

N431 Care Plan #3

Lakeview College of Nursing

Jasmine Lewis

Demographics (3 points)

Date of Admission 3/18/20	Patient Initials J. S.	Age 73	Gender Male
Race/Ethnicity Caucasian	Occupation Retired Chiropractor	Marital Status Married	Allergies NKA
Code Status Full Code	Height 6' 10"	Weight 190 lbs	

Medical History (5 Points)

Past Medical History: Osteoporosis, Gastroesophageal reflux disease (GERD)

Past Surgical History: None

Family History: Mother – osteoporosis. Father – hypertension, hypercholesterolemia. Brother – deceased (motor vehicle accident, 1999)

Social History (tobacco/alcohol/drugs): No smoking, states he drinks 6 beers on Saturdays when he golfs

Assistive Devices: None

Living Situation: Home with wife

Education Level: Doctorate of Chiropractic Medicine

Admission Assessment

Chief Complaint (2 points): Left hip pain secondary to fall from golf cart

History of present Illness (10 points): A 73 year-old male presented to the hospital on 3/17 after falling from his golf cart. He sustained a femoral head fracture to his left femur requiring a total replacement. He underwent a total hip replacement and there were no complications during surgery. He is being admitted to the orthopedic unit for monitoring x1 day.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Left femoral head fracture requiring total replacement

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Femoral head fractures are relatively uncommon, but the risk increases with age (Mayo Clinic, 2018). This patient is an older adult with osteoporosis, so his risk was greatly increased. Weakened bones are a major risk factor for hip fractures not associated with high-energy trauma (Ross & Gardner, 2012). Osteoporosis causes the bones to become less dense, so the cellular structure of bone tissue looks like honeycombs (Mayo Clinic, 2018). This honeycomb-like structure leads to an increased risk for broken bones in general, especially in older populations (Mayo Clinic, 2018). There are generally two types of femoral head fractures: those that occur at the femoral neck, and those that occur at the intertrochanteric region, which is more distal to the hip joint (Mayo Clinic, 2018). Signs and symptoms of a hip fracture include inability to get up from a fall, severe hip or groin pain, inability to bear weight on the affected side, bruising or swelling around the affected hip, shorter leg on the affected side, and outward turning of the leg on the affected side (Mayo Clinic, 2018). The reason the affected leg is shorter is due to the muscles contracting the broken leg (Ross & Gardner, 2012). The patient may present with vital signs that indicate acute pain, such as increased heart rate, and an x-ray that shows a fracture to the femoral head (Mayo Clinic, 2018). If a fracture cannot be found on an x-ray, an MRI or bone scan may be indicated to look for a hairline fracture (Mayo Clinic, 2018). This patient only needed an x-ray to confirm a left femoral head fracture. Femoral head fractures almost always are treated with surgery and physical therapy (Mayo Clinic, 2018). Sometimes the fracture only requires repair with screws or

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a partial hip replacement, but more serious fractures require a total hip replacement, which is what this patient required (Mayo Clinic, 2018).

Pathophysiology References (2) (APA):

Mayo Clinic. (2018). *Hip fracture - Symptoms and causes*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/hip-fracture/symptoms-causes/syc-20373468>

Ross, J. R., & Gardner, M. J. (2012). Femoral head fractures. *Current Reviews in Musculoskeletal Medicine*, 5(3), 199–205. <https://doi.org/10.1007/s12178-012-9129-8>

Laboratory Data (15 points)

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	4 – 5.5 million cells/uL	N/A	N/A	N/A
Hgb	14 – 18 g/uL	13.5 g/uL	N/A	The hemoglobin is low due to acute blood loss from surgery (Pagana et al., 2019).
Hct	42 – 54%	N/A	N/A	N/A
Platelets	150 – 450 thousand cells/uL	N/A	N/A	N/A
WBC	4.5 – 10.8 thousand cells/uL	9.3 thousand cells/uL	N/A	N/A
Neutrophils	55 – 70%	N/A	N/A	N/A
Lymphocytes	20 – 40%	N/A	N/A	N/A
Monocytes	2 – 8%	N/A	N/A	N/A
Eosinophils	1 – 4%	N/A	N/A	N/A

