N311 Care Plan #1

Lakeview College of Nursing

Kelsey Reed

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
2/24/2020	T.S.	65 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	None
Code Status	**Height**	**Weight**	
FULL	4’ 4.01”	179lb	

Medical History (5 Points)

Past Medical History: History of stroke, atherosclerosis, OSA, benign prostatic hyperplasia, severe obesity, hypertension, cervical kyphosis.

Past Surgical History: Laminectomy in 2012. Laminectomy in 3/2019. Gastropexy (time unknown).

Family History: Both mother and father had arthritis, but no other health concerns. No health concerns for any grandparents. Only person in family to have achondroplasia. No familial history noted in medical chart.

Social History (tobacco/alcohol/drugs): No history of tobacco or drug use. Pt used to enjoy occasional glass of wine, but hasn’t been drinking for “a long time”.

Admission Assessment

Chief Complaint (2 points): Neck pain

History of present Illness (10 points): Onset: Following a stroke (6/7/19), patient reports continuously declining health including weakness and neck pain. **Location:** Throughout neck. **Duration:** Constant, but controlled with pain medication. **Characteristics:** Tingling numbness and aching pain. **Associated manifestations:** Difficulty swallowing, reduced mobility.

Relieving factors: Pain medications (hydrocodone-acetaminophen). **Therapeutic treatments:** PEG tube placement, pain medications.

Pt with history of spinal stenosis for many years for which he has had two laminectomies to treat. After a "small" stroke in 6/2019 left pt with left sided weakness, "everything just got worse after the stroke". His neck pain has been causing other symptoms including dysphagia and reduced mobility. Due to inability to swallow, pt had a PEG tube placed "about two weeks ago". He has been depressed since being NPO and moving into long-term care.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cervical spinal stenosis

Secondary Diagnosis (if applicable): Dysphagia, weakness

Pathophysiology of the Disease, APA format (20 points): Cervical spinal stenosis occurs when the cervical vertebrae narrow compressing the enclosed nerves (Capriotti & Frizzell, 2016). The patient has a history of degenerative disc disease which Capriotti and Frizzell (2016) identify as common in those diagnosed with spinal stenosis. The patient also has achondroplasia; a condition in which spinal stenosis is very commonly seen (Ireland et al., 2014). Patient had a CT of the neck and X-ray of the cervical spine done to diagnose condition. During examination on 3/3/2019, patient mentioned that his hands had been "feeling numb for awhile now". Compression of the nerves from cervical spinal stenosis can cause neck pain, arm weakness, and sensory disturbances, especially paresthesias of the limbs (Capriotti & Frizzell, 2016). According to Capriotti and Frizzell (2016), signs can often be managed with non-operative options including NSAIDS, muscle relaxants, opioids, physical therapy, and steroid injection.

However, when sign and symptoms are not relieved, laminectomy surgeries are the next option (Capriotti & Frizzell, 2016). This patient had a previous lumbar laminectomy in 2012 to relieve symptoms related to lumbar spinal stenosis and a cervical laminectomy in 3/2019 to address his ongoing issues. Laminectomy surgery is commonly used to treat spinal stenosis in individuals with achondroplasia (Ireland et al., 2014). Spinal stenosis often develops slowly due to gradual spinal degeneration (Capriotti & Frizzell, 2016). The patient reports declining health following a stroke in 6/2019. The general risk for strokes with any surgical procedure is increased in patients with atherosclerosis and hypertension (Limburg, 1998), so it's possible his previous laminectomies were another contributing factor. The patient has had weakness, especially on the left side, and dysphagia following the stroke. A fluoroscopic modified barium swallow exam was performed to assess degree of dysphagia which indicated larynx limitations due to closed glottis. The patient's cervical kyphosis, an abnormal curving of the neck, can impair the dysphagia recovery process following a stroke (Kim et al., 2016). A PEG tube was placed and patient has been NPO for the past two weeks.

Pathophysiology References (2) (APA):

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

Ireland, P., Pacey, V., Zankl, A., Edwards, P., Johnston, L., & Savarirayan, R. (2014). Optimal management of complications associated with achondroplasia. *The Application of Clinical Genetics*, 2014(7), 117-125. https://doi.org/10.2147/TACG.S51485

Kim, S.K., Mo, S.J., Moon, W.S., Jun, P.S., & Kim, C.R. (2016). Effects of cervical kyphosis on

recovery from dysphagia after stroke. *Annals of Rehabilitation Medicine*, 40(5), 816-825. 10.5535/arm.2016.40.5.816

Limburg, M., Wijdicks, E.F.M., & Hongzhe, Li. (1998). Ischemic stroke after surgical procedures: Clinical features, neuroimaging, and risk factors. *Neurology*, 50(4). https:/. doi.org/10.1212/WNL.50.4.895

