

Journal -
 1-2 sentences on
 what strength
 and weakness (work on)
 - not a task.
 how can we
 do better at the
 end of

PACIFIC LUTHERAN UNIVERSITY
 SCHOOL OF NURSING

NURSING PROCESS PAPER FOR NURS 340 SITUATIONS - ADULT HEALTH I

Date(s) of care: Friday, Nov. 21, 2008	Number of days in hospital: 4	Age Range of pt (decade): 50's
Occupation(s)/Significant Social History nurse until knee injury - roughly three months		Allergies: sulfa
		Weight:

Vital Signs Day of Care: **** note abnormal values and state a reason why it might be abnormal**

Day 1:	BP 155/80	HR 90 apical	Resp Rate 19	Temp 36.7
	O2 Sat 97%		Pain 8 - head, occipital, sharp	
	Intake & Output previous 24 hrs		Intake & Output this shift	
Day 2:	BP	HR	Resp Rate	Temp
	O2 Sat		Pain	
	Intake & Output previous 24 hrs		Intake & Output this shift	

Primary (Admitting) Medical Diagnosis:

subdural bleed

Secondary Medical Diagnosis:

- HTN

Surgery:

scheduled for a Burr-hole opening.

History of Present Illness:

2 wk quit unstable, headache
 2 months ago fall - hit head
 (LWA scale)
 no smoking (5 yrs ago)
 EKG - abnormal
 - elevated troponin
 quit stability, change of LOC, headache

why did pt
 seek medical
 attention?

Her pain was at this
 level because when
 she requested the
 need for pain meds
 it took sometime since
 I needed the nurse

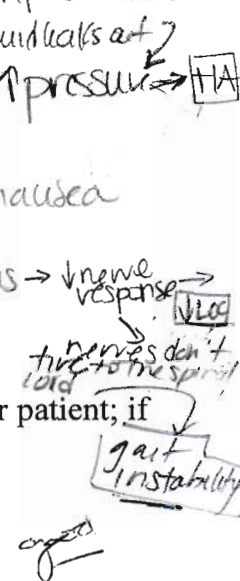
Definition and Pathophysiology of admitting diagnosis?

If the patient had a surgery to treat the diagnosis, explain the surgery and why it was appropriate for this diagnosis. The surgery would be performed to remove the fluid and decompress the pressure caused by the fluid on the brain

1. Head injury → blood vessels are damaged → Bleeding → change in cell permeability → fluid leaks out → ↑ pressure → HTA
2. The intense pain from the HTA can cause N/V but also a side effect of the oxytocin is nausea
3. The HTN also increases pressure in the brain → pain/HTA
4. ↑ pressure → compresses on diencephalic structures (LOC control) → ↓ blood flow to those areas → ↓ nerve response → ↓ LOC
5. The N/V can also be related to pressure on the brain and/or reticular regulating center

Risk Factors (list risk factors noted in the book; circle or underline those that apply to your patient; if you add one that is not listed in the book, please indicate this):

- Alcohol
- Smoking
- Falls
- shaken baby syndrome
- sudden acceleration/deceleration of the head
- blunt force to the head



Signs and Symptoms (list the signs and symptoms that are usually associated with this diagnosis as noted in the book; circle or underline those that apply to your patient; if you add one(s) that is/are not listed in the book, please indicate this):

- altered LOC
- dilated pupils
- headache
- gait instability
- confusion
- memory loss
- lethargy
- Diplopia
- hyperthermia
- periorbital ecchymosis
- N/V
- dilated pupil
- ↓ respiration
- eye position/reflex
- skeletal muscle response

Secondary diagnosis: Give a definition and brief patho explaining how each secondary diagnosis can affect or be affected by the primary diagnosis/hospitalization.

HTN - response by the body from either vasoconstriction or plaque formation which narrows the vessel's lumen.

- ① The stress, anxiety, pain from the injury, being in the hospital can cause sympathetic stimuli to be activated causing more vasoconstriction and increasing the BP.
- ② blood loss from injury → sympathetic stimulation → ↑ Heart Rate → ↑ resistance (due to preexisting HTN) → ↑ BP

Student Name: Kim Appabeo

MEDICATIONS

Allergies: sulfa

MEDICATION Name, Dose, Route	Classification	INDICATION Why is <i>your</i> pt. taking?	COMMON SIDE EFFECTS (look for what applies most to your patient)	NURSING IMPLICATIONS (<i>specific to your patient</i> ; include specific pt teaching points if applicable)
Thiamine 100mg oral	Vitamin	Dietary suppl. prevent and/or ↓ S/S of vit B deficiency	weakness nausea respiratory distress GI bleed	encourage patient to eat foods high in thiamine like whole grains, meat, veggies
→ Vit B-complex w/C 1 tablet oral	Vitamin	dietary suppl. help RBC formation	rash irritability confusion	assess pt periodically for weakness, dyspnea, and fatigue (S/S of megaloblastic anemia) - tell patient to eat 1-2 yellow/orange - encourage foods w/ folic acid (veg, fruit, organ meats)
oxycodone 5-10mg PRN oral	opioid	pain reliever	confusion sedation constipation	assess VS before and after administration check level of sedation if Resp < 10 → stimulate patient to breathe
promethazine PRN 12.5mg oral	anti- emetic	nausea	sedation disorientation confusion dizziness - blood dyscrasias	monitor pt's level of sedation. monitor pt's VS can cause drowsiness, if pt goes home - if caution use of vehicles.
Cefazolin q8h IV 2GM = 100mg via	anti- infective	decrease infection from knee surgery	n/v rash pain at IV site/phlebitis neutropenia, agranulocytosis	• watch/observe for S/S of anaphylaxis - notify physician if blood in stool, fever, diarrhea occurs. • finish med completely • take at scheduled times.
IVF				

