

Student Name: Lacy Bayley

Clinical Instructor:

ATI Real Life THA Virtual Clinical Reflection Questions

- 1) What was Dale's fall risk score? Is that score considered low, medium, or high risk? What interventions in Dale's care should you be implementing?
(Use your resources from class and clinical Fall Risk Score Interventions)
 - a. 60
 - b. High
 - c. Nonskids on, bed in lowest position, items within reach + call bell, dangling technique
- 2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
 - a. Dale did not use IS properly and should be instructed to inhale versus exhale.
- 3) Dale receives morphine sulfate for his hip pain. The morphine order is for 2-4mg IV Q 3-4 hours for severe or breakthrough pain. What is wrong with this order?
 - a. Varying ranges for dose and hourly in addition to no level of severe pain. The med is also being ordered as a prn and routine/ scheduled not just as one condition.
 - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2ml
- 4) Dale is assessed for skin integrity on his heel. What are some interventions the nurse could implement to protect his skin? What are the concerns if no interventions are implemented?
 - a. Elevate heels with pillow / heel covers
 - b. Educate importance of repositioning.
 - c. The main concern is pressure wound developing causing the skin to break and open skin where infection can develop.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Use of gait belt
 - b. Apply compression stocking to prevent clots
 - c. Educating proper body mechanics when getting OOB, weight on L leg, pushing off chair not walker.
- 6) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
 - a. If **yes**, describe: The medical team used therapeutic communication by explaining each step of the preop and post care to Dale and Dale's partner.

Offered space for questions in a judgement free manner. Included Dale's partner in the care, even when Dale had a moment of frustration during the preop teaching the nurse was able to explain and redirect it. Throughout the care a calm tone was used even when unsure finding (crackles, lack of pulse) were found. The medical staff also communicating amongst each other kept everything quick and concise, made sure everyone was on the same page and if any help was needed offered.

b. If **no**, describe:

Reflection

- 1) Go back to your Preconference Form:
 - a. Indicate (**circle, star, highlight**) the components of your preconference form that you saw applied to the care of this virtual patient.
- 2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
 - a. If **yes**, write it here: ___Risk for falls_____
 - b. If **no**, write what you now understand the priority nursing problem to be:

- 3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used?
 - a. Indicate (**circle, star, highlight**) the ones you saw utilized during the scenario.
 - b. Were there interventions you included that *were not* used in the scenario that could help this patient?
 - i. If **yes**, describe: Some interventions I included were assessing use of nonskids, assessing prior knowledge of call bell use, assessing room for clutter, in addition to were Dale's belongings within reach.
 - ii. If **no**, describe: ___
- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? __Yes_____
 - a. How did that impact the nursing care delivered? _____The patient ended up developing crackles in the lungs and an increased risk for skin breakdown so having to focus on respiratory interventions was important in addition to encouraging a high protein diet.

-
- b. What new, additional priority nursing problem (diagnosis) did you identify?
(Refer to your NANDA list)
- i. Write it here: _____Risk for impaired gas exchange
 - ii. Risk for impaired skin
integrity_____

What was your biggest “take-away” from participating in the care of this patient? How did this impact your nursing practice:

____My biggest take away is how important it is to educate during the preoperative care. Not only did it simply explain what to expect but allowed more time to make corrections to improper practice to these interventions (IS, cough deep breathing). During this time period also gives the patient a sense of teamwork in their recovery and it was reflected by Dale and his partners willingness to adhere to the postop care instructions.

Blue Box + Med template + Nursing Problem WS included below

Musculoskeletal System

Function: - Support + protect internal organs
- voluntary movement
- mineral storage
- blood cell production

Bones: - Supporting framework + allow bear weight
- protect underlying organs + tissues
- point of attachment for muscles + ligaments (muscles connect to bones by tendons)
- levers for muscles

↳ = contraction = movement

provide stability to joints

Bone marrow: contains tissues responsible for making RBC + WBC

↳ = bones storage site for inorganic minerals, calcium, + phosphorus

dynamic tissue, changes form + comp.

organic material

- collagen

inorganic

- calcium, phosphate

Bones - micro - classification

Cortical compact vs. dense

- cylindrical units (osteons)

- close = dense (Haversian canals)

> parallel to long axis

> blood vessels travel to bone interior + periosteum

- osteon surrounded by lamellae

mature bone =

- smaller canals = canaliculi extend from Hav. canal

to lacunae

↳ mature bone cells are embedded

cancellous (spongy)

↳ lamellae occur along stress points

- filled with red or yellow marrow

- blood reaches by passing through the marrow

Bone cells:

