

Key Problem:

Impaired Physical Mobility

Risk for Hemorrhage

Etiology: related to Seizure

Symptoms: as evidenced by

- Limited range of motion
- Reluctance to attempt movement
- Inability to perform action as instructed

INTERVENTIONS:

- Assess skin integrity & turn the patient q 2 hours or as needed.
- Assess & record nutritional intake and elimination status. (Intake & Output)
- Turn the patient q 2 hours or as needed
- Educate the patient on how to use mobility device (crutches, walkers etc.) Provide physical therapy and encourage movement as much as possible

OUTCOME:

- The patient performs one physical activity independently or within limits of their diagnosis within 48 hours.

EVALUATION:

- The goal is met. The patient was able to perform some ROM exercises within 48 hours.

Reason for Needing Care:

Medical Diagnosis: Spontaneous Intracranial Bleed

Key Assessments:

A & O x3, unable to move L upper and L lower extremity but feels sensation, NKA, history of

- VITALS: BP: 115/76, RR: 20, P: 98, Temp: 98.8 degrees fahrenheit
- PMH: Right Hemicraniectomy and Right Cranioplasty.
- MEDS: Keppra 500mg, Nicardipine 2.5 mg and Mannitol 2g/kg
- LABS: CT & MRI Scan & CBC completed.

Key Problem:

Risk for Hemorrhage

Etiology: related to occult blood in stool and low Hct & Hgb levels

Symptoms: as evidenced by

- N/A (Not applicable on Risk Diagnosis)

INTERVENTIONS:

- Oxygenate and administer blood products if indicated.
- Educate the patient and family on the signs of bleeding
- Assess color and consistency of stools q 2 hours
- Monitor vital signs q 15 mins with close attention to blood pressure and heart rate. Look for signs of orthostatic hypotension.

OUTCOME:

- The patient does not experience bleeding as evidenced by normal blood pressure and stable hct & hgb levels within 2 hours.

EVALUATION:

- The goal is met. The patients blood pressure and hct & hgb levels are within normal limits and there are no visible bleeding within 2 hours.