

N210 Fundamentals of Nursing Care Plan

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02/05/19

Patient Demographics (/ 5 Points)

Age: 87 Gender: Female

Place of Residence: Room 206 CLV-
Champaign

Code Status: DNR

Date of Admission: 1/28/19

Hospital Day #: 8

Social History (/ 5 Points)

Marital status: Married

Occupation: Retired- former Chanute Air
Force Base employee

Tobacco use: None

Alcohol use: None

Substance abuse: None

Past History (/ 5 Points)

Past Medical History:

Atrial Fibrillation

Diabetes Mellitus Type 2

Congestive Heart Failure

Past Surgical History:

Right Hip Replacement 8/31/15

Right Knee Replacement 8/31/15

Allergies:

Prilosec-Rash/itching

Bactrim-Rash/itching

Sulfa-Urticaria

History of Present Illness (/ 15 Points)

Subjective Complaint **3 points**

Pain in left hip

Present Health Information (PHI): **5 points**

Fall 1/25/19 which resulted in fracture of left pubic ramus (pelvis)

Contusion of scalp in result to fall

Anticoagulation

Medical Diagnosis/Acute Problem(s): **3 points**

Closed fracture of left inferior pubic ramus

Current Treatments: **4 points**

Hydrocodone Q6 PRN

Warfarin 25 mg PO daily

HumaLog V-100 Insulin, Sliding Scale

Blood Glucose Test Strips finger stick QID, 3x daily before meals, 1x before bed

Furosemide 1 tablet 2x a day

ICAPs 1 capsule by mouth

Simvastatin

Rehab- PT and OT as ordered

Ortho follow up in 2 weeks to evaluate hip fracture

Medical Diagnosis/Acute Problem: **5 points**

Closed fracture of left inferior pubic ramus

Describe the pathophysiology. Include risk factors, clinical manifestations, appropriate diagnostics, and recommended treatments. **10 points**

The pelvis is the sturdy ring of bones located at the base of the spine. Fractures of the pelvis are uncommon, and account for only about 3% of all adult fractures. Pubic rami fractures are the most common pelvic fracture pattern. Most pelvis fractures are caused by traumatic events. They can also be due to weak or insufficient bones. This is most common in older people who have osteoporosis. Since the pelvis is in proximity to major blood vessels and organs, pelvic fractures may cause extensive bleeding and require urgent treatment. Treatment for pelvis fractures vary depending on the severity of the injury. While less serious fractures can be managed with conservative care, more serious fractures may involve surgeries to reconstruct the pelvis. Stable fractures are fractures that cause only one break in the pelvic ring. Unstable fractures involve two or more breaks in the pelvic ring. Closed fractures are when the skin is not broken, whereas open means the skin was broken, and there is a higher chance for infection to occur. Symptoms of a pelvic fracture include severe pain, and sometimes swelling or bruising in the hip area. The fractures can be confirmed by X-rays.

Describe the pathophysiology specifically as it **relates to YOUR patient**. Include discussion on signs and symptoms as well as the results of any relevant diagnostic tests.

Write about your patient specifically. 10 points

My client has a closed fracture of the left inferior pubic ramus. She had pain and tenderness in her hip and left pelvis area. She fell at her house and was taken to Carle Hospital where she was diagnosed with the fracture. As her fracture was closed and stable, she has to be taken care of conservatively while the fracture heals, which is why she is at Clark Lindsey. Since she is on Warfarin, the fall could have been much more serious and resulted in an extreme loss of blood or shock. Older clients and clients at risk for falls are much more likely to fracture bones. My client has weaker bones due to her age, and she is a fall risk.

