

N311 Care Plan #1

Lakeview College of Nursing

Kaitlin Carter

Demographics (5 points)

Date of Admission 10/12/20	Patient Initials C.S.	Age 72	Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies Augmentin
Code Status Full Code	Height 5'9"	Weight 200.6lb	

Medical History (5 Points)

Past Medical History: CHF, COPD, A-Fib, Cardiomyopathy, HTN, Osteoarthritis

Past Surgical History: Ankle fracture, Laminectomy, Cardiac pacemaker implant, Gallbladder removal, Inguinal hernia, Arthroplasty of L hip

Family History: Mother: HTN, Father: no known issues

Social History (tobacco/alcohol/drugs): Pt reports former use of tobacco, states that he quit smoking in 1989. Pt drinks alcohol 1-2 times per week and reports no recreational drug use

Admission Assessment

Chief Complaint (2 points): Left hip pain, scheduled surgery

History of present Illness (10 points): Onset: On October 12th, 2020 a 72-year-old married male was admitted to Sarah Bush Lincoln Health Center with left hip pain for a scheduled arthroplasty. Location: left hip. Duration: patient states "I have been experiencing left hip pain since my diagnosis of osteoarthritis several years ago." Characteristics: the patient experiences sharp throbbing pain. Aggravating factors: patient states that "the pain gets worse when I am up and moving around and especially when going up and down the stairs." Relieving: patient states he has not found anything to relieve the pain. Treatment: he has tried to minimize walking up and down stairs and unnecessary ambulation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Surgery, L hip arthroplasty

Secondary Diagnosis (if applicable): Osteoarthritis

Pathophysiology of the Disease, APA format (20 points): Osteoarthritis (OA) often occurs gradually and worsens over time. It is caused by the degeneration of the joints that typically occurs due to aging, but it can occur at any age. It is most commonly known to affect the hips, hands, knees, back, and neck. OA occurs when cartilage between the bones is broken down causing the joints to become painful, swollen, and difficult to move (Capriotti, 2020). In the book *Davis Advantage for Pathophysiology*, it states that “At the margin of cartilage loss, osteophytes can develop...Osteophytes are small bony projections that can impinge on nerves and obstruct the blood supply to the joint’s components” (Capriotti, 2020). Edematous fluid (also known as fluid that builds up resulting in swelling) then begins to accumulate in the joint with OA and stretches out the joint capsule which causes it to become less effective. This process can cause sensory nerves to become stretched out and damaged which can result in a significant amount of pain during movement of the joints (Capriotti, 2020).

Some of the most common signs and symptoms of OA can include edema (swelling) around the joints, joint stiffness, muscle weakness around the joint, pain or an aching in the joint during movement or at the end of the day, a cracking or clicking sound when the joint is bent, joint instability, or limited range of motion (Osteoarthritis n.d.). There are many different diagnostic tests that can be used to detect if a patient has OA. A few of these options include X-Rays, CT scans, MRI’s, ultrasounds, and joint aspiration (Capriotti, 2020).

OA is not reversible but can be treated with a variety of different medications in order to reduce the pain. Corticosteroids, NASID’s and Analgesics are all different pain medication

options. (Osteoarthritis n.d.). In more severe cases, damaged joints can be replaced through surgical procedures which is what happened in the case of my patient. He received a left hip arthroplasty which has helped to reduce his pain significantly and will help to allow him a better quality of life.

Pathophysiology References (2) (APA):

Capriotti, Theresa M., "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2020).

