

- What expectations do you have about the patient prior to caring for them? Explain.
Some expectations I have about the patient before caring for them are high blood pressure because of their medical history and noncompliance with antihypertensive medication. Additionally, I expect that the patient will be in a lot of pain and will likely require medication to control their pain and will be non-weight bearing on the affected leg. I also expect that the patient may bleed more easily from their open wound due to their home medication, Aspirin. Due to the patient being scheduled for surgery, I expect that the patient may be NPO depending on the time of their surgery.
- What previous knowledge do you have that will guide your expectations? Explain.
My knowledge of fractures, pain, antiplatelet medications, systemic effects of cardiac issues and hypertension will guide my expectations for the patient. Because of my knowledge of fractures, I expect that the patient will be non-weight-bearing on the affected leg and in a cast to avoid further complications such as delayed union, malunion, angulation, and other issues in healing the fracture. I will also expect that complications such as compartment syndrome may be an issue for this patient due to their cardiac history. My knowledge of antihypertensive medications leads me to expect that the patient's blood pressure may be high due to their non-compliance with their medication which also may lead to circulation issues to the affected leg. My knowledge of pain management will guide me to assess my patient's pain regularly as they are likely to require pain medication due to the fracture.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis.

The patient's admitting diagnosis is a complete open oblique fracture of the tibia and fibula of the left leg. This diagnosis means that the tibia and fibula of the left leg are completely broken at an angle and protruding through the skin.

Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN 40	The patient's BUN level of 40 is considered high because a normal lab value range of BUN for a patient of this age is 8-21.
Creatinine 2.1	The patient's creatinine level of 2.1 is considered high because a normal lab value range of creatinine for a female patient of this age is 0.59- 1.04.

Diagnostic testing (explain what diagnostic tests were done with results):

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-ray of the anterior, posterior, and lateral view of the LLE	The x-ray of the LLE revealed a complete open oblique fracture of the tibia and fibula.

Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

Medication (generic and trade name)	Classification (therapeutic and pharmacologic)	Indication for use (specific to this patient)	Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)
Metoprolol (Lopressor)	Antianginal, antihypertensive, beta blocker	Hypertension	-Assess BP and HR before giving medication to ensure neither are not too low -Monitor low BP/HR, especially with other antihypertensives and signs of weakness for fatigue -Educate on not drinking alcohol with this medication as alcohol can cause further hypotension.
Aspirin (Aspro Clear/ Disprin)	Antiplatelet agent, antipyretic, nonopioid analgesic, salicylate, NSAID	Lower platelets due to Cardiac history/ risk of cardiovascular events (a-fib, HTN, hypercholesterolemia)	-Monitor patient for bruising or blood in stool. -educate the patient to take with a full glass of water, with meals and remain upright for 30 min afterward to minimize GI side effects -Educate patient to report black/ tarry stools, and

			excessive bruising and to avoid alcohol
Atorvastatin (Lipitor)	Lipid-lowering agent, hmg coa reductase inhibitor	Hypercholesterolemia	-Monitor liver enzymes for indications of liver impairment -Educate on avoiding grapefruit juice to avoid toxicity -Educate patient to report GI side effects such as abdominal cramps, constipation, diarrhea and heartburn
Tamsulosin (Flomax)	BPH agents, alpha-adrenergic agent	Enlarged prostate	-Monitor patient for urinary hesitancy, feeling of incomplete bladder emptying, and dysuria -Educate the patient to change positions slowly -Monitor I/O and daily weights
Montelukast (Singulair)	Bronchodilator, leukotriene antagonist	COPD/ exercise induces bronchoconstriction	-Assess lung sounds before/ after medication -Monitor liver enzymes for signs of liver impairment -Educate patient to report behavior changes/ feelings of anxiety/ depression