

Nursing Problem Worksheet

Name:

Anticipated Patient Problem and Goals	Relevant Assessments (Pework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Pework) What will you do if your assessment is abnormal?
<p>Problem: Impaired Mobility</p> <p>Reasoning: Joint stiffness, Inflammation, Swelling, poor ROM.</p> <p>Goal: Pt. will teach back proper mobility technique during my TOC.</p> <p>Goal: Pt. will demonstrate safe use of assistive devices by my EOC.</p>	<p>Assess range of motion (active and passive) Q4Hr</p> <p>Assess HR and BP before and after movement. Q4Hr</p> <p>Assess patient's gait when ambulating. Q shift.</p> <p>Assess fall risk score. Q shift, Q4Hr</p> <p>Assess patient's sensation and touch in extremities. Q4Hr</p>	<p>Encourage slow ROM exercises with assistance. Q4Hr</p> <p>Encourage dangling and slow movement changes. PRN</p> <p>Encourage walker and gait belt use when ambulating. Q4Hr</p> <p>Call bell and personal items within reach. PRN</p> <p>Implement Q2 turn and repositioning to decrease restriction. Q2hr, PRN</p>

Anticipated Patient Problem and Goals	Relevant Assessments (Pework) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Pework) What will you do if your assessment is abnormal?
<p>Problem: Pain</p> <p>Reasoning: Inflammation, muscle tension, Swelling</p> <p>Goal: Pt. will ambulate with minimal discomfort by my EOC.</p> <p>Goal: Pt. will verbalized a decreased pain score by my EOC.</p>	<p>Assess pain score using a numerical score Q shift</p> <p>Assess HR, BP and RR in relation to pain. Q4Hr</p> <p>Assess patient's sleep patterns with discomfort. Q shift</p> <p>Assess pt. understanding of verbalizing pain and management PRN</p> <p>Assess extremity alignment and stiffness around inflamed site. Q4Hr, PRN</p>	<p>Implement pain medication (analgesics) (PRN, as required)</p> <p>Encourage relaxation and deep breathing. PRN</p> <p>Implement adequate sleeping environment with no pain breakthrough</p> <p>Educate proper pain management and PRN</p> <p>Implement hot and cold compresses to stiff or uncomfortable area. Q4Hr, PRN</p>

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Lily Joyce

MEDICATION Oxycodone, Xtampza ER

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

CATEGORY CLASS Opioid analgesic, Controlled substance: II

## PURPOSE OF MEDICATION (mechanisms of actions)

### Expected Pharmacological Action

x alters perception of and emotional response to pain at spinal cord and higher levels of CNS by blocking release of inhibitory neurotransmitters.

### Therapeutic Use

x to manage moderate to severe pain when a continuous around the clock opioid analgesic is needed for an extended period of time.

### Complications Side effects / adverse reactions

x abnormal dreams, anxiety, asthenia, dizziness, drowsiness, insomnia, seizures  
 x Bradycardia, hypotension, chest pain, orthostatic hypotension, palpitations  
 x dry eyes, dry mouth, difficulty swallowing  
 x chocking, constipation, vomiting, induced, respiratory depression, anaphylaxis, hyponatremia.

### Contraindications/Precautions

x acute or severe bronchial asthma  
 x hypercarbia in unmonitored settings  
 x GI obstruction x respiratory depression  
 x hypersensitivity  
 x Paralytic ileus

use cautiously in: history of substance abuse, head trauma, severe impairment, hyperthyroidism, adrenal pain

### Interactions

x MAO inhibitors - mixed agonist/antagonist analgesics  
 x Nalbuphine or buprenorphine - partial agonist analgesics  
 x Tricyclic - antidepressants

### Medication Administration

P.O. (by mouth) - administered with food.