Osteoarthritis. (n.d) Retrieved October 16, 2020, from www.arthritis.org/diseases/osteoarthritis

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	3.52	3.02	Decreased due to chronic inflammatory / blood loss
Hgb	Normal: 13.0 – 17.0 Critical: 7.0 – 20.0	11.6	10.1	Lowered due to a deficiency in RBC's
Hct	38.1 – 48.9	34.6	29.2	Lowered due to a low number of RBC's
Platelets	Normal: 149 – 393	120	106	Contact with foreign surfaces such as a prosthetic device

	Critical: 50 - 1000			
WBC	4.0 – 11.7	8.0	10.3	
Neutrophils	45.3 – 79.0	91.2	91.0	Increased due to inflammatory conditions (GOUT)
Lymphocytes	11.8 – 45.9	5.9	4.3	Decreased due to radiation from x-ray patient had completed
Monocytes	4.4 – 12.0	2.5	4.6	Lowered due to a decrease in lymphocytes
Eosinophils	0.0 – 6.3	0.1	Unable to obtain *	
Bands	0 – 10%	*	*	

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	136	136	
K+	Normal: 3.5 – 5.1 Critical: 2.5 – 6.0	4.6	4.4	
Cl-	98 - 107	102	105	
CO2	21 - 31	25	23	
Glucose	Normal: 74 – 109 Critical: 40 - 450	248	182	Increased due to possibility of patient eating prior to lab draw or stress
BUN	7 - 25	20	23	
Creatinine	Normal: 0.70 – 1.30	1.16	1.02	

	Critical: Greater than 25.20			
Albumin	3.5 – 5.2	*	*	
Calcium	Normal: 8.6 – 10.3 Critical: 6.0 – 12.0	8.6	8.6	
Mag	1.6 – 2.2	*	*	
Phosphate	2.5 – 4.5			
Bilirubin	Normal: 0.3 – 1.0 Critical: Greater than 15.0	*	0.4	
Alk Phos	3.4 - 104	*	37	

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	*	*	No cultures completed for pt*
pH	5.0 – 8.0	*	*	
Specific Gravity	1.005 – 1.034	*	*	
Glucose	Normal	*	*	
Protein	Negative	*	*	
Ketones	Negative	*	*	
WBC	Less than 5	*	*	
RBC	0 – 3	*	*	

Leukoesterase	Negative	*	*	
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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	*	*	No cultures completed for pt*
Blood Culture	No growth	*	*	
Sputum Culture	No growth	*	*	
Stool Culture	No growth	*	*	

Lab Correlations Reference (APA):

Van Leeuwen, A. M., & Bladh, M. L. (n.d.). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications*. F A DAVIS.

Normal ranged lab values pulled from *Sarah Bush Lincoln Health Center*

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-Ray: Left view of the pelvis completed on October 12th, 2020 for a hardware evaluation.

Images show no acute fracture or malalignment, intact left hip arthroplasty.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Zyloprim/ Allopurinol	Lipitor/ Atorvastatin	Eliquis/ Apixaban	Toradol/ Ketorolac	Zofran/ Ondansetro n
Dose	300mg	80mg	5mg	10mg	4mg
Frequency	1x daily	1x daily	2x daily	Q4 hours PRN	Q6 hours PRN
Route	PO	PO	PO	PO	PO
Classification	Xanthine oxidase inhibitor	Antihyperlipide mic reductase inhibitor	Anticoagulan t	Analgesic	Antiemetic Selective serotonin receptor antagonist
Mechanism of		Reduces plasma	Inhibits free	Blocks	Blocks

Action	Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid. Allopurinol is metabolized to oxipurinol which also inhibits xanthine oxidase	cholesterol and lipoprotein levels by inhibiting HMG-GoA reductase and cholesterol synthesis within the liver and by increasing the number of LDL receptors on liver cells	and clot bound factor Xa and prothrombinase activity, also directly inhibits platelet aggregation induced by thrombin	cyclooxygenase, an enzyme needed to synthesize prostaglandins, reduces inflammation and relieves pain	serotonin receptor centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine which reduces nausea and vomiting
Reason Client Taking	Treat primary Gout	Control lipid levels	A- Fib	Pain relief	Nausea
Contraindications (2)	Hypersensitivity to allopurinol or its components	Active hepatic disease Pregnancy	Active pathological bleeding, severe hypersensitivity to apixaban or its components	Advanced renal impairment, breastfeeding	Concomitant use of apomorphine, congenital long QT syndrome
Side Effects/Adverse Reactions (2)	Chills, Drowsiness	Confusion, Dry eyes	Hemorrhagic stroke, syncope	Dizziness, drowsiness	Drowsiness, hypotension

