N311 Care Plan #2

Lakeview College of Nursing

Aleisa Gutierrez

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/21/20	H.W.M	54	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Business Owner	Married	NKA (no known allergies)
Code Status	**Height**	**Weight**	
Full Code	182.2 cm	130.6 kg	

Medical History (5 Points)

Past Medical History: Hypertension, obesity.

Past Surgical History: Right hip arthroplasty (6/17/19).

Family History: Mother diagnosed with arthritis and diabetes.

Social History (tobacco/alcohol/drugs): Smokes 2 packs of cigarettes a day and drinks 2-3 beers daily. Occasional binge drinking on Sundays. Denies drug use.

Admission Assessment

Chief Complaint (2 points): Left hip pain due to osteoarthritis

History of present Illness (10 points): Patient stated that stiffness around the hips started to arise "a few years back". Patients said that pain around the hips that radiated to the groin and thigh area. Patient described that the pain was "constant, dull, and achy". Patient reported that pain worsened during walking and prolonged sitting and felt relief when mobility of the hip was minimized. Patient had tried to alleviate the pain with over the counter pain medicine.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Osteoarthritis

Secondary Diagnosis (if applicable): Left hip arthroplasty

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

Osteoarthritis is the most common form of arthritis and it's the leading cause of chronic disability in the U.S. Obese adults who are over 40 years old are at greater risk of developing this disease. Overuse of joints from sports and occupational activities and trauma are other risk factors of OA. Osteoarthritis is a degenerative, inflammatory disease that wears away the cartilage of the weight-bearing joints such as the hips and knees. Excessive pressure deteriorates the cartilage surface and exposes the subchondral bone. The continuous erosion of protective cartilage exposes the underlying subchondral bone to stressors which causes inflammatory mediators such as cytokines and metalloproteases to degrade and thicken the bone. In the early stages of this disease, chondrocytes try to preserve the joint by synthesizing proteoglycans causing inflammation and swelling. However, overtime levels of proteoglycans diminish causing the cartilage to lose elasticity which results in the reduction of joint space. Osteophytes are considered a hallmark of this disease as they form into small bony projection at the rim of the eroded cartilage. Osteophytes develop and grow larger on sites site of greater pressure and can obstruct blood flow and impact nerves. Patients often have symptoms of deep, aching, joint pain that occurs during weight-bearing activities and is relieved by rest. Joint pain also tends to worsen during the mornings and cold weather. Muscle spasms, joint deformities, immobility, and tenderness may be apparent during the examination. Clinical manifestations and the evident narrowing of joint space with the presence of osteophytes on X-ray imaging are the usual means of diagnosis of OA. The goal of treatment is to relieve pain and maintain mobility. Treatments include medication, lifestyle modifications, and supportive measures to prevent further stress on joints. NSAIDs are used to treat the signs and symptoms of OA, although, they do not work to slow down or reverse its progressions. Lifestyle modifications such as weight control and low

impact exercises are encouraged. Supportive devices such as a walker or cane are used to reduce

the stress on joints. When all other treatments have failed the severity of the disease has

surpassed all other options, surgery is often used. Total joint arthroplasty is done to replace the

bone with prosthetic devices. Total hip and knee replacements are becoming more common due

to the high rate of obesity.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P, "Pathophysiology: Introductory Concepts and Clinical

Perspectives" (2nd ed.). F.A. Davis Company.

Osteoarthritis. (2020, February 22). Retrieved October 25, 2020, from

https://www.mayoclinic.org/diseases-conditions/osteoarthritis/diagnosis-treatment/drc-

20351930

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

CBC <mark>Highlight All Abnormal Labs</mark>—**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		<mark>***</mark> No lab values charted on admission
Hgb	12.0-15.5	n/a	15.1	
Hct	35-45	n/a	44.7	
Platelets	140-400	n/a		
WBC	4.0-9.0	n/a		
Neutrophils	40-70	n/a		
Lymphocytes	10-20	n/a		
Monocytes	4.4-12.0	n/a		
Eosinophils	0-6.3	n/a		
Bands	0-5.1	n/a		

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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	n/a	137	<mark>***</mark> No lab values charted on admission
K+	3.5-5.1	n/a	4.3	
Cl-	98-107	n/a	104	
CO2	22-29	n/a	26	
Glucose	70-99	n/a	<mark>161</mark>	Patient has a history of obesity.

