Running head: N311 Care Plan

N311 Care Plan # 3

Lakeview College of Nursing

Hannah Nowlin

Demographics (5 points)

Date of Admission 10/26/20	Patient Initials MW	Age 85	Gender Female
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Lisinopril (cough), Cephalexin (rash), Sulfa drugs (rash)
Code Status Full Code	Height 165.1 cm	Weight 66.7 kg	

Medical History (5 Points)

Past Medical History:

Osteoarthritis of left hip, Cortical senile cataract of the left and right eye, hypertension, left hip pain.

Past Surgical History:

Hysterectomy, Hemorrhoidectomy, Appendectomy

Family History:

None

Social History (tobacco/alcohol/drugs):

Pt denies drug use. Former smoker, quit smoking tobacco 30+ years ago. Current alcohol user, occasionally drinks a glass of wine on the weekends.

Admission Assessment

Chief Complaint (2 points): Patient complains of left hip pain.

History of present Illness (10 points):

Patient was admitted on 10/26/20 with a complaint of left hip pain. Patient has had pain in her hip for more a few weeks before arriving at the hospital. She has been diagnosed with

osteoarthritis. The pain is dull, constant, and aggravated by movement and/or walking. Little to no pain was relieved by taking Tylenol 3x daily. Patient states that her pain was a 6/10 when first arriving.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Osteoarthritis

Secondary Diagnosis (if applicable):

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

Osteoarthritis is the term for when joints deteriorate. This most commonly occurs with aging and is the most common cause of disability in the United States. Obesity and aging are two key factors that increase the likelihood of obtaining osteoarthritis. Trauma or overuse of a joint, such as what athletes do, also increases the chance of developing osteoarthritis. OA only occurs in certain joints. Commonly affected joints are the hip, knee, and cervical and lumbosacral spine. The joint that is affected in my patient is the hip.

Osteoarthritis develops when the joints are working too hard. Degeneration begins to occur as a result of the excessive loading on the joint. This degeneration occurs as a result of the breakdown of chondrocytes and adjacent subchondral bone (Capriotti, 2020). OA develops slowly over time. The pressure on the joint slowly exposes the subchondral bone and inflammation then begins. Cytokines are released in that area and begin to degrade the cartilage. When the bone is stripped of the cartilage that protects it, they come into contact with an opposing surface causing pain. The pain can also come from such things as osteophytes. Osteophytes grow on the side of the joint that is under the most stress. They can be on nerves and obstruct blood supply to the joints.

Signs and symptoms of osteoarthritis include complaints of deep, aching joint pain, burning sensation in the muscles, joint pain during cold weather, stiffness when waking up in the morning, joint swelling, altered walking, and limited range of motion. A way to relieve these symptoms would be to rest.

No specific lab tests can be done to diagnose osteoarthritis, but serum osteocalcin and hyaluronic acid levels can show the presence of early stages of the disorder. These two levels can also be a way to see if the patients are getting any better with treatment. We can obtain an x-ray of the joint to see the joint space narrowing. My patient was ordered two x-rays during her time here so far to help diagnose her osteoarthritis. An MRI may be done to examine if there is something other than OA going on.

The goal is to relieve the pain, maintain mobility, and minimize disability with osteoarthritis. This includes exercising, medicines, and lifestyle modifications. The exercises that should be done are ones to relief the stress of that affected joint. NSAIDs can be taken to inhibit the formation of prostaglandins to decrease inflammation of the area. Surgery may be necessary when the disease has progressed to the most severe case. My patient for example, had a hip replacement to relief her pain in her hip.

Pathophysiology References (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd Ed). Megan E. Kilm.

Martin, P. (2019). *4 Osteoarthritis Nursing Care Plans*. https://nurseslabs.com/osteoarthritis-nursing-care-plans/

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	3.8-5.4 /mol	4.46	3.84	
Hgb	11.3-15.2 g/mol	13.5	11.5	
Hct	33.2-45.3 %	39.5	33.6	
Platelets	149-393 k/mCl	<mark>144 (L)</mark>	<mark>113 (L)</mark>	Platelet levels are low because of the NSAIDs she is taking daily.
WBC	4.0-11.7 k/mol	4.5	6.9	
Neutrophils	45.3-79.0 %	58.0	N/A	
Lymphocytes	11.8-45.9 %	31.1	N/A	
Monocytes	4.4-12.0 %	8.2	N/A	
Eosinophils	0-6.3 %	1.7	N/A	
Bands	2.4-8.4 %	N/A	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-	136-145	139	N/A	

	mmol/L			
K+	**3.5-5.1 mmol/L**	4.2	N/A	
Cl-	**98-107 mmol/L**	107	N/A	
CO2	**21-31 mmol/L**	26	N/A	
Glucose	**74-109 mg/dL**	88	N/A	
BUN	**7-25 mg/dL**	22	N/A	
Creatinine	**0.70-1.30 mg/dL**	0.75	N/A	
Albumin	**3.5-5.2 g/dL**	N/A	N/A	
Calcium	**8.6-10.3 mg/dL**	8.7	N/A	
Mag	**1.6-2.5 mg/dL**	N/A	N/A	
Phosphate	**2.5-4.5 mg/dL**	N/A	N/A	
Bilirubin	**0.3-1.0 mg/dL**	N/A	N/A	
Alk Phos	**34-104 unit/L**	N/A	N/A	

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

<mark>Didn't obtain these labs</mark>

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Pale yellow/**	N/A	N/A	

	clear			
pH	5-8	N/A	N/A	
Specific Gravity	1.005-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0 < or = 5	N/A	N/A	
RBC	0 < or = 4	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.