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Bands	0 – 1%	N/A	N/A	N/A
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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-	134 – 144 mmol/L	136 mmol/L	N/A	N/A
K+	3.5 – 5.2 mmol/L	3.9 mmol/L	N/A	N/A
Cl-	96 – 106 mmol/L	N/A	N/A	N/A
CO2	20 – 29 mmol/L	N/A	N/A	N/A
Glucose	65 – 99 mg/dL	132 mg/dL	N/A	The blood glucose is elevated due to acute pain (Pagana et al., 2019).
BUN	8 – 27 mg/dL	10 mg/dL	N/A	N/A
Creatinine	0.76 – 1.27 mg/dL	1.42 mg/dL	N/A	N/A
Albumin	3.5 – 5 g/dL	N/A	N/A	N/A
Calcium	8.6 – 10.2 mg/dL	N/A	N/A	N/A
Mag	1.3 – 2.1 mEq/L	N/A	N/A	N/A
Phosphate	2.8 – 4.1 mg/dL	N/A	N/A	N/A
Bilirubin	0.3 – 1 mg/dL	N/A	N/A	N/A
Alk Phos	30 – 120 U/L	N/A	N/A	N/A
AST	0 – 35 U/L	N/A	N/A	N/A
ALT	4 – 36 U/L	N/A	N/A	N/A
Amylase	60 – 120 U/L	N/A	N/A	N/A

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Lipase	0 – 160 U/L	N/A	N/A	N/A
Lactic Acid	0 – 59 U/L	N/A	N/A	N/A
Troponin	0 – 0.3 mg/ mL	N/A	N/A	N/A
CK-MB	0%	N/A	N/A	N/A
Total CK	55 – 170 U/ L	N/A	N/A	N/A

Other Tests **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
INR	0.8 – 1.2	N/A	N/A	N/A
PT	9.1 – 12 seconds	N/A	N/A	N/A
PTT	24 – 33 seconds	N/A	N/A	N/A
D-Dimer	<0.4 mcg/mL	N/A	N/A	N/A
BNP	<100 pg/mL	N/A	N/A	N/A
HDL	>39 mg/dL	N/A	N/A	N/A
LDL	0 – 99 mg/dL	N/A	N/A	N/A
Cholesterol	100 – 199 mg/dL	N/A	N/A	N/A
Triglycerides	0 – 149 mg/dL	N/A	N/A	N/A
Hgb A1c	4.8 – 5.6%	N/A	N/A	N/A
TSH	2 – 10 mU/L	N/A	N/A	N/A

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
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Color & Clarity	Yellow, clear	N/A	N/A	N/A
pH	5 – 7	N/A	N/A	N/A
Specific Gravity	1.001 – 1.03	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0 – 5 cells/dL	N/A	N/A	N/A
RBC	0 – 2 cells/dL	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas **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
pH	7.35 – 7.45	N/A	N/A	N/A
PaO₂	80 – 100 mm Hg	N/A	N/A	N/A
PaCO₂	35 – 45 mm Hg	N/A	N/A	N/A
HCO₃	21 – 28 mEq/L	N/A	N/A	N/A
SaO₂	95 – 100%	N/A	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.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Left hip x-ray: fracture noted on left femoral head, joint is well-approximated with no avulsion or separation

EKG: normal sinus rhythm with no ectopy

Surgery: patient was intubated with no incident, BIOLOX ceramic hip was placed, estimated blood loss=150 mL, 4-in incision on left hip covered with dry protective dressing, patient was extubated and taken to PACU, no complications during recovery, patient was transferred to orthopedic unit for follow-up care and monitoring

Diagnostic Test Correlation (5 points):

Left hip x-ray: confirm femoral head fracture (Pagana et al., 2019)

EKG: standard on admission to emergency department (Pagana et al., 2019)

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Surgery: replace hip with an artificial ceramic hip (Pagana et al., 2019)

Diagnostic Test Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/ Generic	Calcium	Alendronate/ Fosamax	Famotidine/ Pepcid	Pantoprazole/ Protonix	Acetaminophen /Tylenol
Dose	500 mg	10 mg	20 mg	40 mg	650 mg
Frequency	Daily	Daily	Daily	Daily	Q6H PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Mineral/ electrolyte supplement (Vallerand et al., 2019)	Bone resorption inhibitor/biph osphate (Vallerand et al., 2019)	Antiulcer agent (Vallerand et al., 2019)	Proton pump inhibitor (Vallerand et al., 2019)	nonopioid analgesic, antipyretic (Vallerand et al., 2019)
Mechanism of Action	Aids in bone formation (Vallerand et al., 2019)	Inhibits osteoclast activity, inhibiting bone resorption (Vallerand et al., 2019)	Inhibits histamine at the H ₂ - receptor in gastric cells, inhibits gastric acid secretion (Vallerand et al., 2019)	Binds to an enzyme in the presence of gastric pH, preventing final transport of H ⁺ into gastric lumen (Vallerand et al., 2019)	Inhibits prostaglandin synthesis in the CNS, preventing pain and fever (Vallerand et al., 2019)
Reason Client	Osteoporosi s (Vallerand	Osteoporosis (Vallerand et	GERD (Vallerand	GERD (Vallerand et	Mild pain or fever

