

Client: E.J.

Mr. E.J and 87- year old retired teacher has been a resident in an assisted living facility for the past 3 months. He was working as a volunteer math tutor at a local middle school when he fell after losing consciousness. He was admitted to the hospital with a diagnosis of acute CVA, left sided hemiplegia. Although willing to learn to use a wheelchair he is very anxious about falling. And, often prefer to eat at his bedside, rather than going to the dining area, which would require the use of a wheelchair. His speech is slurred but understandable. He has no difficulty swallowing but is on a mechanical-soft diet. He often complains about the "cafeteria food". He is dependent for most ADLs including toileting. He is not usually incontinent but sometimes misses the urge. This morning the CNA reported to the nurse, a stage II pressure ulcer on his sacral area. Past medical history: HTN, Emphysema, CAD. Vitals signs: 146/88, 92, 26, 98.8 F. Current meds: ASA 81mg PO daily, Lotensin 20mg PO BID, MVI one tablet PO daily. What could be the problem(s)?

NANDA:

### Safety

Risk for infection  
 Risk for pressure ulcer  
 Impaired Tissue Integrity  
 Impaired physical mobility  
 Impaired bed mobility

### Circulation

Risk for unstable blood pressure  
 Risk for cardiac tissue perfusion  
 Risk for decreased cardiac output

### Elimination

Urge urinary incontinence

### Teaching

Readiness for enhanced knowledge

### Food / Fluid

Imbalanced nutrition less than body requirements

### Respiration

Breathing pattern ineffective  
 Risk for impaired gas exchange  
 Risk for aspiration

### Neurosensory

Risk for peripheral neurovascular dysfunction  
 Unilateral Neglect

### Hygiene

Self-care deficit

### Social Interaction

Risk for loneliness  
 Impaired verbal communication

## Plan of Care

### Nursing Diagnosis

Impaired physical mobility r/t lack of O2 to the brain and reluctance to initiate movement, left sided hemiplegia, requires use of a wheelchair, and pt states he's afraid to fall.

**Short Term Goal:** The patient will transfer from bed to wheelchair with assistance and supervision within 12 hours.

**Long Term Goal:** The patient will go to the cafeteria using the wheelchair with assistance and supervision within 3 days.

<b>Nursing Interventions:</b> (Assess/Monitor, Assist/ Encourage Administer, Teach, Consult)	<b>Scientific Principle/ Rationale</b>	<b>Evaluation</b>
Assess: 1. Fall Risk using Morse scale 2. Muscle strength and ROM 3. Pain Q4hrs		<ol style="list-style-type: none"> <li>1. Morse scale score of 60 = high risk</li> <li>2. No muscle strength or ROM on left side due to hemiplegia. Right side full strength and ROM.</li> <li>3. Patient has pain 4 out 10 at 0900 hrs</li> </ol>
Assist: 1. Reposition Q2hrs 2. Transfer to wheelchair safely.	<ol style="list-style-type: none"> <li>1. Changing position every 2 hours prevents pressure ulcers.</li> <li>2. Safe transfer to and from wheelchair will help to prevent falls and increase socialization when he uses the wheelchair to transport to the cafeteria for meals.</li> </ol>	<ol style="list-style-type: none"> <li>1. No additional pressure ulcers</li> <li>2. NAP and nurse assisted with bed to wheelchair transfer at 1200 hrs for trip to cafeteria for lunch.</li> </ol>
Collaborate: 1. Consult with PCP for pain meds 2. Consult with OT 3. Consult with PT	<ol style="list-style-type: none"> <li>1.</li> <li>2. Patient needs to perform as many ADL's as possible to improve quality of life.</li> <li>3. Patient needs to learn proper use of wheelchair. It will decrease his anxiety and encourage him to use it to transport to the cafeteria for socialization.</li> </ol>	<ol style="list-style-type: none"> <li>1. Order received for Ibuprofen 800 mg Q6hrs</li> <li>2. OT scheduled at 1000 hrs daily to improve patients ability to perform ADL's.</li> <li>3. PT scheduled at 1400 daily to help patient with transfer to and from wheelchair</li> </ol>
Administer: 1. ASA 81 mg as ordered 2. Pain meds as ordered		<ol style="list-style-type: none"> <li>1.</li> <li>2. Patient reports pain level of 1 out of 10.</li> </ol>
Teach: 1. Call for assistance 2. Proper use of wheelchair	<ol style="list-style-type: none"> <li>1. Calling for assistance for the transfer will prevent falls.</li> <li>2. Learning about proper use of the wheelchair will decrease anxiety.</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient is calling when he needs to transfer to wheelchair.</li> <li>2. Taught patient and family proper use of wheelchair and they were able to teach back.</li> </ol>