

BASELINE PATIENT'S DATA

A. HISTORY

PATIENT'S INITIAL : A.L AGE : 52 y/o
STATUS : Divorced RACE : Hispanic/Latino
PLACE OF BIRTH : California DOB : 02/26/1967
OCCUPATION : Baseball coach & Forklift driver
HEIGHT : 68.0 inches WEIGHT : 260.0 lbs
ALLERGIES : No known allergies CODE STATUS : Full code

B. ADMITTING DIAGNOSIS :

- S14.106S : Unspecified injury at C6 level of Cervical Spinal Cord sequela
- I10 : Essential (primary) hypertension
- E10.9 : Type 1 Diabetes Mellitus without complications
- K59.2 : Neurogenic bowel not elsewhere classified.
- Z93.1 : Gastrostomy status
- L89.894 : Pressure ulcer of the other site, stage 4.

SPINAL CORD INJURY

- Fracture or displacement of one or more vertebrae causing damage to spinal cord or nerve roots with resulting neurological deficit and altered sensory perception or paralysis or both. There will be a total or partial absence of motor and/or sensory function below the level of injury.

PATHOPHYSIOLOGY

- Hemorrhage : blood flows into the extradural, subdural, or subarachnoid spaces of the spinal cord
- Injury to spinal cord vasculature causes nerve fibers to swell and disintegrate
- Blood circulation to the gray matter of the spinal cord is impaired
- Secondary chain of events : Ischemia, Hypoxia, Edema and Hemorrhagic lesions
- These secondary events result in destruction of myelin and axons
- The pathophysiology of spinal cord can be categorized as acute impact or compression. Acute impact injury is a concussion of the spinal cord. This type of injury initiates a cascade of events focused in the gray matter, and results in hemorrhagic necrosis. The initiating event is hypoperfusion of the gray matter. Increases in intracellular calcium & reperfusion injury play key roles in cellular injury, and occur early after injury.

RISK FACTORS

- Spinal cord trauma
- Assault
- Gunshot wounds
- Industrial accident
- Motor vehicle accident
- Sports injuries (par)
- A minor injury can become too narrow



SIGNS & SYMPTOMS

Muscular : Muscle weakness, coordination or stiff muscles

Whole Body : feeling faint

Sensory : pins & needles, Urinary leaking of urine or

Also common : abnormal

Stage III - Lumbar
Stage IV - Coccyx Area

assistance especially when eating. But the OT/Occupational Therapist, is helping him out to pick up fork using an assistive device.

INTEGUMENTARY

- Intact, warm skin. Skin turgor is good within 3 seconds. Patient has a pressure ulcer, stage 4 at the coccyx area. With a pedal edema of 3 seconds.

PSYCHOSOCIAL

- Patient is cooperative during treatments, medications, and activities. Patient does get along with everyone in the facility. And patient is comfortable helping himself out, during activities and treatments.

G. LABORATORY & DIAGNOSTIC DATA



ABNORMAL TEST	TEST DATE	TEST RESULTS	REF. RANGE
Hemoglobin A1C	8/6/19	H : 6.4	4.0-6.0
Est. Avg Glucose	8/6/19	H : 137	68-126
Pre - Albumin	8/6/19	L : 16	17-34
Urobilinogen	8/6/19	A - 9	5-8

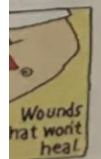
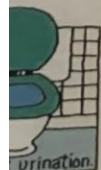
Hemoglobin A1C - If your HBA1C levels are high, it may be a sign of diabetes, a chronic condition that can cause serious health problems, including heart disease, kidney disease, and nerve damage.

