

Nursing care Plan

1. CLIENT PROFILE:

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| Client Initials: | N.S | Date of Admission: | 16.12.2021 | Gender: | | Male |
| Age: | 50y | Date(s) of Care: | 18.12.2021 | Weight:  Height: 173cm | 86kg | |

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# 3-Admitting Dx: Urgency Hypertensive Crisis

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| 4- VS this shift | BP: 111/93 mmHg | T: 36.3 c | SPO2: 98% |
|  | P: 101 bpm | Pain score: 3 | RR: 13 breath/min |

5-Diet: Regular diet ( Healthy meals mainly full with vegetables, chicken, Meat, & legume) &The patient is smoking 1 packet daily.

# 6-Location of IV Site(s): peripheral in the Rt. Arm (antebrachial region)

# 7-IV Solution(s) and Rates: Free, because of hunger strike.

8-Allergies:

* Unknown As for Food
* Sensitive to Trihexyphenidyl Medication.

9-PERTINENT LABS & DIAGNOSTIC TESTING:

* Hematology
* Clinical chemistry

10-Medications

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| Medications (Trade & Generic) | \*Dose  \*Route  \*Time  \*Frequency | Client Specific Rationale/ Mechanism of Action | Common Side Effects |
| Amicor  ( Atorvastatin) | 10 mg  PO  6AM-6PM  1\*2 | Indicated as an adjunct to diet for treatment of elevated total-C, Apo B, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia , & to reduce the risk of stroke & heart attack.  HMG-CoA reductase inhibitor, inhibits rate-limiting step in cholesterol biosynthesis by competitively inhibiting HMG-CoA reductase. | 1. Diarrhea 2. Nasopharyngitis 3. Arthralgia 4. Nausea 5. Headache |
| Depakene  ( Valproic Acid) | 250mg  PO  6AM-6PM  1\*2 | Indicated as monotherapy and adjunctive therapy for complex partial seizures that occur either in isolation or in association with other types of seizures.  May increase levels of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA) in brain; may enhance or mimic action of GABA at postsynaptic receptor sites; may also inhibit sodium and calcium channels. | 1. Nausea 2. Headache 3. Increased bleeding time 4. Tremor 5. Vomiting |
| Olanzapine  ( Zyprexa) | 5mg  PO  6.00pm  1\*1 | Indicated for acute/maintenance treatment of manic or mixed episodes associated with bipolar 1 disorder; may be used adjunctively to valproate or lithium in the treatment of manic or mixed episodes associated with bipolar disorder.  May act through combination of dopamine and serotonin type 2 receptor site antagonism. | 1. Orthostatic HTN 2. Weight gain 3. Dizziness 4. Insomnia 5. Weakness |
| Klonopin  (clonazepam) | 1mg  PO  6.00pm  1\*1 | is used alone or in combination with other medications to control certain types of seizures. It is also used to relieve panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks).  Long-acting benzodiazepine that increases the presynaptic GABA inhibition and reduces the monosynaptic and polysynaptic reflexes. | 1. Dizziness 2. Fatigue 3. Confusion 4. Coughing 5. Memory impairment |

11-NURSING CARE PLAN:

DIAGNOSIS LIST :

* + Decreased Cardiac output r/t increased blood pressure ( increased Afterload) a.m.b ( decreased activity tolerance).
  + Acute pain (headache) r/t increased Cerebrovascular pressure a.m.b (blurred vision & Dizziness.)
  + Ineffective therapeutic regimen management r/t Conflicting health values.
  + Fluids & electrolytes imbalance.
  + Acute pain during cold r/t previous surgery (internal fixation of the bones by metal rods in the Lt. leg).
  + Risk for CVA r/t increased blood pressure.
  + Deficient knowledge.
* DIAGNOSIS#1:

Decreased Cardiac output r/t increased blood pressure ( increased Afterload) a.m.b( decreased activity tolerance).

INTERVENTION:

1. **Note skin color, temperature, and moisture.**
2. **Check for any alterations in level of consciousness.**
3. **Assess for reports of fatigue and reduced activity tolerance.**

RATIONALE:

1. Cold, clammy, and pale skin is secondary to a compensatory increase in sympathetic [nervous system](https://nurseslabs.com/nervous-system/) stimulation and low cardiac output and oxygen desaturation .
2. Decreased cerebral perfusion and hypoxia are reflected in irritability, restlessness, and difficulty concentrating.
3. Fatigue and exertional dyspnea are common problems with low cardiac output states that’s caused by HTN.

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* EVALUATION:

Decreased CO is controlled .

DIAGNOSIS#2:

Acute pain (headache) r/t increased Cerebrovascular pressure a.m.b (blurred vision & Dizziness. )

INTERVENTION:

1. Encourage rest during severe pain episodes.
2. Recommend or provide non-pharmacological measures like a calm and quiet environment, comfort measures (back massage, changing position, cold application at forehead or back, & relaxation techniques.
3. Minimize or avoid vasoconstricting activities like prolonged coughing, straining during passing stool, and bending over.

RATIONALE:

1.It reduces stimulation and promotes relaxation.

2. These comfort measures reduce cerebrovascular pressure, blocks sympathetic nervous system response and relieves headache.

3. Vasoconstricting activities increase cerebrovascular pressure and induce headaches.

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EVALUATION:

Pain is relieved and its score this shift was 3/10

DIAGNOSIS#3:

Ineffective therapeutic regimen management r/t Conflicting health values.

INTERVENTION:

1. Assess the health values and beliefs of the patient.
2. Include the patient while planning about the treatment regimen.
3. Instruct the patient to self monitor the blood pressure regularly.

RATIONALE:

1. Health behaviour models propose that patients compare factors such as perceived susceptibility to and severity of illness or complications with perceived benefits of treatment in making descisions regarding adherence to therapies.
2. It gives a positive feeling to the patient and he can also ask healthcare providers for modifying the schedule if requires.
3. Self-monitoring blood pressure provides immediate feedback and a sense of control.

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EVALUATION:

The management of therapeutic regimen isn’t achieved (Not Met).

12- NURSING NOTE :

# 18/12/2021 1500 Pt. received in bed. Awake, responsible, alerted, oriented \*4. He is Suffering from mild headache. He refused firmly The Medications that are prescribed because he’s hunger striker , Morning care done. Cannula in the Rt. Hand is checked and well. VS taken and recorded WNL. CBC test is done.