

Student name:
Instructor:

Patient Education / Discharge Planning:

(Barriers to education, learning goals, learning outcomes) (Home Vs Facility, services needed after discharge, adaptive equipment needed for home.)

- No barriers during education due to English being patient's first language and him being fully alert and oriented
 - Patient communicates understanding of instructions given
- Patient verbalizes the understanding about the medication compliance and medication importance
- Patient will be discharged to another hospital due to insurance plan
- No adaptive equipment needed currently. If surgery is done, another hospital will establish further needs

Diagnostic Tests / Lab Result w/ Dates and Normal Ranges

MRA Head without contrast: Left posterior commuting artery aneurysm

CT Head or Brain w/o Contrast: Age-appropriate findings without acute infarct, hemorrhage or mass lesion

MRI Brain w/o Contrast: No evidence of an acute infarct. Periventricular and subcortical white matter. Mild paranasal sinus mucosal disease

XR Chest: Trace left pleural effusion venous chronic pleural thickening. Comparison with any outside priors is recommended

ECG: Sinus rhythm. Possible left atrial enlargement. Possible right ventricular conduction delay. Non-specific T-wave abnormality

Date: 7/14/18 **RBC:** 6.31 (High) **Norms:** 4.7-6.1

Date: 7/14/18 **Chloride:** (High) 109 **Norms:** 98-106

Date: 7/14/18 **Lymphocytes:** 19.0 (Low) **Norms:** 1000-4000

Erikson's Developmental Stage Related to Pt & APA citations

There are 8 stages in Erikson's Development. The patient belongs to the 7th one which is Generativity vs Stagnation. During this stage people are so involved with their work, they are trying to give the most to the society by working hard and doing a some kind of change. That is what the patient is doing is well, he is working so hard that he does not even take a breaks, and even works after hours at home despair (Erickson & Erickson, 2018).

Cultural Considerations: Ethnicity, Occupation, Religion, Family Support, Financial Considerations.

- Exercises regularly, hikes (3-4 times a week)
 - No smoking
- 1-2 times a week alcohol consumption
 - Real Estate Agent
 - University degree
 - Lives alone
 - Asian race
- Non-Hispanic ethnicity
 - Catholic
- Has no issues with the treatments nor cultural accommodations requested, only to watch World Cup Final

Patient Information

Name: A.B.
Age: 63 years old
Gender: Male
DPOA: None
Living Will: None
Ht: 170 cm
Wt: 68 kg
BMI: 23.53 kg/m2
NKA/NKDA

Chief Complaint

Headache, nausea, vomiting, dizziness

Admitting/Current Diagnoses(es):

Vertigo

Plan of Care:

- Wait on the results on MRA of brain
- Call for neurological consult after the results are updated
- Administer Blood Pressure PRN
- Epley maneuver taught
- Administer ASA 81 mg daily
- Administer Statin 40 mg daily
- Blood pressure control and education provided to the patient
- Continue with fall precautions
- DVT prevention
- Help with ambulating
- Take for follow-up CT scan with contrast
- Prepare for transfer to another hospital
- Patient will verbalize an understanding of importance to be compliant with the medications
- Patient will be free of falls
- Patient will be free of pressure ulcers

History of Present Illness:

(A brief statement by the Doctor explaining what happened to the patient before they got to the hospital)

The patient is a 63-year-old gentlemen with no past medical history except for HTN and stroke in 2004. He is not taking any medications, came to our facility complaining of headache and vertigo and multiple vomiting episodes since 7/12/18. Patient reports while getting ready to work, he was putting on clothes, when he started to fall to the right. The room eventually started to spin. Every time he tried to move, dizziness came back. He denies feeling any headaches, weakness, vision changes, tinnitus, ear pain, hearing or sensory changes. This has never happened to him before. In ER his blood pressure was around 200. The patient had a 12-lead EKG which is normal sinus rhythm, no ST segment changes. Chest x-ray shows trace left pleural effusions versus chronic pleural thickening. CT brain w/o contrast, no acute infarction, hemorrhage or mass.

Pathophysiology of Admitting Dx with APA references:

Vertigo is a sensation of losing a balance when standing usually caused by inner problems, such as problems in the brain (Badii, 2017).

Previous Medical History:

- Hypertension – is a heart condition that can be caused by high blood pressure and can lead to further complications if not controlled, such as heart failure, CAD and etc (Badii, 2017).
- Stroke – damage to the brain that is caused by diminished or no blood supply to the brain that can happen because of the blood clot, hemorrhagic or ischemic (Badii, 2017).
- Hypercholesterolemia – high amounts of cholesterol due to poor diet or genetic (Badii, 2017).

Previous Surgical History:

No past surgical history before the admission, nor during the current admission

Priority Nursing Diagnosis #1

Impaired circulation related to HTN as evidenced by systolic pressure of 180

Outcome Goal #1
(specific, measurable, achievable, realistic, time bound)

By the end of the shift, the patient will be able to engage in management and activities to reduce tissue perfusion and have a decreased blood pressure

Interventions #1

- Assess for signs of decreased tissue perfusion
- Check vital signs every 3 hours
- Give medications as prescribed
- Educate the patient
- Find out if there are any barriers
- Request consult from a cardiologist

“Risk for” Diagnosis

At risk for falls related to vertigo

Vital Signs
BP: 180/99 R brachial
HR: 74
O2: 96% RA
18 breaths per minute
T: 36.9 C Oral
Pain: 0/10

Nutrition / Hydration
I/O: 2400/1575. Oral intake is 1200 ml. Dextrose 5% with 0.45% NaCl is 1200. Healthy Heart Diet. Feeds himself. No problem with skin turgor. No loss in weight since the admission.