<mark>Didn't obtain any cultures</mark>

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	
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): Sarah Bush Reference Information

<h3 align="center">Diagnostic Imaging</h3>

All Other Diagnostic Tests (10 points):

XR Hip 1 View Left and Pelvis: Left hip prosthesis, right and lower lumbar spine degenerative changes, XR Hip 2 or Greater Views Left and Pelvis: Negative, RR C-arm greater than 1 hour: Left hip prosthesis visualized.

<h3 align="center">Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed</h3>

Brand/Generic	Catapres	Carlson D	Aspirin	Zetia	Norco
Dose	0.1 mg	5,000 units (1 cap)	325 mg	10 mg	10 mg
Frequency	PRN	Daily	Daily	Daily	Every 4 hr PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Alpha-Agonist Hypotensive Agents	Vitamin	NSAID	2-Azetidinones	Analgesic, Opioid
Mechanism of Action	Stimulates alpha-adrenoreceptors in the brain stem. This results in reduced sympathetic outflow from the CNS and decreases in peripheral resistance.	Binds to intracellular receptors that function as transcription factors to modulate gene expression.	Inhibit the activity of the enzyme cyclooxygenase which leads to the formation of prostaglandins that cause inflammation, swelling, pain, and fever.	Inhibits the absorption of cholesterol from the small intestines and decreases the amount of cholesterol normally available to liver cells.	Binds with the opioid receptors in the brain and blocks the release of excitatory neurotransmitters, which are involved in pain production.
Reason Client Taking	Hypertension	To help the body absorb	To prevent blood clots	To reduce the amount of	To decrease pain

		calcium		cholesterol absorption	
Contraindications (2)	Breast-feeding, Cerebrovascular disease	High amount of phosphate in the blood, High amount of calcium in the blood	Amenia, Blood clotting disorder	Liver problems, Inflammation of the pancreas	Brain disorders, Breathing problems
Side Effects/Adverse Reactions (2)	Dizziness, Dry mouth	Chest pain, Shortness of breath	Rash, Abdominal pain	Backache, Joint Pain	Vomiting, Constipation

Medications (5 required)

Medications Reference (APA): Sarah Bush Reference Information

Assessment

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented to name, place, year, and birthday X4 Experiencing no distress Appropriate overall appearance
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin usual for ethnicity Moist Warm Normal turgor 2+ None Bruises all over skin, skin bruises easily None 20 No drains present

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetry of skull and face, tracheal symmetry No change in hearing, clear ear canal No change in vision, Cataracts visible No nasal drainage No decay
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:**	 S1 and S2 sound clear, no murmur N/A 3+ normal peripheral pulse Capillary refill less than 3 seconds No No N/A
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 No Regular respirations, regular respiratory pattern, clear breath sounds, equal aeration

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:
	
	3 meals/day
	Regular
	165.1 cm
	66.7 kg
	Active bowel sounds
	10/27/2020
	None
	None
	None
	Dry, intact incision on left hip
	None
	None
	No
	No
	N/A
	No
	N/A

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
	N/A
	No
	No
	N/A
	No
	N/A
	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)** **Needs assistance with equipment** **Needs support to stand and walk**	No clubbing of nailbeds, warm to touch Active ROM Walker 5- Active motion against full resistance No Yes 85 Dependent of equipment when walking, uses walker
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Yes Yes Yes Oriented to name, place, year, and birthday X4 Normal cognition Clear Aware of touch, sound, and light. 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):**	None No developmental delay Religious, big part of her life Lives with husband, has 2 sons

Physical Exam (18 points)

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	51 bpm	161/67 mmHg	16 resp/min	36.4 C	97% O2

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numerical	Left Hip	3/10	Dull, aching	Norco was given

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100 mL of acetaminophen	Not documented in chart

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 falls related to age and weak joints as evidenced by a fall risk score of 85.	The patients risk for falls is increased because of her age and the condition of her weak joints from the osteoarthritis.	1. Bed was kept in low position before I left the room. 2. She used the bed pan to urinate instead of ambulating to the bathroom.	Her risk for falls were decreased by keeping the bed in a low position. They also were reduced by her wanting to use the bed pan instead of ambulating to the bathroom.
2. Acute pain related to joint degeneration as evidenced by 3/10 pain.	The patient has acute pain because of the degeneration of the joints in her hip.	1. Patient was given Norco PRN or every 4 hours. 2. Pain was assessed every time I entered the room.	The patient responded positively to these interventions, pain was decreased and under control.

Other References (APA): N/A

Concept Map (20 Points):

Subjective Data / Objective Data

-Pt has left hip pain and weight and pt rated her pain a 3/10.
-Pt height is 165.1cm
-Pt weight is 60.8kg
-Pt is a female
-At 0800, pt had a pulse of 51 bpm, a blood pressure of 161/67, a respiratory rate of 16, a temperature of 36.4 C, and an oxygen level of 97%.

Patient Information

-Pt has osteoarthritis
-Pt is hypertensive
-Pt has cataracts in the left and right eye

Nursing Interventions

-Keep the bed in a low position to prevent falls
-Try and have patient ambulate to bathroom to avoid DVTs.
-Give patient medications to reduce the pain level.

Nursing Diagnosis/Outcomes

Risk for falls related to age and weak bones as evidenced by a fall risk score of 85
- Her risk for falls were decreased by keeping the bed in a low position. They also were reduced by her wanting to use the bed pan instead of ambulating to the bathroom.
Acute pain related to joint degeneration as evidenced by 3/10 pain.
-Patient was given Norco PRN or every 4 hours. Pain was assessed every time I entered the room.