**Plan of Care**

**Introduction**

The plan of care developed below is designed for an 83 years old patient, Harold Blake, who has a medical history that is complicated. He had, 3 years previously, suffered a left cerebral vascular accident and has suffered angina attack two weeks ago. The patient was headed for a outpatient appointment while he suffered an angina attack. The attack happened at the taxi bay while he was waiting for a taxi. The patient, after the attack, was taken to the emergency department and was immediately admitted under the cardiology unit and was later transferred to the cardiac ward. The patient was given three diagnosis of pulmonary aspiration, Impaired physical mobility and ineffective cerebral tissue perfusion. We will analyze the three diagnosis in details.

Plan of Care

|  |
| --- |
| **Condition/operation (name goes in here e.g. hip replacement)** |
| **Overview/Pathophysiology** | **Health care setting** | **Assessment** | **Diagnostic tests (and explanation of these** |
| .* A chocking sensation,tightness in the chest and crushing pain in upper chest and shoulders.
* In morning the patient nose bled. The last nose bleedinghappened three days ago and the blood was bright from his left nostril.
 | The patient was presented in the emergency department and admitted in the hospital after an episode of angina. He was admitted under cardiology unit and transferred to cardiac ward  | The patient complains of chest pain and shoulders. He states that he gets a feeling of chocking sensation while gasping for breath .  | The patient hadswift reflexes and augmented tone in his right arm. However,the patient is unable to move it. The doctor orders Troponin level test.  This was meant to rule out myocardial infarction. She also ordered a head CT scan which showed an intracerebral haemorrhage. |
| * The patent usually has a shortness of breath on exertion and on rest while talking
* The patient could only walk for 25 metres.
* The patient sleeps with one pillow and do not have paroxysmal nocturnal dyspnoea
 | **Signs and symptoms:**Nausea, dizziness, sweating, shortness of breath,  |  |
|  |  | **Physical assessment:**The patient is reviewed by a cardiologist registrar and she notices that he is drowsy, drooling, and is having difficulty speaking |  |
| **NURSING DIAGNOSIS: Pulmonary Aspirations** |
| **Related to:** |
| **Desired outcome:** |
| **Assessment/Interventions:** | **Rationales:** |
| Registered Nurse will monitor respiratory rate and depth. This will enable the nurse note any signs of aspiration.   | The detection of the signs early enough could help reduce further aspirations and begin management that could be life saving. |
| The registered nurse should evaluate expiration, choking, clearing the throat, burbling or presence of wetness in the voice during or after swallowing | This is because abnormal swallowing increases the risk of aspiration. There is still a need for legitimate and easy-to-use methods that could be used to screen for aspiration risk. |
| The nurse should evaluate for existence of nausea or vomiting. | The presence of nausea or vomiting puts the patients at a huge risk for aspiration. This happens if the level of awareness is compromised. Medication may be needed to prevent aspiration of disgorged gastric contents. |
| The nurse should place the head of patient’s bed raised during when the patient is feeding and half an hour after feeding. | The Maintenance of a sitting position of the patient during and after meals can help lessening aspiration [pneumonia](https://nurseslabs.com/pneumonia/) especially among elderly. |
| The nurse should administer or help the patient with oral intake. Do not provide oral fluids to a unconscious patient. | Oversight by the nurse assists in determining abnormalities early and allows execution of strategies for safe swallowing. Holding fluids and foods as needed prevents aspiration. |
|  |  |
| **NURSING DIAGNOSIS:** Impaired physical mobility |
| **Related to:** |
| **Desired outcome:** |
| **Assessment/Interventions:** | **Rationales:** |
| * The nurse could make the patient walk around on a regular pace. Have shortness of breath while walking up the stairs.
* Walking for more than 5o feet without stopping .
* Climbing one flight of stairs without stopping.
 | This will help understand the particular levels of impairment and help design the best possible solutions.  |
| Monitor nutritional need of the patient as nutrition needs are related to immobility | Good nutrition provides the body with the required energy for participating in a physical exercise. |
| The nurse should evaluate the existence or the level of pain related to exercise and change in joint mobility.  | Investigates the concavity of complications. The Nurse may be required to delay an increase in exercise.. |
| **NURSING DIAGNOSIS:** ineffective cerebral tissue perfusion |  |  |  |
| **Related to:** |  |  |  |
| **Desired outcome:** |  |  |  |
| **Assessment/Interventions:** | **Rationales:** |  |  |  |
| The nurse should evaluate for symptoms of decreased tissue perfusion. | This particular assemble of signs and symptoms happen with differing causes. Assessment gives a baseline in which comparability can be made into the future |  |  |
| Review laboratory data if medication are used for treatment.( ratio of patient's coagulation factor time and mean coagulation factor timeor partial thromboplastin time)  | Studies on blood clotting are used to resolve or ensure that [clotting](https://nurseslabs.com/hemophilia-nursing-care-plans/) factors remain within curative levels. Irregularities in clotting may occur as an effect of curative measures. |  |  |
| The nurse should Submit patient to be tested diagnostically as indicated. | There are various tests that are available and they depends on the cause of the impairment in tissue perfusion. Examples of these tests includeangiograms, doppler flow studies, segmental limb pressure measurement  and vascular [stress](https://nurseslabs.com/stress-and-anxiety/) testing |  |  |

