

N311 Care Plan #2
Lakeview College of Nursing
Kelsey Reed

Demographics (5 points)

Date of Admission 2/19/2020	Patient Initials J.L.S.	Age 86 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired beer truck driver	Marital Status Married	Allergies Penicillins - hives reaction
Code Status DNR	Height 5'6"	Weight 189lb	

Medical History (5 Points)

Past Medical History: recurrent falls, gout, CVA, hypertension, peripheral vascular disease, chronic kidney disease, dementia

Past Surgical History: no surgical history

Family History: Father died of Alzheimer's disease in his 50's, mother was healthy, no history for grandparents

Social History (tobacco/alcohol/drugs): No history of tobacco or drug use. Pt used to drink beer regularly, but doesn't drink anymore.

Admission Assessment

Chief Complaint (2 points): Reduced mobility following fall

History of present Illness (10 points): Onset: About 3-4 weeks ago.

Location: Generalized throughout body **Duration:** Constant.

Characteristics: Generalized weakness all over. **Associated**

manifestations: Weakness. **Relieving factors:** None. **Therapeutic**

treatments: Physical therapy and occupational therapy..

About 3-4 weeks ago, patient fell down in his yard. He says he wasn't dizzy, he "just fell down". He reports he sustained no major injury, but has had weakness and reduced mobility since falling. He has been working with a physical therapist and occupational therapist to restore strength and regain mobility and independence.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Chronic atrial fibrillation

Secondary Diagnosis (if applicable): Hypertension

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

Atrial fibrillation is a cardiac arrhythmia that Capriotti and Frizzell (2016) describe as "the absence of coordinated, rhythmic atrial contractions" resulting in stasis of blood in the heart and affecting the concomitant ventricular contraction. It is the most common arrhythmia seen in the clinical setting and has the highest prevalence in the elderly population (Capriotti & Frizzell, 2016; Nattel & Harada, 2014; Ogunsua et al., 2015). As many as 30% of patients between 80-89 years old have atrial fibrillation (Capriotti & Frizzell, 2016).

There are many risk factors for developing atrial fibrillation including age, sex, obesity, sleep apnea, heart failure, valvular heart disease, and hypertension (Ogunsua et al., 2015). This patient is over 80 years old and has a secondary diagnosis of hypertension, a major risk factor for atrial fibrillation. Hypertension can lead to atrial remodeling, a development that is central to atrial fibrillation development (Nattel & Harada, 2014). As

hypertension is one of the modifiable risk factors associated with atrial fibrillation, lowering blood pressure may reduce the incidence (Ogunsua et al., 2015). This patient takes many medications that work to lower his blood pressure.

Atrial fibrillation can have an effect on many body systems. This patient has a history of stroke for which atrial fibrillation is a major contributing factor. According to Capriotti and Frizzell (2016), atrial fibrillation will cause blood to stagnate in the left atrium due to lack of effective atrial pumping. This stagnant blood is more likely to form a thrombus which can break off to become an embolus and travel to any systemic artery. It is common to see arterial thrombi cause ischemic strokes (Capriotti & Frizzell, 2016). As the blood can become stagnant with atrial fibrillation, patients with this condition frequently have increased coagulation and often require preventative treatment (Capriotti & Frizzell, 2016). This patient takes rivaroxaban, an anticoagulant to help prevent clot formation that is frequently used in treatment for atrial fibrillation (Alberts et al., 2019).

Not only does this patient have hypertension and atrial fibrillation, major risk factors for ischemic strokes, he also has chronic kidney disease which further increases the risk of a stroke (Olesen et al., 2012). It's possible that the fall the patient experienced which precipitated his rehabilitation at Clark Lindsey Village was stroke-related. Some common signs associated with a stroke include trouble walking and loss of balance or coordination (Nicol & Thrift, 2005). It is also common for people with a history of stroke to

have increased risk for future falls

(Denissen et al., 2020). This patient reported that he wasn't hurt or injured after his fall, but he's had weakness and reduced mobility impacting his ability to perform activities of daily living. Functional impairment is frequently seen following a stroke and is frequently worsened in patients with atrial fibrillation (Alberts et al., 2019). Treatments and therapies include managing risk factors including hypertension, anticoagulant therapy to reduce risk of clot formation, and physical and occupational therapy to restore strength and functionality (Alberts et al., 2019; Denissen et al., 2020; Ogunsua et al., 2015).

Pathophysiology References (2) (APA):

Alberts, M., Chen, Y.W., Lin, J.H., Kogan, E., Twyman, K., & Milentijevic, D. (2019). Risks of

stroke and mortality in atrial fibrillation patients treated with rivaroxaban and warfarin.

