

N311 Care Plan # 4

Lakeview College of Nursing

Hannah Nowlin

Demographics (5 points)

Date of Admission 11/17/20	Patient Initials FS	Age 74	Gender Male
Race/Ethnicity White	Occupation Roofer (Self-Employed)	Marital Status Married	Allergies NKA
Code Status Full Code	Height 182 cm	Weight 63.0 kg	

Medical History (5 Points)

Past Medical History:

Abdominal aortic aneurysm, Paroxysmal atrial fibrillation on chronic anticoagulant, Chronic kidney disease, Hypertension, COPD

Past Surgical History:

Tympanoplasty

Family History:

Brother: Cancer

Sister: Cancer

Social History (tobacco/alcohol/drugs):

Pt denies drug use. A tobacco smoker of 30+ years, ½ a pack or more daily.

Admission Assessment

Chief Complaint (2 points): Patient complains of left hip pain after a fall off of a ladder.

History of present Illness (10 points):

Patient was admitted on 11/17/20 with a complaint of left hip pain after an accidental fall off a ladder. He has been diagnosed with a left hip fracture. The pain is dull, constant, and

aggravated by movement and/or walking. Patient did not try to take any pain reliever before arriving to Sarah Bush Hospital. Patient states that his pain was an 8/10 upon arrival.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Impacted Fracture

Secondary Diagnosis (if applicable):

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

There are many different types of fractures a fracture can be. Such as tension, compression, bending, torsion, shear, and impact. An impact fracture is when one part of the fracture is compressed into the adjacent part of the fracture (Capriotti, 2020). Fractures occur when strong forces occur that the bones cannot withstand, so they break. Osteoblast may kick in to compensate for the broken bones.

Signs and Symptoms of an impacted fracture depend on the location of the fracture. You may see significant bleeding, swelling, and pain. Patient may present with a fever, weight loss, and malaise if they have an infection or sepsis. Fractures can be categorized by stiffness or decreased range of motion.

X-rays are used to identify types of fractures, dislocations, and tissue derangements. CT scans may be used to detect fractures that are not as common as the ones previously mentioned. MRI's are beneficial when specific disorders are suspected. A nuclear bone scan is a lab test that involves an injection of dye to see the bone and surrounding tissue that can also be used. A DEXA scan can measure the bone density as well.

Setting the bone is key to promoting bone healing after a fracture may have occurred (Mayo, 2020). There are many factors that can help to promote bone healing when any

disruption in the bone may have occurred. A high calcium and Vitamin K intake will be beneficial to the bone healing process. Surgery may be necessary if bones have punctured surrounding tissue and organs. Surgery can also be helpful when trying to stabilize fractures. NSAIDs will be used to decrease inflammation and the patient may be put into a split or cast for up to 6 weeks, since this is as long the bone healing process takes. For this patient, Surgery was necessary for treatment. They reset the bone so the bone healing process can begin.

Pathophysiology References (APA):

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

Fractures & Trauma. (2020). Retrieved November 22, 2020, from <https://www.mayoclinichealthsystem.org/locations/albert-lea/services-and-treatments/orthopedic-surgery/fractures-and-trauma>

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	3.8-5.4 /mol	4.21	3.40 (L)	Low because of lost blood in surgery. EBL is 200 cc.
Hgb	11.3-15.2 g/mol	14.1	11.7 (L)	Low because of lost blood in surgery. EBL is 200 cc.
Hct	33.2-45.3 %	42.0	34.4 (L)	Low because of lost blood in surgery. EBL is 200 cc.

Platelets	149-393 k/mCl	200	148 (L)	Low because of lost blood in surgery. EBL is 200 cc.
WBC	4.0-11.7 k/mol	11.1	10.3	
Neutrophils	45.3-79.0 %	76.9	N/A	
Lymphocytes	11.8-45.9 %	11.8	N/A	
Monocytes	4.4-12.0 %	10.3	N/A	
Eosinophils	0-6.3 %	0.5	N/A	
Bands	2.4-8.4 %	N/A	N/A	

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 mmol/L	136	137	
K+	3.5-5.1 mmol/L	4.2	4.2	
Cl-	98-107 mmol/L	103	105	
CO2	21-31 mmol/L	25	25	
Glucose	74-109 mg/dL	90	88	
BUN	7-25 mg/dL	15	20	
Creatinine	0.70-1.30 mg/dL	1.19	1.18	
Albumin	3.5-5.2 g/dL	3.7	N/A	

Calcium	8.6-10.3 mg/dL	9.1	8.2 (L)	Low because of history of chronic kidney disease, calcium is decreased.
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	1.2 (H)	N/A	Since RBCs are low, Bilirubin will be increased.
Alk Phos	34-104 unit/L	57	N/A	

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

Didn't obtain these labs

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Pale yellow/clear	N/A	N/A	
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	
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Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Didn't obtain any cultures

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR Hip 2 or Greater views Lt and Pelvis: No change in alignment or appearance, RF C-ARM greater than 1 hour: Shows left hip prosthesis in place – normal, EC Echo complete w/ contrast: normal, XR Hip 2 or greater views Lt Pelvis: Slight deformity of left femoral neck cortex, impact fracture.

