

N311 Care Plan # 4  
Lakeview College of Nursing  
Shawn Weber

**Demographics (5 points)**

<b>Date of Admission</b> 11/02/2020	<b>Patient Initials</b> J.T.	<b>Age</b> 12/21/1972 (48)	<b>Gender</b> Female
<b>Race/Ethnicity</b> Hispanic	<b>Occupation</b> Unemployed (Disability)	<b>Marital Status</b> Single	<b>Allergies</b> No known allergies
<b>Code Status</b> Full Code	<b>Height</b> 167 cm	<b>Weight</b> 85.2 kg	

**Medical History (5 Points)**

**Past Medical History:** Hypertension, Degenerative Disk Disease, Scoliosis, Bipolar Depression, Schizophrenia, and Anxiety.

**Past Surgical History:** left total hip arthroplasty, Facial skin graft

**Family History: Mother:** Anxiety, Hypertension, Chronic Obstructive Pulmonary Disorder

**Father:** Throat Cancer, arthritis

**Social History (tobacco/alcohol/drugs):** Patient does not consume alcohol. Patient does use a tobacco vape product, at the equivalent of about 1 pack per day. Patient has a history of cocaine and methamphetamine use, has been clean for 3 years.

**Admission Assessment**

**Chief Complaint (2 points):** Left total hip replacement

**History of present Illness (10 points):** Patient has dealt with chronic pain in her left hip for about 3.5 years, when she fell while playing with her grandson. Patient's primary care provider determined she likely had a fracture that improperly healed on its own, causing immense pain. She describes it as "constant and sharp pain" in the left hip that radiated to her left butt cheek. Any movement aggravates the pain, so much that she states she "wouldn't move at all unless absolutely necessary." She rated the pain as a 7/10 before her surgery. For relief she would use rest and ice. For treatment she was referred for hip surgery by her doctor.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Malunion

**Secondary Diagnosis (if applicable):** Osteoporosis

**Pathophysiology of the Disease, APA format (20 points):** A malunion occurs when after a fracture, the bone heals in a position that is unacceptable (Capriotti, 2020). A malunion of the hip specifically can heal in such a way that there is shortening of the bone and possibly healed at an unacceptable rotation. The fracture does heal, but in a way that results in pain with movement due to impingement between the healed bone or hardware and soft tissue. This also results in limited range of motion (Leone, 2019). The only way to treat is with surgical correction of the abnormality.

Patient claims that she sustained an injury three and a half years ago at a point in her life where she did not have access to proper healthcare. After her hip/leg healed patient claims that her left leg was slightly shorter than her right and she could only ambulate with extreme pain. A malunion seems like a most probable cause for the pathophysiology of this patient's injury, as her rough lifestyle from before becoming sober.

Osteoporosis is the medical term that basically describes low bone density. Since the patient suffered such a harsh fracture from what appears to be minimal trauma it is probably safe to assume that she suffered from osteoporosis. It is the most common degenerative bone disease and is more common in women (Capriotti, 2020). Osteoblasts are cells in the body that produce more bone, whereas osteoclasts are cells in the body that reabsorb bone to use it's resources in the rest of the body. At the age of 30 bone density maxes out in the typical person, from then on out the osteoclasts slowly edge out the osteoblasts, leading to lower bone density as the person

ages. Insufficient diet and impaired intestinal absorption of calcium can lead to quicker degradation of bone density, and it likely a side affect of years of hard drug use.

**Pathophysiology References (2) (APA):**

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

Leone, W. (2019, October 18). Caring for patients who don't heal optimally after treatment for hip fractures. The Leone Center for Orthopedic Care.

<https://holycrossleonecenter.com/caring-for-patients-who-dont-heal-optimally-after-treatment-for-hip-fractures>

**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	3.80-5.41	4.21		
Hgb	11.3-15.2	11.8		
Hct	33.2-45.3	35.5		
Platelets	149-393	413		Thrombocytosis is likely caused by inflammation associated with surgery.
WBC	4.0-11.7	9.4		
Neutrophils	45.3-79.0	67.8		
Lymphocytes	11.8-45.9	20.7		
Monocytes	4.4-12.0	6.3		
Eosinophils	0.0-6.3	4.2		
Bands				Not taken

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	139		
K+	3.5-5.1	4.0		
Cl-	98-107	105		
CO2	21-31	25		
Glucose	74-109	125		High blood glucose is common after anesthesia and surgery.
BUN	7-25	12		
Creatinine	0.70-1.30	0.63		
Albumin	3.5-5.2	4.2		
Calcium	8.6-10.3	9.2		
Mag				
Phosphate				
Bilirubin	0.3-1.0	0.3		
Alk Phos	34-104	79		