Medications Reference (APA):

Jones & Bartlett Learning. (2020). 2020 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and oriented to person, place, and time x4 Not in distress Well-groomed and clean</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Pink Dry/Normal Warm Turgor is appropriate; elastic None None Surgical wound on the left hip 17</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck appear symmetrical Ears are symmetrical, hearing aids in both ears Glasses Nose is appropriately placed with no drainage No back molars present, teeth well-groomed</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Heart sounds are normal No murmurs or gallops present Has a pacemaker Peripheral pulses are symmetric Capillary refill is less than 2 seconds</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are regular, symmetrical and unlabored, no crackles or wheezing</p>

<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Regular Regular 5'9'' 200.6lb Bowel sounds appear hyperactive in all four quadrants, last BM on Sunday 10/10 No tenderness No abnormalities found upon inspection No distention noted Incision on left hip due to arthroplasty Scar visible on gallbladder from removal None Surgical wound appears normal and intact</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Yellow Clear, not cloudy Voided 2 times on shift</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>ROM appropriate, no issues Walker and Gait belt Strength in arms and legs</p> <p>High Unable to get up alone, requires 1 assist with gait belt and walker</p> <p>Assist w/ 1 using gait belt and walker</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	

PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	Oriented to person, time and place Cognitive and mature Articulate Awake and alert
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):	Woodshop work, mowing, and fishing Mature Lutheran, very active in church Lives at home with wife, independent

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1044	65	120/66	18	97.7 F	95

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1040	Numeric: 0-10	Hip	4	Dull, achy pain	Repositioning, pain meds given by RN at 9am when pain was rated a 7

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480mL	Voided x1 not measured

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Alterations in comfort	Alterations in comfort related to surgery as evidenced by patient reporting pain as a 6/10	1. Provide ice to apply to affected area in order to reduce swelling and inflammation 2.Pain medication administered by RN	Goal partially met, patient used ice on affected area for 20 minutes and advised that it helped a little Goal met, meds were given by nurse and patient stated his pain level was at a 4/10 an hour later during reassessment, patient was feeling better and happier
2. Impaired mobility	Impaired physical mobility related to surgery as evidenced by the patients need to use a walker and gait belt with staff	1. Assist patient with range of motion exercises 2.Reposition using pillows to prevent skin break down and maximize comfort	Goal met, staff assisted patient with ROM exercises, and he was appreciative Goal met, patient repositioned to a better position, patient was visibly more comfortable and content

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

- Alterations in comfort related to surgery as evidenced by patient reporting pain as a 6/10
 - Pt states that he would have increasing pain when walking up and down stairs due to his osteoarthritis
 - Goal met, meds were given by nurse and patient stated his pain level was at a 4/10 an hour later during reassessment, patient was feeling better and happier
 - Goal partially met, patient used ice on affected area for 20 minutes and advised that it helped a little
- Impaired physical mobility related to surgery as evidenced by the patients need to use a walker and gait belt with staff
 - Goal met, staff assisted patient with ROM exercises, and he was appreciative
 - Goal met, patient repositioned to a better position, patient was visibly more comfortable and content

Objective Data

Patient Information

Nursing Interventions

- Pain medication administered by RN
 - Provide ice to reduce swelling
 - Assist patient with range of motion exercises
 - Reposition using pillows to prevent skin break down and maximize comfort
- Patients chief complaint is pain in the left hip from his osteoarthritis and is present for a scheduled surgery today with left hip pain due to his osteoarthritis diagnosis and is scheduled for a left hip arthroplasty
 Patient is a 72 y/o Caucasian married male who presents with
 Vitals:
 Temp: 97.7 F
 Pulse: 65
 RR: 18
 SpO2%: 95%
 BP: 120/66