Stroke, 51, 549-555. 10.1161/STROKEAHA.119.025554

Angeli, F., Reboldi, G., & Verdecchia, P. (2014). Hypertension, inflammation and atrial

fibrillation. *Journal of Hypertension*, 32(3), 480-483.

10.1097/HJH.0000000000000112

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and*

clinical perspectives. F.A. Davis Company.

Denissen, S., Staring, W., Kunkel, D., Pickering, R.M., Lennon, S., Geurts, A.C.H.,

Weerdesteyn, V., & Verheyden, G.S.A.F. (2020). Interventions for preventing falls in

people after stroke. *Stroke*, 52, 47-48.

10.1161.STROKEAHA.119.028157

Nattel, S., & Harada, M. (2014). Atrial remodeling and atrial fibrillation: Recent advances and

translational perspectives. *Journal of the American College of Cardiology*, 63(22).

10.1016/j.jacc.2014.02.555

Nicol, M.B., & Thrift, A.B. (2005). Knowledge of risk factors and warning signs of stroke.

Vascular Health Risk Management, 1(2), 137-147.

10.2147/vhrm.1.2.137.64085

Ogunsua, A.A., Shaikh, A.Y., Ahmed, M., & McManus, D.D. (2015). Atrial fibrillation and

hypertension: Mechanistic, epidemiologic, and treatments parallels.

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Cardiovascular Journal, 11(4), 228-234. 10.14797/mdcj-11-4-228

Olesen, J.B., Lip, G.Y.H., Kamper, A.L., Hommel, K., Køber, L., Lane, D.A., Lindhardsen, J.,

Gislason, G.H., & Torp-Pedersen, C. (2012). Stroke and bleeding in atrial fibrillation

with chronic kidney disease. *New England Journal of Medicine*, 367, 625-635.

10.1056/NEJMoa1105594

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 mill/cumm	No lab results		
Hgb	12.0-15.5 gm/dL	No lab results		
Hct	35-45%	No lab results		
Platelets	140-400 1000/mm³	No lab results		
WBC	4.0-9.0 10 x 3/uL	No lab results		
Neutrophils	40-70%	No lab results		
Lymphocytes	10-20%	No lab results		
Monocytes	2-8%	No lab results		

Eosinophils	2-4%	No lab results		
Bands		No lab results		

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 mEq/L	No lab results		
K+	3.5-5.1 mEq/L	No lab results		
Cl-	98-107 mEq/L	No lab results		
CO2	22-29 mEq/L	No lab results		
Glucose	70-99 mg/dL	No lab results		
BUN	6-20 mg/dL	No lab results		
Creatinine	0.5-1.0 mg/dL	No lab results		
Albumin	3.5-5.2 gm/dL	No lab results		
Calcium	8.4-10.5 gm/dL	No lab results		
Mag	1.5-2.5 mEq/L	No lab results		
Phosphate	2.5-4.5mg/dL	No lab results		
Bilirubin	0.0-1.2 gm/dL	No lab results		

Alk Phos	35-105 U/L	No lab results		
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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	Admission Value	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and clear	No urinalysis results		
pH	7.0	No urinalysis results		
Specific Gravity	1.001-1.03	No urinalysis results		
Glucose	negative	No urinalysis results		
Protein	negative	No urinalysis results		
Ketones	negative	No urinalysis results		
WBC	negative	No urinalysis results		
RBC	negative	No urinalysis results		
Leukoesterase	negative	No urinalysis results		

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

Test	Normal Range	Admission Value	Today's Value	Explanation of Findings
Urine Culture	Negative	No culture results		
Blood Culture	Negative	No culture results		
Sputum Culture	Negative	No culture results		
Stool Culture	Negative	No culture results		

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 different medications must be completed***

Brand/ Generic	Zyloprim/ allopurinol	Norvasc/ amlodipine besylate	Coreg/ carvedilol	Lasix/ furosemid e	Pravacho l/ pravasta tin
Dose	300mg	10mg	3.125mg	20mg	40mg
Frequency	Daily	Daily	BID	PRN	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antigout	Antiangina	Antihypert	Antihypert	Antilipe

		l/ antihypert ensive	ensive/ heart failure treatment adjunct	ensive/ diuretic	mic
Mechanism of Action	Inhibits uric acid production and metabolic product (oxipurinol) inhibits xanthine oxidase	Binds to receptors on myocardial and vascular cells inhibiting influx of calcium which causes muscle to relax inhibiting contractions	Reduces cardiac output and tachycardia, causes vasodilation	Inhibits sodium and water reabsorption in the kidney increasing urine production and decreasing blood pressure	Inhibits cholesterol synthesis in liver and increases breakdown of LDL cholesterol
Reason Client Taking	Treat gout	Treat hypertension	Treat hypertension	Treat hypertension	Prevent cardiovascular and coronary events
Contraindications (2)	Hypersensitivity to allopurinol or its components	Hypersensitivity to amlodipine or its components	Severe bradycardia, history of serious hypersensitivity reactions	Anuria, hypersensitivity to furosemide or its components	Active hepatic disease, hypersensitivity to pravastatin or its components
Side Effects/Adverse Reactions (2)	Renal failure, exacerbation of gout	Peripheral edema, dyspnea	Angina, CVA	Arrhythmias, thromboembolism	Angioedema, cognitive impairment