Osteoblasts: make organic bone matrix (collagen) osteocytes: mature bone cells

Osteoclasts: bone remodeling by helping breakdown bone tissue

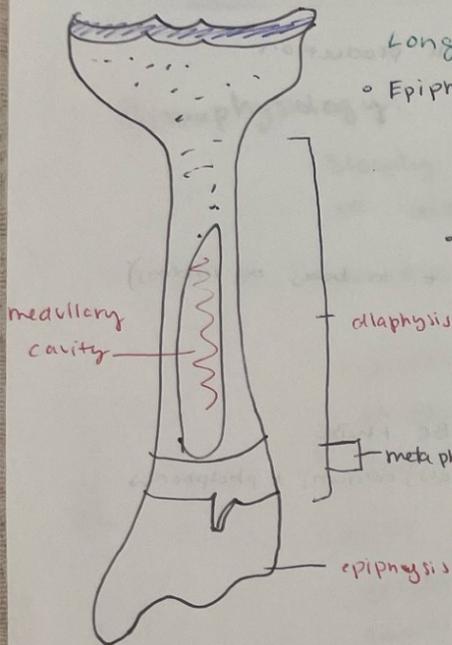
* Bone remodeling removal of old bone by osteoclasts (resorption) and deposit of new bone by osteoblasts (ossification)

AGE: ↓ bone density, muscle mass + density, motor neurons

Tendons + ligaments stiffen

Human Hip Articular Surface

Gross Structure. 206 bones



Long Bone:

- Epiphysis: widened area @ end of each bone, cancellous
 - > greater weight distribution + stability of joint
 - > main point for muscle attachment
 - > covered by articular cartilage (smooth, ~~flexion~~)
- Diaphysis: main shaft of bone
 - > structural support
 - > cortical bone
 - > withstand bend and twisting

• metaphysis - flared area between
> cancellous

• Epiphyseal plate: growth plate → chondrocytes

• Periosteum: fibrous connective tissue, covers the bone

- > tiny blood vessel penetrate to nourish bone
- ↳ musculotendinous fiber - attach to outer layer
- ↳ collagen bundles attach to inner layer

• medullary cavity: center
> red or yellow marrow

RED: flat bones, + cancellous bones
> blood cell production (hematopoiesis)

Yellow: adipose tissue
> store triglycerides

Short bones: cancellous, covered by thin compact bone

Flat bones: 2 layers of compact bone
separated by \perp cancellous

Irregular: variety of shapes and size

Sesamoid: round or oval (in tendons)

• Joints: ends of 2 bone articulate

• Synovial - most common: cavity lined w/ synovial membrane → produce fluid to lubricate
supplies oxygen + nutrients
> hyaline cartilage

• hinge, ball + socket, pivot, condyloid, saddle, gliding

• Cartilage: hyaline: most common, mod. # of collagen (trachea, bones)

Elastic & collagen + elastic fibers, more flexible than (ear)

fibrous: collagen, tough between vertebrae disk

• lack of blood flow to cartilage = slower healing

OA

Pathophysiology:

- Slowly progressive noninflammatory disorder of diarthrodial joints
- Gradual loss of articular cartilage + formation of bony spurs / osteophytes @ joint margins
- Typically localized to joint
- Stiffness in morning but relieved with activity
- Pain due to activity is relieved with rest
- Joint space narrows
- Overtime cartilage has become worn + less elastic and body can't keep up with rebuilding = bone on bone, cracks, uneven joint surfaces
- Occurs mainly, HIPS, DIPs, PIPs, MCP, MTP, Lumbar

Px: Labs: none except ESR related to synovitis

- RF + ANA + WBC to r/o rheumatoid

Studies

- X-rays: progression, joint space narrowing
- Bone scan, CT, MRI
- Synovial fluid analysis - should be clear-yellow

R/F

- women, ↓ estrogen @ menopause
- obesity
- smoking
- Age
- Occupational / overuse

S/S

- Joint pain
- early relieved w/ rest
- barometric pressure
- Crepitation
- Deformities
- Heberden's, Bouchard's
- Varus, valgus, Flexion

Non-Surgical

- Drug Therapy
 - NSAIDs
 - Topical Creams
 - DMARDs
 - COX-2 inhibitor
- heat + ice

Surgical

Hip + knee replacement

Complications

complete bone on bone
Deformities

Meds

DMOADs

- specific + slow progression

- Intraarticular corticosteroid injections

NSAIDs

- start with (alleviate p!)

X Aspirin

Topical agents (short acting)

- gives off heat to help muscles relax

(start with)

COX-2 (celebrex)

Non-Pharm

- weight loss
- massage
- heat / ice
- meditation / yoga
- home modification (fall risk)
- Assistive devices
- ROM + encourage light WB exercises

Stressors

Anxiety - unknown progression, job change (overwork)

Depressed - unable to do same ADL's w/o pain

Frustrated - no actual cure.