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 (2/23/20)	Today's Value	Reason for Abnormal Value
RBC	**3.90-4.98 mill/cumm**	**3.51**		**This value is consistent with chronic disease. Chronic inflammation can lead to weakening of the bone marrow and decreased RBC production (Capriotti & Frizzell, 2016).**
Hgb	**12.0-15.5 gm/dL**	**12.0**		
Hct	**35-45%**	**36.3**		
Platelets	**140-400 1000/mm3**	**192**		
WBC	**4.0-9.0 10 x 3/uL**	**4.62**		
Neutrophils	**40-70%**	**n/a**		
Lymphocytes	**10-20%**	**13.4**		
Monocytes	**2-8%**	**5.8**		
Eosinophils	**2-4%**	**3.2**		
Bands		**n/a**		

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value (2/23/20)	Today's Value	Reason For Abnormal
Na-	135-145 mEq/L	142		
K+	3.5-5.1 mEq/L	3.5		
Cl-	98-107 mEq/L	112		Chloride can be increased due to impaired kidney function (Capriotti & Frizzell, 2016).
CO2	22-29 mEq/L	24.0		
Glucose	70-99 mg/dL	128		Glucose increased due to lack of physical activity. Lack of physical activity decreases uptake of glucose (Capriotti & Frizzell, 2016).
BUN	6-20 mg/dL	11		
Creatinine	0.5-1.0 mg/dL	0.54		
Albumin	3.5-5.2 gm/dL	n/a		
Calcium	8.4-10.5 gm/dL	n/a		
Mag	1.5-2.5 mEq/L	1.9		
Phosphate	2.5-4.5mg/ dL	n/a		
Bilirubin	0.0-1.2 gm/dL	n/a		
Alk Phos	35-105 U/L	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	Admission Value (2/23/20)	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and clear	Yellow and hazy		Hazy urine indicates the presence of a UTI (Capriotti & Frizzell, 2016).
pH	7.0	7.0		
Specific Gravity	1.001-1.03	1.004		
Glucose	negative	negative		
Protein	negative	negative		
Ketones	negative	negative		
WBC	negative	997		Increased WBC count indicates the presence of a UTI (Capriotti & Frizzell, 2016).
RBC	negative	0		
Leukoesterase	negative	large		Large presence of leukoesterase indicates the presence of a UTI (Capriotti & Frizzell, 2016).

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Admission Value (2/23/20)	Today's Value	Explanation of Findings
Urine Culture	Negative	Positive for *E. coli*		*E. coli* presence indicates a UTI (Capriotti & Frizzell, 2016).
Blood Culture	Negative	No growth		

		at 24 hours		
Sputum Culture	**Negative**	**n/a**		
Stool Culture	**Negative**	**n/a**		

Lab Correlations Reference (APA):

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

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

Brand/Generic	**Proventil/ Abuterol sulfate**	**Propecia/ Finasteride**	**Flomax/ Tamsulosin**	**Gralis/ Gabapentin**	**Vicodin/ Hydrocodone-acetaminophen**
Dose	**2.5mg**	**5mg**	**0.4mg**	**300mg**	**5-325mg**
Frequency	**BID and every four hours PRN**	**Daily**	**Daily**	**BID**	**Every four hours PRN**
Route	**Inhalation**	**Via G-tube**	**Via G-tube**	**Via G-tube**	**Via G-tube**
Classification	**Bronchodilator**	**Benign prostatic hyperplasia agent**	**Benign prostatic hyperplasia agent**	**Anticonvulsant**	**Opioid Analgesic/ Non-opioid analgesic**

Mechanism of Action	**Decreases intracellular calcium levels and increases intracellular cAMP levels causing bronchial relaxation and inhibiting release of histamine**	**Inhibits conversion of testosterone to its metabolite which contributes to benign prostatic hyperplasia**	**Blocks receptors in prostate inhibiting contraction in bladder and prostate which improves rate of urine flow and reduces BPH symptoms**	**Prevents exaggerated responses to painful stimuli and pain-related responses to a normally innocuous stimulus**	**Binds to and activates opioid receptors to produce pain relief/ Interferes with pain impulse generation in peripheral nervous system**
Reason Client Taking	**Treat wet cough**	**Treat benign prostatic hyperplasia**	**Treat benign prostatic hyperplasia**	**Manage neuropathic pain**	**Manage pain**
Contraindications (2)	**Hypersensitivity to albuterol or its components**	**Hypersensitivity to finasteride or its components**	**Hypersensitivity to tamsulosin, quinazolines, or their components**	**Hypersensitivity to gabapentin or its components**	**Acute or severe bronchial asthma, significant respiratory depression /severe hepatic impairment**
Side Effects/Adverse Reactions (2)	**Cough, dyspnea**	**Peripheral edema, dyspnea**	**dyspnea, back pain**	**Suicidal ideation, apnea**	**Constipation, neck pain/hepatotoxicity**

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.).

