N311 Care Plan # 2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/22/2020	Patient Initials N.S.	Age 86	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies Codeine, Penicillin, Heparin
Code Status Full Code	Height 5'8"	Weight 146lb	

Medical History (5 Points)

Past Medical History: History of AFib, Multiple Strokes, Kidney CA w/ nephrectomy, HTN, Back Pain, DVT/PE 2011, osteoporosis
Past Surgical History: Hysterectomy 1966, Appendectomy 1949, Nephrectomy L. Kidney 2010, Iliac Artery Coiling 2010, Greenfield Filter 2011, Bag in the lens Intraocular lens 2013, Left Total Knee Replacement 1995
Family History: Unable to obtain

Social History (tobacco/alcohol/drugs): Unable to obtain

Admission Assessment

Chief Complaint (2 points): Risk for injury as evidenced by fall and impaired skin integrity

History of present Illness (10 points): This 86 year old Caucasian female presents to St. Anthony's Memorial hospital on the early morning of October 22, 2020 found down and unresponsive in her bathroom on the floor for an unknown amount of time. **Onset:** Patient lives independently by herself and was noted to get up multiple times throughout the night to use the restroom. **Location:** Patient was found down on the bathroom floor, unresponsive. It is unknown the patient's mental status, or vitals during this time, however, it is noted that she does have a rather large hematoma on her right femoral area. **Duration:** Family lives next door, and noticed the bathroom light on at approximately 0400 hours but they were not concerned as this was a normal time, she would get up to use the restroom. Family went to check on the patient at 0500 hours which is when they found her and subsequently called 9-1-1. Because the patient

was found unresponsive, it is unknown what type of pain she is experiencing. She is noted to have a history of frequent falls, and history of blood clots. She is not taking any blood thinners at this time as her cardiologist discontinued the blood thinners at a previous appointment. She confided in her children that she "was done" She stated she "does not know why God left her here". She was the oldest in her family outliving both of her brothers. She is noted to be depressed lately because family had previously been discussing ECF/nursing home placement for her due to her frequent falls. She is noted to take medications at home, on a regular basis, but it is not known if she is taking them at the exact time each day. Those medications are: Aspirin 325mg Orally, daily; Metoprolol HD, 50mg one time per day, orally; Lasix 40mg 1 per day orally; Potassium 20 mg 1 per day, orally. She is noted to have previous strokes in her past medical history resulting in some mental deficit with the first stroke. The 2nd stroke resulted in the loss of her short-term memory to which she could not remember what she ate for breakfast. The day before this fall, she could have forgotten to take her medication or perhaps took more than the allotted doses of the medication as her short-term memory was not functioning properly.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Atrial fibrillation as referenced by being found unresponsive on the bathroom floor, and extremely high heart rate.

Secondary Diagnosis (if applicable): Probable right hip fracture secondary to fall as evidenced by venous stasis on right leg and hypotensive blood pressure reading

Pathophysiology of the Disease, APA format (20 points): Atrial Fibrillation (AF) is a common arrhythmia found in the heart. It has a high prevalence with the elderly population. AF is present in nearly 30% of patients aged 80-89 years. AF id defined by the absence of coordinated

rhythmic atrial contractions. Typically, on an EKG, one could define A Fib with multiple, irregular P-Waves in the heart. With the irregularity of P-Waves could also trigger a rapid ventricular response as well. My patient had an extremely high heart rate upon assessment from EMS. Her heart rate was noted to be 176 which would warrant her being in Atrial Fibrillation. She also has a history of Atrial Fibrillation which could be also why she was unresponsive. A heart rate that can beat between 170-180 or higher can cause poor circulation to the brain and cause a patient to become unresponsive (Drafib.com). Sustained VT is defined as tachycardia that last for greater than 30 seconds. With VT, the rate of the SRS waves which represent rapid, ineffective ventricular contractions, is greater than 100 beats per minute. Patient may suddenly experience dyspnea, palpitations and lightheadedness which could have caused her to pass out and fall to the bathroom floor.

Bones are subjected to forces such as tension, compression, bending, torsion, and shear. Usually the forces are within normal parameters, however, sometimes, with the force exceeds normal parameters, a fracture or disruption in the bone can occur. Typically, a patient with a known fracture of a bone are assessed with a survey which is called a Trauma Assessment. In this assessment, the patient is asked several questions regarding how this fracture occurred. The mnemonic ABCDE is a memory aide for the order of the questions which are addressed to the patient. In her case, the patient was found unresponsive but because she did have a fracture, she would likely be treated as a trauma. The ABCDE of the assessment are Airway with cervical spine protection, Breathing and ventilation, Circulation and hemorrhage control, Disability and neurological evaluation and Exposure and environment control. There also would be a physical examination which would be completed by a provider for a patient with a known or possible fracture. Again, in her case, because she was found unresponsive, her physical assessment only

included objective by the provider. Diagnostic studies include XR which is used to identify fractures, dislocations, tissue derangement, and or bony abnormalities. After a traumatic event. CT scan also provides an evaluation of the axial skeleton; helical or spiral CT may be used to detect obscured fractures as well. Treatment includes being assessed with the ABCDE if patient is deemed a trauma. Patients who have a fracture and injury to the neurological or vascular system and patients with multiple traumatic injuries require emergent consultation and treatment. DVTs and Pes are also a risk factor for these patients, and they need to be placed on anticoagulants. In her case, she is allergic to heparin. Most musculoskeletal injuries are self-limiting and do take time to heal which can occur over a period of weeks. In her case, since she is unresponsive, this could delay her healing time greatly.

