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<td>Medications
(see attached)</td>
<td>Student Name _Nicole Perretta_ Client Initials _M.A._ Date _3/12/12_

Age _29_ Gender _Male_ Room # _SCU18_ Admit Date _3/08/12_

CODE Status _FULL__ Allergies_NKDA

Diet _Impact Peptide Immunonutrition.

Activity_Bedrest/Sedated_ Braden Score _11</td>
<td rowspan="2">State lab values and identify trends.
Na—147 H
Cl—116 H
BUN—11
K—3.4 L
CO2—24
Cr—0.56 L
Gluc—130 H
Ca—7.4 L
Mg— **
PO4— **
WBC—9.4
HGB—9.6 L
HCT—28.6 L
PLT—129 L

pH—7.19 ↓ (A)
PCO2—53.5 ↑ (A)
PHCO3—20.0 ↓ (A)
--Metabolic Respiratory Acidosis Uncompensated

State diagnostic test results
CT scan 3/08—CT sinuses/facial bones w/o con.
1. Acute non-displaced fracture of the right zygoma
2. Acute non-displaced fracture of the right temporal bone extending into the greater wing of the sphenoid and right parietal bone associated with right hyper-dense</td>
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<td>IV Sites/Fluids/Rate
Triple Lumen PICC
- Maintenance Fluid. Dextrose 5%-1/2 NS IV solution, potassium phosphate ph 4.4 meq/ml 15 vial
--80 ml/hr q12h30m
- Propofol
--46.1 ml/hr (96meq/kg/min)
- Impact Peptide Immunonutrition for surgical and trauma patients
--40cc/hr</td>
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<td>Monitoring: Invasive/Non-Invasive State specific monitoring device and specific values with each device
- Foley (urine hourly output)
-Art-line, right radial (arterial blood pressure)
- Pulse ox, left hand (oxygen saturation)
- Codman external drainage system, 0@ear +5 above mercury ( )
- Bolt (ICP: 4-8, intracranial pressure)
- 5 Lead ECG (heart rate and rhythm)</td>
<td>Chief Complaint/Admitting Diagnosis(es):

#1—Assault
#2—Post seizure after hitting head on curb during bar fight, ICB with ICP monitoring

Medical/Surgical Diagnosis(es):

Medical
- Subdural and Epidural hematoma, skull fracture
- Right facial fracture
- Possible cervical fracture (C6)
Surgical
- Severe head injury, subdural hematoma of the left hemisphere, epidural hematoma, right temporal skull fracture, seizures</td>
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- Thermometer (temperature, my patient was being watched for a fever)		extra-axial fluid collection 3. Left maxillary and mandibular soft tissue swelling without underlying acute fracture. Mandibular body hardware appears intact *CT scan 3/12—CT scan head/brain w/o con.* 1. Interval shunt catheter placement with complete decompression of the ventricles which are now slit-like 2. Slight interval increase in size of right inferior temporal extra-axial hemorrhage 3. Interval decrease in size of left temporal lobe hematoma with recurrent or residual hemorrhage inferiorly in the left temporal lobe 4. Interval development of a relatively large low density area in the left parietooccipital region compatible with edema or possibly infarction 5. Edema or infarction in the right medial temporal lobe which may be related to prior herniation
ECG Interpretation (see attached)	1. Describe the patient's condition, including signs/symptoms that led to this admission 2. Briefly describe the pathophysiology related to the patient's diagnosis and current medical/surgical condition. 3. Describe the patient's head to toe assessment findings and explain how they relate to the pathophysiology. Include the vital signs. 4. Integrate the current laboratory, diagnostic test results, hemodynamic parameters medications, medical and nursing interventions, and other treatments into the pathophysiology and explain how it is affecting this patient's outcome/current condition. Complete this on a separate sheet of paper. Cite references.	

