N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/13/2020	W.S.	09/07/2020 (66y/o)	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Unemployed	Divorced 2017	NKA (no known allergies)
Code Status	**Height**	**Weight**	
Full Code	5'5"	144 lb	

Medical History (5 Points)

Past Medical History: Seizures (last seizure 2017), Cerebral Palsy, High Cholesterol, Hypertension, Vitamin D deficiency, Arthralgia

Past Surgical History: Left side hip replacement 2012

Family History: Mother: No known problems, father: diabetes mellitus, aneurism death at age of 59 y/o

Social History (tobacco/alcohol/drugs): Patient reports no tobacco use ever. No alcohol or recreational drug use.

Admission Assessment

Chief Complaint (2 points): Left femur fracture

History of present Illness (10 points): Onset: October 13th, 66 y/o Caucasian male was making breakfast in his apartment at the Fellowship Center, when he "felt something pop, and his left leg buckled". He fell to his left side and was unable to get back up. Location: Left hip/upper leg. Left leg is Duration: 3 hrs. at time of speaking to patient. Characteristics: Sharp/shooting pain with muscle Spasms, Mild discomfort when at comfortable position. Aggravating: Muscle spasms happening at 5-15-minute intervals. Any movement brings pain. Relieving: Lying still in comfortable position of bed. Treatment: Patient was given Dilaudid in the Emergency Department.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pain Management

Secondary Diagnosis (if applicable): n/a

Pathophysiology of the Disease, APA format (20 points): The patient presents with a subtrochanteric fracture of the left femur just below the end of the prosthetic hip, from a hip replacement performed in 2012. A common cause of hip fractures in elderly patients is osteoporosis, which is a disease where the body loses, or does not create enough, bone mass. The hip becomes incapable of bearing the individuals weight and give way causing a fall which often leads to further injuries and complete immobility (Capriotti, 2020).Hip fractures should be assessed for internal bleeding, as fractures of the proximal femur can disrupt the blood supply.

Bones are in a constant state of being rebuilt. Old bone is broken down and those resources are recycled as new bone is created. As the body ages the body breaks down bone faster then it gets rebuilt, to the point where bones become brittle. Patient has a prior medical diagnosis of Vitamin D deficiency which may have a hand in his spontaneous fracture. Vitamin D is used in the body to help it absorb calcium from daily diet. With a Vitamin D deficiency, the body's ability to absorb calcium is impaired, thus the bodies capability to strengthen its bones is hindered. Another likely cause of osteoporosis in pt is likely tied to dietary intake. Client states he is only to eat about 15 bites before he begins to feel uncomfortably full, and he only eats two times a day. Pt is likely underweight and is intaking an inadequate amount of calcium to allow for healthy bone strength.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*.

Robinson, J. (2018, October 25). Osteoporosis and vitamin D. WebMD. https://www.webmd.com/osteoporosis/guide/vitamin-d-for-osteoporosis

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.28-5.56**	**4.56**		
Hgb	**13.0-17.0**	**13.1**		
Hct	**38.1-48.9**	**39.8**		
Platelets	**149-393**	**1324**		**Elevated platelets could be caused by trauma; however, it is very high so cause is likely due to chronic inflammation or some unknown cause**
WBC	**4.0-11.7**	**16.3**		**Elevated WBC count linked to trauma and inflammation**
Neutrophils	**45.3-79.0**	**89.8**		**Neutrophils are elevated during acute inflammation, the pt's injury had just occurred that morning**
Lymphocytes	**11.8-45.9**	**5.2**		**Lymphocytes are elevated in acute inflammation**
Monocytes	**4.4-12.0**	**4.4**		
Eosinophils	**0.0-6.3**	**0.1**		
Bands		**n/a**		

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	138		
K+	3.5-5.1	3.6		
Cl-	98-107	108		Implicates dehydration
CO2	21-31	23		
Glucose	74-109	108		
BUN	7-25	8		
Creatinine	0.70-1.30	0.86		
Albumin	3.5-5.2	3.8		
Calcium	8.6-10.3	8.2		Low Blood Calcium is likely caused by pt's previous Vitamin D deficiency or by malnutrition
Mag				
Phosphate				
Bilirubin	0.3-1.0	0.5		
Alk Phos	34-104	61		

