

Parkinson's Disease

RAPID Reasoning



Lillian "Lilly" Marie Jones, 76 years old

Primary Concept		
Nutrition		
Interrelated Concepts (In order of emphasis)		
• Mobility • Collaboration • Patient Education • Communication • Clinical Judgment		
NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
✓ Management of Care	17-23%	✓
✓ Safety and Infection Control	9-15%	
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓
Physiological Integrity		
✓ Basic Care and Comfort	6-12%	✓
✓ Pharmacological and Parenteral Therapies	12-18%	✓
✓ Reduction of Risk Potential	9-15%	✓
✓ Physiological Adaptation	11-17%	✓

History of Present Problem:

Lillian "Lilly" Jones is a 76-year-old female with a history of hypertension, gastro esophageal reflux disease (GERD) and Parkinson's disease. Ms. Jones was hospitalized three months ago due to a urinary tract infection and dehydration. She is now a resident of Sunnyside Health Care Center, a local long-term care facility because her Parkinson's disease has progressed and her son, Jack, is no longer able to care for her at home. Lilly has lost ten pounds (4.5 kg) in the past month. She is 5 feet-6 inches (167.6 cm) weighs 110 pounds (49.9 kg) and has a BMI of 17.8. After one week of residing at Sunnyside, Jack visits and is saddened when he finds his mother in her room alone. Jack approaches the nursing station and states, "My mother is so thin and losing weight and sits just staring into space. I thought having her here was going to help her get better!"

Personal/Social History:

Lilly was married to John for 54 years before he passed away two years ago. She has one son, Jack, who lives 30 minutes away. Jack has a medical power of attorney for Lilly's healthcare decisions. Lilly was a homemaker and an active participant in her community. Her hobbies include knitting, playing the piano and reading. Lilly reluctantly has agreed to go to Sunnyside Health Care Center after her son accepted a job that required him to travel.

What data from the histories are *RELEVANT* and must be interpreted as clinically significant by the nurse?

(Reduction of Risk Potential)

RELEVANT Data from Present Problem:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 98.4 F/36.9 C (oral)	Provoking/Palliative:	"Better when walking a while."
P: 90 (regular)	Quality:	"ache"
R: 14 (regular)	Region/Radiation:	"Knees"
BP: 112/70	Severity:	"3/10"
O2 sat: 98% room air	Timing:	"When I wake up."

What VS data are *RELEVANT* and must be interpreted as clinically significant by the nurse?

(Reduction of Risk Potential/Health Promotion and Maintenance)

RELEVANT VS Data:	Clinical Significance:

Current Assessment:	
GENERAL SURVEY:	Alert, flat affect and slow to respond to questions in a soft tone (hypophonia). Oriented and in no acute distress, dress appropriate for the season, hygiene and grooming normal for age and gender. Sitting with a forward leaning posture.
NEUROLOGICAL:	Alert & oriented to person, place, time, and situation (x4); muscle strength 4/5 in both upper and lower extremities bilaterally. Tremors noted at rest in hands.
HEENT:	Head normocephalic with the symmetry of all facial features, but tremor noted. PERRLA, sclera white bilaterally, conjunctival sac pink bilaterally. Lips, tongue, and oral mucosa pink and tacky dry.
RESPIRATORY:	Breath sounds clear with equal aeration on inspiration and expiration in all lobes anteriorly, posteriorly, and laterally, nonlabored respiratory effort on room air.
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks, brisk cap refill. Heart tones audible and regular, S1 and S2, noted over A-P-E-T-M cardiac landmarks with no abnormal beats or murmurs. No JVD noted at 30-45 degrees.
ABDOMEN:	Abdomen round, soft, and nontender. BS hypoactive in all four quadrants.
GU:	Urinary Incontinent episode x1, urine yellow
INTEGUMENTARY:	Skin oily but warm with normal color for ethnicity. No clubbing of nails, cap refill <3 seconds, Hair soft, distribution normal for age and gender. Skin integrity intact, skin turgor elastic, tenting present.

What assessment data is *RELEVANT* and must be interpreted as clinically significant by the nurse?

(Reduction of Risk Potential/Health Promotion & Maintenance)

RELEVANT Assessment Data:	Clinical Significance:

Lab Results-On Admission:

Complete Blood Count (CBC)					
	WBC	HGB	PLTs	% Neuts	Bands
Current:	8.5	10.8	154	65	0
Last Month:	6.4	12.8	208	55	0

What lab results are *RELEVANT* and must be recognized as clinically significant by the nurse?

(Reduction of Risk Potential/Physiologic Adaptation)

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Basic Metabolic Panel (BMP)					
	Na	K	Gluc.	Creat.	BUN
Current:	142	3.7	88	1.4	38
Last Month:	135	3.4	90	1.0	22

What lab results are *RELEVANT* and must be recognized as clinically significant by the nurse?

