

## Preconference Form

Student Name: Veronica Diego\_\_\_\_\_

Medical Diagnosis/Disease: THA

### NCLEX IV (8): Physiological Integrity/Physiological Adaptation

#### Anatomy and Physiology

##### Normal Structures

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The hip joint is a ball-and-socket joint where the rounded head of the femur (thigh bone) fits into a cup-like socket, located in the pelvis, this allows for wide range of motion while supporting the body's weight

- composed of bones like the ilium, ischium, and pubis which form the pelvis, and the femur, with stability provided by ligaments and muscles surrounding the joint, enabling movements like flexion, extension, abduction, adduction, and rotation (acetabulum & femoral head)

Bones: femur & pelvis

Hip bone is part of pelvic girdle which provides support. The hip bones articulate with the sacrum at the sacroiliac joints and pubic symphysis

Muscles: gluteal muscles: important for stability & movement

Iliopsoas: flexor

Adductor muscles & iliopsoas both helps with movement

Cartilage:

articular cartilage: covers the femoral head (allows smooth movement)

Labrum

Ligaments:

Iliofemoral (prevents hyperextension)

Pubofemoral (limits excessive extension & abduction)

Ischiofemoral (provides posterior reinforcement)

Ligamentum teres: connects the femoral head to blood supply

#### Pathophysiology of Disease

-surgical procedure performed to replace damaged hip joint

-Performed for conditions that causes chronic pain, reduced mobility/damage to hip joint

Common causes:

Osteoarthritis: degeneration of articular cartilage leading bone to bone contact, inflammation and pain

Rheumatoid arthritis: chronic inflammation damage to cartilage and synovium

Avascular necrosis: poor blood supply to the femoral head causing bone necrosis

Trauma, ankylosing spondylitis, tumors, or infection can also damage the hip joint

### NCLEX IV (7): Reduction of Risk

#### Anticipated Diagnostics

##### Labs

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CBC; hemoglobin/hematocrit: low blood supply

Wbc

Platelet: for clotting/bleeding risk

Electrolytes and renal function;

BMP : sodium, potassium

BUN

Liver function test

Urinalysis

Synovial fluid analysis

##### Additional Diagnostics

- H&P

- Xray

- MRI

- CT scan

- Bone scan

### NCLEX II (3): Health Promotion and Maintenance

### NCLEX IV (7): Reduction of Risk

### Contributing Risk Factors

- elderly pt
- Obesity
- Smoking
- Preexisting joint conditions
- Diabetes mellitus

### Signs and Symptoms

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- Pain worsening**
- Stiffness/limited rom
- Swelling
- Muscle weakness

### Possible Therapeutic Procedures

#### Non-surgical

- Physical therapy**
- Pain relievers**
- Use of assistive devices**
- Nutrition changes**

#### Surgical

THA

### Prevention of Complications

(What are some potential complications associated with this disease process)

- nerve injury/vascular injury
- Fractures/dislocation
- Infection

### **NCLEX IV (6): Pharmacological and Parenteral Therapies**

#### Anticipated Medication Management

- NSAIDS
- topical analgesics
- Corticosteroids
- Dmards

### **NCLEX IV (5): Basic Care and Comfort**

#### Non-Pharmacologic Care Measures

- **pain management**
- Promoting recovery**
- Nutritional optimization**
- Counseling
- Physical therapy

### **NCLEX III (4): Psychosocial/Holistic Care Needs**

#### What stressors might a patient with this diagnosis be experiencing?

- physical discomfort/pain
- disruption to daily routine
- medical bill

### **Client/Family Education**

#### List 3 potential teaching topics/areas

- **Purpose of THA and why it is being performed**
- **expectations post-surgery & how to manage pain**
- **Nutritional recommendations**

### **NCLEX I (1): Safe and Effective Care Environment**

#### Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

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- Orthopedic surgeon
- Anesthesiologist
- Preop & post op nurses**
- Physical therapist**
- Occupational therapist
- Case manager
- Dietitian