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Taking	et al., 2019)	al., 2019)	et al., 2019)	al., 2019)	(Vallerand et al., 2019)
Contraindications (2)	Hypercalcemia (Vallerand et al., 2019), Renal calculi (Vallerand et al., 2019)	Inability to sit/stand upright for 30 minutes (Vallerand et al., 2019), renal impairment (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), phenylketonuria (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), long-term therapy (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), severe hepatic impairment (Vallerand et al., 2019)
Side Effects/ Adverse Reactions (2)	Arrhythmias (Vallerand et al., 2019), constipation (Vallerand et al., 2019)	Musculoskeletal pain (Vallerand et al., 2019), femur fractures (Vallerand et al., 2019)	Confusion (Vallerand et al., 2019), diarrhea (Vallerand et al., 2019)	Headache (Vallerand et al., 2019), hyperglycemia (Vallerand et al., 2019)	neutropenia (Vallerand et al., 2019), rash (Vallerand et al., 2019)
Nursing Considerations (2)	Assess for toxicity (Vallerand et al., 2019). Give 60-90 minutes after meals or at bedtime (Vallerand et al., 2019).	Assess for low bone mass during therapy (Vallerand et al., 2019). Assess for symptoms of Paget's disease (Vallerand et al., 2019).	Assess for confusion (Vallerand et al., 2019). Assess for epigastric or abdominal pain (Vallerand et al., 2019).	Assess for abdominal pain (Pagana et al., 2019). Assess for occult blood in stool, emesis, or gastric aspirate (Vallerand et al., 2019)	Assess for rash during therapy (Vallerand et al., 2019). Assess hepatic and renal function during therapy (Vallerand et al., 2019)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain baseline calcium level (Vallerand et al., 2019).	Assess for ability to sit upright for 30 minutes (Vallerand et al., 2019).	Obtain baseline pain assessment and occult blood in stool, emesis, or gastric aspirate (Vallerand et al., 2019).	Obtain baseline pain assessment and occult blood in stool, emesis, or gastric aspirate (Vallerand et al., 2019).	Assess for history of alcoholism (Vallerand et al., 2019). Obtain pain and fever assessment prior to giving (Vallerand et al., 2019)

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			2019).		
Client Teaching needs (2)	Do not take enteric-coated tablets within 1 hour of this medication (Vallerand et al., 2019).	Teach patient to remain upright for 30 minutes after taking (Vallerand et al., 2019). Advise patient to eat a balanced diet (Vallerand et al., 2019).	Report onset of black, tarry stools (Vallerand et al., 2019). Do not take OTC medications continuously for more than 2 weeks (Vallerand et al., 2019).	Avoid alcohol, NSAIDs, and irritation foods (Vallerand et al., 2019). Report onset of black, tarry stools (Vallerand et al., 2019).	Avoid alcohol (Vallerand et al., 2019). Discontinue if rash occurs (Vallerand et al., 2019).

Hospital Medications (5 required)

Brand/Generic	Enoxaparin/ Lovenox	Oxycodone- Acetaminophen	Ibuprofen/ Advil	Ondansetron/ Zofran	Docusate/ Colace
Dose	40 mg	5/325 mg	600 mg	4 mg	100 mg
Frequency	Daily	Q6H PRN	Q6H PRN	Q6H PRN	BID PRN
Route	Subcutaneous	Oral	Oral	Orally dissolving tablet	Oral
Classification	antithrombotic (Vallerand et al., 2019)	opioid analgesic (Vallerand et al., 2019)	NSAID	antiemetic (Vallerand et al., 2019)	stool softener (Vallerand et al., 2019)
Mechanism of Action	Inhibits antithrombin	Binds to opiate receptors in	inhibits prostaglandin	Blocks effects of	Promotes incorporation

