

<p><u>Key Problem:</u> Impaired Physical Mobility</p> <ul style="list-style-type: none"> • Limited range of motion • Reluctance to attempt movement <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> • Consistent checks on skin integrity. • Assess & record nutritional intake and elimination status. • Turn the patient q 2 hours or as needed • Provide physical therapy and encourage movement as much as possible

<p><u>Key Problem:</u> Impaired Verbal Communication</p> <ul style="list-style-type: none"> • Loss of facial/oral muscle tone/control • Inability to modulate speech, inability to comprehend written/spoken language <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> • Provide alternate methods for communication • Speak in normal tones and avoid talking too fast. Give the patient enough time to respond. • Encourage family and friends to communicate & refer to a speech therapists.

	<p><u>Reason for Needing Care:</u> Medical Diagnosis: Spontaneous Intracranial Bleed <u>Key Assessments:</u> A & O x3, unable to move L upper and L lower extremity but feels sensation, NKA, history of R Hemispherectomy and R Cranioplasty.</p>
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<p><u>Key Problem:</u> Risk for Seizures</p> <ul style="list-style-type: none"> • Loss of consciousness • Vomiting <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> • Frequent neuro checks (q1hr) • Keep pads on the sides of the bed. • Administer seizure prophylaxis with Keppra 500mg

<p><u>Key Problem:</u> Risk for Hemorrhage</p> <ul style="list-style-type: none"> • Hypotension and Tachycardia. • Occult blood in stool and/or urine. • Low Hct and Hgb levels. <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> • Oxygenate and administer blood products if indicated. • Educate the patient and family on the signs of bleeding • Assess color and consistency of stools