Teaching TOPICS

- Balancing rest and activity
- Max NSAID Dose
- Proper posture + body mechanics

Interpersonal

- PT
- Orthopedic
- Nutritionist
- Psychologist
- OT
- Case manager

Total Hip Arthroplasty

Both femur + acetabulum are replaced
(femoral head stem)

Goal: eliminate pain, restore motion
• degenerative disease
• necrosis

Contraindications:

- recent infection
- Arterial impairment r/+ affected extremity
- Pt can't adhere to post op care / regimen
- comorbidity (diabetes)

Pr: Op: CBC + CXR + ECG

- PT - strengthening of UE + surrounding muscles
- Antiseptic presurgical bathing / clean clothes

Post-op: PT, monitor for infection + clots, incision care,
monitor for DVT

- Proper med admin, pain + abx le P's
- Ambulation Assist
- Don't flex @ hip, don't cross legs, no abduction

complications

- DVT
- infection
- neurovascular compromise
- Joint dislocation
- Ischemia

Nursing Problem Worksheet

Name: Lacy Bayler

Anticipated Patient Problem and Goals	Relevant Assessments (Pework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Pework) What will you do if your assessment is abnormal?
Problem: <u>Risk for falls</u> Reasoning: TIA, post-op Goal: Pt will utilize call bell prn OOB during my care Goal: Pt will keep	Assess call bell in reach q 2 hrs Assess understanding of how to use call bell at start of my care. to demonstrate use p Assess room for clutter q 2 hrs Assess nonskid use at start of my care. Assess understanding of <u>dangling prn OOB</u> activity.	Place call bell in reach prn out of reach q 2 hrs Use teach back method Educate importance of clear paths prn clutter. l Educate importance of nonskid prn nonskid off feet Teach back method to explain how and why to dangle prn knowledge def

nonskids on during my care.

Anticipated Patient Problem and Goals	Relevant Assessments (Pework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Pework) What will you do if your assessment is abnormal?
Problem: Risk for infection Reasoning: Post-op new incision Goal: Pt will state 2 signs of infection during my care. Goal: No infection will occur during my care.	Assess incision for edema, redness. q 2 hrs. Assess temperature q 4 hrs Assess knowledge on S/S of brewing infection at start of my care Monitor WBC q 4 hrs Assess for drainage of incision	Clean incision with soap and water q 4 hrs Administer antipyretic prn fever. Educate on S/S of infe to report q 2 hrs Educate on hand hygiene at start of my care. Educate on sterile techn of dressing changes at start of my care.

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Lacy Bayley

MEDICATION Oxycodone

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid-Agonist (Schedule II)

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds w/ opioid receptors within CNS causing inhibition of ascending pain pathway

Therapeutic Use

Relief of acute & chronic pain (moderate to severe)
Management of around the clock daily pain

Complications

- dizziness, nausea, hypotension, drowsiness, constipation, urinary retention, depression.

Medication Administration

5mg PO q4hr
PRN pain > 6
- swallow whole, do not crush/break

Contraindications/Precautions

- Bronchial asthma, hypercarbia, GI obstruction, seizures, alcoholism, respiratory dysfunction, COPD, elderly.

Nursing Interventions

- Assess pain
- VS (BP + HR + RR)
- Assess mental health (risk for abuse)
- Monitor I/O's
- Constipation

Interactions

- Alcohol, other CNS depressants, CYP3A4 inhibitors + inducers
- chamomile, kava.
- Grapefruit

Client Education

- Side effects (drowsiness + constipation)
- Avoid activities requiring alertness
- Avoid alcohol
- Caution how people tend to abuse drug
- Do not break tabs
- Speak-up if feeling constipated

Evaluation of Medication Effectiveness

- Monitor for pain relief
- ensure not drug abuse issue

STUDENT NAME Lacy Bayley
MEDICATION Morphine Sulfate (IVP) REVIEW MODULE CHAPTER _____
CATEGORY CLASS Opioid Agonist (sched 2), Opioid Analgesic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds with opioid receptors within CNS, inhibiting ascending pain pathways

Therapeutic Use

Alter pain perception, emotional response to pain

Complications

N/V, sedation, decreased BP, diaphoresis, facial flushing, CONSTIPATION, DIZZINESS, DROWSINESS
Respiratory depression

Dyspnea, confusion, tremors, urinary retention, abd cramps, dry mouth, decreased appetite, HA

Medication Administration

IVP dilute in 9% NaCl, 1-2mg/ml
admin slowly

incompatibilities: amphi B, cefepime, Doxil, phenytoin
Antidote: Naloxene
.1-.2mg/kg or 2-10mg q 4h

Contraindications/Precautions

Acute / severe asthma, GI obstruction, paralytic ileus, COPD, hypoxia, hypercapnia, respiratory depression, head injury, severe hypotension

Nursing Interventions

Assess pain
VS - if RR less than 12 hold med
Assess for med abuse

monitor VS 5-10 min after IV
admin
monitor RR and B/P

Interactions

Alcohol, other CNS depressants, MAOIs,
herbal: kava, chammomile, valerian

Client Education

Change positions slowly
Avoid tasks requiring alertness
Avoid alc
Be aware of tolerance
Report constipation + urinary retention

Evaluation of Medication Effectiveness

Relief of pain