

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Karina Gomez

MEDICATION Oxycodone

REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Opoid analgesic

PURPOSE OF MEDICATION

Expected Pharmacological Action

binds to ~~opioid~~ opiate receptors in the CNS, alters the perception of response to painful stimuli, while producing generalized CNS depression

Therapeutic Use

decrease Pain  
relieves severe pain

Complications

Constipation, confusion, sedation, dizziness, dysphoria, euphoria, floating feeling, hallucinations, headache, unusual dream

Medication Administration

PO Adults  $\geq$  kg: 5-10mg  
IMmediate release every 3-4hr initially PRN.

Contraindications/Precautions

Contraindicated in: hypersensitivity/  
Significant respiratory depression;  
Paralytic ileus, acute or severe bronchial asthma; acute, mild, intermittent, or postoperative pain

Nursing Interventions

assess type, location & intensity of pain  
Prior & 1hr (peak) after administration  
assess bowel function routinely

Interactions

Severe renal impairment to severe hepatic impairment  
Hypothyroidism, adrenal insufficiency  
Drug-drug: Use w/ caution in pts receiving MAO inhibitors; may result in unpredictable reactions, ↓ initial dose of oxycodone to 25% of usual dose  
Naloxophine / butorphanol / partial agonist analgesics

Client Education

explain side effects  
don't share medications  
explain it's a drug w/ known abuse potential  
educate Pt on how to recognize respiratory depression  
advise pt to notify provider of side effects  
- position changes

Evaluation of Medication Effectiveness

decrease in severity of pain without a significant alteration in level conscious or respiratory status

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Karina Gomez

MEDICATION Morphine Sulfate

REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Opioid analgesic (narcotic)

**PURPOSE OF MEDICATION**

**Expected Pharmacological Action**

Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria

**Therapeutic Use**

to relieve pain severe enough to require opioid treatment & for which alternative treatment options such as nonopioid analgesics or opioid combination products are inadequate or not tolerated

**Complications**

agitation, amnesia, anxiety, coma, confusion, bradycardia, cardiac arrest, constipation, urinary retention, hypotension

**Medication Administration**

~~tablet~~ Oral Solution  
10 to 20 mg every 4 hrs PRN

~~tablet~~ Tablets  
15 to 30 mg every 4 hrs PRN

2-4 mg every 3-4 hrs PRN Pain

**Contraindications/Precautions**

acute or severe bronchial asthma, paralytic ileus, hypersensitivity, COPD, elderly, substance use

**Nursing Interventions**

Assessing Pain  
RR, LOC, BP, SpO2, Pulse  
Urinary retention  
monitor effectiveness of morphine

**Interactions**

CNS depression  
Benzodiazepines, alcohol, St. John's Wort, anticholinergics

**Evaluation of Medication Effectiveness**

Pain relief

**Client Education**

avoiding alcohol, avoid driving, take med as prescribed, side effect

Preconference Form

Student Name: Karina  
 Medical Diagnosis/Disease: osteo arthritis

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology  
Normal Structures

**hip Joint( Ball-and Socket synovial joint)**  
 -Formed by Head of Femur(ball) + acetabulum of the pelvis(socket)  
 Allows for flexion, extension, abduction, adduction, and rotation.

**Articular Cartilage**  
 -Smooth connective tissue covers the ends of bones, allowing the bone to glide against each other with no friction and helps absorb shock during a movement.  
 Cartilage is avascular- relying on synovial fluids for nutrients.

**Synovial Joint-**  
 has an inner lining of joint space called **Synovial membrane**, its composed of loose connective tissue, blood vessels, lymphatic vessels (secretes synovial fluid)  
 Contains  
 -TYPE A cells: on the surface clearing cellular debris  
 TYPE B cells produce components of synovial fluid helping  
 Lubricate the two articular surfaces  
 synovial fluid- clear viscous secreted by synovial membrane. which lubricates and nourishes cartilage  
 Bursa sacs- fluid filled sacs reduces friction between tendons and bones. Around hip joint  
 Ligaments- strong connective tissue (iliofemoral, pubofemoral, ischiofemoral ligaments) stabilize joint and prevent excessive movement

Pathophysiology of Disease  
Progressive loss of articular cartilage so there's not much separating the two bones anymore, adding friction to them causing inflammation and pain in joint space.  
Body will try to fix the damage that's been done but it can lead to bony outgrowths (spurs osteophytes)

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics

Labs  
X ray (showing joint space narrowing... bone spurs)  
Helps confirm disease and stage joint damage.  
MRI

