Preconference Form

Student Name: Giselle Ortiz Rivera

Medical Diagnosis/Disease: Osteoarthritis/Total Hip Arthroplasty

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

NCLEX IV *(7)*: Reduction of Risk

Anatomy and Physiology

Normal Structures

Articular Cartilage- smooth, slippery tissue that covers the surface of the femoral head and acetabulum. It helps for frictionless movement between bones. It has no blood vessels, so it receives nutrients from diffusion of synovial fluid

Subchondral Bone- lies directly beneath the articular cartilage and helps with support and distribution of mechanical stress by acting as a foundation

Synovial joints- joints that move freely and allow lots of body movements while minimizing friction between articulating bones (ex: hip or knee bone)

Joint Capsule- fibrous connective tissue that surrounds joint to provide stability, contains synovial fluid

Synovial fluid- thick, egg-like fluid found in joint cavity that is made up of hyaluronic acid and lubricin. Its function is lubrication for reduction of friction, shock absorption and the distribution of nutrients to the articular cartilage

Ball and Socket Joint- allows for greatest range of motion like rotation, flexion, extension, abduction and adduction

Pathophysiology of Disease

With osteoarthritis, joint structures produce new tissue in response to a joint injury or cartilage destruction. The subchondral bone thickens and there is a gradual loss of articular cartilage which results an increase in joint pain and loss of function. Most people are affected by OA by 40 years old and it affects women more than men. OA is characterized by site specificity; this means that some synovial joints show higher disease prevalence. This can be the hips, knees, cervical and lumbar spine, distal interphalangeal, proximal interphalangeal, etc. The hips are most often affected in men and the hands in women, especially after menopause.

Anticipated Diagnostics

Labs

CBC

Renal and liver

Chem 7

Additional Diagnostics

MRI

C-reactive protein

CT scan

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

NCLEX IV *(7)*: Reduction of Risk

Contributing Risk Factors

- Genetics
- Age
- Weight
- Joint injuries

Signs and Symptoms

- Loss of flexibility
- Stiffness in joints
- Severe pain in joints

Possible Therapeutic Procedures

Non-surgical

- Weight management
- Excercising
- PT
- Heat/Cold Therapy
- Joint injections

Surgical

- Joint Replacements
- Osteostomy

Prevention of Complications

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

- Immobility
- Bone spurs
- Chondrolysis
- High BP
- CVD

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

Anticipated Medication Management

- NSAIDs
- Acetaminophen
- Opioids

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

Non-Pharmacologic Care Measures

- Flexibility exercises
- Assistive devices
- Provide therapeutic communication

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

What stressors might a patient with this diagnosis be experiencing?

- New med regime
- Insurance
- Coping with immobility
- Loss of complete independence

Client/Family Education

List 3 potential teaching topics/areas

• how to properly take medications (including dosage, schedule, precautions, etc)

• importance of lab check ups to monitor patient health while on meds

• appropriate use of heat or cold therapy for joints

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)

- Radiology
- Orthopedics
- Primary care physician
- Orthopedic surgeon (THA)