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

Brand/Generic	Hydrocodone	Albuterol	Metoprolol	MiraLAX	Nicotine
Dose	2 tabs of 325 mg	2.5 mg, 3 mL	2 tabs of 100 mg	17 g	14 mg
Frequency	Q6H, PRN	QID, PRN	Daily	Daily	Daily, PRN
Route	Oral	Nebulized Inhalation	Oral	Oral	Patch-Transdermal
Classification	Opiate (narcotic) analgesics	Bronchodilators	Beta Blocker	Laxative	Autonomic Ganglia
Mechanism of Action	It binds to and activates the mu-opioid receptor in the CNS.	Acts on beta-2 adrenergic receptors to relax the bronchial smooth muscle.	Blocks the action of certain natural chemicals in the body, such as epinephrine on the heart and blood vessels.	Osmotic agents work with the water in the colon to unblock the GI system.	Binds to nicotinic ACH receptors on dopaminergic neurons in the cortico-limbic pathways.
Reason Client Taking	To relieve pain.	To prevent and treat difficulty breathing (COPD)	For AAA	To prevent constipation	To replace the nicotine the body is used to from smoking.
Contraindications (2)	Severe respiratory depression, acute or significant bronchial asthma.	Overactive thyroid gland, high blood pressure.	Acute heart failure, Hyperthyroidism	Ulcerative colitis, low calcium in the blood.	Eczema, pregnancy.
Side Effects/Adverse Reactions (2)	Constipation, Dizziness	Nervousness, Headaches	Depression, Nausea	Abdominal cramping, Bloating	Diarrhea, Change in taste

Medications (5 required)

Medications Reference (APA): Sarah Bush Reference Information

Assessment

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and oriented to name, place, year, and birthday X4 Experiencing no distress Appropriate overall appearance</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin usual for ethnicity Moist Warm Normal turgor 2+ None Bruises all over skin, skin bruises easily None 20 No drains present</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>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</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 sound clear, no murmur N/A 3+ normal peripheral pulse Capillary refill less than 3 seconds No No N/A</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>No Regular respirations, regular respiratory pattern, clear breath sounds, equal aeration</p>

<p>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 <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>3-4 meals/day Regular 182.0 cm 63.0 kg Active bowel sounds 11/16/2020 None None None Clean, dry, intact surgical incision on left hip None None No No N/A No N/A</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Pale yellow Clear N/A No No N/A No N/A N/A</p>

MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> 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 5/5- Active motion against full resistance No Yes 95 Dependent of equipment when walking, uses walker
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> 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 Religion has no meaning to him Lives at home in a house with his wife

Physical Exam (18 points)

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	97 bpm	117/65 mmHg	16 resp/min	36.9 C	95% O2

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numerical	Left Hip	3/10	Dull, aching	Hydrocodone was given

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Not documented in chart	Not documented in chart

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.

<p>1. Risk for falls related to age and weak hip as evidenced by a fall risk score of 95.</p>	<p>The patient's risk for falls is increased because of his age and the condition of his hip from hip fracture.</p>	<p>1. Bed was kept in low position before I left the room. 2. He was up with one and used a gait belt and walker.</p>	<p>His risk for falls were decreased by keeping the bed in a low position. They also were reduced by having the patient use a gait belt and walker with one assist.</p>
<p>2. Acute pain related to impact fracture as evidenced by 3/10 pain.</p>	<p>The patient has acute pain because of a left hip impact fracture.</p>	<p>1. Patient was given hydrocodone PRN or every 6 hours. 2. Pain was assessed every time I entered the room.</p>	<p>The patient responded positively to these interventions, pain was decreased and under control.</p>

Other References (APA): N/A

Concept Map (20 Points):

Objective Data

-Pt height is 162cm and weight is 68.0kg, pt rated his pain a 3/10.
-Pt is a male
-At 0800, pt had a pulse of 97 bpm, a blood pressure of 117/65 mmHg, a respiratory rate of 16, a temperature of 36.9 C, and an oxygen level of 95%.

Patient Information

-Pt has history of AAA, CKD, AF
-Pt is hypertensive
-Pt had a tympanoplasty

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 as evidenced by a fall risk score of 95.

- His risk for falls were decreased by keeping the bed in a low position. They also were reduced by having the patient use a gait belt and walker with one assist.

Acute pain related to impact fracture as evidenced by 3/10 pain.

- The patient responded positively to these interventions, pain was decreased and under control.