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):**

XR swallowing functional study w/ video

XR chest single view

XR elbow minimum 3 views right

Lavender top tube

XR of left foot and ankle - no fracture seen, posterior and plantar calcaneal spurs

Assessment**Physical Exam (18 points)**

<p>GENERAL: Alertness: A&O x 3 Orientation: Oriented to person, place, and time Distress: No acute distress Overall appearance: Pleasant, friendly, well-groomed</p>	
<p>INTEGUMENTARY: Skin color: White, normal for race</p>	

<p>Character: Dry, thin Temperature: Warm Turgor: Delayed recoil Rashes: none noted Bruises: 2 inch purpura on right wrist Wounds: none noted Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Head and neck symmetrical Ears: Auricle is pink, moist, no lesions notes Eyes: 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: Top and bottom dentures</p>	
<p>CARDIOVASCULAR: Heart sounds: Faint S1 and S2 sounds with murmur Cardiac rhythm (if applicable): irregular Peripheral Pulses: 1+ symmetric Capillary refill: 3-5 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Edema: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: n/a</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Clear, even breathing. No wheezes or crackles noted</p>	

<p>GASTROINTESTINAL: Diet at home: Most everything Current Diet: No restrictions Height: 5'6" Weight: 189 lbs Auscultation Bowel sounds: present in all four quadrants Last BM: Yesterday afternoon Palpation: Pain, Mass etc.: No pain or masses noted Inspection: No lesions or rashes noted Distention: No distention noted. Incisions: No incisions noted Scars: No scars noted. Drains: No drains noted. Wounds: No wounds noted. 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>GENITOURINARY: Color: Light yellow Character: Clear Quantity of urine: Pt reports he urinates 2-3x each day 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: n/a Size: n/a</p>	

<p>MUSCULOSKELETAL: Neurovascular status: Pt has weakness in arms and legs ROM: No obvious deficits Supportive devices: Patient is able to self-ambulate, but also uses a walker and partial staff assistance as needed Strength: Limited 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: 80 - high risk Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" 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, place, and time. Mental Status: Overall good, but slightly confused Speech: Good Sensory: Good LOC: Alert</p>	
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Relaxing Developmental level: No deficits noted Religion & what it means to pt.: Pt is Methodist Personal/Family Data (Think about home environment, family structure, and available family support): Patient is married with two adult children. His wife visits him every day.</p>	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	65 brachial	152/82 Left Arm	14	97.7F temporal	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0950	0-10	n/a	0	n/a	No pain reported

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Eats 80-90% of his meals	Patient voids 2-3x daily.

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.
1. Activity Intolerance	Related to chronic atrial fibrillation as evidenced by generalized	1. Ambulate client every four hours providing assistance as	Goals not met - insufficient time to implement interventions and evaluate

	weakness, reduced ability to perform ADLs.	needed 2. Provide assistance as needed with ROMs every four hours	
2. Falls	Related to impaired mobility, history of stroke, and history of falls as evidenced by recent fall and generalized weakness.	1. Make sure that the patient always has his call light immediately available and encourage him to use it prior to moving anywhere 2. Make sure room stays uncluttered and furniture is not moved around to different locations	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:**

Pt reports he fell in his yard. He wasn't doing any yard work and didn't feel dizzy before falling. No injuries reported, just weakness and reduced mobility.

Objective Data:

Patient is able to ambulate, but requires some assistance and is not entirely cognizant of his limitations. He has a history of stroke and previous falls.

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86 year old Caucasian male with weakness and reduced mobility associated with chronic atrial fibrillation, stroke, and hypertension.

Nursing Diagnosis/Outcomes:

Activity intolerance related to chronic atrial fibrillation as evidenced by generalized weakness and reduced ability to perform ADLs.

Falls related to impaired mobility, history of stroke, and history of falls as evidenced by recent fall and generalized weakness.

2. Provide assistance as needed with ROMs every four hours

1. Make sure that the patient always has his call light immediately available and encourage him to use it prior to moving anywhere

2. Make sure room stays uncluttered and furniture is not moved around to different locations