N311 Care Plan # 2

Lakeview College of Nursing

Shawn Weber

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/19/2020	**J.A.**	**10/15/1955 (66yrs)**	**Female**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	**Retired**	**Divorced**	**No known allergies**
Code Status	**Height**	**Weight**	
Full Code	**5'3"**	**251 lb.**	

Medical History (5 Points)

Past Medical History: Myocardial Infarction (2017) Diabetes mellitus, Hypertension, Hypothyroidism, Chronic obstructive pulmonary disease, morbid obesity

Past Surgical History: Coronary artery bypass graft (2017), C-section (1992)

Family History: Mother: heart failure Father: diabetes mellitus

Social History (tobacco/alcohol/drugs): Smoked for 20 years, 2 packs a day. States no use of alcohol or elicit drugs

Admission Assessment

Chief Complaint (2 points): Pain management (from left hip surgery)

History of present Illness (10 points): Onset: Pain in left hip that feels as if there is "bone on bone grinding." Location: Left hip. Duration: Pain existed for 10 years, complained to many providers but never received any further diagnostic or treatment until getting referred from a nurse practitioner this year. Characteristics: grinding pain. Aggravating: movement causes more pain, but pain is constant. Relieving: nothing seems to relieve the pain. Treatment: prior to surgery pt used prescribed and over the counter pain medications.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pain management from left hip surgery.

Secondary Diagnosis (if applicable): Impaired mobility due to recovery from surgery

Pathophysiology of the Disease, APA format (20 points):

Patient is recovering from hip surgery performed on 10/19/2020. Patient states that she had been experiencing pain with movement in her left hip for the past 10 years. She had gone to multitple providers for the pain but never received further diagnosing or adequate pain relief from them. Until summer 2020 when a Nurse practitioner referred her to radiology. The left hip X-ray revealed narrowing in joint space, as well as the formation of osteocytes in that region. “Osteophytes are small bony projections that can impinge on nerves and obstruct blood supply to the joint’s components” that are often found at the sights of cartilage loss (Capriotti, 2020). The breakdown of the cartilage in this region can be attributed to the constant stress put on by the patient’s weight, the patient is in the morbidly obese BMI range. The patient’s weight is probably attributed from lifestyle choices such as poor diet and sedentary lifestyle and smoking. To reduce likelihood of clot formation after hip replacement patients are encouraged to wear compression stockings, to keep blood from pooling in lower extremities, and are often put on blood thinners temporarily. Patients can expect slow recovery and lots of physical therapy, not obtaining full strength recovery until up to 12 months after surgery. ("Hip replacement," 2020)

Pathophysiology References (2) (APA):

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

Hip replacement. (2020, February 22). Mayo Clinic - Mayo Clinic. https://www.mayoclinic.org/tests-procedures/hip-replacement/about/pac-20385042

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	4.35	*	Not taken
Hgb	13.0-17.0	13.1	12.4	
Hct	38.1-48.9	39.2	37.2	
Platelets	149-393	312	*	
WBC	4.0-11.7	9.0	*	
Neutrophils	45.3-79.0	69.6	*	
Lymphocytes	11.8-45.9	20.0	*	
Monocytes	4.4-12.0	6.9	*	
Eosinophils	0.0-6.3	2.8	*	
Bands		*	*	

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	137	136	
K+	3.5-5.1	4.4	4.5	
Cl-	98-107	104	101	
CO2	21-31	21	25	
Glucose	74-109	289	306	Pt has poorly managed diabetes
BUN	7-25	9	10	
Creatinine	0.70-1.30	0.9	0.6	

Albumin	**3.5-5.2**	**4.1**	**3.6**	
Calcium	**8.6-10.3**	**9.1**	**8.2**	**Low Blood Calcium likely linked to pt.'s hypothyroidism.**
Mag		*	*	
Phosphate		*	*	
Bilirubin	**0.3-1.0**	*	**1.1**	**Byproduct of hemoglobin breakdown, could indicate pt. has some sort of liver damage**
Alk Phos	**34-104**	*	**65**	

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 UA 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**	*		**No cultures obtained**
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*.

Thyroid and parathyroid disorders - Otolaryngology. (2018). University of Michigan | Michigan Medicine. https://www.uofmhealth.org/conditions-treatments/ear-nose-throat/thyroid-disorder

Normal laboratory values for nurses: A guide for nurses. (2020, May 14). Nurseslabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Diagnostic Left hip X-ray obtained 07/13/2020 after referral to radiology after years of pain. X-ray finds Adv degeneration of joint space, large osteophytes. Basically, her cartilage in that hip had broken down to the point that she had bone on bone friction which sounds very painful.