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 collected

<b>pH</b>	<b>5.0-8.0</b>			
<b>Specific Gravity</b>	<b>1.005-1.034</b>			
<b>Glucose</b>	<b>Normal</b>			
<b>Protein</b>	<b>Neg-</b>			
<b>Ketones</b>	<b>Neg-</b>			
<b>WBC</b>	<b>0.0-5.0</b>			
<b>RBC</b>	<b>0-3</b>			
<b>Leukoesterase</b>	<b>Neg-</b>			

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>No growth</b>			<b>No cultures obtained</b>
<b>Blood Culture</b>	<b>No growth</b>			
<b>Sputum Culture</b>	<b>No growth</b>			
<b>Stool Culture</b>	<b>No growth</b>			

**Lab Correlations Reference (APA):**

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

11/02/2020 COVID 19 Test NEGATIVE

10/22/2020 MRSA culture NEGATIVE

09/24/2020 Xray of Left hip, No acute fracture or malignance structures

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

<b>Brand/ Generic</b>	<b>Seroquel/ Quetiapine</b>	<b>Omega 3 fish oil</b>	<b>Valium/ Diazepam</b>	<b>Bayer/ Aspirin</b>	<b>Toradol/ Ketorolac</b>
<b>Dose</b>	<b>100 mg</b>	<b>1mg</b>	<b>5mg</b>	<b>325mg</b>	<b>30mg</b>
<b>Frequency</b>	<b>Twice daily</b>	<b>Once daily</b>	<b>Every 6 hours as needed</b>	<b>Once daily</b>	<b>As needed for pain before discharge</b>
<b>Route</b>	<b>By mouth</b>	<b>By mouth</b>	<b>By mouth</b>	<b>By mouth</b>	<b>Intravenous ly</b>
<b>Classification</b>	<b>Dibenzodiaze pine</b>	<b>Antilipemic</b>	<b>Benzodiazepi ne</b>	<b>Salicylate</b>	<b>NSAID, Analgesic</b>
<b>Mechanism of Action</b>	<b>Produces antipsychotic effects by interfering with dopamine binding to dopamine type 2 receptor sites and the brain and antagonizing serotonin.</b>	<b>Essential fatty acids that may inhibit very low-density lipoprotein and triglyceride synthesis in the liver.</b>	<b>May potentiate effects of GABA and other inhibitory neurotransmi tters by binding to specific benzodiazepi ne receptors in cortical and limbic areas of CNS</b>	<b>Inhibits platelet aggregatio n</b>	<b>Blocks activity of cyclooxygen ase, causing inflammato ry symptoms to subside</b>
<b>Reason Client Taking</b>	<b>Treat schizophreni a</b>	<b>To reduce triglyceride levels</b>	<b>To relieve anxiety.</b>	<b>To reduce risk of MI</b>	<b>Treat moderate to severe pain</b>
<b>Contraindicat</b>	<b>Hypersensiti</b>	<b>Hypersensiti</b>	<b>Acute angle</b>	<b>Coagulatio</b>	<b>Advanced</b>

<b>ions (2)</b>	<b>vity, hypothyroidism</b>	<b>vity, no other listed</b>	<b>close glaucoma, children under 6 months</b>	<b>n disorders, GI bleeds</b>	<b>renal impairment , concurrent use of other NSAIDs</b>
<b>Side Effects/ Adverse Reactions (2)</b>	<b>Suicidal ideation</b>	<b>Prolonged bleeding time, Anaphylaxis</b>	<b>Suicidal ideation, hypotension</b>	<b>Reye’s Syndrome, prolonged bleed time</b>	<b>Laryngeal edema, GI bleeding</b>

**Medications Reference (APA):**

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and oriented to time, place, and person x3</b> <b>No signs of distress, patient is in positive spirits.</b> <b>Patient appears older than her actual age, most likely due to years of hard drug use.</b>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>Pale</b> <b>Dry</b> <b>Warm</b> <b>2+</b> <b>None</b> <b>Scars left arm. Surgical wound, mepilex dressing. Clean no drainage.</b> <b>19</b>
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Head and neck are symmetrical midline</b>  <b>Equal EOM and PERRLA.</b> <b>Nose is symmetrical, no deviation</b> <b>Gums are pink, moist, patient has no teeth, plans to get dentures in the future.</b>