**Pulmonary aspiration**

Pulmonary aspiration is the entry of materials from the gastrointestinal tract into the lower respiratory system. The foreign materials may be inhaled or delivered into the trachea system Nason, 2015). When pulmonary aspiration occurs during feeding, then it is considered as food going down the wrong pipe. Pulmonary aspiration symptoms include coughing, difficulty in breathing and in some cases the patient can exhibit signs of chocking. In our case, the patient, Harold Blake, upon admission showed the symptoms of choking, shortness of breath, crushing pain in the upper chest and chest tightness. The symptoms that the patient showed were similar to those of pulmonary aspiration and thus it was rational to diagnose the disease since it could be a possibility.

The nurse should evaluate the ability of the patient to swallow by assessing for chocking, coughing, throat clearing and the presence of a wet voice during and or after swallowing. The nurse should also check for residual food in the mouth after eating( Marik, 2011). The reason for this assessment is because dysfunctional swallowing multiplies the aspiration risk. There is still a need for legitimate and easy-to-use methods that could be used to screen for aspiration risk. The nurse should access the presence of nausea or vomiting. The assessment is necessary because nausea puts the patients at a higher risk of aspiration and more so if the level of awareness is compromised. The head of patient’s bed raised when the patient is feeding and half an hour after feeding. The reason for this intervention is the maintenance of a sitting position during and after eating help in decreasing the aspiration pneumonia, especially in elderly people.

The evaluation of the ability of the patient to swallow would help accomplish a short-term goal of enabling the health provider to determine if the patient is suffering from impaired swallowing. This would enable the health provider to assist the patient in swallowing should they have a problem. The assessment of the presence of nausea and vomiting in the patient during feeding helps achieve a short-term objective of stopping aspiration (Green, Mason, & Krauss, 2017). The determination of the of whether the consciousness of the patient is compromised works well in controlling the aspiration. The practice of sitting in an elevated manner for the patient will aid in achieving the longterm gains of decreasing the chances of recurrence of the aspiration since its an intervention that should be carried on even after discharge.

**Impaired physical mobility**

Impaired physical mobility is the restriction in the self-reliant physical motion of the body or one of the functions of the body. When impaired physical mobility happens, it can turn to be a complex health issue that involves different healthcare team. The happening of this disease continues to rise with the increase in the age of an individual. After discharge from hospitals in most cases, the patient is moved to a rehabilitation center or goes home with a physical therapy (Wu, Han, Xu, Lu, Cong, Zheng, & Sun, 2014). In this case, the patient had previously suffered a left cerebral vascular accident. Upon admission, the doctor had noted that he was drowsy, drooling, and is having difficulty speaking. Upon observation, the patient ’s right limbs were moderately weak and sluggish as compared to their left counterparts which were possible leads to impaired physical mobility.

The doctor could make the patient walk around at a regular pace. The patient could have one flight or more. However, during the flight, the patient should have more short of breath than normal. Then the patient could walk about one street block that is on the level and climb one flight without stopping. After that, the patient walks for 50 feet without stopping and climb one flight of stairs without stopping. The aim of this assessment is to understand the particular levels of the impairment. This understanding helps to guide the design of the best management plan.  The nurse should assess the nutritional needs of the patients as they are directly related to the immobility.  The correct nutrition would give the patient the required energy to participate in the required activities that are necessary for the rehabilitation. The nurse should also evaluate the level of the pain related to exercise and the changes in the joint mobility. The aim of this is to examine the development of recession of the complications. The assessment would give the nurse the indication as to whether the exercise should delay or stop until further healing occurs.

The procedure of making the patient walk around in distances that keep reducing with time and depending on the ability of the patient to go on helps in creating a short-term objective of identifying those parts of the body that are affected as well as determining the extent to which the impairment has reached (Crawford, & Harris, 2016). Identifying the stage of the impairment is crucial in determining the short-run measure to be adopted. The nutritional evaluation is also important in short-run as it determines the kind of diet that the patient should adopt in order to get enough energy to carry on with the exercises. The nutritional determination also plays a big part in the long-term rehabilitation of the patient until they fully recover. The assessment of the pain degree determines the long-term exercises that would be suitable for the patient on their journey to recovery.