BUN	6-20	n/a	12	
Creatinine	.50-1.00	n/a	.65	
Albumin	3.5-5.2	n/a	3.5	
Calcium	8.4-10	n/a	7.9	
Mag	1.6-2.5	n/a	n/a	
Phosphate	35-105	n/a	n/a	
Bilirubin	.3-1.0	n/a	.6	
Alk Phos	30-120	n/a	76	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	Pale yellow-deep amber	n/a	n/a	<mark>***</mark> No urinalysis conducted
pH	5-8	n/a	n/a	
Specific Gravity	1.005-1.034	n/a	n/a	
Glucose	<130 mg/d	n/a	n/a	
Protein	<150 mg/d	n/a	n/a	
Ketones	negative	n/a	n/a	
WBC	4.0-9.0	n/a	n/a	
RBC	3.90-4.98	n/a	n/a	
Leukoesterase	negative	n/a	n/a	

Cultures <mark>Highlight All Abnormal Labs</mark>—**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	**negative**	**n/a**	**n/a**	<mark>***</mark> **No cultures conducted**
Blood Culture	**negative**	**n/a**	**n/a**	
Sputum Culture	**negative**	**n/a**	**n/a**	
Stool Culture	**negative**	**n/a**	**n/a**	

Lab Correlations Reference (APA):

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Diagnostic Imaging

All Other Diagnostic Tests (10 points): n/a

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

Medications (5 required)

Brand/Generic	Comfort Pac-Meloxicam/Meloxicam	Vicodin/Hydrocodone Acetaminophen	Omega-3 polyunsaturated fatty acids/Fish oil	Aspirin/Aspirin	Diazepam/Valium
Dose	**15 mg**	**10mg – 325 mg**	**1,000 mg**	**325 mg**	**5 mg**
Frequency	**Daily**	**4 hrs PRN**	**Daily**	**Twice a day**	**Every 6 hrs**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**NSAID**	**Opioid**	**Antilipemic**	**NSAID, salicylates**	**Benzodiazepines**
Mechanism of Action	**Blocks cyclooxygenase suspending prostaglandins and mediating**	**Binds and activates opioid receptors in the proventricular gray matter,**	**Reduces triglycerides synthesis in liver by inhibiting acyl-**	**Aspirin blocks cyclooxygenase suspending prostaglandins synthesis and an**	**Potentiate the inhibitory effects of GABA by**

	an inflammatory response	ventromedial medulla, and spinal cord for pain relief	CoA 1,2 diacylglycerol acyltransferase.	inflammatory response. Aspirin also impedes the production of thromboxane A2, inhibiting platelet aggregation	binding to benzodiaze pine receptors in the limbic system
Reason Client Taking	**To relieve sign and symptoms of osteoarthritis**	**To manage severe pain**	**To lower blood pressure**	**To prevent blood clots after surgery, for pain,**	**To relieve anxiety, to manage hypertensio n**
Contraindications (2)	**Asthma, bronchospasms, nasal polyps**	**Respiratory depression, sever bronchial asthma**	**Hypersensitivit y to omega 3 polyunsaturate d fatty acids or their components**	**Active bleeding, coagulation disorders**	**Acute-angle closure glaucoma, hypersensiti vity to diazepam or its components**
Side Effects/Adverse Reactions (2)	**Respiratory depressio n, heart failure**	**Adrenal insufficiency, CNS depression**	**Diarrhea, upset stomach**	**Thrombocytopenia , hepatotoxicity**	**Hypotensio n, respiratory depression**

Medications Reference (APA):

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and responsive** **ANO x4** **No visible signs of distress** **Overall appearance was appropriate**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Skin color usual for ethnicity** **Moist, Intact** **Warm** **Elastic turgor** **No rashes** **No bruises** **Surgical site wound** **19** **n/a**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck symmetrical normal size no signs of tracheal deviation** **Thyroid palpable and normal rise and fall** **Eyes are symmetrical, EOM** **Ears no drainage tympanic membrane grey-pink** **Mucous membranes of mouth are moist** **Teeth intact** **Nose symmetrical and no deviation, no drainage**
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:**	**Normal S1 and S2 heart sound heard** **Heart rhythm is normal** **Peripheral pulses 3+** **Capillary refill 2 sec** **n/a** **n/a** **n/a**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular with no use of accessory muscles.** **Respiration pattern is regular** **Breath sounds are clear** **Lung aeration are equal**
GASTROINTESTINAL: **Diet at home:**	 **Diet at home is regular**