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ur body doesn't make
ly makes, the glucose
ore hungrier and more

ly has to pee between
go a lot more. Why?
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uth may feel dry. Dry

e lenses in your eyes



C. PAST HISTORY

- Significant weakness in bilateral upper extremities and no movement in his lower extremities with a C5/C6 sensory level deficit. A T0 GERD C6/C7. Fracture dislocation with near complete obliteration of the spinal cord. There was an anterior dislocation of the lower cervical spine in relation to the upper cervical spine also showed a transverse fracture through S1 sacral lumbar segment

D. SOCIAL, PSYCHOSOCIAL HISTORY

- The patient states that he works two jobs. He works as a baseball coach and a forklift driver. He usually spends most of his days working. He teaches kids baseball in the park every other day and he doesn't stay at home that much. He's an outdoor type of person. He only goes home just to rest, and eat. He is divorced, and he's blessed with one daughter. He also stated that he's a busy & outgoing person. He always goes to work to provide for his daughter. He also lives with his Mom. In the facility, patient is really cooperative with the nurses, the PT/OT and other staff. He is willing to help himself out through therapies, medications & activities. He gets along with everyone in the facility.

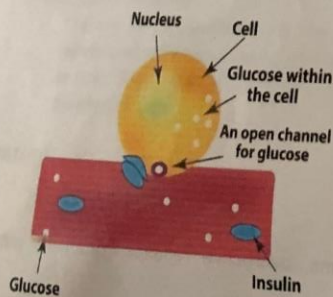
E. HABITS

- The patient stated that he's really not a "stay-at-home" person because he has two jobs. He also mentioned that he loves to eat sweets and processed foods. Aside from that, he also stated that he smokes and drinks beer everyday since he was 18 years old. He was also diagnosed with Diabetes Mellitus Type 1, 8 years ago. When he was diagnosed with Type 1 DM, he realized that he needs to cut down his unhealthy foods especially sweet foods. He started doing exercises to lose weight and he's been trying to eat healthy. He also keeps an eye on his blood sugar because he was aware of the possibilities that might happen when he keeps doing unhealthy stuff.

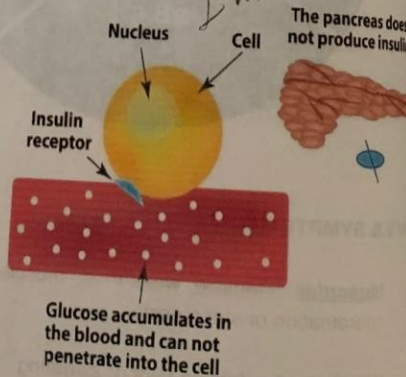
DIABETES MELLITUS
 - A disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood or urine.

PATHOPHYSIOLOGY
 - Diabetes Mellitus is not a single disease but a complex syndrome characterized by hyperglycemia resulting from altered carbohydrate, fat, and protein metabolism.
 - This altered metabolism is secondary to insulin insufficiency, insufficient insulin activity, or both.
 - Because of altered fuel metabolism, diabetes is characterized by vascular and neurologic changes throughout the body.
 - Absence of insulin or ineffective insulin activity prevents glucose from entering liver, muscle & fat cells.

TYPE 1 DIABETES



NORMAL



TYPE 1 DIABETES

RISK FACTORS

- Family history of diabetes
- Obesity (ie, BMI $\geq 25\text{kg/m}^2$)
- Ethnicity (eg, African American, Hispanic, Native American, Pacific Islander)
- Age ≥ 45 yrs
- Previous impaired glucose tolerance
- Hypertension ($\geq 140/90$ mm Hg)
- High LDL cholesterol levels & low HDL cholesterol levels
- History of gestational diabetes

RISK FACTORS

The cause of Type 1 Diabetes is not known

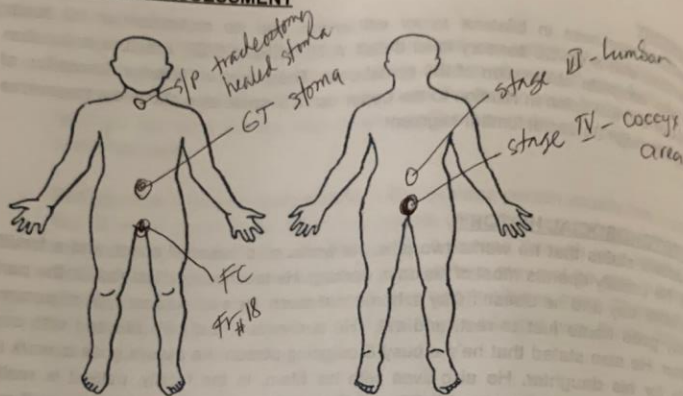
There is no known way it can be prevented

Although there is no known cause, risk factors may be...

