

Workplace Setting:	Doug woks as a Licensed Practical Nurse in complex care.
Client Profile:	Mrs. Shell is a 76-year-old widower. She is a retired nurse and has lived in complex care for the last four years. She was admitted to the facility following a fall at home that resulted in a hip fracture. She could not regain her mobility to remain independent at home following this event. She has no family in the area. Her only daughter lives abroad.
Health Status:	Cerebrovascular Accident (CVA) and a fractured hip.
Health History:	Hypertension, osteoporosis, gastroesophageal reflux disease (GERD), and angina.
Vital Signs:	T: 36.8°C, orally P: 62 beats per minute (bpm) BP: 136/77 mm Hg R: 16 breaths per minute O ₂ Sats: 98% on room air
Orders:	Aspirin 81 mg by mouth (PO) once daily Domperidone (Motillium) 10 mg PO three times a day (TID) before eating (AC) Multivitamin/Minerals/Beta Carotene 1 tab PO once daily Tobramycin ointment apply daily at bedtime to knees Amlodipine (Norvasc) 10 mg PO once daily Ramipril (Altace) 2.5 mg PO once daily Cholecalciferol (Vitamin D3) 10000 units PO on Fridays Acetaminophen (Tylenol) 650 mg PO TID Lactulose 20 mg PO two times a day (BID) Nitroglycerin 0.4 mg on or under the tongue every 5 minutes x 3 doses (if pain not relieved by 3 doses or if occurs within 24 hours, call the physician) Aluminum and Magnesium Hydroxide suspension 15-30 ml PO every four hours (Q4H) as needed (PRN) for gastric indigestion
Nursing Care Plan	One person assistance with standing lift to wheelchair Blood pressure weekly

1. Mrs. Shell suddenly started falling asleep during her wheelchair aerobics class. Doug has never known Mrs. Shell to sleep in public areas. She is a proud woman and maintains her composure when in the company of others. He observes the following while Mrs. Shell is at the nursing station: She appears fatigued. She is slightly slumped over to the right side. She is complaining of a headache and appears irritable. Her speech is slurred. What **three** actions should Doug take based on this information?

Obtain a urine specimen for Culture and Sensitivity (C&S).

Perform a complete neurological assessment.

Administer Tylenol 650 mg tablets, by mouth.

Assess vital signs, including BP and temperature.

Ensure privacy to conduct a focused assessment.

Conduct a comprehensive head-to-toe assessment.

2. Doug assists Mrs. Shell to her room quickly and performs a priority focused assessment, including a neurological scale and vital signs. Doug identifies the following:

- T: 36.9° C orally
- P: 109 beats per minute (bpm)
- BP: 154/82 mm Hg
- R: 24 breaths per minute
- O₂Sats: 88% on room air.

The client's pupils are sluggish but reactive to light. She cannot hold her right arm at 90 degrees for more than 3 seconds. She can hold her left arm at 90 degrees for more than 5 seconds. Mrs. Shell is demonstrating a positive pronator drift to the right side. She continues to complain of a headache, and her speech is slurred. These findings are a change from Mrs. Shell baseline. What are the **three** priority actions for Doug to take?

- Consult with the registered nurse who is in charge on that shift.
- Call emergency services to come and transfer Mrs. Shell to a local Emergency Room.
- Ask the mobile lab services to come draw blood the next time they are at the facility.
- Administer Nitroglycerin (0.4mg) under the tongue and monitor vital signs frequently.
- Inform the physician of Mrs. Shell change in status and the results of the assessment.
- Assist Mrs. Shell back into bed with the help of a health care assistant, using a mechanical lift.

3. Doug has requested a consultation with the registered nurse. He has also placed a call to Mrs. Shell's physician. In the meantime, what **three** interventions should Doug provide to the client?

- Establish intravenous (IV) access with ringers lactate.
- Gather the oxygen tank and equipment.
- Position the client in Trendelenburg position.
- Administer an additional dose of Aspirin 81 mg PO.
- Remove the water jug from the bedside and keep Mrs.Shell nothing by mouth (NPO).
- Elevate the head of bed 30 degrees and position Mrs. Shell's head

4. The registered nurse confirms that Mrs. Shell is demonstrating signs and symptoms of a stroke. She placed oxygen on Mrs. Shell via nasal prongs at 4 liters per minute with an O2 saturation of 96%. Mrs. Shell remains alert and she is cooperative. However, her slurred speech is pronounced and her headache persists. Right sided weakness persists to her arm. Mrs. Shell physician has called Doug's mobile phone. What information is most important for Doug to communicate to the physician?

- Social history of Mrs.Shell and her usual activities while in the facility.
- Recent lab results, vital signs for the past week and elimination patterns.
- Explanation of the problem, including a detailed description of Mrs. Shell's health history.
- Description of the problem with time of onset, severity of symptoms and background information.