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:
	Current diet is regular
	182.2 cm
	130.6 kg
	Bowel sounds are active-hypoactive in all 4 quadrants.
	Last BM 10/21
	No abnormal pain/masses/tenderness upon palpitation
	Stomach rounded
	No abnormal distention, incision, scars, drains, and wounds found during inspection

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☒
Dialysis: Y ☐ N ☒
Inspection of genitals:
Catheter: Y ☐ N ☒
  Type:
  Size:
	Pale yellow
	Clear
	No output of urine observed/charted
	n/a
	n/a
	n/a
	n/a

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance:** Y☒ N ☐ **Fall Risk:** Y ☒ N☐ **Fall Score: 55** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	**Nail bed pink, normal capillary refill.** **Mobility in feet and toes, All extremities are warm.** **Active ROM** **Strength 3+ active motion against gravity (average weakness)** **Gait belt/walker** **Mobility impaired due to left hip surgery** **Patient assist with gait belt/walker to walk and stand**
NEUROLOGICAL: **MAEW:** Y ☐ N☒ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☐ N ☒ if no - **Legs** ☒ **Arms** ☐ **Both** ☐	**Slight immobility of legs and lower torso** **Weakness due to surgery of left hip**

Orientation: Mental Status: Speech: Sensory: LOC:	ANO x4 Normal cognition Speech is clear All sensory perceptions are normal; no numbness or tingling sensations Pt. alert & awake and able to answer appropriately
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):**	**Seeks support from family and friends** **Mature** **Pt. seeks support from family and friends. Pt. is very sociable.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:20 am	**80 bpm**	**139/70 mmHg**	**16 bpm**	**97.0 F**	**94%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:20 am	**numeric**	**n/a**	**0**	**n/a**	**n/a**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
n/a (not charted/none observed)	**n/a (not charted/none observed)**

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why the		• How did the

diagnosis with "related to" and "as evidenced by" components	nursing diagnosis was chosen		patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. **Risk for infection related to surgery as evidenced by open surgical wound**	**Pt. recently had a hip surgery and is at a risk of infection due to broken skin and traumatized tissue.**	**1. Clean the wound thoroughly and use sterile techniques when changing the dressing.** **2. Evaluate and note any significant findings that may indicate infection such as warmth, tenderness and purulent drainage on the wound site.**	**Goal met. Client's surgical wound healed properly without any delays or introduction of any pathogens through the use of sterile techniques.** **Goal met. Client's surgical would healed properly as frequent monitoring of the surgical site enabled immediate identification of any abnormalities that may hinder healing.**
2. **Risk for falls related to surgery as evidenced by a 55 morse fall risk score**	**Pt.'s mobility is impaired due to hip surgery-increasing his risks for falls.**	**1. Teach patient and significant others to assess the presence of environmental hazards that may increase the possibilities of falls** **2. Instruct patient to avoid lifting heavy objects**	**Goal met. Client's family was able to decrease the risk for falls in their home by eliminating any furniture, carpets, and wires that may trip the patient.** **Goal met. Client decreased fall risk by avoiding lifting heavy objects that may alter their balance.**