(DO NOT chew or crush tablets)  
 x have patient take one pill at a time

PO Duration - 3-6 hrs

PO/ER Duration - 12 hrs

### Nursing Interventions x abuse addiction

x assess pain regularly, before and after  
 x alert patient for paradoxical excitation  
 x monitor for paradoxical increase in

respiratory depression  
 x Monitor Blood Pressure (hypertension risk)

x Breathing / sleep apnea

### Evaluation of Medication Effectiveness

x assess pain scale (before and after medication administration)  
 x assess vitals

### Client Education

x take with food  
 x give as prescribed, don't overtake  
 x misuse can lead to addiction  
 x avoid alcohol and other drugs  
 x avoid grapefruit juice (will impact with body process)  
 x always swallow whole

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Lily Joyce

MEDICATION Morphine sulfate

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

CATEGORY CLASS Opioid analgesic (Controlled substance II)

PURPOSE OF MEDICATION Mechanism of action

Expected Pharmacological Action

- Opioid agonist that acts on the mu-opioid receptors in the CNS, and GI tract. It binds to receptors, alters pain perception and emotional response resulting in pain relief, and Euphoria

Therapeutic Use

Pain relief, reduced anxiety and sedation, and Euphoria

Complications

- respiratory depression
- sedation, drowsiness, lethargy, lightheadedness, Euphoria, confusion, delirium, seizures (toxicity)
- hypotension, Bradycardia, orthostatic hypotension
- constipation, nausea, vomiting
- urinary retention (overdose → death)

Contraindications/Precautions

- acute or severe bronchial asthma
- GI obstruction, including paralytic ileus.
- hypersensitivity to components.
- respiratory depression; use of MAO inhibitors within past 14 days.
- Anticoagulant therapy

Interactions

Anticholinergics - Possible severe constipation leading to ileus, or urinary retention.  
 Antidepressants - Increased risk of coma, hypotension, profound sedation, respiratory depression, death.  
 Diuretics - decreased diuretics efficacy.  
 MAO inhibitors - increased risk of opioid toxicity  
 Skeletal muscle relaxants - enhanced muscle blocking.

Evaluation of Medication Effectiveness

- Reassess pain level
- monitor level of consciousness
- assess respiratory rate
- monitor side effects
- speak on safety precautions

Medication Administration

- Before giving medication, ensure opioid antagonist and O<sub>2</sub> delivery is within range.
- store at room temp.
- double check to avoid dosage error.
- have naloxone ready.
- give oral dose w/ food or milk
- don't use highly concentrated dose for I.V.

Nursing Interventions

- assess respiratory rate, rhythm, and depth.
- monitor SpO<sub>2</sub> saturation.
- keep naloxone available.
- encourage deep breathing and coughing
- assess LOC. Lung expansion.
- monitor BP and HR.
- Implement Fall Precautions

Client Education

- Take exactly as prescribed (avoid overdose and under dose)
- be aware of breathing.
- do not take w/ alcohol, sleep aid or other sedatives
- encourage deep breathing
- Increase fluid intake
- Explain tolerance.

Student Name: Lilly Joyce

Medical Diagnosis/Disease: Osteoarthritis (OHA)

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

Anatomy and Physiology

Normal Structures

Conducted of - long bones, short bones, flat bones, irregular and sesmoid bones.  
 - protects body organs and provides overall structure  
 - mineral storage - stores calcium and phosphate  
 - Bone growth and remodeling occurs with osteoblast, osteoclast, and osteocyte. This is influenced by hormones. The muscles generate heat and overall temperature regulation.

Pathophysiology of Disease

- gradual loss of articular cartilage with formation of bony outgrowths.  
 - There is not one single cause for osteoarthritis, but joint instability, genetic traits can both lead to cartilage defects.  
 - mechanical stress to joints (ex. obesity) can lead to outcome of osteoarthritis.  
 - genetic, metabolic and local factors  
 - smooth white articular cartilage becomes dull yellow and granular (becomes softer and less elastic)  
 - cartilage repair cannot keep up with O.A.

**NCLEX IV (7): Reduction of Risk**

Anticipated Diagnostics

Labs

CBC  
 Liver Function Test  
 synovial fluid analysis  
 erythrocyte sedimentation rate (ESR) (inflammation)  
 - Bone mineral test  
 Additional Diagnostics  
 X-ray, bone scan, CT scan, MRI.

(fractures and tears) lead to cartilage deterioration.

