Frizzell, 2016).**
Glucose	**negative**	**negative**		
Protein	**negative**	**30**		**Protein value due to infection (Capriotti and Frizzell, 2016).**
Ketones	**negative**	**trace**		**Ketone value due to infection (Capriotti and Frizzell, 2016).**
WBC	**0-25/ul**	**495**		**WBC's high due to infection (Capriotti and Frizzell, 2016).**
RBC	**0-20/ul**	**55**		**RBC high due to infection (Capriotti and Frizzell, 2016).**
Leukoesterase	**negative**	**large**		**Leukoesterase due to infection (Capriotti and Frizzell, 2016).**

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 growth**		

		in 2 days(taken 11-17-2019)		
Blood Culture		**No growth in 24 hr. (11-16-2019).**		
Sputum Culture		**No culture in file**		
Stool Culture		**No culture in 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):

X-Ray of chest AP or PA only. Findings: Pulmonary opacity is demonstrated at the left lung base. This could indicate infectious pneumonia or aspiration pneumonitis.

CT of brain. Indicated facial drooping.

Videofluroscopic swallow study. Showed signs and symptoms of aspiration and has trouble swallowing.

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

Medications (5 required)

Brand/ Generic	**Acetaminophen /Tylenol**	**Atorvastatin/ Lipitor**	**Clopidogrel/ plavix**	**Carbidopa/ Sinemet**	**Clindamycin**
Dose	**500-1,000mg**	**40mg**	**75mg**	**25-100 mg**	**75mg/5ml 300mg**
Frequency	**Every 6 hours PRN**	**1x day**	**1x day**	**2 tablets 3x daily**	**300mg or 20ml 3X daily**
Route	**G-Tube**	**G-Tube**	**G-Tube**	**G-Tube**	**I.v.infusion**
Classification	**Antipyretic, nonopioid analgesic**	**Antihyperlipidemic**	**Platelet aggregation inhibitor**	**Anti-Parkinson's agents, Dopamine agonists**	**antibiotic**

Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**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**	**Binds to adenosine diphosphate receptors on the surface of activated platelets**	**Levodopa is converted to dopamine in the CNS, where it serves as a neurotransmitter. Carbidopa, a decarboxylase inhibitor, prevents peripheral destruction of levodopa**	**Inhibits protein synthesis in susceptible bacteria by binding to the 50S subunits of bacterial ribosomes and preventing peptide bond formation, which causes bacterial cells to die.**
Reason Client Taking	**For pain**	**Pt is taking to increase his cholesterol**	**Pt is taking because of his stroke and it reduces the risk of another stroke occurring.**	**Pt is taking for his Parkinson's.**	**Pt. is taking this for pneumonia (trouble swallowing).**
Contraindications (2)	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment**	**Active hepatic disease, hypersensitivity to atorvastatin or its components**	**Active pathological bleeding, hypersensitivity to clopidogrel or its components**	**Hypersensitivity, Malignant melanoma**	**Hypersensitivity to clindamycin or components**
Side Effects/Adverse Reactions (2)	**Insomnia, hypotension**	**Arrhythmias, hypoglycemia**	**Fatal intracranial bleeding, acute liver failure**	**Blurred vision, Leukopenia**	**Hypotension, neutropenia**

Medications Reference (APA):

Jones & Bartless Learning. (2020). *2020 Nurse's drug handbook* (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt. was alert and oriented to time, place, person, and his family. Pt. did not show signs of distress and was well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score: 15** **Drains present: Y☐ N ☒** **Type:**	 White/pink (normal) Dry in some places, but overall moist. Warm Normal turgor 2+ No rashes noted Slight bruising on arms/ legs due to blood thinners Braden score:15
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Pt's right side of face is droopy but overall symmetrical. Ears clear and pink-no discharge Eyes are symmetrical but did not accommodate well due to right side facial droopiness Nose is not deviated Teeth are in good, clean condition. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	 S1 an S2 heart sounds present, no sign of murmur.

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Peripheral pulses: 2+ symmetric Capillary refill: less than 3 seconds No sign of edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear breath sounds heard throughout. Respirations are regular and no labored.
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: g-Tube**	Pt. gets fed through a G-Tube regularly (3X/day). Bowel sounds are present in all four quadrants Pt. Not experiencing pain. Pt. Does have a g-Tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Clear, yellow Voids regularly, 1X that day (noted by wife).
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	Pt's ROM is compromised on the right side of the body due to having a stroke. Right side is weak and can't be used. Zero strength on right side, but some strength to

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☐**	his left side. Pt. uses the sarah steady and wheelchair. High fall score Needs assisted to wheelchair Needs assisted in standing/walking (cannot do alone).
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status: good** **Speech: can talk, but compromised.** **Sensory: no glasses or hearing aids** **LOC: Alert**	Pt. does not move all extremities well. The whole right side is compromised and requires assistance. Pt's eyes did not accommodate due to droopiness on right side, but they did react to light. Pt. is oriented and knows where he is, his name, the month, and his wife. Mental status is good Speech is compromised due to stroke and is in speech therapy. No glasses or hearing aids
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):**	Wife Mature Christian Pt's wife is at the facility every day and they have a strong relationship. Daughter and family members also come to visit frequently.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:30am	**75**	**115/75**	**14**	**98.4**	**96%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:45am	**0-10**	**N/A.**	**0**	**N/a**	**N/A. Pt. was not experiencing pain.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Pt. gets fed 3X daily through G-Tube.	**Voided 1X.**

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/ family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk of aspiration	Patient is at a risk of aspiration ever since his stroke because the right side of his body is impaired, including swallowing.	**1.**Sit the patient up or on his side while in bed. **2.** Maintain the patient's airway and after oral care make sure all water/toothpaste is suctioned.	The patient's wife is always making sure that he is in the right position and not at a risk for aspiration as well as his care team.
2. Risk of immobility	Patient's right side is compromised due to stroke.	**1.** Perform range of motion exercises to work the patient's good and affected side. 2. Move the patient frequently to protect his skin	The patient is in physical therapy to work on the right side (affected) to try and gain some of that muscle/movement back. The patient gets moved many times throughout

		from dryness/pressure ulcers.	the day and keeps arm/leg elevated.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2020). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*****. St. Louis, MO: Elsevier.**

Concept Map (20 Points):

N311 Care Plan

Subjective Data

Patient states he is not in any pain, but has numbness to the right side of his body.

Nursing Diagnosis/Outcomes

Risk of aspiration due to stroke and numbness to the right side of the body.
Risk of immobility due to lack of movement of the right side of the body

Outcomes: wife and care team work on making sure Pt. is sitting up or laying on side at all times, ROM exercises are performed daily, Pt gets moved multiple times a day to prevent dryness/pressure ulcers.

Objective Data

Patient was pleasant and oriented but seemed a bit tired from physical therapy.
Vitals:
BP: 115/75
RR: 14
Temp:98.4
O2: 96%
Pulse: 75

Patient Information

90 year old male with Parkinson's disease who had an acute ischemic stroke on November 13th 2019 and then caught pneumonia shortly afterwards. Patient is at risk for aspiration and is a fall risk due to the complications from the stroke.

Nursing Interventions

Sit the patient up or on his side while in bed
Maintain the patient's airway and after oral care make sure all the toothpaste/water is suctioned.
Perform Range of motion exercises daily to the good/affected side of the body
Move the patient frequently to protect skin from dryness/pressure ulcers.

N311 Care Plan

N311 Care Plan