

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 202 - ADVANCED CONCEPTS OF NURSING
MULTIDISCIPLINARY CARE MAP - TEMPLATE
2024

S	<p>Situation:</p> <ol style="list-style-type: none"> 1. Patient Information: D.B, 70 y/o, #86791415 2. Medical Diagnosis: Osteoarthritis of right knee, R TKR 3. Date of Admission: 04/01/2024 4. Dates of Care: 04/01-04/02/2024 5. Reason for admission & current situation: Right knee pain, advanced osteoarthritis of right knee, planned procedure right total knee arthroplasty
B	<p>Background:</p> <ol style="list-style-type: none"> 1. Medical/Surgical History/Code status: Full code Medical hx- Osteoarthritis, L breast carcinoma, hx of cellulitis, lymphedema Surgical hx- R rotator cuff repair, R carpal tunnel decompression, trigger finger release, L breast lumpectomy 2. Chief complaint: Right knee pain 3. Summary of hospitalization: D.B on unit after R TKR cryo cuff in place, seen by PT, given cefazolin 2gm IVP, dexamethasone 6mg IVP, ketorolac 15mg IVP, hydrocodone-acetaminophen 5mg-325mg PO, aspirin 81mg PO, maintained D5W+0.45NS 1,000mL at 100mL/hr and EPCs on feet, EBL=20mL, TT 21 minutes/250 mmHg, no complications 4. Current treatments <ol style="list-style-type: none"> A. Diagnostics: XRAY 07/26/2023 Left knee= There is severe arthritic change involving the medial and retro patellar spurring Right knee= There is severe arthritic changes involving the medial compartment of the right knee joint in retro patellar compartment with relative sparing of the lateral compartment. B. Labs: 03/06- Hemoglobin 11.5, Hematorcrit 36.5, Platelet 299 04/02- Hemoglobin 10.0(low), Hematocrit 31.8(low) post-surgery EBL= 20mL C. Medications: 81mg aspirin PO (DVT prophylaxis), 2gm cefazolin IVP (Prophylaxis), 6mg dexamethasone IVP (Postop inflammation), 15mg ketorolac IVP (Inflammatory pain), hydrocodone-acetaminophen 5mg-325mg PO (moderate pain 4-6), D5W+0.45NS 1,000mL at 100mL/hr (Hydration with continuous fluids post-surgery) D. Orders: Discharge activity instructions (frequent rest periods, no driving, no lifting, no shower), Discharge cold compression (apply to surgical site for 20 minutes at a time do this every 2 hours as needed to control swelling and pain), Wound care (gauze dressing, change dressing to lower leg daily, apply clean dry bandage after

	<p>showering may leave open to air after 5-7days, Wound care leave in place reinforce only if needed, Full weight bearing to operative extremity, Neurovascular assessment q4hr, Intake & output q8hr, High risk VTE risk, Keep knee cryo cuff on at all time unless ambulating, Encourage fluids, Full code, Physical therapy inpatient, Obtain advanced directive, Do not remove dressing (it will be removed at 1st post op office visit), No baths, hot tubs, pools or oceans, Notify provider of vital signs (T greater than 102, HR greater than 110, HR less than 60, SBP greater than 160, SBP less than 100, UO less than 200mL for 8hrs), Notify provider if hemovac drain output greater than 400mL not including first 8hours of surgery, persistent vomiting with abdominal distention and uncontrolled pain or nausea, Initiate post op neurovascular checks upon arrival to the unit, D/C IV if tolerating fluids and vital signs stable, D/C to home with home health</p>
<p>A</p>	<p>Assessment:</p> <ol style="list-style-type: none"> 1. Focused assessment: Right knee incision no drainage, erythema, or ecchymosis, moderate edema. Dressing clean and intact with scant amount of serosanguinous drainage. Gauze covering incision and wrapped with ace bandages. Skin sensation intact, full ROM in UE, full ROM in LLE, limited ROM in RLE, bilateral lower extremities +1 pitting edema, upper extremities no peripheral edema, bilateral lungs upper and lower lobes clear, SpO2 97% RA, RR 17, BP 111/64, HR 66, S1&S2 present, less than 3 cap refill, elastic skin turgor, pain 3/10 “pressure”, AxOx4, EPCs on feet. 2. Collaborative care team’s assessment: <p>Jennifer Hazzard, PA (04/02) Discharge to home with home health physical therapy, follow up in office in 2 weeks, ASA 81mg BID, remove ace wraps, no dressing needed, leave open to air, may shower, Norco 5/325 provided. POD #1 s/p R TKR doing very well sitting in bedside chair. Pain level 3/10, progressing with physical therapy, ambulated 100ft with rolling walker after surgery. Pain 6/10 with activity total ambulation 150ft. R knee incision C/D/I, no drainage, prineo mesh intact, no surrounding erythema, no ecchymosis, calf/quad supple, non-tender, negative homans, motor/sensation intact, N/V intact, dorsiflexion 5/5, U/O 850mL labs Hgb L 10.0, Hct L 31.8</p> <p>Steven Horn, PT (04/01)</p> <p>PT Goal #1: ambulate 300 ft with RW, mod indep PT Goal #2: 3 stairs with handrail, mod indep PT Goal #3: mod indep all transfers with RW -up in chair has already went to the bathroom with nurse. Pain Location: Knee Laterality: Right Preferred Pain Tool: Numeric rating scale Numeric Rating With Activity: 6 Numeric Rating Score With Activity: 6 Ambulation level rehab: Contact guard assistance</p>

