Preconference Form

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Medical Diagnosis/Disease: Osteoarthritis/Total Hip Arthroplasty

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

Anatomy and Physiology

Normal Structures

-the axial skeleton and appendicular skeleton
-skeletal muscles contract under voluntary control to generate force through contraction
-skeletal muscles attach to bones through tendons and pull on them to make movement at joints
-Joints act as levers and fulcrums
-many bones like the skull, vertebral column, rib cage, sternum, and pelvis serve as protection for vital organs
-bones act as mineral reservoirs for calcium and phosphate which are essential to muscle contraction
-bones have hematopoiesis
-yellow bone marrow stores fat which can be used as energy
-osteoblasts build bone, and osteoclasts break it down, and osteocytes regulates this balance

Pathophysiology of Disease

-it is a disorder that slowly progresses with manifestations in the synovial joints as a gradual loss of articular cartilage occurs
-chondrocytes within the joint fail to synthesize good-quality elasticity and resistance, making the cartilage more prone to deterioration
-OA is a process where all joint structures produce new tissue in response to joint injury or cartilage destruction
-OA is a chronic, progressive disease characterized by gradual loss of articular cartilage combined with thickening of the subchondral bone and formation of bony outgrowths
-OA can begin and 20-30 years of age
-OA affects women more than men
-usually affects people with OA by 40 years of age
-may be classified as either idiopathic or secondary

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

CBC

Renal and liver function tests

rheumatoid factor

erythrocyte sedimentation rate

C-reactive protein

Additional Diagnostics

Radiographic examination (X-ray)

MRI

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

Contributing Risk Factors

-Age
-existence of a trait that causes premature cartilage destruction
-estrogen loss (in women)
-history of joint injury

Signs and Symptoms

-Joint pain and stiffness
-aching pain that increases with joint use
-pain worse when using stairs, walking, standing
-night pain or pain when resting
-pain increases with cool, damp, rainy weather

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

-massage
-heat/cold therapy
-repositioning

Surgical

-arthroplasty
-joint fusion
-osteotomy
-synovectomy

Prevention of Complications

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

-Reduced range of motion
-increased risk of dislocations or fractures
-bone spurs
-increased risk of falls

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

Anticipated Medication Management

-NSAIDS
-Acetaminophen
-Opioid analgesics
-topical analgesics

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

Non-Pharmacologic Care Measures

-exercise
-use of assistive devices
-physical therapy
-patient education programs

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

What stressors might a patient with this diagnosis be experiencing?

-depression and anxiety
-financial struggles
-lack of caregiver support

Client/Family Education

NCLEX I *(1)*: Safe and Effective Care Environment

List 3 potential teaching topics/areas	Multidisciplinary Team Involvement (Which other disciplines do you expect to share in the care of this patient)
• Proper use of heat/cold therapy • Use of assistive devices • Weight reduction	-Physical therapist, surgeon, occupational therapist, case manager, radiologist, nutritionist, psychiatrist

TOTAL HIP ARTHROPLASTY:

A total hip arthroplasty is a surgical procedure in which a damaged hip joint is removed and replaced with artificial parts to restore mobility, relieve pain, and improve quality of life. THA is the replacement of the hip socket and the head of the femur. THA is performed when the hip joint is severely damaged, making movement limited or painful. This is only done when other treatments are no longer working or are not helping manage the pain. THA is done under general or spinal anesthesia. THA can cause several post-operative complications, such as DVT or an infection. A THA surgery is expected to provide relief from chronic hip pain, improved joint mobility, increased ability to perform ADLs, and it should provide long-term function of the new, artificial hip joint.