<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>Good heart sounds with normal S1 and S2.</b>  <b>No murmurs or gallops present.</b></p> <p><b>Good dorsal pedis and radial pulses both sides.</b>  <b>Capillary refill is less than 2 seconds.</b></p> <p><b>No jugular vein distension. No signs of edema.</b>  <b>Negative Homan’s sign.</b></p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p><b>Respirations are normal and clear.</b>  <b>Bronchovesicular lung sounds in both lungs.</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p><b>Regular diet, no restrictions.</b></p> <p><b>5’6”</b>  <b>183 lb</b>  <b>Normoactive in all 4 quadrants</b>  <b>11/02/2020</b>  <b>Soft, fatty tissue. No pain or tenderness.</b>  <b>No distention, incisions, scars, drains, or wounds detected.</b></p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b>          <b>Size:</b></p>	<p><b>Yellow</b>  <b>Clear</b>  <b>100mL each time voided twice.</b></p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b></p>	<p><b>Lessened ROM and strength in left leg.</b></p>

<p><b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p><b>Patient demonstrates proper use of walker.</b></p> <p><b>12</b>  <b>Patient can stand up using walker independently.</b></p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input checked="" type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p><b>Alert and oriented to person, place, date, and situation.</b>  <b>Patient speaks well.</b>  <b>No neurological deficits.</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p><b>Children and grandchildren, patient also makes beads to help cope.</b>  <b>Patient is mature.</b>  <b>No specific religion, but patient is spiritual.</b>  <b>Feels she was awakened by the universe after she got sober.</b>  <b>Patient has many friends that live close by for regular support, as well as her ex-girlfriend whom she shared a relationship for 20 years.</b></p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	117	121/86	22	36.7	94% room air

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0820</b>	<b>Numeric</b>	<b>Left hip</b>	<b>5/10</b>	<b>Dull</b>	<b>Pillow, polar pack</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>Water 8oz</b>  <b>Coffee 4 oz</b>  <b>Food: Biscuits and gravy, Danish.</b>  <b>50% of breakfast.</b>	<b>Voided twice into hat, about 100 ml each time.</b>  <b>1 Bowel Movement</b>

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>How did the patient/family respond to the nurse’s actions?</li> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<b>1. Pain, acute related to total hip surgery to</b>	<b>Patient state’s “my pain is at about a 5/10 and I</b>	<b>1. Request the Doctor order pain medicine, while</b>	<b>1. Goal met, patient wanted something to edge off the pain but</b>

<p><b>patient's left hip</b></p>	<p><b>would describe it as dull”</b></p>	<p><b>being cautious of the patients history of substance abuse. 2. Positioning the patient in a comfortable position with an ice pack.</b></p>	<p><b>agreed she wanted to avoid opioids, so the nurse requested the provider order her Toradol, a strong NSAID. After 30 minutes pain went from a 5/10 down to a 2/10. 2. Goal met, a polar pack was applied to pt's left hip, pt stated it was “soothing”</b></p>
<p><b>2. Impaired physical mobility related to pt's left leg being unable to handle normal weight</b></p>	<p><b>Total hip arthroplasty is surgery that will limit the mobility and ability to bear weight while the patient is recovering.</b></p>	<p><b>1. Have patient demonstrate proper use of her walker. 2. Educate patient how important it is to her healing that she NOT stay sedentary</b></p>	<p><b>1. Success, patient is very proficient standing up and ambulating using her walker, she is able to do so with zero additional help. 2. Success patient states she will do her best to stay active while also not overdoing it, so she can promote healing from her surgery.</b></p>

**Other References (APA):**

**Concept Map (20 Points)**

**Subjective Data**

Pt had extreme pain with ambulation that she would describe as a constant sharp 7/10 pain that lasted about 3.5 years before she sought out a surgery from her regular care provider.

**Nursing Diagnosis/Outcomes**

Pain, acute related to total hip surgery to patient's left hip  
Pain brought from 5/10 to a 2/10 30 minutes after administration of pain medicine.  
Use of a Polar pack to the affected hip helped sooth the patient's pain.  
Impaired physical mobility related to pt's left leg being unable to handle normal weight  
Pt demonstrates proper use and ambulation with her walker.  
Pt acknowledges the importance to her healing it is that she does not stay sedentary after surgery.

**Objective Data**

Woman of Hispanic heritage whose skin and facial features make her appear older than her actual age.  
Vital Signs  
BP: 121/86  
HR: 117  
RR: 22  
Temp: 36.7 C  
SPO2 94%

**Patient Information**

Patient presents for total hip arthroplasty on the left side on 11/02/2020. Pt is a 48-year-old female that is on disability and has an extended history of drug use, though is 3 years sober.

**Nursing Interventions**

Request non opioid pain medicine from dr.  
Position pt comfortably and use ice packs.  
Have patient demonstrate proper ambulation with her walker.  
Educate pt on the importance of movement and not being sedentary, to her recovery.