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	on factor Xa and thrombin (Vallerand et al., 2019)	CNS, inhibiting pain (Vallerand et al., 2019)	ndin synthesis (Vallerand et al., 2019)	serotonin in vagus nerve and CNS (Vallerand et al., 2019)	n of water into stool, softening it (Vallerand et al., 2019)
Reason Client Taking	Prevention of blood clots (Vallerand et al., 2019)	Pain >5/10	Pain <5/10	Nausea	Constipation
Contraindications (2)	history of HIT (Vallerand et al., 2019), active bleeding (Vallerand et al., 2019)	respiratory depression, (Vallerand et al., 2019), paralytic ileus (Vallerand et al., 2019)	active GI bleeding (Vallerand et al., 2019), history of MI (Vallerand et al., 2019)	congenital long QT syndrome (Vallerand et al., 2019), concurrent use of apomorphine (Vallerand et al., 2019)	hypersensitivity (Vallerand et al., 2019), abdominal pain, nausea, or vomiting (Vallerand et al., 2019)
Side Effects/Adverse Reactions (2)	bleeding (Vallerand et al., 2019), anemia (Vallerand et al., 2019)	confusion (Vallerand et al., 2019), sedation (Vallerand et al., 2019)	headache (Vallerand et al., 2019), constipation (Vallerand et al., 2019)	headache (Vallerand et al., 2019), constipation (Vallerand et al., 2019)	throat irritation (Vallerand et al., 2019), mild cramps (Vallerand et al., 2019)
Nursing Considerations (2)	Assess for signs of bleeding (Vallerand et al., 2019). Monitor for hypersensitivity reactions (Vallerand et al., 2019)	Assess respiratory status throughout therapy (Vallerand et al., 2019). Assess level of consciousness throughout therapy (Vallerand et al., 2019)	Use lowest effective dose (Vallerand et al., 2019). Assess for GI bleeding (Vallerand et al., 2019).	Assess for extrapyramidal effects (Vallerand et al., 2019). Monitor EKG (Vallerand et al., 2019)	Know this does not stimulate peristalsis (Vallerand et al., 2019). Assess stool produced (Vallerand et al., 2019)
Key Nursing	Obtain	Assess pain	Assess	Assess for	Assess for

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Assessment(s)/Lab(s) Prior to Administration	baseline coagulation studies (Vallerand et al., 2019)	level, respiratory status, and level of consciousness before giving (Vallerand et al., 2019).	for GI bleeding or stomach ulcers (Vallerand et al., 2019).	nausea, vomiting, abdominal distention, and bowel sounds (Vallerand et al., 2019)	abdominal distention, bowel sounds, and bowel patterns (Vallerand et al., 2019).
Client Teaching needs (2)	Report any symptoms of unusual bleeding (Vallerand et al., 2019). Do not take NSAIDs with this medication (Vallerand et al., 2019).	Advise that oxycodone has a known abuse potential (Vallerand et al., 2019). Do not drive after taking (Vallerand et al., 2019).	Take with a full glass of water (Vallerand et al., 2019). Avoid alcohol (Vallerand et al., 2019).	Report symptoms of serotonin syndrome . (Vallerand et al., 2019)Take only as directed (Vallerand et al., 2019).	This should only be used for short-term therapy (Vallerand et al., 2019). Encourage other forms of bowel regulation (Vallerand et al., 2019)

Medications Reference (APA):

Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). *Davis's drug guide for nurses*.

F.A. Davis Company.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: alert, awake Orientation: oriented x4 Distress: no acute distress Overall appearance: clena, appropriate	
INTEGUMENTARY (2 points): Skin color: pink Character: dry Temperature: warm Turgor: good Rashes: none Bruises: mild bruising on left hip Wounds: incision on left hip Braden Score: 23 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT (1 point): Head/Neck: midline, unremarkable Ears: unremarkable Eyes: unremarkable Nose: unremarkable Teeth: unremarkable	
CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): normal sinus rhythm Peripheral Pulses: present 2+ bilaterally Capillary refill: <3 seconds all extremities Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	
RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character clear and equal bilaterally	
GASTROINTESTINAL (2 points): Diet at home: unrestricted	