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F. HEAD TO TOE ASSESSMENT



NEUROLOGICAL

- Awake, alert and oriented to person, place and time. Speech is clear and appropriate. No photophobia & no discharge.

CARDIOVASCULAR

- Heart rate is regular. Peripheral pulses are palpable and skin color is pink.

RESPIRATORY STATUS

- Bilateral breath sounds, unlabored, no wheezes no ronchi, no productive cough, shortness of breath, clear bilaterally and good airflow.

GASTROINTESTINAL

- G-tube on left upper quadrant, bowel sounds are present and active in all four quadrants, abdomen is soft and round to touch. With difficulty swallowing. Patient is on regular diet, although diabetic. Fluid consistency is thin liquids.

GENITOURINARY

- Patient is incontinent with indwelling foley catheter with the size of 18fr. Urine color is amber and cloudy. Sediments were also seen in the tube. Patient voided 800ml within 24 hours with non distended bladder.

MUSCULOSKELETAL

- Weakness in all extremities. Especially his right arm due to accident. Patient can move his left upper extremities within normal limits. Patient is bed ridden. Patient also needs

assistance especially when out to pick up fork using an assistive device.

INTEGUMENTARY

- Intact, warm skin. Skin turgor is good. No stage 4 at the coccyx area.

PSYCHOSOCIAL

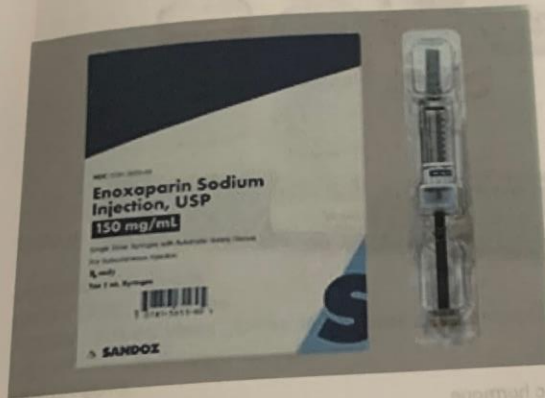
- Patient is cooperative during activities and treatments.

G. LABORATORY & DIAGNOSIS

ABNORMAL TEST	TEST RESULT
Hemoglobin A1C	8.1
Est. Avg Glucose	8.1
Pre - Albumin	8.1
Urobilinogen	8.1

Hemoglobin A1C - If you have a condition that can cause diabetes, and nerve damage.

- RESP : Dyspnea, respiratory failure
- IMPLICATIONS :** Check for increased seizure activity in patients with epilepsy



ENOXAPARIN

BRAND NAME : Lovenox

DRUG CLASS : Anticoagulant, antithrombotic

ACTION : Binds to antithrombin III inactivating factors Xa/IIa resulting in higher ratio of anti-factor Xa to anti-factor IIa.

SIDE EFFECTS :

- CNS : fever, confusion
- GI : Nausea
- HEMA : hemorrhage from any site, hypochromic anemia, thrombocytopenia, bleeding
- INTEG : Ecchymosis
- META : Hyperkalemia in renal failure

IMPLICATIONS : Assess patient for bleeding gums, petechiae, ecchymosis, black tarry stools, hematuria, epistaxis, decrease in B/P

IMPLEMENTATION : continually assess motor function by requesting patient to perform certain actions such as shrug shoulders, spread fingers, squeeze, release examiners hands

- Provide means to summon help (special sensitive call lights)
- Perform & assist with full ROM exercises on all extremities & joints, using slow, smooth movements

RATIONALE : Evaluates status of individual situation

- Enables patient to have a sense of control & reduces fear of being left alone

OUTCOME : Maintain position of function as evidenced by absence of contractures, foot drop.

Impaired Tissue Integrity r/t Spinal Cord Injury Manifested by presence of pressure wound on the coccyx

GOALS : Display progressive improvement of coccyx wound

INTERVENTIONS : Assist with diagnostic procedures

- Promote good nutrition. Administer Vitamin C and Zinc sulfate.

