

Student: Paul BrieryClinical Instructor: Mrs Reeves**Patient Care Summary Assignment Rubric**

Patient Care Summary (PCS)		75 Total Possible Points
Page 1		
Patient Demographics	6.5 points	
Vital Signs	7 points	
Nutrition	3 points	
Hygiene	2 points	
Mobility	1 point	
Intake/ Output	2 points	
Page 2		
Treatment & Procedures	1 point	
IV Site & Fluids	1 point	
Lab Test	11 points	
Page 3		
Drugs/Dose/Route/Time	4 points	
Classification	2 points	
Why	4 points	
Side Effects	4 points	
Nursing Implications	4 points	
Page 4		
Medical Diagnosis	½ point	
Disease definition & Patho	3 points	
Causes, Risk factors, etc.	4 points	
Signs and Symptoms	2 points	
Medical Treatment	2 points	
Nursing Care	3 points	
Reference	½ point	
Page 5		
Patient Teaching	6 points	
Safety	1.5 Points	
PCS Total Points		

Care Plan (CP)		25 Total Possible Points
Maslow's Priority	1/2 point	
Related to	1/2 point	
As manifested by	1/2 point	
Subjective data	2 points	
Objective data	2 points	
Outcome	1 point	
Time	1 point	
Implementation	15 points	
Evaluation	2.5 points	
CP Total Points		

PCS points _____ + CP Points _____ = _____ Final Grade

Student Name: Paul Briery

Date: 3/21/25

Clinical Instructor: Mrs Reeves

TEMPLE COLLEGE VOCATIONAL NURSING PATIENT CARE SUMMARY
CLINICAL- LVN TRAINING III

Patient's Initials: WB		Age: 69	Gender: Male	Unit/Rm# 1022	Admitting Physician: Randall Walter Smith MD							
Date of Admission: 3/3/25		Admitting Diagnosis: Basal Ganglia Hemorrhage					Code Status: Full Code DNI DNR					
Allergies (Drugs and/or Food): NKA							Height: 69"		Weight: 103.2kg			
History of present illness: (What brought the patient to the hospital?) Dysphagia												
Surgical procedure on this admission (If applicable): Peg tube placement												
Vital Signs <u>Minimum of 2 Sets of V/S</u>	Frequency (circle one): Daily Every 12 hours Every 8 hours <u>Every 6 hours</u> Every 4 hours Other: _____											
	Date & Time	Temp & Route	Pulse & Location	Respirations	Blood Pressure & Location			O₂Sat & Oxygen				
	3/21/25 0944	98.4 Oral	52 Radial	18	119/54 RUA			98%				
	3/21/25 1455	98.4 Oral	52 Radial	16	113/52 RUA			97%				
Pain	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, Describe: _____											
Nutrition	Day 1: Diet Type <u>Enteral Feeding</u> NPO <input checked="" type="checkbox"/>				Hygiene							
	Breakfast: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% Lunch: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0% Dinner: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0%					<input type="checkbox"/> Bath	Oral Care		Shave		Peri Care	
						<input type="checkbox"/> Shower	<input type="checkbox"/> Self		<input type="checkbox"/> Self		<input type="checkbox"/> Self	
						<input type="checkbox"/> Assist	<input type="checkbox"/> Assist		<input type="checkbox"/> Assist		<input type="checkbox"/> Assist	
						<input checked="" type="checkbox"/> Total	<input checked="" type="checkbox"/> Total		<input checked="" type="checkbox"/> Total		<input checked="" type="checkbox"/> Total	
						<input type="checkbox"/> Refused	<input type="checkbox"/> Refused		<input type="checkbox"/> Refused		<input type="checkbox"/> Refused	
Mobility	Specify <input type="checkbox"/> BR <input type="checkbox"/> BRP <input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Amb. Assist <input type="checkbox"/> Total Assistive Devices: _____											
Intake/Output	Intake						Output					
	7a-7p	PO	IV	NG & Flush	Enteral	Total	Urine	NG/Emesis	Stool	Drains	Total	
					650ml	650ml						

Treatment/ Procedures	(Examples: Dressing changes, Blood Glucose Tests...)			
	Inspect ostomy, bathing, and medication passing.			
Intravenous Catheter (IV)	Location of IV Site: Right AC			
	Type of IV Fluids: None			
Diagnostic Studies (<u>List the following lab tests type, results, and significance of each</u>)				
	Normal Value	Result & Date:	Result: High/Low?	<u>How</u> do the results apply to the patient?
WBC	4.5-11 /mm ³	3/20/25 7	Normal	Monitoring for signs of infection.
RBC	4.5-6 /mm ³	3/20/25 3.75	Low	Monitoring for signs of anemia.
HGB	14-18 g/dL	3/20/25 12	Low	Monitoring for signs of anemia.
HCT	42-52 mL/dL	3/20/25 36.4	Low	Monitoring for signs of anemia.
PLT	150-203 /mm ³	3/20/25 203	Normal	Monitoring for blood clotting factors.
BUN <i>Blood Urea Nitrogen</i>	8-27 mg/dL	3/20/25 21	Normal	Monitoring for kidney function.
Creatinine	0.6-1.6 mg/dL	3/20/25 0.81	Normal	Monitoring for kidney function.
Sodium	136-145 mEq/L	3/20/25 136	Normal	Monitoring for electrolyte levels.
Potassium	3.5-5.3 mEq/L	3/20/25 4.6	Normal	Monitoring for electrolyte levels.
Chloride	97-111 mEq/L	3/20/25 100	Normal	Monitoring for electrolyte levels.
PT/INR	PT: 9.4-12.5 seconds	3/20/25 12.4	Normal	Monitoring for blood clotting factors.
	INR: <=1.1	3/20/25 1.1	Normal	Monitoring for blood clotting factors.