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

Contributing Risk Factors

- Age  
 - decreased estrogen  
 - Obesity, mechanical stress  
 - gender (hormonal changes)  
 - genetics (joint shape)  
 - Trauma (joints)  
 - Occupational stress  
 - poor nutrition/metabolic disorders.

Signs and Symptoms

- Localized inflammation (mild warmth and tenderness)  
 - muscle atrophy (from disuse and pain)  
 - Deep aching joint pain  
 - excessive joint stiffness  
 - decreased range of motion  
 - weak joint instability

Possible Therapeutic Procedures

Non-surgical

- Therapeutic exercise  
 - Hot and cold compress  
 - weight loss, assistive device use.

Surgical  
 - Arthroscopic debridement (removal of loose cartilage)  
 - joint resurfacing or  
 - Total joint arthroplasty  
 - arthrodesis (joint fusion)

Prevention of Complications

(What are some potential complications associated with this disease process)  
 - moderate exercise (decrease stress)  
 - encourage ROM  
 - Pain management  
 - Promote safety  
 - Practice proper partial body alignment  
 - replacement.

- repetitive joint use and injury.

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

Anticipated Medication Management

- Analgesics (pain management)  
 - NSAIDs (anti-inflammatory)  
 - Topical cream (localized pain relief)  
 - Intra articular injections (inflammatory and pain relief)  
 - hyaluronic acid injections (restores joint lubrication)

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

Non-Pharmacologic Care Measures

- hot and cold compress  
 - good nutrients  
 - adequate rest  
 - weight management  
 - Use of assistive devices

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

What stressors might a patient with this diagnosis be experiencing?

- Fatigue and irritability  
 - Difficulty performing ADL's  
 - loss of ability to participate in hobbies  
 - Fear of falling.  
 - altered body image  
 - Anger - role changes

**Client/Family Education**

List 3 potential teaching topics/areas

• Proper rest and bad activity prevention (ex. dangerous mobility)  
 • Proper weight and nutrition management.  
 • Practicing healthy ROM and ADL's without causing more damage.

**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)

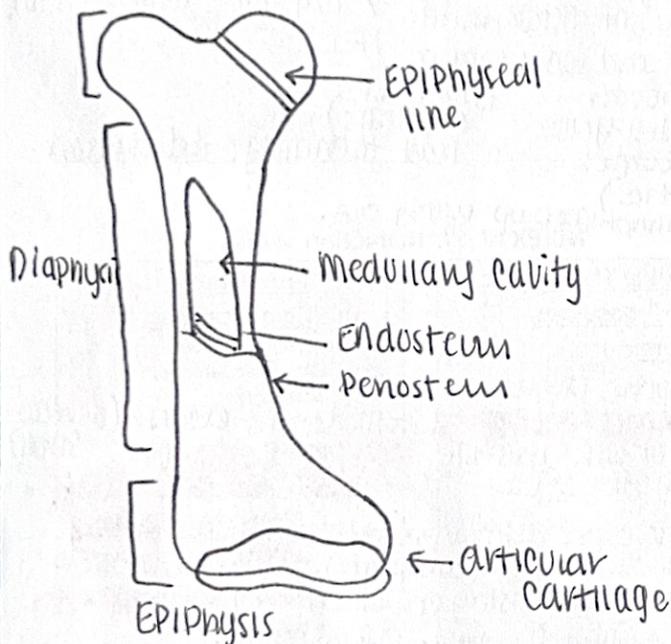
Rheumatologist  
 Orthopedic Specialist  
 Physical Therapist  
 Occupational Therapist  
 Dietician/Nutritionist  
 Orthopedic Surgeon  
 Pharmacist.

## normal A and P

Bone marrow is the main site of new blood cells (RBC, WBCs and platelets) This is primarily found in flat bones.

Blood cell production is tightly controlled by hormones and growth.

The minerals are vital for nerves, muscles and blood clotting.



## Pathophysiology

- Articular surfaces become cracked and worn.
- Joint surfaces become uneven, affecting the distribution of stress. (this causes reduced motion)
- Secondary symptoms may occur when phagocytes try to rid the joint of small pieces. (from joint tears)
- Pain occurs, stiffness, and bone to bone rubbing.