(Reduction of Risk Potential/Physiologic Adaptation)

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Liver Panel					
	Albumin	Total Bili	Alk. Phos.	ALT	AST
Current:	3.0	1.1	70	12	20
Last Month:	3.6	1.0	68	14	20

What lab results are *RELEVANT* and must be recognized as clinically significant by the nurse?

(Reduction of Risk Potential/Physiologic Adaptation)

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Urinalysis + UA Micro: Clean Catch Specimen												
	Color:	Clarity:	Sp. Gr.	Protein	Glucose	Ketones	Nitrite	LET	RBCs	WBCs	Bacteria	Epi.
Current:	yellow	dark	1.030	Neg	Neg	Neg	Neg	Neg	0	0	none	none
Last Month:	yellow	clear	1.015	Neg	Neg	Neg	Neg	Neg	0	0	none	none

What lab results are *RELEVANT* and must be recognized as clinically significant by the nurse?

(Reduction of Risk Potential/Physiologic Adaptation)

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Lab Planning: Creating a Plan of Care with a **PRIORITY** Lab:

(Reduction of Risk Potential/Physiologic Adaptation)

Lab:	Normal Value:	Clinical Significance:	Nursing Assessments/Interventions Required:
Albumin Value: 3.0 g/dL	Critical Value:		

Clinical Reasoning Begins...

1. *Interpreting relevant clinical data, what is the primary problem? What primary health-related concepts does this primary problem represent? (Management of Care/Physiologic Adaptation)*

Problem:	Pathophysiology of Problem in OWN Words:	Primary Concept:

Collaborative Care: Medical Management *(Pharmacologic and Parenteral Therapies)*

Care Provider Orders:	Rationale:	Expected Outcome:
Referral to a speech-language pathologist (SLP)		
Referral to an occupational therapist (OT)		
Referral to physical therapy (PT)		
Weekly weights		
Registered Dietician consult (RD)		
MVI po daily		
Ranitidine 150 mg po BID prn		
Carbidopa-Levodopa 20-100 mg po TID		
Basic metabolic panel (BMP)		
Complete blood count (CBC)		

PRIORITY Setting: Which Orders Do You Implement First and Why? *(Management of Care)*

Care Provider Orders:	Order of Priority:	Rationale:
• Referral to a speech pathologist • Referral to an occupational therapy • Referral to physical therapy • Weekly weights • Dietary consult • MVI po daily • Ranitidine 150mg po BID prn • Carbidopa-Levodopa 20-100mg po TID • BMP, CBC		

Collaborative Care: Nursing**2. What nursing priority (ies) will guide your plan of care?** *(Management of Care)*

Nursing PRIORITY:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:

3. What body system(s) will you assess most thoroughly based on the primary/priority concern?
(Reduction of Risk Potential/Physiologic Adaptation)

PRIORITY Body System:	PRIORITY Nursing Assessments:

4. What is the worst possible/most likely complication(s) to anticipate based on the primary problem of this patient?

(Reduction of Risk Potential/Physiologic Adaptation)

Worst Possible/Most Likely Complication to Anticipate:		
Nursing Interventions to PREVENT this Complication:	Assessments to Identify Problem EARLY:	Nursing Interventions to Rescue:

5. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?

(Psychosocial Integrity/Basic Care and Comfort)

Psychosocial PRIORITIES:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
CARE/COMFORT: <i>Caring/compassion as a nurse</i>		
EMOTIONAL (How to develop a therapeutic relationship): <i>Discuss the following principles needed as conditions essential for a therapeutic relationship:</i>		
SPIRITUAL: • <i>F-Faith or beliefs:</i> • <i>I-Importance and influence</i> • <i>C-Community:</i> • <i>A-Address:</i>		
CULTURAL Considerations (IF APPLICABLE)		

Education Priorities/Discharge Planning

What educational/discharge priorities will be needed to develop a teaching plan for this patient and/or family?

(Health Promotion and Maintenance)

Education PRIORITY:	
PRIORITY Topics to Teach:	Rationale:

Caring and the “Art” of Nursing

What is the patient likely experiencing/feeling right now in this situation? What can you do to engage yourself with this patient’s experience, and show that he/she matters to you as a person? (Psychosocial Integrity)

What Patient is Experiencing:	How to Engage:

Use Reflection to THINK Like a Nurse

What did you learn that you can apply to future patients you care for? Reflect on your current strengths and weaknesses this case study identified. What is your plan to make any weakness a future strength?

What Did You Learn?	What did you do well in this case study?
What could have been done better?	What is your plan to make any weakness a future strength?