Integumentary
Skin color is usual for ethnicity. Warm skin temperature, dry. Skin turgor is elastic. Mucous membrane is pink and moist. Level 2 on Braiden Scale

Neurological
Alert and Oriented to person, place, purpose and time. Sensation is normal. Not in acute distress. Pupils equal, round, reactive to light and accommodation. Face symmetric, tongue midline, shoulder shrug intact. Strong pulses in all 4 extremities. Glasgow Coma Score: 15

GI
Soft upon palpation. Non-tender to percussion. Active bowel sounds. Abdomen is round and symmetric. Last bowel movement was on 7/12/18

Endocrine
No endocrine issues and dysfunctions

Cardiovascular
Dizziness, nail beds are pink. No clubbing. Capillary refill less than 3 seconds. Regular Heart Rhythm. Skin color is pink and warm to touch. No peripheral edema

GU
No costovertebral angle tenderness. No difficulties voiding. Yellow and clear urine. No catheter. No odor. Denies any pain upon voiding

Psychosocial
Does not have stress concerns. No sleep concerns. Lives alone, married. Cooperative and has an appropriate coping. Follows the commands. No visitors at bedside

Respiratory
Clear upon auscultation bilaterally. All lobes breath sounds are clear. No crackles. No wheezes. No crepitations. Pulse oximeter is at 96% at room air. Non-labored breathing

Rest / Exercise
At risk for falls. Score is 11. Holds on handrails, furniture for support. Sleep patterns are uninterrupted. Full Range of Motion

Musculoskeletal
Full strength in all extremities (upper and lower). Sensations are intact in all extremities

Priority Nursing Diagnosis #2

Knowledge deficit related to blood pressure control as evidenced by non-compliance with medications

Outcome / Goal #2

By the end of the shift, the patient will be interested in learning more ways to maintain his health and taking care of himself after the discharge, as well as learning more in detail about the importance of the medications

Interventions #2

- Define the desired blood pressure
- Define what can help to stay compliant with meds
- Teach about the medications, signs and symptoms
- Assist the client in identifying the modifiable risk factors

“Risk For” Evaluation

The goal was met. By the end of my shift, the patient was free of falls and injuries

“Risk For” Interventions

- Keep the bed in the lowest position
- Have a call light and TV remote within a reach
- Have an alarm for fall prevention
- Put a sign on the door for “Fall Risk”
- Have 2 side rails up
- Constantly check on the patient
- Help the patient with the ambulation
- Have a table and food tray next to the patient

Evaluation #1
(start with “goal met” or “goal not met”)

By the end of the shift, the goal was partially met. The patient understood the importance to maintain plan of care to lower his blood pressure, but the blood pressure remained high – 148

Evaluation #2

By the end of the shift, the goal was met. The patient verbalized that he will start taking his medications so he doesn’t return to the hospital

“Risk For” goal

By the end of my shift, the patient will be free of falls and any injuries

Medication Name, Dose, Route, Freq & APA Citation	Why Pt is Taking the Drug and Method of Action	Side Effects	Nursing Considerations
Amlodipine, 5 mg,	To prevent heart attack, lower blood pressure and prevent kidney failure. MOA is an angioselective calcium channel blocker and inhibits the movement of calcium ions into vascular smooth muscle cells	Swelling of legs , stomach pain, Nausea and long sleep. Mothers taking this medication excretes it in milk hence effecting infants	Nurses considers the age of patients and the associate previous medication , breastfeeding mothers because it is said that such mothers excrete amlodipine in milk that affects infants
Aspirin, 81 mg	To reduce fever and moderate pain resulting from headaches, toothaches , reduce swelling of body and any form of muscle aches. MOA is to suppress the production of prostaglandins and thromboxanes is due to its irreversible inactivation of the cyclooxygenase enzyme.	Results in to Rashes, abdominal pain, heartburn, headaches and upset stomach	The ages of patients, previous medication and avoidance of other medication containing aspirin to avoid overdosing
Benazepril, 20 mg	To make the blood vessels relax and reduce the heart's workload. MOA is to inhibit angiotensin-converting enzyme	Coughing, headache, vomiting dizziness and sleep problem	Precautions, patient's age and any other previous medication related to or with Benazepril elements and dosage to be taken in a day.
Meclizine, 25 mg	To prevent vertigo and reduce dizziness. To treat nausea and vomiting. MOA is an antagonist at H1 receptors. It possesses anticholinergic, central nervous system depressant, and local anesthetic effects.	Dry mouth, blurred vision constipation, vomiting , Headache, and dizziness	Age of patient , time to take medication and the size of dosage to be taken within a day
Pantoprazole, 40 mg	To administer short –term treatment in regard to gastro esophageal reflux disease. MOA is to inhibit the final step in gastric acid production.	Weight loss , vomiting dizziness stomach pain insomnia and change of weight	Weight and age of patient, the size of a complete dosage. Consideration of previous medication is also made before giving any other treatment

Davis, 2015.

References:

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