	<p>Ambulation quality: Step thru pattern Ambulation distance: 100 ft Ambulation device utilized rehab: Gait belt, Rolling walker</p> <p>(04/02) PT Goal #1: ambulate 300 ft with RW, mod indep (MET) PT Goal #2: 3 stairs with handrail, mod indep (MET) PT Goal #3: mod indep all transfers with RW (MET) Ambulation level rehab: Modified independence Ambulation quality: Step thru pattern Ambulation distance: 300 ft Ambulation device utilized rehab: Gait belt, Rolling walker Number of Stairs Performed: 7 Stair Railing Utilized: Left side up the stairs Discharge Recommendation: Home with home health PT Pain Location: Knee Laterality: Right Preferred Pain Tool: Numeric rating scale Numeric Rating at Rest :3 Numeric Rating With Activity: 3 Rating Score at Rest: 3 Numeric Rating Score With Activity: 3</p> <p>Catherine Serfas, RN (04/02) CM presented at bedside to reiterate d/c plan. BBHH SOC 4/4. DME: Walker. Husband to transport home. D/C clinicals uploaded to BBHH. No further CM needs</p> <p>3. 2 priority problems: Acute Pain- post op R TKR with ROSA & 6/10 pain “pressure” Impaired Physical Mobility- post op R TKR with ROSA, RW, gait belt, decreased ROM in RLE, attending inpatient as well as outpatient physical therapy</p> <p>4. Current nursing interventions: -81mg aspirin PO (DVT prophylaxis), 2gm cefazolin IVP (Prophylaxis), 6mg dexamethasone IVP (Postop inflammation),15mg ketorolac IVP (Inflammatory pain), hydrocodone-acetaminophen 5mg-325mg PO (moderate pain 4-6), D5W+0.45NS 1,000mL at 100mL/hr (Hydration with continuous fluids post-surgery) -applied cold compression (decrease postop swelling, pain, and discomfort) -provided education on rest periods (to take it easy on the body, patient safety, patience with recovery) -provided education on IS (prevention of post-anaesthesia complications) -provided discharge instructions- went over papers for next appt, guidelines of care, when to contact your surgeon, and what medications to be taken at home (to further health literacy and prevent complications) -physical therapy (to gain strength of RLE after right knee replacement)</p>
R	<p>Recommendation: 1. 2 Patient goals: D.B will have a pain score of ≤ 4 on a numeric pain scale of 1-10 during my time of care. D.B will report sensation and pain changes to</p>

	<p>multidisciplinary team during my time of care. D.B will verbalize understanding of pain medication guidelines prior to discharge. D.B will ambulate 300ft independently with a RW and gait belt prior to discharge. D.B will verbalize understanding and return demonstrate techniques on how to use ambulation equipment i.e RW and getting into PT car during my time of care.</p> <p>2. Consults: N/A</p> <p>3. Tests/Treatments: Home health w/ physical therapy, follow up visit in 2 weeks</p> <p>4. 2 discharge needs: Home health & equipment (i.e. cryocuff, RW, and commode)</p> <p>5. 2 resources: Physical therapy & Pharmacy</p>
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Evaluation of Care:

1. Interventions that worked well include medication, ambulation, and ice. Ketorolac, hydrocodone-acetaminophen, and ice helped by alleviating post op pain, inflammation, and swelling. Ambulation helped with confidence to continue ADLS, pain, stiffness, and mobility.
2. Yes, DB improved during my time of care arrived to the RSH for an elective right total knee replacement that was affecting daily living with severe pain. On 04/01 postop minimal discomfort 3/10 pain later escalating to a 6/10 pain while ambulating and at rest. On 04/02 DB's pain was a 3/10 with mobility improvement. DB had physical therapy prior to surgery, inpatient, and will continue with home health upon discharge.
3. DB was discharged home halfway through my shift on day 2 of care.
4. Yes, DB met all goals made during my time of care.
5. Yes, my problems remained the same but did improve.

- Identify the multidisciplinary team members involved in the care of your patient. Include the role they had in providing care.