## Joint replacement surgery

### Total hip arthroplasty

- 1- minimally invasive: closed reduction with percutaneous pinning (stabilizes the femoral neck and head with screws)
- 2- repair with internal fixation devices (screws or other hardware)
- 3- replacement of the femoral head with prosthesis
- 4- Total hip arthroplasty, surgical resection of hip joint and replacement with endoprosthesis.

- Implant is known to last 20 years, so we try to implement into older clients.

### Typical prosthesis designs (cup style)

- metal-metal
- ceramic-polyethylene,
- ceramic-ceramic

(components may be secured with cement)

non-cement: more weight bearing

cement: less weight bearing  
(damaged or diseased joint is replaced with an artificial joint (prosthesis).)

This will restore mobility and comfort.

- Ball-socket joint (femoral head and acetabulum)
- Sterile procedure

# Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: Total Hip Arthroplasty



Individual Name: Lily Joyce

Institution: Margaret H Rollins SON at Beebe Medical Center

Program Type: Diploma

## Standard Use Time and Score

	Date/Time (ET)	Time Use	Score
Total Hip Arthroplasty	10/15/2025 11:21:03 AM	1 hr 4 min	Satisfactory

## Reasoning Scenario Details Total Hip Arthroplasty - Use on 10/15/2025 10:16:38 AM ET

### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	100%		
Cognition and Sensation	100%		
Immunity	100%		
Ingestion, Digestion, Absorption & Elimination	100%		
Mobility	100%		
Oxygenation	100%		
Regulation and Metabolism	75%	25%	

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Safety and Infection Control	100%		
RN Health Promotion and Maintenance	100%		
RN Basic Care and Comfort	100%		

RN Pharmacological and Parenteral Therapies	100%		
RN Reduction of Risk Potential	90%	10%	
RN Physiological Adaptation	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	83.3%	16.7%	
Patient-Centered Care	100%		
Evidence Based Practice	100%		
Teamwork and Collaboration	100%		

Thinking Skills	Strong	Satisfactory	Needs Improvement
Clinical Application	100%		
Clinical Judgment	92.9%	7.1%	

### Decision Log:

<b>Scenario</b>	The preoperative consult nurse is identifying the risk factors associated with postoperative complications.
<b>Question</b>	Nurse Amani is reviewing Dale's medical record. Which of the following findings should Amani identify as a risk factor for postoperative complications?
<b>Selected Ordering</b>	BMI Tobacco use Age Blood pressure history
<b>Rationale</b>	Nurse Amani should identify that Dale's blood pressure and history of hypertension pose a risk factor postoperatively. Clients who have hypertension are more likely to experience and respiratory and cardiac complications following surgery.

Optimal Decision	
<b>Scenario</b>	Dale is returning demonstration of each of the postoperative exercises.
<b>Question</b>	Nurse Amani is observing Dale return demonstration of the postoperative exercises. Which of the following demonstrations by Dale indicate the teaching has been effective?
<b>Selected Option</b>	Client correctly performed the ankle pumps exercise
<b>Rationale</b>	Dale correctly performed the ankle pumps exercise which involves moving the ankle so that the foot alternately dorsiflexes and plantar flexes. This exercise should be performed at least 10 times every hour while awake. It promotes blood flow to the lower leg by contracting and relaxing the muscles in the calf.

Optimal Decision
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### **ATI Real Life THA Virtual Clinical Reflection Questions**