All her symptoms could have resulted due to the Atrial fibrillation. She could have gotten up to use the restroom, and felt weak, dizzy and lost consciousness having a syncopal episode which caused her to fall, and possibly hit her head which could have made her become unresponsive. At the time of the fall, she likely fractured her right femur because of the fall. When her family came to check on her at 0500 hours, they found her on the floor of the bathroom.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Dr. AFib™ - Your Answers To Living With Atrial Fibrillation. Retrieved October 24, 2020, from https://drafib.com/

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	**3.90-4.98**	**N/A**		
Hgb	**12.0-15.5**	**11.7**		
Hct	**35-45**	**34.2**		Due to hip fracture
Platelets	**140-400**	**270**		
WBC	**4.0-9.0**	**16.5**		Likely from fracture of right femur. Also, patient is likely septic.
Neutrophils	**40-70**	**Unable to Determine**		
Lymphocytes	**10-20**	*****		
Monocytes	**Unable to determine**	*****		
Eosinophils	**Unable to determine**	*****		
Bands	**Unable to determine**	*****		

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-	**135-145**	**134**		Electrical imbalance due to becoming septic, femur fracture
K+	**3.5-5.1**	**4.2**		
Cl-	**98-107**	**7.9**		Electrical imbalance due to becoming septic, femur fracture
CO2	**22-29**			
Glucose	**70-99**	**108**		Possible due to femur fracture
BUN	**6-20**	**133**		Electrical imbalance due to becoming septic, femur fracture

Creatinine	**0.50-1.00**	**4.0**		Electrical imbalance due to becoming septic, femur fracture
Albumin	**Unable to determine**	**Unable to determine**		
Calcium	*	*		
Mag	*	*		
Phosphate	*	*		
Bilirubin	*	*		
Alk Phos	*	*		

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	**Unable to Determine**	**Dark/ Cloudy**		
pH	*	**5.0**		Due to Dehydration, possible Rhabdomyolysis
Specific Gravity	*	**1.025**		Due to Dehydration, possible Rhabdomyolysis
Glucose	*	**2+**		Due to Dehydration, possible Rhabdomyolysis
Protein	*	**2+**		Due to Dehydration, possible Rhabdomyolysis
Ketones	*	**N/A**		Due to Dehydration, possible Rhabdomyolysis
WBC	*	**0-2 hpf**		Due to Dehydration, possible Rhabdomyolysis
RBC	*	**25-30 hpf**		Due to Dehydration, possible Rhabdomyolysis
Leukoesterase	*	**N/A**		

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	**Unable to determine**	**Unable to determine**		
Blood Culture	*****	*****		
Sputum Culture	*****	*****		
Stool Culture	*****	*****		

Lab Correlations Reference (APA):

Pagana, K., Pagana, T., & Pagana, T. *Mosby's diagnostic and laboratory test reference*.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR of Right Leg: Shoes linear break of femoral bone.

EKG: A Fib with RVR

MRI of the Brain: Diffuse illumination of right and left hemisphere consistent with hemorrhage

Diagnostic testing completed at HSHS St. Anthony's Memorial Hospital

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

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

Medications (5 required)

Brand/ Generic	**Cardizem**	**Dilaudid**	**Valium**	**Rocephin**	**Normal Saline**
Dose	**20mg**	**2mg**	**1mg**	**1gm**	**1000mL**
Frequency	**Once**	**Q4H / PRN**	**Q4H/PRN**	**Q8H**	**Fluid Bolus until BP reaches above 120/85 then 1000mg per hr.**
Route	**IVP**	**IVP**	**IVP**	**IVP**	**IVP**
Classification	**Calcium Channel Blocker**	**Opioid**	**Benzodiazepine**	**Third generation cephalosporin**	**Electrolyte**
Mechanism of Action	**Inhibits calcium movement into coronary and vascular smooth-muscle cells by blocking slow calcium channels in the cell membranes. This action decreases intracellular calcium,**	**May bid with opioid receptors in the spinal cord and higher levels in the CNS. In this way, hydromorphone is believed to stimulate kappa and mu receptors, thus altering the perception of the emotional response to pain**	**May potentiate effects of gamma aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibits excitatory stimulation, which helps control**	**Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die.**	**Buffers excess hydrogen ions, increases plasma bicarbonate level, and raises blood pH, thereby reversing metabolic acidosis.**