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow/clear	*not yet obtained		
pH	5.0-8.0	*		

Specific Gravity	**1.005-1.034**	*		
Glucose	**Normal**	*		
Protein	**Neg-**	*		
Ketones	**Neg-**	*		
WBC	**0.0-5.0**	*		
RBC	**0-3**	*		
Leukoesterase	**Neg-**	*		

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**No growth**	***unable to obtain**		
Blood Culture	**No growth**	*		
Sputum Culture	**No growth**	*		
Stool Culture	**No growth**	*		

Lab Correlations Reference (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): X-ray of left hip, Left femur fracture below hip prosthesis.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**Altoprev/ Lovastatin**	**Cozaar/ Losartan Potassium**	**Fycompa/ Perampanel**	**Fosamax /Alendronate**	**Tylenol / Acetaminophen**
Dose	**20mg**	**25mg**	**6mg**	**70mg**	**250 mg**
Frequency	**1x daily**	**1x daily**	**1x daily**	**1x weekly**	**2x as needed**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**HMG-CoA reductase inhibitor (statin**	**Angiotensin II blocker**	**AMPA glutamate receptor antagonist**	**Bisphosphonate**	**Antipyretic nonopioid analgesic**
Mechanism of Action	**Interferes with hepatic enzyme HMG-CoA reductase, interrupting the pathway in which cholesterol is synthesized**	**Blocks binding of angiotensin II to receptors in tissues. Angiotensin II is a vasoconstrictor; it's blocking helps bring BP down**	**Acts as noncompetitive antagonist on the AMPA glutamate receptor on postsynaptic neurons, preventing glutamate action the CNS experiences less action, resulting in less seizure activity in the brain**	**Reduces the activity of cells that cause bone loss, and increases the amount of bone mass**	**Inhibits enzyme cyclooxygenase blocking prostaglandin production, interfering with pain impulse generation in the PNS**
Reason Client Taking	**To reduce LDL, and total cholesterol in pts with hypercholesterolemia**	**To manage hypertension**	**To treat partial-onset seizures as adjunctive or monotherap**	**To treat osteoporosis**	**To treat headaches**

			y		
Contraindications (2)	**Acute hepatic disease, breastfeeding**	**Concurrent aliskiren therapy, hypersensitivity to Losartan or its components**	**Sensitivity to perampanel and its components, no other contraindications listed**	**Esophageal abnormalities that reduce esophageal emptying, inability to stand or sit upright for 30 mins**	**Severe hepatic impairment, severe liver impairment disease**
Side Effects/ Adverse Reactions (2)	**Anxiety, confusion**	**Dizziness, headache**	**Abnormal coordination, agitation**	**Headache, peripheral edema**	**Anxiety, insomnia**

Medications Reference (APA):

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented to time, place, and person x3** **Distress with muscle spasms** **Left leg is bent outward**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink** **Dry/normal** **Warm** **2+** **Redness on right elbow from fall** **None** **No wounds present** **17**
HEENT: **Head/Neck:** **Ears:**	 **Head and neck are symmetrical** **Ears are hairy but free of discharge**

Eyes: **Nose:** **Teeth:**	**Pupils equal round reactive light accommodation** **Nose is symmetrical with no deviation** **Teeth are poorly groomed, yellow/brown with foul odor.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**Faint S1 and S2 with no murmurs or abnormal heart sounds.** **Can feel dorsal pedis pulses in both sides.** **Capillary refill is less than 2 seconds.** **No jugular vein distension. No signs of edema.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations sound symmetrically clear and are unlabored.** **No wheezes, or crackles are heard.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Pt eats oatmeal every morning at about 6 and a small meal around 10 am. The rest of the day he fasts claiming he feels uncomfortably full after 10 to 15 bites.** **5'5" 144 lb** **Bowel sounds are active in all 4 quadrants.** **Last bowel movement was last night.** **No flank pain upon palpation.** **No abnormal abdominal signs upon palpation, no distention, incisions, scars, drains, or wounds.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:**	**Unable to obtain at time of admission.** **Last urination was at around 2am.**