- 1) What was Dale's fall risk score? Is that score considered low, medium, or high risk? What interventions in Dale's care should you be implementing?  
*(Use your resources from class and clinical Fall Risk Score Interventions)*
  - a. **Morse Fall Score: 45**
  - b.
  - c. **Medium Risk**
  - d. **Use call light before moving in and out of bed in chair after surgery, administer analgesics medication, apply non-skid socks or shoes when ambulating.**
- 2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
  - a. **Dale demonstrated the incentive spirometry incorrectly. I would explain to Dale that instead of blowing into the IS device, he should inhale deeply and slowly, which will help expand lung capacity and the tiny air sacs, improving lung function. I would inform Dale that this should be performed multiple times after surgery, to prevent breathing complications following surgery.**
- 3) Dale receives morphine sulfate for his hip pain. The morphine order is for 2-4mg IV Q 3-4 hours for severe or breakthrough pain. What is wrong with this order?
  - a. **The dosage given (2-4mg) is not exact enough, there are no clear parameters of how much medications to give, which can be unsafe. Along with that the frequency is not exact enough, which can lead to overdosing or underdosing.**
  - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? **2 mL's of Morphine.**
- 4) Dale is assessed for skin integrity on his heel. What are some interventions the nurse could implement to protect his skin? What are the concerns if no interventions are implemented?
  - a. **The nurse can implement Q2 turns and off loading the heels to relieve any possible pressure injuries.**
  - b. **If the interventions are not implemented it could lead to hospital pressure injury development, delayed healing, increased pain, and increased immobility.**
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
  - a. **Consistent communication with other medical staff when ambulating Dale. This ensures that the medical team is working at the same pace.**
  - b. **Continuous reassessment of vital signs, to ensure no severe changes during Dale's recovery.**
  - c. **Clarifying the medication being given, and assuring there is no error before administering.**
- 6) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?

- a. If **yes**, describe. **Yes, I believe the nurse and medical team effectively utilized therapeutic communication techniques when interacting with the patient and family. The medical team did a good job avoiding medical jargon, remaining fully attentive, and practicing active listening. The medical team also used open-ended questions, provided clear explanations, and implemented the teach-back method. The nurse also never provided false reassurance and set obtainable goals for Dale and his family to work towards. These techniques enhanced the patient's and family's understanding of the care being provided and clarified the actions they needed to take moving forward.**
- b. If **no**, describe:

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### Reflection

- 1) Go back to your Preconference Form:
  - a. Indicate (**circle, star, highlight**) the components of your preconference form that you saw applied to the care of this virtual patient.
- 2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
  - a. If **yes**, write it here: **Yes, impaired mobility.**
  - b. If **no**, write what you now understand the priority nursing problem to be:
- 3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used?
  - a. Indicate (**circle, star, highlight**) the ones you saw utilized during the scenario.
  - b. Were there interventions you included that *were not* used in the scenario that could help this patient?
    - i. If **yes**, describe: **Some interventions that were not used in the scenario but would be appropriate for this patient would include assessing and implementing additional range of motion (ROM) activities and exercises, ensuring the call bell and personal items are within reach to prevent falls, and performing position changes every two hours (Q2Hr) to reduce the risk of further pressure injuries. It would also be beneficial to assess the patient's sleep patterns and promote adequate rest to enhance comfort and the effectiveness of analgesics. Additionally, assessing the patient's understanding of pain management and when to report the increasing pain would help prevent worsening symptoms. Lastly, evaluating overall extremity alignment and stiffness around the inflamed and surgical site can help prevent additional complications.**

ii. If **no**, describe:

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4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? **No, I think everything went as anticipated.**

a. How did that impact the nursing care delivered?

**I think everything going as anticipated positively impacted the nursing care delivered. The medical staff did not have to collaborate for a new intervention and were able to follow the planned care from the beginning, with slightly variance here and there to fit Dale's personal needs. Everything was followed through smoothly, with optimal patient communication and staff communication.**

b. What new, additional priority nursing problem (diagnosis) did you identify?  
(Refer to your NANDA list)

i. Write it here: **Impaired skin integrity, and risk for fall.**

What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice:

**My biggest takeaway from participating in the care of this patient is the importance of effective and consistent communication among both the healthcare team and the patient. I truly believe that Dale received exceptional care because communication was prioritized from the very beginning. The medical team thoroughly discussed possible outcomes, provided clear education, and consistently used the teach-back method to ensure Dale understood his care before, during, and after his procedure. In addition, there was strong interdisciplinary collaboration, with each team member contributing professional input regarding Dale's overall condition and plan of care. This level of communication promoted trust, patient engagement, and continuity of care. Moving forward, I plan to center my nursing practice around clear and therapeutic communication with both my patients and team members. By maintaining open dialogue, actively listening, and ensuring understanding, I can help strengthen teamwork, promote patient safety, and improve overall outcomes.**