	which inhibits smooth muscle cell contraction. Decreases myocardial oxygen demand by relaxing coronary and smooth muscle, reducing peripheral vascular resistance and systolic and diastolic blood pressures.		**emotional behavior, limbic system contains a dense area of benzodiazepine receptors which may explain drugs antianxiety effects.**		
Reason Client Taking	**Manage HR to NSR**	**Pain management**	**Pain Management**	**Infection / Sepsis**	**Regulate BP**
Contraindications (2)	**Acute MI, Cardiogenic Shock**	**Acute asthma, increased intracranial pressure**	**Acute angel-closure glaucoma, hypersensitivity to diazepam or its components**	**Calcium containing IV solutions, hyperbilirubinemia, or premature neonates**	**Hypercalcemia, hyperchloremic acidosis**
Side Effects/ Adverse	**Atrial Flutter,**	**Hepatotoxicity,**	**Dizziness, Confusion**	**Hemorrhage, Seizures**	

Reactions (2)	**Bradycardia**	**respiratory depression**			

Medications Reference (APA):

Jones & Bartlett Learning. (2020). ***2020 Nurses drug handbook*****. Burlington, MA.**

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Patient Unresponsive** **Not Oriented** **Only responds to painful stimuli** **Dressed in pajamas, appears in distress**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 tan Dry/normal warm poor turgor none large venous stasis on right leg none unable to assess
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck symmetrical, normal cephalic, patients' ears have some cerumen build-up, difficulty hearing no hearing aids present, eyes symmetrical EOM, nose symmetry, no deviation, no dentures present
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:**	 Heart sounds abnormal. S1, S2 detected but S3, S4 also detected as well. Capillary refill is less than 3 seconds. Peripheral pulses diminished. JVD present. Edema in bilateral extremities present
RESPIRATORY:	Lung sounds diminished in bases and upper lobes

Accessory muscle use: Y☐ N ☒ **Breath Sounds: Location, character**	sounds.
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 68” tall 146 lb. Bowel sounds are normoactive in all 4 quadrants Unknown No CVA tenderness No abnormalities found upon inspection for distention, incision, 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:**	Unable to assess / Unknown
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** ☐	Unable to determine / assess

NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is unresponsive Unknown mental status Unknown speech No sensory movement except to painful stimuli Patient currently unconscious
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):**	Patient is windowed. Has several children. One daughter is a registered nurse. Patient wears glasses and dentures. Unknown religion. Lives alone in a single-family home.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0530	**176 BPM**	**84/44** **manual/** **right arm**	**8**	**96.5 axillary**	**90 RA**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
Unable to determine					

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Unknown	**Unknown**

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. Risk for injury as evidenced by fall	Patient was found down on floor of bathroom from unknown amount of time. It is unknown if she has traumatic injuries	**1**.Patient taken by EMS to HSHS St. Anthony's for trauma assessment **2.**Patient has freq. vs monitored/ EKG ordered.	Goal met. Patient worked up in HSHS ED for trauma. Goal met. Patient has freq. vs monitored. It is noted that patient is hypotensive consistent with a fracture, and in AFIB with RVR according to EKG
2. Impaired skin integrity as evidenced by venous stasis of right hip	Patient was found down on bathroom floor with venous stasis to right femoral area consistent with pooling blood from a possible fracture	**1.** Patient had XR of femoral area ordered **2.**Patient placed on bedrest due to fall and possible fx	Goal met. XR completed of femur noting patient having a linear break in femur bone Goal met. Patient placed on bedrest due to fall and unresponsiveness.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Unable to obtain due to patient being unconscious at EMS arrival and transport to HSHS St. Anthony's.

Nursing Diagnosis/Outcomes

Risk for injury as evidenced by fall : Patient was found down on floor of bathroom from unknown amount of time. It is unknown if she has traumatic injuries

Objective Data

VS: BP: 84/44 mmHG –
Temp: 96.5f Axillary
Pulse: 176 BPM
RR: 8
O2: 90% on RA

Patient is noted to have venous stasis of right femoral leg consistent with a fall/fracture of femoral bone. Patient is also found to be unresponsive except to painful stimuli. Not taking any blood thinners currently.

Patient Information

86 year old Caucasian widowed female who lives alone in her own home. Has a hx of freq falling, strokes, AFIB, HTN, Kidney CA with nephrectomy, back pain, osteoporosis.

HSHS ED for trauma.

Nursing Interventions

2.Patient has freq. vs monitored/ EKG ordered. Goal met. Patient has freq. vs monitored. It is noted that patient is hypotensive consistent with a fracture, and in AFIB with RVR according to EKG

1. Patient had XR of femoral area ordered Goal met. XR completed of femur noting patient having a linear break in femur bone

2.Patient placed on bedrest due to fall and possible fx **:** Goal met. Patient placed on bedrest due to fall and unresponsiveness.