Catheter: Y ☐ N ☐ **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**No ROM in left leg. Good ROM in upper extremities.** **Pt uses no supportive devices at time of injury.** **Fall risk score of 13.** **Pt is completely unable to move on his own. Will need at least 2-4 people to move him without causing the patient great discomfort.**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pt is unable to wiggle left toes on command.** **Pupils are equal round reactive light accommodation.** **Right arm weaker and moves with less dexterity due to cerebral palsy. Left leg is completely immobilized with diminished sensation below the break.** **Patient is cognitive of his situation, alert and oriented x 3. Speech is clear and deliberate (he talks a lot).**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Family and church** **Patient is maturely developed.** **Pentecostal Christian in which patient is an active figure in,** **Pt's wife left him 3 years ago, and his partner following that passed away in July. Despite these hardships patient is a very happy/positive person. Patient has a living brother and sister whom he stays in frequent contact with over the phone.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1045	**86**	**134/88**	**18**	**37.0**	**99**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1046	**Numeric**	**Left thigh**	**5/10 normally 8-9/10 with muscle spasms**	**Sharp/shooting**	**Delicately positioned pt in least painful position. Placed handrail pads on bed in case of seizure episode.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Water 2 oz drank from 8 oz cup of water	**Zero voids or bowel movements at time of recording**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Pain, acute	**Related to left femur injuries as**	**1.Position pt in comfortable**	**1. Goal partially met, as pt claimed to be fine**

	evidenced by pt claims his pain is "8-9/10 sharp shooting pain" with his spasms or with movement	**position.** **2.Administer pain medications as prescribed by provider.**	**(mild pain) when laying normal, but unable to offer relief for pt's intermittent spasms.** **2. Goal partially met, patient was administered dilaudid in the ED, to help with his pain.**
2. Impaired mobility	**Related to left femur injuries as evidenced by pts inability to move his left leg and limited sensation.**	**1. Recheck pt's position for comfort frequently. Mobility will not be possible without surgery, prevent further damage or discomfort.** **2.Get in contact with pt's doctor so he could be aware of when his surgery would be happening.**	**1. Goal met, only one position was found to be comfortable for the patient to be in. Pt appreciated having care shown for his discomfort and having someone to talk to.** **2. Goal met, nurse got ahold of the surgeon and pt was informed that he would be going to surgery on the 10/14.**

Other References (APA):

Concept Map (20 Points)

Subjective Data

"8-9/10 sharp or shooting pain located in the left hip, with muscle spasms that have been happening every 5-15-minutes." Diminished feeling in left leg/foot.

Nursing Diagnosis/Outcomes

Acute pain related to injury to left hip/femur as evidenced by "sharp/shooting pain"
Goal partially met, pt was placed in comfortable position with only mild pain
Goal me, pt was given prescribed meds to help bring down pain.
Impaired mobility related to injury to left hip/femur as evidenced by inability to move left leg and diminished sensations.
Goal met, pt position and was rechecked for discomfort frequently.
Goal met, nurse had gotten a hold of surgeon and pt was made aware of when he would undergo surgery.

Objective Data

Patient is presented with left femur fracture, left leg is completely immobile. Pt can wiggle right foot toes but not left toes.
Vital Signs:
HR:86
BP:134/88
Respirations: 18
Temperature:37.0 C (98.6 F)
Pulse Oximetry: 99%

Patient Information

Hip X-Ray shows fracture to proximal end of left femur just below prosthetic hip

Nursing Interventions

Placed the pt in comfortable position
Administer the pt pain medications as prescribed by provider.
Recheck the pts position frequently to ensure continued comfort.
Get into contact with pt's doctor to give him piece of mind of when he would be undergoing surgery