

## N202 Unit VI Part 2

### Class Preparation Assignment - Trauma Case Study

#### Patient Profile:

J.B. is a 78-year-old male who was found by his neighbor laying on the ground in his garden. It is unknown how long he has been lying there. It appears he has fallen off the roof while fixing the shingles on his house. His left femur is protruding through the skin. The paramedics report that he was found in a large pool of blood. Additional visible wounds include scattered bruising to head and abdomen.

#### Subjective Data:

- N/A - unresponsive, no family at bedside

#### Objective Data:

- Unresponsive
- BP 60/42, HR 168, RR 14, SpO2 88% on RA, Temperature 94.7 F
- Left femur protruding through skin
- Scattered bruising to abdomen and head
- Scattered abrasions

#### Questions:

1. What potentially life-threatening injuries does J.B. have? Why did you come to this conclusion?  
JB is at risk for hemorrhage due to the large pooling of blood found at the scene from the open femur fracture. The scattered bruising to the abdomen and head is also a potential for a life-threatening injury due an increased risk for hemorrhage.
2. What is the priority of care for this patient?  
The priority care for this patient is to control the bleeding in the leg and provide with 100% oxygen via nonrebreather mask.
3. What diagnostic studies (images & labs) do you anticipate being ordered for this client?  
I anticipate a full set of labs to be drawn (chem 7 and CBC) along with a CT scan being ordered for the abdomen, Xray of the leg, and MRI for the brain.
4. Once the client is initially stabilized, the nurse begins to consider additional injuries. What other potential complications/syndromes/injuries may this client be experiencing?  
JB could potentially experience a seizure due to a potential brain bleed from the bruising along with a laceration to an abdominal organ as indicated by the bruising.

5. For the identified injury/illness above, what clinical manifestations should the nurse assess for?

The nurse should assess for abdominal tenderness or expansion of the bruise marks. JB might also be in pain. The nurse should assess JB's behavior and motor function/abilities (and compare them to baseline).

6. What treatment measures and nursing interventions does the nurse anticipate for this client?

The nurse should implement seizure precautions by applying padding to the bed frame, ensuring suction works at bedside, and removal of all items that could be hazardous. In thinking of interventions for the abdomen, possibly surgery would be the treatment in the case of a lacerated organ or abdominal bleed.