Other References (APA):
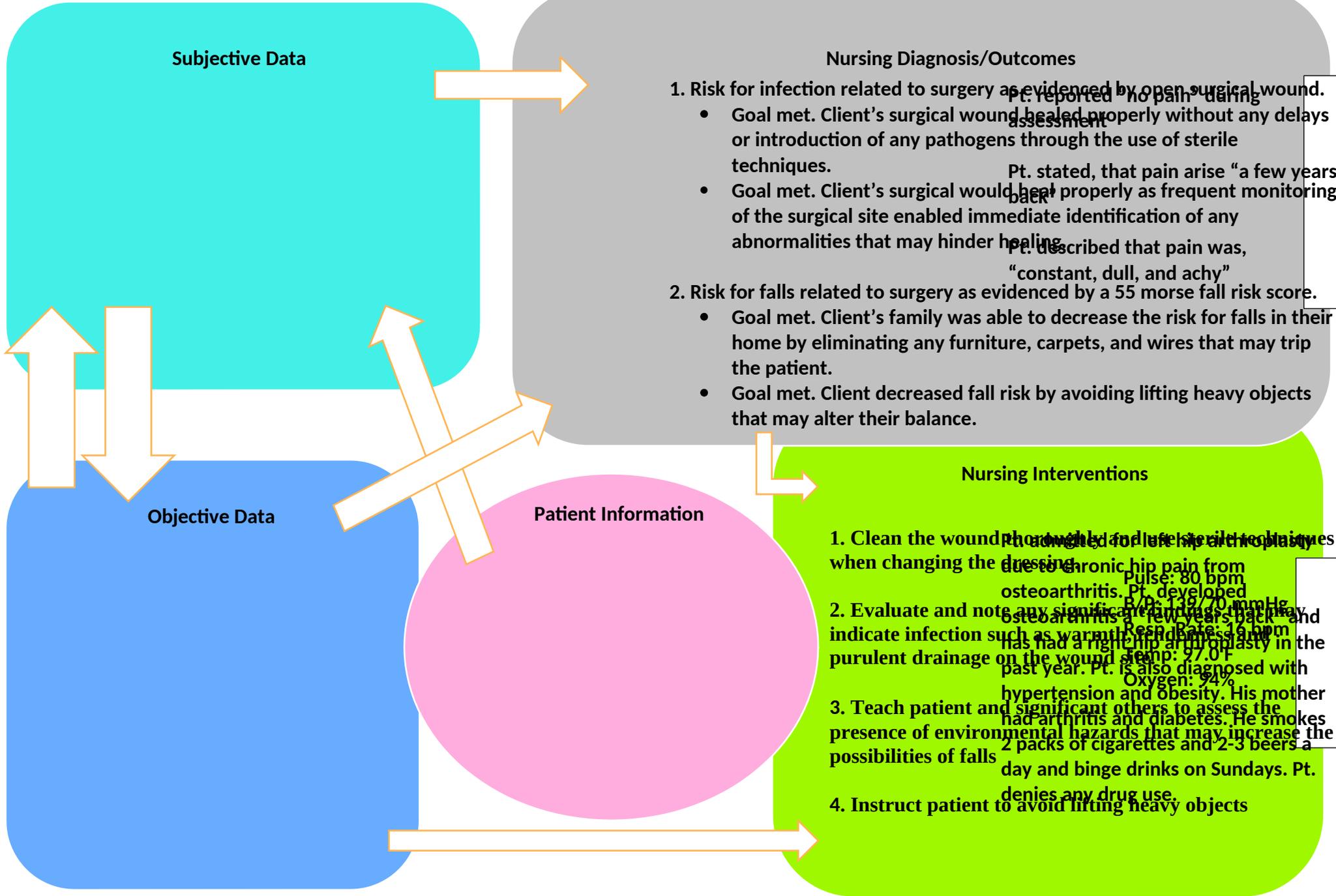
Concept Map (20 Points)

Subjective Data

Pt. reported "no pain" during assessment

Pt. stated, that pain arise "a few years back"

Pt. described that pain was, "constant, dull, and achy"

Objective Data

Patient Information

Pt. admitted for left hip arthroplasty due to chronic hip pain from osteoarthritis. Pt. developed osteoarthritis a few years back and has had a right hip arthroplasty in the past year. Pt. is also diagnosed with hypertension and obesity. His mother had arthritis and diabetes. He smokes 2 packs of cigarettes and 2-3 beers a day and binge drinks on Sundays. Pt. denies any drug use.

Pulse: 80 bpm
B/P: 138/70 mmHg
Resp. Rate: 16 bpm
Temp: 97.0 F
Oxygen: 94%

Nursing Diagnosis/Outcomes

1. Risk for infection related to surgery as evidenced by open surgical wound.
   - Goal met. Client's surgical wound healed properly without any delays or introduction of any pathogens through the use of sterile techniques.
   - Goal met. Client's surgical would heal properly as frequent monitoring of the surgical site enabled immediate identification of any abnormalities that may hinder healing.
2. Risk for falls related to surgery as evidenced by a 55 morse fall risk score.
   - Goal met. Client's family was able to decrease the risk for falls in their home by eliminating any furniture, carpets, and wires that may trip the patient.
   - Goal met. Client decreased fall risk by avoiding lifting heavy objects that may alter their balance.

Nursing Interventions

1. Clean the wound thoroughly and use sterile techniques when changing the dressing.

2. Evaluate and note any significant findings that may indicate infection such as warmth, tenderness, and purulent drainage on the wound site.

3. Teach patient and significant others to assess the presence of environmental hazards that may increase the possibilities of falls

4. Instruct patient to avoid lifting heavy objects