RATIONALE : To promote wound healing

OUTCOME : patient wound will heal in 3 months

Risk for aspiration r/t to G Tube feeding

GOALS : Maintain patent airway

DATA COLLECTION : Dysphagia

IMPLEMENTATION : Reposition every 2 hours.

- Provide oral hygiene
- Elevate the head of the bed 30 to 40 degrees

RATIONALE : Keeping the patient's head elevated keeps food in stomach & decreases incidence of aspiration

- Promoting good oral hygiene helps prevent infections

Resumes list / Informations

- Braks

- References

Est. Avg Glucose - when the blood glucose level is too high because the body is not properly using or doesn't make the hormone insulin

Pre - Albumin - When prealbumin levels are lower than normal, it may be a sign of poor diet (malnutrition)

Urobilinogen - Too much urobilinogen in urine can indicate a liver disease such as hepatitis or cirrhosis

H. LIST OF MEDICATIONS



BACLOFEN

Brand name : Gablofen

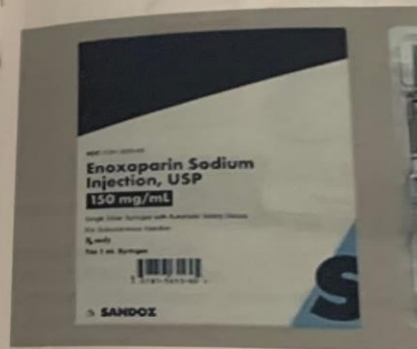
Drug Class : Skeletal Muscle Relaxant

Action : Inhibits synaptic responses in CNS by stimulating GABA receptor subtypes which decreases neurotransmitter function

Side Effects :

- CNS : Dizziness, weakness, fatigue
- CV : Hypotension, bradycardia, chest pain
- EENT : Nasal congestion, blurred vision
- GI : Nausea, constipation, vomiting
- GU : Urinary frequency, hematuria
- INTEG : Rash, pruritus

RESP : Dyspnea, respiratory failure
IMPLICATIONS : Check for increased seizure activity



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- INTEG : Ecchymosis
- META : Hyperkalemia in renal failure

IMPLICATIONS : Assess patient for bleeding stools, hematuria, epistaxis, decrease in B/P

ACTION : Mechanism of action is unknown. May affect transport of amino acids and stabilize neuronal membrane

SIDE EFFECTS :

- CNS : Suicidal thoughts, confusion, depression
- CV : hypertension
- GI : weight gain, anorexia
- NEURO : ataxia, altered reflexes.

IMPLICATIONS : Monitor closely for notable changes in behavior that could indicate emergence or worsening of suicidal thoughts or behavior or depression.

I. NUTRITION & DIET



- Patient is on regular diabetic diet
- Fluid consistency is thin
- He weighed 226.0lbs as of May 11, 2019. There has been weight loss between June 6, 2019 to July 11, 2019 weighing 241.0lbs.
- His BMI is 34.4

J. NURSING CARE PLANS

Impaired Physical Mobility r/t immobilization by traction as evidence by inability purposefully move

DATA COLLECTION : Muscle weakness, limited range of motion.
GOALS : patient performs physical activity independently or within limits of disease

IMPLEMENTATION : continually assess motor certain actions such as shrug shoulders, spread hands

- Provide means to summon help (spec)
- Perform & assist with full ROM exert smooth movements

RATIONALE : Evaluates status of individual

- Enables patient to have a sense of control
OUTCOME : Maintain position of function as drop.

Impaired Tissue Integrity r/t Spinal Cord wound on the coccyx

GOALS : Display progressive improvement
INTERVENTIONS : Assist with diagnostic p

- Promote good nutrition. Administer
- RATIONALE** : To promote wound healing
OUTCOME : patient wound will heal in 3 m

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GOALS : Maintain patent airway

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IMPLEMENTATION : Reposition every 2 h

- Provide oral hygiene
- Elevate the head of the bed 30 to

RATIONALE : Keeping the patient's head incidence of aspiration

- Promoting good oral hygiene help

Resonance list / Infr...
- Brinks
- References