Nursing Problem Worksheet (TOTAL HIP ARTHROPLASTY)

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Anticipated Patient Problem and Goals	Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Problem: Impaired musculoskeletal system function Reasoning: Risk for impaired musculoskeletal system function following a total hip arthroplasty due to mechanical immobilization, prescribed immobilization, and altered level of consciousness. Goal: Patient will maintain stable vital signs during my care, with a systolic pressure < 120, diastolic < 80, HR 60-100, SPO2 above 92% on RA, and RR 12-20. Goal: Patient will demonstrate movement of hip joint without pain (0/10 reported pain) when bedrest is discontinued.	Assess patient's vitals (BP, HR, RR, SPO2) Q4.	Encourage bedrest and non-pharmacological relaxation techniques to lower a high HR/SP/RR/BP. Elevate HOB for low SPO2. Notify provider for extreme abnormal values.
	Assess patient for pain in the hip Q4.	Administer 0.1 to 0.2 mg/kg Morphine Sulfate via IV push or 10 mg Oxycodone (PO).
	Assess CBC with diff, CMP daily.	Notify provider of any abnormalities, replace electrolytes/meds ordered.
	Assess patient ROM Q2.	Turn/reposition patient, contact PT/OT for assistance.
	Assess skin integrity Q2.	Turn/reposition patient, contact PT/OT for assistance.

Anticipated Patient Problem and Goals	Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prework) What will you do if your assessment is abnormal?
Problem: Impaired gas exchange Reasoning: Risk for impaired gas exchange due to hypoventilation occurring with central nervous system (CNS) depression, pain, recumbent position, effects of anesthesia, and opioids. Goal: Patient will exhibit effective ventilation as evidenced by RR of 12-20 and SPO2 > 92% on RA by the end of my care. Goal: Patient will demonstrate relaxed breathing with normal depth and pattern without any accessory muscle use by the end of my care.	Assess SPO2 Q4.	Notify provider if SPO2 < 92%, O2 via nasal cannula (supplemental oxygen) may be required.
	Assess patient turning and deep breathing/coughing exercises Q2 until patient is ambulatory.	Elevate HOB to assist with deep breathing.
	Ensure adherence/use of incentive spirometer Q2.	Re-educate patient on use/importance of incentive spirometer. Use teach-back method for patient to ensure effectiveness.
	Assess lung sounds Q4.	Notify provider for presence of any abnormalities with quality of breath sounds, ie: adventitious or diminished breath sounds.
	Assess for signs of hypoxia (restlessness, confusion, agitation, cyanosis) Q4.	Notify provider of abnormalities, O2 via nasal cannula (supplemental oxygen) may be required.