(Deglin, Vallurand, 2009)

DISCHARGE PLANNING GUIDE

Anticipated date of discharge: one week

Discharge to: home

Functional Assessment

	Independent	Assist (specify)	Total Care
eating	✓		
bathing	✓		
dressing	✓		
toileting	✓		
transferring		✓	
ambulating		✓	
		when dizzy and instability	
taking medications correctly	✓		
house keeping		✓	
preparing meals		✓	

The care of the patient and the plan for discharge require a multidisciplinary approach. It is often the nurse who contacts the members of the multidisciplinary team to assist in the care of the patient.

Multidisciplinary Team	Referral in hospital State specific involvement in plan of care or the patient needs that requirement involvement	Needs after discharge Listed are examples. Please delete the examples and state the specifics that relate to your patient.
Social Work/Case Manager	✓	
Respiratory therapist		Does the patient need home oxygen or nebulizers
Physical therapist	✓	What assistive equipment is needed at home to create a safe environment? Are there stairs in/out of house? Room location? Cane/walker/crutches?
Occupational therapist	✓	Shower seat? Elevated toilet seat? Extenders? Set up of kitchen?
Visiting Nurse	✓	IV medications? Special assessments? Dressing changes?
Home Health care worker		Which ADLs?

backside →

Social work / case mgmt:

- The patient's home life needs to be evaluated since ETOH was a possible cause for the subdural hematoma.
- possible community support groups

physical therapist:

- Due to the infection from knee surgery, the patient's mobility is limited.
- ROM exercises
- strength training

Nurse:

- a visiting nurse for a few weeks (2-3 days a week) to assess and monitor her recovery from the Burr-hole surgery.
- assess for proper use of medications
- assess for use of ETOH
- assess for changes in cognition and/or behaviors

Occupational Therp:

- use of a cane to support body during initial recovery and until left knee increases in strength and ROM.

2007

State how the discharge needs identified above will be addressed. Please consider the following and write a short statement to assure the patient's needs are being met for a safe discharge:

If able to live at home, but unable to drive or lift heavy objects, what is the plan for housekeeping, transportation for grocery shopping or doctor appointments? Does the patient have help at home? 24 hours a day? Prior to hospitalization was the patient responsible for the care of others (children, spouse, elderly parent)? Have arrangements been made for care of others while in the hospital and after discharge?

- The patient is a female with a young teenager at home.
- The patient will need assistance with transferring and ambulating while recovering from the Burr-hole and gaining strength on the left knee.
- The teenage son is old enough to care for himself along w/ her husband
- They will need to help with meals and house keeping while the patient is recovering!

What specific teaching does the patient need for a safe discharge? What did you teach the patient/family today to help prepare the patient for discharge?

- Importance of following the tTN medication regimen along with diet.
 - low fat, high fiber, low sodium, fruit & veggies
- getting at least 20-30 minutes of exercise a day
- avoiding the use of ETOH, especially while the subdural hematoma is healing
- Depending on the tTN drugs prescribed, be aware of orthostatic hypotension
 - dangle 20 seconds before getting up after lying down.
- avoid falls/hitting head
 - secure rugs, clear walk ways, no sports for a few weeks,
- avoid stress which can raise BP and pressure on the brain

Nick
1/10

(Ackley, Ladwig, 2008)

Nursing Care Plan

Student Name/Date: Kim Applebee

Nursing Diagnosis (Dx, related to, & as evidenced by)	Expected Outcomes (Short term (8-48 hr.) reasonable expectations stated in measurable, behavioral terms, i.e., action verbs)	Nursing Interventions/Rationale List all interventions for each nsg. dx (include patient/family teaching)	Outcome Evaluation (Patient outcome noted as met or unmet/responses described)
Risk for injury related to change in LOC, NIV, and unstable gait.	Client will remain free of injuries for the duration of her hospital stay.	<ul style="list-style-type: none"> o place call light by patient and have her use it prior to getting out of bed to prevent falls o lower the height of the bed to lowest position to prevent falls o Assess the client for change in LOC to determine worsening of SIS and/or further hemorrhage o orient the client to the environment to prevent confusion and/or falls o remove clutter from pathways to prevent falls. o teach patient to slowly adjust position changes to prevent dizziness and instability 	<p style="text-align: center;">→ prevent secondary fall</p> <p style="text-align: center;">rationale = little vague</p>