Jones &

Bartlett Learning.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT soft tissue neck with contrast indicating cervical spinal stenosis

Fluoroscopic modified barium swallow indicating dysphagia.

Xray cervical spine indicating cervical spinal stenosis.

Assessment

Physical Exam (18 points)

GENERAL: Pt appears pleasant, but distracted **Alertness:** A&O x 3 **Orientation:** Oriented to person, place, and time **Distress:** No acute distress, but appears uncomfortable **Overall appearance:** Poorly groomed, friendly	
INTEGUMENTARY: **Skin color:** White, normal for race **Character:** Appears hydrated **Temperature:** Warm **Turgor:** Rapid recoil **Rashes:** none noted **Bruises:** none noted **Wounds:** Other than PEG tube insertion site, none noted **Braden Score:** 18 **Drains present: Y☐ N ☒** **Type:**	

HEENT: **Head/Neck:** Head enlarged, but normal for achondroplasia condition. Head and neck symmetrical **Ears:** Auricle is pink, moist, no lesions notes **Eyes:** Pt wears glasses as needed for reading. Sclera was white, cornea was clear, conjunctiva was pink, with no discharge noted. EOMs intact. **Nose:** Septum is midline with no drainage or bleeding noted. **Teeth:** Good overall dentition.	.
CARDIOVASCULAR: **Heart sounds:** Clear S1 and S2 without murmur, gallops, or rubs. **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 2+ symmetric **Capillary refill:** <3 seconds **Neck Vein Distention: Y ☐ N ☒ Edema: Y ☐ N ☒** **Location of Edema:** n/a	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: S**lightly labored, even breathing. No wheezes or crackles noted	.

GASTROINTESTINAL: **Diet at home:** Everything, especially chicken tenders **Current Diet:** NPO. Receives liquid nutrition via G tube **Height:** 4’ 4.01” **Weight:** 179 lbs **Auscultation Bowel sounds:** present in all four quadrants **Last BM:** 3 days ago **Palpation: Pain, Mass etc.:** No pain or masses noted **Inspection:** Other than PEG tube, no lesions or rashes noted **Distention:** No distention noted. **Incisions:** Incision for PEG tube. **Scars:** No scars noted. **Drains:** No drains noted. **Wounds:** No wounds noted. **Ostomy: Y ☐ N x** **Nasogastric: Y ☐ N x** **Size:** **Feeding tubes/PEG tube Y x N ☐** **Type:** PEG tube present	.
GENITOURINARY: **Color:** Light yellow **Character:** Clear **Quantity of urine:** Pt reports he urinates 2-3x each day **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** n/a **Size:** n/a	

MUSCULOSKELETAL: **Neurovascular status:** Pt has issues with sensation and motor function in his arms and legs. **ROM:** Limited. Patient has difficulty moving around and is unable to support himself. **Supportive devices:** Patient primarily uses a wheelchair, but also has a walker to use as his condition improves. **Strength:** Limited strength, slightly weaker on left side. **ADL Assistance: Y ☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 25 - low risk **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	.
NEUROLOGICAL: **MAEW: Y ☐ N ☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** Oriented to person, place, and time. **Mental Status:** Good **Speech:** Good **Sensory:** Good **LOC:** Alert	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Talking to friends and family, distraction **Developmental level:** No deficits noted **Religion & what it means to pt.:** Pt is Catholic and regularly went to church before coming to CLV. He has been in contact with several church members, but they	.

have a new priest that he has not met yet. **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient is married with no children. His wife visits him weekly.	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
720	85 brachial	160/90 Left Arm	22	99.6F	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	0	n/a	n/a	n/a	Patient takes Vicodin to control pain and reported no pain at time of assessment.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1.4 liters liquid nutrition every 20 hours via PEG tube	Patient voids 2-3x daily.

