Case Study
Mrs. Greene
Neuro/mental status

Client Profile

Mrs. Greene is a 92 year old woman who presents to the emergency department with an acute change in mental status and generalized weakness. Her past medical history is unremarkable. She has not had episodes of confusion in the past.

Case Study

It is determined that Mrs. Greene has a urinary tract infection (UTI) for which she is started on Intravenous (IV) Levofloxacin (Levaquin). Mrs. Greene’s confusion escalates to visual hallucination, pulling out two IV sites, and restless night of little sleep. Bilateral soft wrist restraints are prescribed to maintain her safety, the integrity of the IV site and the foley catheter.

While the nurse is providing care for Mrs. Greene, Mrs. Greene’s son visits. He is very distraught over Mrs. Greene’s state of confusion and her inability to recognize him. Mrs. Greene is unable to answer her son’s questions appropriately and frequently states, “I told you I do not want to cook today.” Visibly upset and tearful, Mr. Greene states, “I don’t understand. She was perfectly normal three days ago. I stopped by to visit and she was outside working in her garden and her conversation with me made perfect sense.

Questions:

1. What do you suspect is the reason for Mrs. Greene’s confusion?

2. What are three appropriate nursing diagnoses that address Mrs. Greene’s change in mental status?

3. State at least three outcome goals that should be included in the plan of care for Mrs. Greene’s diagnosis of acute confusion.

4. Provide five nursing interventions to include in the plan of care for Mrs. Greene’s diagnosis of acute confusion. Appropriate nursing interventions include:

5. Briefly discuss strategies that help prevent the need for restraints. List five nursing intervention to include in Mrs. Greene’s plan of care now that she needs bilateral soft wrist restraints for her safety.