

Preconference Form

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Medical Diagnosis/Disease: Total hip arthroplasty / Osteoarthritis

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology Normal Structures

Synovial Joints are movable joints where the bones are separated by a fluid fill joint cavity characterized by articular cartilage covering bone ends.

Articular cartilage is a smooth white tissue that covers the ends of bones in the joints.

Hip is a ball and socket joint where the head of the femur is tucked into the acetabulum of the pelvis.

Femur is the largest bone in the body. It is the thigh bone that connects your pelvis by its head.

Pelvis is a structure that supports your upper body and connects your lower limbs with your upper body.

The femur is connected to your pelvis through a ball and socket joint. Articular cartilage covers the head of your femur to help with smooth movements. Synovial fluid in the synovial joints also allows for movement of the hip without grinding the two bones together.

Pathophysiology of Disease

Osteoarthritis is a disorder that slowly progress with manifestations in the synovial joints as it causes a loss of articular cartilage. The chondrocytes in the joint fail to synthesize a good quality matrix meaning less resistance and elasticity. The cartilage becomes more prone to deterioration. All joint structures start to produce new tissue in response to the injury or cartilage destruction. This causes thickening of the bone and formation of bony outgrowths at the joint margins. Certain synovial joints are more likely to develop disease. Hips, knees, cervical and lumbar spine, fingers, and joints in the feet. This can lead to a increase fractures and breaks

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics Labs

CBC to rule out other arthropathic conditions and to develop a baseline, Renal and Liver function tests to observe for damage., Laboratory tests.

Additional Diagnostics

MRI to see joint destruction, Radiographic examination to show joints. X-ray to show possible injury

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Age, recessive trait, estrogen loss (post-menopausal women) trauma, occupational stress, infection

Signs and Symptoms

Joint pain and stiffness, aching asymmetrical pain increasing with use of joint. Pain worsens with use of stairs, walking, or when sitting. Night pain occurs with disease progression.

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Physical therapy, hot/cold therapy, pain relievers, and steroid injections.

Surgical

Arthroscopy, total joint replacement, joint fusion.

Prevention of Complications

(What are some potential complications associated with this disease process)
Increased risk of falls and injury, impaired mobility, low self-esteem, pain, weight gain, diabetes, increased risk of cardiovascular disease.

NCLEX IV (6): Pharmacological and Parenteral Therapies

NCLEX IV (5): Basic Care and Comfort

NCLEX III (4): Psychosocial/Holistic Care Needs

Anticipated Medication Management

Steroid injections, NSAID's, topical analgesics

Non-Pharmacologic Care Measures

Physical therapy, hot/cold therapy, massages, repositioning, assistive devices

What stressors might a patient with this diagnosis be experiencing?

Financial, familial, fear.

Client/Family Education

List 3 potential teaching topics/areas

- Prescribed medications and other treatment education.
- Importance of laboratory follow ups.
- Use of assistive devices

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)

Physical therapy, occupation therapy, case manager, primary care physician, nutritionist, surgeon.