**Ineffective cerebral tissue perfusion**

Ineffective cerebral tissue perfusion is as a result of decreased oxygen supply resulting from failure to supply tissues at the capillary level. The ineffective cerebral tissue perfusion results from the insufficient flow of blood in arteries which causes decreased movement of nutrients and oxygen to the cellular level (Hasanin, Mukhtar, & Nassar, 2017). This conditions could be short-lived with few effects on the health of the patient but it could also be chronic. When Ineffective cerebral tissue perfusion becomes degenerative, it could consequence in tissue and organ damage or even death. The patient, in this case, showed symptoms of pain in the chest, chest retraction, change in motor response, speech abnormalities and nausea. These symptoms are same as those of the Ineffective cerebral tissue perfusion.

The nurse should access the decreased tissue perfusion. This is because most of the signs of the Ineffective cerebral tissue perfusion are common to other illnesses. Therefore the evaluation provides a baseline for future comparisons. The doctor review laboratory data if medication is used for treatment. The doctor should also determine if anticoagulants have been used for treatment. This is because studies on blood clotting are used to resolve or ensure that clotting factors remain within curative levels. Irregularities in clotting may occur as an effect of curative measures. The diagnostic tests should be submitted as indicated as there are various tests available and they depend on the reason of the impaired tissue.

The assessment of the decreased tissue perfusion gives a short-term goal of identifying with certainty the cause of the tissue perfusion. The laboratory tests also form the bases for the short-term goal of stabilizing the condition (Iskhandar, & Christensen, 2012). It also creates a base for the long-term goal of controlling the ailment and conquering it completely.

**Legal and ethical consideration**

The patient in this case was attacked by angina while on a taxi bay where he received assistance and taken to hospital. There are laws in place that protect the good Samaritans who assist individual in danger from being prosecuted for causing injury to the person. The law encourages persons to offer acts of helping persons in need. The healthcare providers in duty are also allowed to attend to the patient once presented in hospital. However they must seek the consent of the injured person. Some situations however do not need consent, especially if the patient is not in a position to offer the consent.

**Inter-professional consideration**

For Ineffective cerebral tissue perfusion, the professionals involved would be a lab technician for carrying out the lab tests, a nurse for taking care of the patient and cardiologist. For Impaired physical mobility, an exercise therapist would be required. The main health staff that would be essential for this patient is a cardiologist. This is because the patient was admitted for an angina attack. Angina in itself is not a disease but rather a symptom of a cardiovascular condition (Manolis, Poulimenos, Ambrosio, Kallistratos, Lopez-Sendon, Dechend, Mancia, & Camm, 2016). Ineffective cerebral tissue perfusion is also concerned with a cardiovascular condition that involves the limited flow of blood to the necessary tissues. According to (Mckenna & Sugrue, 2015) the cardiologist would give treatment that would be intended to reduce the pain and prevent a heart attack. For this patient, the cardiologist is likely to offer nitrate medicines which cut down the magnitude of angina attacks by relaxing and widening blood vessels. He is also likely to recommend to the patient to control their weight, a lot of resting, avoid large volumes of meals, change their diet, regular checking of cholesterol levels and stress management.

**Conclusion**

Angina and heart-related problems are common issues that require the patient to always be aware of themselves as well as taking good care of themselves. The nursing care is a credible criterion for diagnosing the patient as well as stabilizing the patient. Proper adherence to the nursing plan would see a quick recovery of the patient.

**Work Cited**

Crawford A., & Harris, H. (2016). Caring for adults with impaired physical mobility. *Nursing.*46, 36-41.

Green SM, Mason KP, & Krauss BS. (2017). Pulmonary aspiration during procedural sedation: a comprehensive systematic review. *British Journal of Anaesthesia.*118, 344-354.

Hasanin, A., Mukhtar, A., & Nassar, H. (2017). Perfusion indices revisited. *Journal of Intensive Care.*5.

Iskhandar Shah, L., & Christensen, M. (2012). Ineffective cerebral perfusion related to increased intracranial pressure secondary to subarachnoid haemorrhage: An examination of nursing interventions. *Singapore Nursing Journal.*39, 15-24.

Manolis, A. J., Poulimenos, L. E., Ambrosio, G., Kallistratos, M. S., Lopez-Sendon, J., Dechend, R., Mancia, G., & Camm, A. J. (2016). Medical treatment of stable angina: A tailored therapeutic approach. *International Journal of Cardiology.*220, 445-453.

Marik PE. (2011). Pulmonary aspiration syndromes. *Current Opinion in Pulmonary Medicine.*17, 148-54.

Mckenna CJ, & Sugrue DD. (2015). The medical management of chronic stable angina. *National Institute of Health*38, 131-136

Nason, K. S. (2015). Acute Intraoperative Pulmonary Aspiration. *Thoracic Surgery Clinics.*25, 301-307.

Wu J, Han Y, Xu J, Lu Y, Cong H, Zheng J, & Sun H. (2014). Chronic stable angina is associated with lower health-related quality of life: evidence from Chinese patients. *PloS One.*9.