Drug/Dose/Route/Time	Classification	Why is the patient on this drug? <u>Be Specific</u>	Medication's Side Effects	Nursing Implications
Drug: acetaminophen Dose: 650mg Route: Feeding Tube Time(s): PRN	Nonopioid Analgesics	Pain relief	Rare when used as directed; skin eruptions, urticaria, hemolytic anemia, pancytopenia, jaundice, Hepatotoxicity	Monitor for pain levels
Drug: amlodipine Dose: 10mg Route: Feeding Tube Time(s): Daily	Antihypertensive	Maintain blood pressure	Headache	Monitor blood pressure and hold if BP is low
Drug: clonidine Dose: 0.2mg Route: Feeding Tube Time(s): 0900/2100	Antihypertensive	Maintain blood pressure	Drowsiness, dizziness, sedation, dry [[Mouth]], constipation, syncope, dreams, rash	Monitor blood pressure and hold if BP is low
Drug: insulin Dose: 25 units Route: SubCue upper right arm Time(s): 0900	Antidiabetic Drugs	Maintain blood sugar levels	hypoglycemia and hyperglycemia	Perform regular blood sugar checks

Disease Research	
Medical Diagnosis:	Basal ganglia hemorrhage
Disease Definition & Pathophysiology (Describe the processes & changes within the body that result in the <u>signs and symptoms</u> of the disease).	
<p>The typical clinical features include focal neurologic signs, headache, nausea, vomiting, and decreased level of consciousness. Elevated blood pressure is found in over 90% of patients acutely, even in absence of history of hypertension.</p>	
Describe the Causes, Risk Factors, Complications, and Disease Prognosis:	
<p>Cause: uncontrolled hypertension Risk Factors: smoking, diabetes, high blood pressure Complications: aphasia, contralateral hemiparesis, hemisensory loss, visual field defects, and gaze deviation towards the bleed Disease Prognosis: have a variable prognosis, with a significant risk of mortality and long-term disability, but some individuals can recover and regain independence</p>	
Textbook Signs/Symptoms (<u>Underline the signs and symptoms your patient had</u>):	
<p>Hemiparesis – Weakness of the face, arm, and leg on the same side Ataxia – Staggering, unsteady gait. Unable to keep feet together; needs a broad base to stand. Dysphagia – Difficulty in swallowing</p>	
Textbook Medical Treatment:	
<p>Preventing sudden systemic hypertension is critical in hemorrhagic stroke management. The goal of therapy is to maintain the systolic blood pressure at about 150mm Hg.</p>	
Textbook Nursing Care:	
<p>The patient is closely monitored for neurologic deterioration occurring from recurrent bleeding, increasing IP, or vasospasm. A neurologic flow record is maintained. The blood pressure, pulse, LOC, pupillary responses and motor function are checked hourly.</p>	
Reference: (Name of the textbook and page number): (Smeltzer & Bare, 2004, p. 1905)	

Describe the Teaching you did with your patient. <i>Patient Teaching: Briefly summarize your patient teaching including topic, content, method of evaluation, and results of evaluation)</i>	
Topic: Focus on prevention of future strokes.	
Content: Reminded patient and family of the importance of following recommendations to prevent further hemorrhagic stroke and keep with follow-up appointment with HCP for monitoring.	
Patient education given to: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family/Significant Others	
Method/s of patient teaching (Choose all that apply): <input checked="" type="checkbox"/> Verbal explanation <input type="checkbox"/> Handouts <input type="checkbox"/> Demonstration <input type="checkbox"/> Video	
Method & Results of Evaluation: <input checked="" type="checkbox"/> Patient/significant other verbalized understanding <input type="checkbox"/> Return demonstration <input type="checkbox"/> Restates information <input type="checkbox"/> Needs follow-up	
Community Resources/Referrals: What resources would your patient benefit from? (e.g., American Diabetes Association, Local health department, social services, chaplain, etc.) Social services, home health care	
Safety Precautions:	
Describe the SAFETY issues you addressed with your patient: bed in lowest position, call light in reach foot drop boot applied _____ _____	Identify: <i>Select all that apply</i> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Call Light within reach <input checked="" type="checkbox"/> Patient education </div> <div style="width: 50%;"> <input type="checkbox"/> Nonskid footwear <input checked="" type="checkbox"/> 2 Pt identifiers </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Hand Hygiene <input checked="" type="checkbox"/> Room orientation </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Side rails up X: 1 2 3 <input checked="" type="checkbox"/> Bed in lowest position </div> </div>