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

Medications (5 required)

Brand/ Generic	**Fortamet/ Metformin**	**Glicotrol/ Glipizide**	**Coreg/ Carvedilol**	**Synthroid/ Levothyroxine**	**Lipitor / Atorvastatin**
Dose	**1000mg**	**5mg**	**6.25mg**	**137mcg**	**40mg**
Frequency	**BID (twice dailey)**	**QD (once daily)**	**BID**	**QD**	**QD**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Biguanide/ Antidiabetic**	**Sulfonylurea / Antidiabetic**	**Nonselective beta blocker and alpha-1 blocker**	**Synthetic Thyroxine (T4)**	**HMG-CoA reductase inhibitor**
Mechanism of Action	**Promotes storage of extra glucose as glycogen in the liver. Improves the glucose use by adipose tissue and skeletal muscle by increasing transport across cell membranes.**	**Stimulates the insulin release from beta cells in pancreas, increases the number of insulin receptors.**	**Reduces cardiac output and tachycardia. Reduces peripheral vascular resistance.**	**Replaces endogenous thyroid hormone**	**Reduces plasma cholesterol and lipoprotein levels, increases LDL receptors in the liver**
Reason Client Taking	**Reduce blood glucose levels in type 2 diabetes mellitus**	**Control blood glucose levels in type 2 diabetes mellitus**	**To control hypertension**	**To treat mild hypothyroidism**	**To control lipid levels, controld hypercholesterolemia**
Contraindications (2)	**Advanced renal disease, use of iodinated contrast media within 48 hrs.**	**Hypersensitivity to glipizide, Ketoacidosis**	**Asthma, cardiogenic shock**	**Accute MI, uncorrected adrenal; insufficiency**	**Hepatic disease, breastfeeding**
Side Effects/ Adverse	**Headache, Hypoglycemia**	**Arrythmias, hypoglycemi**	**Angina, AV block**	**Arrythmias, seizures**	**Arrythmias, Hypoglycemia**

Reactions (2)		**a**		**(rare)**	

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 X4** **None Currently** **Patient is well kept/clean**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink/pale** **Dry** **Warm** **2+** **Skin appears ashy on left arm** **None** **No wounds present** **20** **Left hip is Bandaged up from surgery, bandages are clean, and no drainage is present.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck are symmetrical** **N/A** **Eyelids appear droopy OU** **Nose is symmetrical, no deviation** **Teeth appear to be well groomed.**
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 ☒**	**Audible S1 and S2 "lub dub" no murmurs are audible.** **Consistent, good rhythm** **Can feel dorsal pedis pulses in both sides.** **Capillary refill is less than 2 seconds.** **No jugular vein distension. No signs of edema.**

Location of Edema:	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Auscultation of anterior side of lungs, all lobes sound clear. Unlabored breaths.**
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:**	 **Regular diet at home** **Regular Diet** **5'3"** **251 lb. (BMI of 44 morbid Obese)** **Active bowel sounds** **2 days** **Excess round fatty tissue** **Soft/nontender to palpation** **No distention, incisions, scars, drains, wounds**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **No abnormalities** **N/A**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐**	 **Good ROM in arms, Left leg limited ROM post-surgery, stands/ambulates with a walker.** **Left leg is weaker** **10** **Pt is able to stand up/sit down, alone with the**

Needs assistance with equipment ☐ **Needs support to stand and walk☐**	**assistance of a walker.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pt has full control and sensations in all four extremities.** **Pupils equal round reactive light accommodation.** **Left leg is weaker from surgery but pt has very good control.** **Pt is congnicent of her situation and surroundings, her speech is clear and distinct. She is alert and Oriented x4.**
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):**	**Pt is in a good/happy mood. Pt has been divorced for 10+ years, has 6 kids and "several grandchildren." Pt attends Christian church with children/grandchildren.** **Pt lives in 1 story home. Her youngest son lives with, as support, and is regularly checked on by her other children.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	**70**	**161/76**	**20**	**35.9**	**94%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1046	**Numeric**	**Left hip**	**1/10**	**Mild discomfort**	**Avoid unnecessary movements.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Diet pepsi 20 oz (600mL)	**300mL**

Milk 235mL	

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. Mobility physical, impaired	**Related to recovery of surgery on left hip, reduced movement on that side**	**1. Demonstrate proper usage of assistive device (walker)** **2. Pt education on resting, reducing stress on joints (diet) and handling pain without pharmaceuticals**	**1. Pt. demonstrates proper technique from using walker device, ambulating with minimal assistance.** **2. Pt receives education well, acknowledges the affects of her weight on her body, and pledges to try resting, icing, and other therapies over prescription pain medicines.**
2. Blood Glucose, risk for unstable	**As evidenced by, pt having very high glucose levels on two separate occasions that were a week apart.**	**1. Check pts knowledge on managing blood glucose (checking blood sugars, managing prescriptions)** **2. Encourage pt to follow up with**	**1. Client acknowledges she needs to do a better job at keeping her blood sugars down** **2. Pt pledges to follow up later and make lifestyle changes to benefit her health.**

		regular provider to get glucose back to normal.	

Other References (APA):

Concept Map (20 Points)

Subjective Data

Pt states that she delt with a grinding "bone on bone" pain for over 10 years

Nursing Diagnosis/Outcomes

1. Impaired physical mobility
a. Goal met, pt shows proper ambulation with assistive walking device
b. Pt acknowledges education on recovery and the effects of her weight on her body/joins
2. Risk for instability of blood glucose
a. Pt knowledge on checking blood sugars is refreshed and she acknowledges the importance of doing it.
b. Pt pledges to follow up with regular provider to get blood glucose back under control

Objective Data

Patient is recovering from left hip surgery, weak movement in left leg. Pt also appears to have high blood glucose labs
Vital Signs:
HR:70
BP:161/76
Respirations: 20
Temperature:35.9 C (96.8 F)
Pulse Oximetry: 94%

Patient Information

Left hip X-Ray shows degeneration of cartilage

Nursing Interventions

Demonstrate to pt proper usage of assistive device
t education on resting, reducing stress on joints (diet) and handling ain without pharmaceuticals
heck pts knowledge on managing blood glucose
ncourage pt to follow up with regular provider to get glucose back to normal.