**C/V: Potential for Hyper/hypotension**
BP 149/85, HR 77, WBC 6.4, Hgb 11.8

2+ radial pulse bilaterally. PMI is nondisplaced. Clear S1 and S2 sounds heard without murmurs, clicks or rubs. Negative carotid bruit.
*Metoprolol 50mg b.i.d, lotrel 5mg q a.m.,*
*Monitor blood pressure as ordered and PRN*
*Administer Meds and draw labs as ordered.*

**Respiratory: Alteration in gas exchange**
RR 20 O2 Sat: 99% BI-Pap Mask pH: 7.28 PCO2: 59.4 PO2:76
Diffuse rhonchi and wheezing heard upon auscultation anterior and posterior. Breathing is currently unlabored and there is no use of accessory muscles. Patient is not in apparent respiratory distress.
*Monitor for s/s of decreased gas exchange*
*Monitor O2 sats as ordered*

**Skin: Risk for impaired skin integrity**

Patient is immobile and is confined to bed rest, chair or a wheelchair at all times. Skin is warm and dry, no areas of breakdown visible. Good skin turgor assessed on the collarbone. No rashes, petechiae, or bruises.

*Turn and reposition q2h and prn.*
*Full skin assessment every shift.*
*Educate caregivers on the importance of good skin care.*

**GI: Alteration in elimination: incontinence of bowels**
Abdomen is soft, non-tender, large and round. Active bowel sounds in all 4 quadrants. The patient deferred rectal examination. Patient is having difficulty controlling bowel movements and is experiencing constipation. She has not had a BM today.

*Administer questran one pack b.i.d, senokot one b.i.d, MiraLax qother day.*
*Assess for incontinence episodes q2hrs*
*Turn and reposition q2hrs*
*Monitor stools for constipation and diarrhea.*

**Present Illness:**
BB is a 61 year old female from the nursing home. Patient was confused with shortness of breath. She became apparently very lethargic and also is experiencing weakness and wheezing. Pt has right-sided residual from a previous cerebrovascular accident. The patient has a pericardial effusion, urinary tract infection, renal insufficiency. *Patient is a full code status.*

**Past Medical History:**
*Patient is unable to give a medical history due to difficulty speaking from CVA, so most of medical history is obtained from propr medical record.*
The patient has a past medical history of: CVA with right-sided weakness, non-STEMI, history of UTI causing sepsis, respiratory failure, and ventilator support; Hypertension, Diabetes mellitus Type II, Dyslipidemia, Arthritis, Degenerative joint disease, neuropathic pain, renal insufficiency with chronic kidney disease.

**Medical Diagnosis:**
1) Pain
2) Respiratory Failure
3) Hypertension
4) Diabetes mellitus, Type II

**Psychosocial : Potential for ineffective coping**

The patient does not have family that lives close and does not have a lot of visitors. She talks to them on the phone, but does not have much personal interaction with them. The patient also stated she did not really like the facility that much and that she wanted to go home.

*Encourage patient to take part in group activities to prevent loneliness.*
*Encourage family to visit.*
*Monitor patient for maladaptive coping strategies.*

**Endocrine: Potential for hyper/hypoglycemia**

*Temp: 98.4*
*Blood glucose: 110.*

Patient has Type II diabetes.
Continue mild scale Novolog and Lantus as ordered.
Monitor for s/s of hyper/hypoglycemia
Perform accuchecks as ordered

**Neuro:**
Lethargic, oriented to person, place, and time. Responsive to stimuli and follows commands. PEERLA 2 mm, ocular movements intact.

*Cymbalta 60 mg daily for depression.*

**Muscular:**

Patient has residual right sided weakness from prior CVA and is unable to ambulate. She also has arthritis and extremities have limited ROM. No hot red or swollen joints.

*Turn and reposition at least q2 hrs*
*DVT prophylaxis with TED hose and lovenox.*

**Pain: Neuropathic Pain related to right-sided residual from CVA**

Patient reports constant pain on the right side of her body. Pain rated as an 8 on a 10 point scale.

*Hydrocodone APAP 1-2 tablets q6 hrs prn*

*Monitor patient for pain.*
*Remind patient to notify staff if she is having pain.*
*Assist patient to comfortable position PRN.*
*Goal is for pain to be resolved within 30-45 minutes of pain medicine delivery.*

**Safety: Risk for injury related to immobility**

Side rails up and bed in lowest position at all times. Patient should be transported in a wheelchair. Make sure patient has call light in reach at all times.

**GU: Incontinence of bladder**
Check patient q2hrs for voiding. Educate the caregivers on the importance of good skin care.