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|---|---|--|
| Vital Signs: 1 point T: 97.3 P: 85 RR: 18 O2Sat: 97% on RA BP:120/65 | Pain: 1 point Rating: 5 /10 Characteristics: Dull | Intake & Output: 2 points Previous 24 hour balance: Pt ate 100% of breakfast this morning. Balance since admission: N/A |
| NEUROLOGICAL: 2 points MAE: No PERLA: Yes Strength Equal: No if no - Left leg weak due to fracture Orientation, Mental Status, Speech, Sensory, LOC- A&Ox4 EENT: Ears: Normal Eyes: PERRLA, color good, wearing glasses Nose: Normal Teeth: Normal | GASTROINTESTINAL: 2 points Diet at home: Diabetic Current Diet: Diabetic Height: 5'1" Weight: 154 lbs Auscultation: Bowel sounds active all four quads Last BM, character & freq of stools: Normal Palpation: Pain, Mass etc: No pain or mass Inspection: distention, incisions, scars, drains, wounds Ostomy: No Nasogastric: No Feeding tubes/PEG tube No Type:_____ | |
| MUSCULOSKELETAL: 2 points Neurovascular status, ROM, Supportive devices/strength ADL Assistance Yes Fall Risk: Yes Activity/Mobility Status: Needs assistance with equipment- needs a walker or wheelchair and assistance for transfers Needs support to stand and walk | GENITOURINARY: 2 points Color, character, quantity of urine, Urine not seen. Patient did not have to urinate while I was with her. Pain : No Describe: _____ Dialysis No Inspection of genitals:N/A Catheter: No Type_____ | |
| CARDIOVASCULAR: 2 points Heart sounds: S1, S2, S3, S4, murmur etc. S1 and S2, no murmurs, gallops, or rubs Cardiac rhythm (if applicable) _____ Peripheral Pulses, Capillary refill: Normal Neck Vein Distention: No Edema Yes Location of Edema: Bilateral Lower Legs | PSYCHOSOCIAL/CULTURAL: 2 points Coping methods: Socializes with other residents Educational level: High School Grad 12 year Developmental level: _____ Ethnicity: Caucasian Religion & what it means to pt: Unknown Occupation (previous if retired) Retired from Chanutte Air Force Base Personal/Family Data (Think about home environment, family structure, and available family support) Do you feel safe at home? Yes | |
| RESPIRATORY: 2points Accessory muscle use: No Breath Sounds: Location, character : Diminished bilaterally | INTEGUMENTARY: 2 points Skin color, character, turgor, rashes, bruises, wounds: character, drainage, approximation etc. Braden scale: 18 Also date & location of IV's | |

The Nursing Process (_____ / 25 points)

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|--|---|
| Nursing Diagnosis #1 (Physical): <u>3 points</u> ___ Acute pain related to broken pelvis as evidenced by complaints of 5/10 pain. | |
| Outcome Planning: 3 points Pain will be controlled with medication during this shift. | |
| Nursing Interventions: 3 points | Client Responses to Interventions: 3.5 points |
| 1. Assess for pain once a shift. | 1.Pain noted and treated. Goal met. |
| 2. Administer pain medication as needed. | 2. Medication administered as ordered when patient complained of pain. Goal met. |
| 3. Position, align, and support affected body part. | 3. Hip aligned and supported. Goal met. |
| 4. Notify health care provider if pain medication does not provide relief. | 4. Medication provided relief. No need to notify provider at this time. Goal met. |
| Evaluation (client progress): Pain identified and treated. No further problems at this time. Goal met. | |

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| Nursing Diagnosis #2 (Safety): <u>3 points</u> ___ Risk for Bleeding related to taking Warfarin and history of falls. | |
| Outcome Planning: 3 points Patient will have no signs of bleeding during this shift. | |
| Nursing Interventions: 3 points | Client Responses to Interventions: 3.5 points |
| 1. Assess for signs of bleeding frequently. | 1.No signs of bleeding noted. Goal met. |
| 2. Monitor blood work. (PT,INR) | 2. Blood work monitored as ordered. WNL. Goal met. |
| 3. Utilize fall risk precautions. | 3. Call light within reach, bed at lowest level, room free of clutter. Goal met. |
| 4. Teach the necessity of using a soft toothbrush for oral care. | 4. Soft toothbrush used. Goal met. |
| Evaluation (client progress): Patient stable with no bleeding. Will continue to monitor. Goal met. | |

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|-----------------------------------|---|---|----------|----------------------|
| Category | 5 points | 2 point | 0 | Points Earned |
| Demographics | Obtained and recorded all data as required. | Missing data. | Not Done | |
| Category | 5 points | 2 point | 0 | Points Earned |
| Social History | Obtained and recorded all data as required. | Missing data. | Not Done | |
| Category | 5 points | 2 points | 0 | Points Earned |
| Past History | Obtain and recorded all data as required. | Missing data. | Not Done | |
| Category | 15 points | 5 points | 0 | Points Earned |
| History of Present Illness | Obtained and recorded all data as required. Demonstrated thorough and concise exploration into events surrounding the client's presentation to the hospital. Also included any and all relevant medical diagnosis or acute problems and appropriate current treatments. | Missing or limited data provided, minimal guidelines met. | Not done | |
| Category | 25 points | 15 points | 0 | Points Earned |
| Pathophysiology | Correctly identified the medical diagnosis or acute problem. Thoroughly and concisely described the pathophysiology (in the student's own words). Successfully able to relate pathophysiology to the disease process exhibited by the actual client. Include APA citations as required. | Missing or limited data provided, minimal guidelines met. | Not done | |
| Category | 20 points | 10 points | 0 | Points Earned |
| Physical Assessment | Complete head to toe assessment. Includes vital signs, pain scale, and intake and output as required. Must be the student's clinical assessment, NOT what is documented in the EMR. | Missing or limited data provided, minimal guidelines met. | Not done | |
| Category | 25 points | 15 points | 0 | Points Earned |
| The Nursing Process | Includes 2 relevant client problems, 2 correctly written NANDA approved nursing diagnosis, and 5 nursing interventions for each diagnosis. | Missing or limited data provided, minimal guidelines met. | Not done | |

Total Points: _____/100