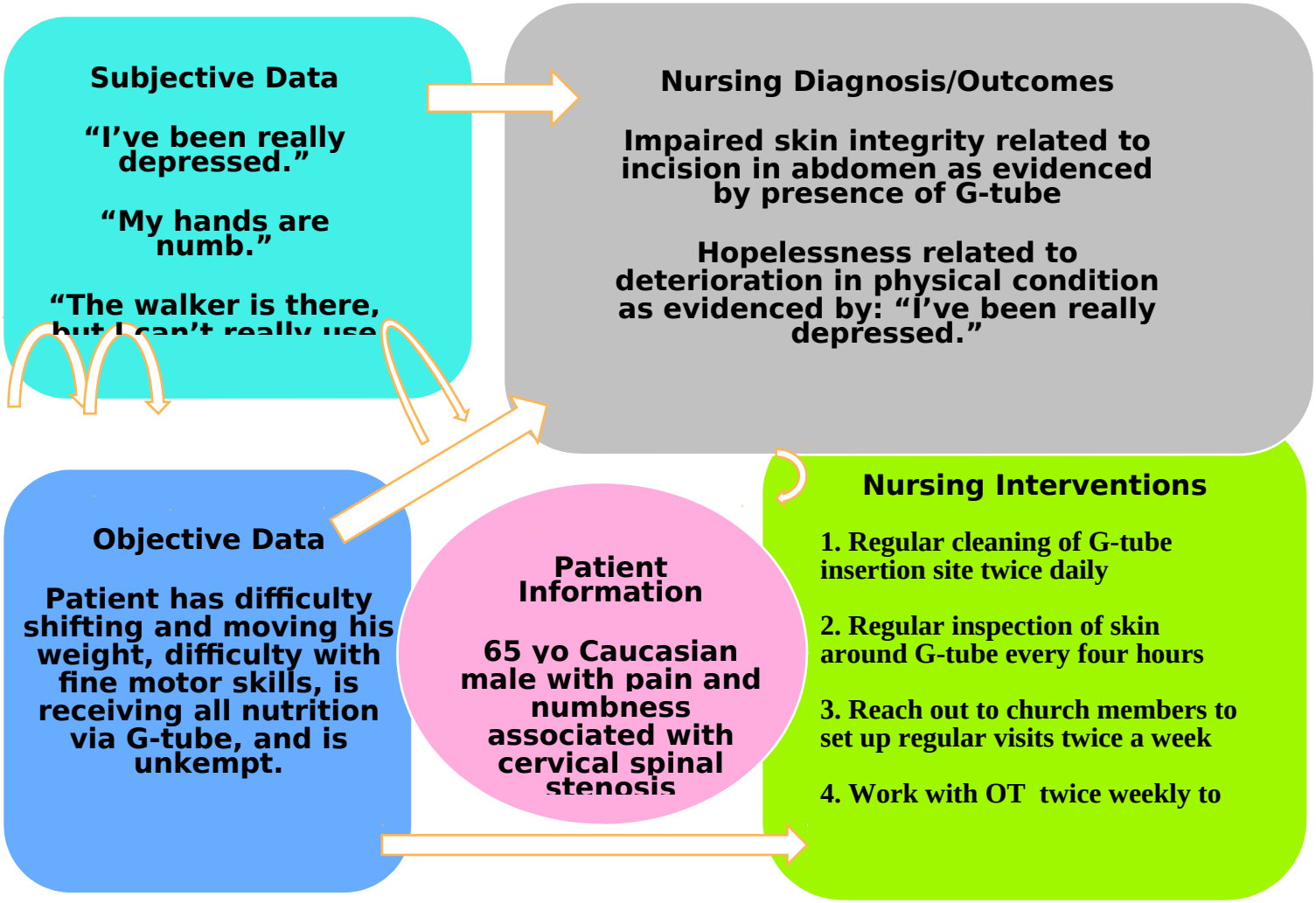
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Impaired skin integrity	**Related to open incision in abdomen as evidenced by presence of G tube**	**1. Regular cleaning of G-tube insertion site twice daily** **2. Regular inspection of skin around G-tube every four hours**	**Goals not met - insufficient time to implement interventions and evaluate**
2. Hopelessness	**Related to deterioration in physical condition as evidenced by: "I've been really depressed."**	**1. Reach out to church members to set up regular visits twice a week** **2. Work with OT twice weekly to regain some physical capabilities**	**Goals not met - insufficient time to implement interventions and evaluate**

Other References (APA):

Herdman, T.H. & Kamistsuru, S. (Eds.). (2014). Nursing diagnoses definitions and classification 2015-2017. NANDA International, Inc.

Concept Map (20 Points)


Subjective Data
"I've been really depressed."
"My hands are numb."
"The walker is there, but I can't really use
Nursing Diagnosis/Outcomes
Impaired skin integrity related to incision in abdomen as evidenced by presence of G-tube
Hopelessness related to deterioration in physical condition as evidenced by: "I've been really depressed."
Objective Data
Patient has difficulty shifting and moving his weight, difficulty with fine motor skills, is receiving all nutrition via G-tube, and is unkempt.
Patient Information
65 yo Caucasian male with pain and numbness associated with cervical spinal stenosis
Nursing Interventions
1. Regular cleaning of G-tube insertion site twice daily
2. Regular inspection of skin around G-tube every four hours
3. Reach out to church members to set up regular visits twice a week
4. Work with OT twice weekly to