

Patient #1. Total Left Hip

1. A full code order is placed to allow the healthcare workers what precautions to take in a life or death situation. It is the patients right to decide if they want everything done to keep them alive.
2. An order of their admission needs to be charted to have records of the patients hospital stay and have in a specific unit. You do not want the patients chart saying he was on a different floor or it may be hard to find his chart if an order for his location is not in.
3. Patient has just come out of surgery and usually patients are NPO after surgery.
4. Patient's I&O's need to be documented every shift to allow the healthcare team to keep up with the patient's nutrient needs and to see if any complications are going on with the kidneys, bladder, or any other organs that can affect urine and stool output.
5. Physical therapy does an assessment of a patient's activity level. Before then, the patient will have to be on bed rest because you do not want to cause any damage to the hip.
6. Patient has just come out of surgery and their vital signs can be affected from the anesthetic medications. If they continue to be within normal limits, every four hours is the normal vital sign routine for acute patients and allows the vital signs to be taken evenly throughout the day to monitor any changes. Changes can happen very quickly especially after a patient has had surgery. Vital signs help with Covenants policy of the Mews score to prevent sepsis.
7. The nurse wants to monitor how much drainage is coming from the incision site. The nurse wants to provide care to prevent clogging and check for any problems.
8. An abductor pillow helps stabilize the patient's leg especially while he is in bed. The nurse does not want to allow a lot of movement to the left hip especially if the physical therapy has not released him for any activity. It keeps the patient staying in place and not moving from side to side causing movement that can cause further damage.
9. While a patient is on bed rest or just has come out of surgery you want to prevent deep vein thrombosis.
10. The incentive spirometer helps prevent pneumonia and allows the lungs to work while lying in bed and recovering from surgery.
11. A CBC allows the nurse blood counts such as WBC's for infection, RBS HGB &HCT for bleeding and platelets for clotting.
12. The facility wants physical therapy to give orders so the nurse can follow the activity level and try to get the patient to get stronger for discharge. You do not want to put total weight on that hip right away. The nurse wants to gradually get the patient to put weight on the hip.
13. Cefuroxime: 2nd generation cephalosporin antibiotic: Diarrhea
14. IV Fluid Lactated Ringers: Leukotriene inhibitor: Diuresis
15. Acetaminophen: Liver damage: Pain
16. Morphine: opioid: respiratory depression, urinary retention: Pain
17. Hydrocodone: Opioid: Respiratory depression: Pain
18. Enoxaparin: anticoagulant: hemorrhage: Prevent deep vein thrombosis
19. Levothyroxine: Thyroid supplement: weight loss balance thyroid levels

20. Pantoprazole: Proton-pump inhibitors: Clostridium difficile-associated diarrhea: acid reflux

Patient #2 Type 2 Diabetes

1. A full code order is placed to allow the healthcare workers what precautions to take in a life or death situation. It is the patients right to decide if they want everything done to keep them alive.
2. An order of their admission needs to be charted to have records of the patients hospital stay and have in a specific unit. You do not want the patients chart saying he was on a different floor or it may be hard to find his chart if an order for his location is not in.
3. An order for a diagnosis needs to be put in the computer to allow the nurse and the facility know what the patient was in there for and know what to treat for them to get better.
4. A nurse needs to take a patient's vital signs every 4 hours to make sure that the patient is still stable. Patient's vital signs can change at any time.
5. The nurse and doctor need to know what kind of infection such as what kind of bacteria to treat it with antibiotics.
6. A activity of the order lets the nurse and other healthcare providers the patients activity level. It is the best activity for the patient to heal and get better.
7. Fluid for fluid replacement but can lead to fluid overload
8. Antibiotic: neutropenia: infection of wound
9. Vancomycin: Antibiotic: renal failure: infection of wound
10. The nurse wants to make sure the patient is on a diabetic diet. The nurse does not want him to be on a regular diet because it will have more sugar and carbohydrates that will cause the patient's blood glucose to rise.
11. Ondansetron: serotine receptor antagonist: prolong QT interval: nausea and vomiting
12. Glipizide: oral diabetes medicine: Hypoglycemia: control diabetes or hyperglycemic episodes
13. Blood glucose: The nurse wants to monitor patients glucose before meals because if the patient's sugar is high the nurse wants to administer insulin to prevent HHS and if the sugar is low the nurse does not want to administer insulin to cause a hypoglycemic episode.
14. Insulin is given to control blood glucose. Like above the nurse wants to maintain blood glucose levels at a normal range to prevent HHS, to prevent furth complications of diabetes such as healing in the wound. Treat hyperglycemia can cause hypoglycemia.
15. Metoprolol: Beta 1 Blockers: Bradycardia used for hypertension
16. Lisinopril: Ace inhibitor: hypotension used for hypertension
17. Aspirin: NSAIDS: peptic ulcer: prevent heart attacks strokes and chest pain
18. Monitor patient is drinking good fluids and food. Do not want patient drinking sodas or eating other sugars. The nurse also wants to control diabetes being able to monitor intake will help. The nurse also wants a balanced output of all the fluid the patient is getting.
19. A BMP will let the nurse notify if the patients lytes are in normal range. Since the patient is getting fluid, the nurse does not want the patient to have fluid overload. A cbc will

monitor red blood counts to make sure client is not bleeding and also the WBC to see if infection is getting worse or responding to treatment. Erythrocyte will help notify the nurse of inflammation in the patients body. The HbA1c and urinalysis will help evaluate and monitor patient's diabetes.

20. Patient is getting an IV daily so you want to monitor lytes to prevent fluid overload. The CBC with differential breaks down the 5 WBC which allows the nurse to see which is being affected by the infection. Erythrocyte and reticulocyte refer to the red blood cells as well. It allows to see how fast the blood is settling and new released blood cells which can show inflammation in the body.
21. An xray of the sacral wound will show if a patient has osteomyelitis (<https://www.medscape.com/answers/190115-82470/what-is-the-role-of-imaging-studies-in-the-diagnosis-of-pressure-injuries-pressure-ulcers>)
22. Oxygen is an important vital sign and normal value should always be above 90%. There is always a need for an oxygen order it is consider a medication.
23. Hydromorphone: opioid: respiratory depression
24. The wound should always be cleaned to prevent any other spread of the infection. Since the wound is open the nurse wants to always have a dressing on it to prevent microorganisms to enter the wound. Normal saline is the best use because other cleaning agents may irritate the tissue especially if the skin is opened.