Bone scan

CT scan

Labs before surgery: ★  
CBC (complete blood count) ★  
BMP (Basic metabolic panel) ★

Additional Diagnostics  
Pre-op EKG  
Chest x ray

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Age ★  
 Obesity BMI  
 Previous joint injury  
 Excess activity  
 Genetics family history

Signs and Symptoms  
Joint pain/stiffness ★  
Decreased rom  
Inflammation  
Swelling  
Not being able to stand for long periods of time ★

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical  
Nutrition therapy  
Heat and cold applications ★  
Exercise  
Rest and joint protection ★  
Health promotion  
Ambulatory care  
Physical therapy  
SURGERY  
Total Hip Arthroplasty THA ★  
Osteotomy

Prevention of Complications  
 (What are some potential complications associated with this disease process)  
 Impaired role performance-difficulty performing ADLs  
Musculoskeleton problems  
Chronic pain-leads to limited mobility, decreased quality of life

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

Anticipated Medication Management

NSAIDs decrease pain  
 Aspirin  
 Opioids ★  
 Corticosteroids intraarticular  
 Topical analgesics capsaicin cream

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

Non-Pharmacologic Care Measures

Rest and joint protection  
Heat and cold therapy  
Exercise/pt  
Use of cane/walker ★  
Weight management

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

What stressors might a patient with this diagnosis be experiencing?

Cost  
Limited mobility ★  
Surgery- total hip arthroplasty  
Loss of independence  
Body image  
Pain

**Client/Family Education**

List 3 potential teaching topics/areas

Maintain healthy  
 Use assistive devices if needed  
 Avoid forceful repetition joint movements

**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)

Physician  
 Rn  
 Pt  
 Case manager  
 Nutritionist  
 Surgeon

Total Hip arthritis

- Cartilage on bones wears away causing friction, PAIN, bone to bone contact

damage bone & cartilage is removed and gets replaced with prosthesi's

hospital stay usually 1-3 days

- start walking on day of surgery (after)

1-2 weeks limited mobility w/ improvement

meds taken - opioids oxycodone morphine sulfate

# Surgical Procedure THA

Pre OP  
anesthesia

incision — surgeon makes over hip joint

joint — femoral head is removed / damage cartilage is removed from acetabulum

Prosthetic cup / stem / ball replaces femoral head

incision closed w/ sutures & staples

Post OP — DVT prevention & Mobility

**Nursing Problem Worksheet -Karina**

<b>Anticipated Patient Problem and Goals</b>	<b>Relevant Assessments</b> (Prewrite) What assessments pertain to your patient's problem? Include frequencies	<b>Multidisciplinary Team Intervention</b> (Prewrite) What will you do if your assessment is abnormal?
Problem: Pain Reasoning: Arthritic joint changes and associated therapy Goal: within 2 hours of interventions, patients pain decreases(pain numeric scale) Goal: Patient demonstrates ability to perform ADLs with minimal discomfort	Assessing patient pain every Q2H using numeric scale (0-10)	Administering Morphine Sulfate as prescribed
	Assessing characteristics of pain Q2H such as aching or sharp pain.	Reposition patient Q2H avoiding pressure injuries
	Assessing surgical incision site for any possible signs of pain, pallor, erythema, edema, or drainage Q2H	Applying ice packs as tolerated, perform dressing changes as ordered.
	Monitoring vital signs every Q4H BP, RR, PR, TEMP, SPO2	Administer oxygen as ordered, encourage use of incentive spirometer Q2H encourage protein intake.
	Assess ability to perform ADLs every shift PRN	Assist patient with movement PRN, turn patient as needed,.

<b>Anticipated Patient Problem and Goals</b>	<b>Relevant Assessments</b> (Prewrite) What assessments pertain to your patient's problem? Include frequencies	<b>Multidisciplinary Team Intervention</b> (Prewrite) What will you do if your assessment is abnormal?
Problem:impaired mobility Reasoning: Musculoskeletal impairment and the need for adjustment to a new walking gait with assistive device . Goal: pt demonstrates adequate upper body strength for use of an assistive device Goal:patient will be able to perform ADL's will a little bit of assistance	Assess hip range of motion Q3H	Advise patient to not cross legs or twist, contact physical therapist. Q3H
	Assess pain during movement Q3H	Administer Morphine Sulfate as prescribed
	Assess the use of assistive devices, walker, cane, crutches Q3H	Teach patient how to properly use assistive devices and have them demonstrate Q3H
	Assess patient strength Q3H	Physical therapist will provide excercises for the patient PRN
	Assess for any pressure injuries Q2H	Reposition patient Q2H to avoid pressure injuries apply aquacel if needed.