Past Medical/Surgical History **Relevant to this admission** 2005—Head Injury - Hit in head with tire iron was in ICU in a coma for 3 days (Skull fracture, brain bleed)		**Treatments/ Medical and Nursing Interventions** Medical: -SBP ↑ 160—Cardene drip -call if ICP ↑20 -monitor ventric drain q1h, call if >20cc/hr Nursing: -HOB @ 35 degrees -ETT ties/ETT placement -suctioning/mouth care -C-collar -↓ environmental stimulation (lights off, door closed) -SCD's -vitals and output qh -assessment q2h -ventilator: AC, Fi02 40%, TV 500, RR 28, PEEP 0
Primary Nursing Diagnosis with Relational Statement Ineffective tissue perfusion: cerebral r/t traumatic brain injury 3/08	Short Term Goal Relevant to Nursing Diagnosis The patient will exhibit minimized secondary injury as evident by not having a CPP of below 60 during my shift from 0700-1200	**6 Nursing Diagnosis with Relational Statement** --Impaired social interaction r/t two TBI r/t bar fights --Impaired comfort, acute pain r/t TBI --Ineffective role performance r/t not being able to take care of his family, wife and 8 month old --Risk for impaired physical mobility r/t TBI and possible C6 fracture --Risk for aspiration r/t decreased

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<tr><td></td><td></td><td>gag reflex and intubation
--Dysreflexia r/t TBI</td></tr>
<tr><td>Definition (State definition and source)
The state in which an individual has a decrease in cerebral tissue circulation.

Source: Carpenito-Moyet, L.J. (2006). Nursing Diagnosis Application to Clinical Practice. Philadelphia, PA: Lippincott, Williams & Wilkins.</td><td rowspan="2">Outcome Criteria (Must be specific and measurable)
With my patient I would like to minimize secondary injury by preventing inadequate cerebral perfusion which may be cause by:
• Reduction in perfusion pressure
• Increase in metabolic demand
• Decrease in 02 or glucose supply
• Increase in vascular resistance

~ Patient will have an ICP less than 10 during my shift
*Outcome not met. Patient’s ICP fluctuated during my shift
~ Patient will maintain a SBP less than 160 during my shift
*Outcome not met. Patient’s SBP fluctuated during my shift
~ Patient’s CPP will not go below 60 during my shift
*Outcome not met. Patient’s CPP did go below 60 but only once for less than a minute during my shift.
~ Patient’s O2 saturation will be maintained above 95% during my shift
*Outcome met. Patient’s O2 stayed above 99% during my shift</td><td></td></tr>
<tr><td>AEB: Defining characteristics specifically exhibited by your patient that support primary nursing diagnosis
CPP*: 66, 68, 64
ICP*: 2, 6, 11
BP*: 126/49, 147/50, 161/55 (*from each hourly assessment)
Traumatic Brain Injury, TBI
Pupils: 3→2 brisk bilaterally</td><td></td></tr>
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	Identify nursing interventions that you implemented with this patient. **Evaluate** patient progress towards achieving outcome criteria as a result of nursing interventions. -- Maintain the patient's airway/ventilator assistance * By maintain the airway and having ventilator assistance this will assure that the patient gets enough oxygen delivered to vital organs such as the brain. Patient's ventilator settings were monitored throughout the shift with no change to the settings. -- Maintain the patient's blood pressure and keep the SBP below 160 * A.M. was given Vasotec q6h and Labetalol qhprn to maintain his blood pressure below 160. This helped to decrease his ICP. -- Maintain a quiet environment with minimal stimulation * During my shift I kept the lights off and the door closed to help decrease any stimulation to the patient. When the wife arrived and was talking I believed the patient recognized his wife's voice and his blood pressure started to climb. When I explained to the wife about minimal stimulation she understood why it is beneficial and something like her voice would be considered stimulation to her husband so she whispered when she was talking to the nurses/doctors. By decreasing stimulation this decreases ICP because the brain is not trying to process information and allows the brain to rest and recover. -- Hyperventilation to help decrease CO2 * A.M.'s RR was 28 throughout the shift to maintain a state of hyperventilation to help decrease the patient's C02 levels which would decrease the patient's ICP. Increased CO2 levels lead to vasoconstriction. -- Maintain temperature control * By reducing the patient's body temperature this decreases metabolism and cerebral blood flow and thus ICP	What I Would Do Differently --This was very different in the way that it was my first patient that I wasn't able to communicate with. The nurse I was assigned to was very helpful in explaining what needs to be done with a neuro patient. The only thing I would have done differently is been more educated on how to take care of a neuro patient and all the things that I could do as a student to decrease his ICP or blood pressure without having to use medications (ie. Shut the door, have the lights off, don't cluster nursing activities, etc.) Overall I feel confident that I took care of this patient to the best of my ability and understood his condition with what little understanding I did have of neuro patients.