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<p>Current Diet: regular Height: 6' 0" Weight: 190 lbs Auscultation Bowel sounds: clear in all 4 quadrants Last BM: today Palpation: Pain, Mass etc.: soft and non-tender Inspection: Distention: none Incisions: none Scars:none Drains: none Wounds: none Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY (2 Points): Color: yellow Character: clear Quantity of urine: 700 mL in 4 hours Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: unremarkable Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL (2 points): Neurovascular status: no paresthesia or pallor, mild pain on left hip ROM: LLE limited due to pain Supportive devices: walker/cane with physical therapy Strength: 5/5 bilaterally ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 65 Activity/Mobility Status: 1 person assist with cane/walker Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	

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NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: oriented x4 Mental Status: appropriate for age Speech: clear Sensory: intact LOC: awake, alert	
PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): appropriate Developmental level: appropriate for age Religion & what it means to pt.: no religion Personal/Family Data (Think about home environment, family structure, and available family support): lives at home with wife	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	133/76	16	37 C	98% room air
1100	69	126/63	18	36.9 C	97% room air

Vital Sign Trends: The patient remains stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0-10	left hip	6/10	acing	Oxycodone-acetaminophen

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					administered
1100	0-10	generalized	1/10	generalized	no intervention

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G Location of IV: left antecubital Date on IV: 3/17 Patency of IV: flushes without difficulty Signs of erythema, drainage, etc.: none IV dressing assessment: clean, dry, intact	Normal Saline @ 125mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
770 mL	700 mL

Nursing Care**Summary of Care (2 points)**

Overview of care: The patient's postoperative pain was managed effectively. There were no complications during this shift. Physical therapy came to walk the patient and he tolerated the activity well.

Procedures/testing done: None

Complaints/Issues: none

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating well

Physician notifications: Notify of respiratory depression, wound complications, medication adverse effects, bleeding

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Future plans for patient: He is being discharged home with oxycodone-acetaminophen. He will be educated on acceptable ingestion and toxicity, as well as the potential for abuse. He will be educated on the proper use of a can/walker with stairs. He should avoid alcohol and increase calcium intake.

Discharge Planning (2 points)

Discharge location: home with wife

Home health needs (if applicable): none

Equipment needs (if applicable): cane, walker

Follow up plan: He will have a follow-up appointment with the orthopedic surgeon and PT/OT for 1 week.

Education needs: Proper can/walker use with stairs at home, oxycodone-acetaminophen dosage and toxicity, increase calcium intake, avoid alcohol

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

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 ineffective breathing pattern related to opioid analgesic use as evidenced by recent dose of oxycodone-	The airway is the top priority in adult health nursing	1. Assess airway and breathing patterns Q4H. 2. Assess airway and breathing pattern before giving any opioid analgesics	This patient’s airway remained patent and the breathing pattern remained normal during this shift.

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acetaminophen (Health-Conditions, 2020)			
2. Risk for bleeding related to anticoagulant use as evidenced by recent injection of enoxaparin (Health-Conditions, 2020).	Circulation is the 3rd priority in adult health nursing.	1. Monitor for signs of internal bleeding at all times. 2. Assess incision and IV sites for bleeding for excessive bruising Q4H.	This patient experienced no unusual or excessive bleeding during this shift.
3. Acute pain related to postoperative status as evidenced by a pain rating of 6/10 (Health-Conditions, 2020).	Pain can alter vital signs and inhibit proper healing. It can also interfere with compliance with physical therapy and treatment.	1. Assess pain Q4H 2. Administer the appropriate pain medication as needed.	This patient was experiencing aching pain rating a 6/10 at 0700, and oxycodone/acetaminophen was administered. After four hours, the pain was at a minimum and no intervention was needed.
4. Impaired skin integrity related to postoperative status as evidenced by incision on left hip (Health-Conditions, 2020).	Impaired skin integrity can increase the risk for bleeding and infection, so it is important to maintain skin integrity at all times.	1. Assess the incision and the dressing Q4H 2. Report any signs of infection to the provider.	This patient did not experience any wound complications due to his incision during this shift.

Other References (APA):

Health-Conditions. (2020). *Approved NANDA Nursing Diagnosis List 2018-2020.*

Health-Conditions.

Concept Map (20 Points):**Subjective Data**

- **Patient states he fell from his golf cart**
- **After surgery, he had pain rating 6/10**
- **Patient states he drinks 6 beers when he golfs on Sundays**

Objective data

- **x-ray indicates a femoral head fracture**
- **CBC suggests acute blood loss from surgery**
- **Incision dressing is clean, dry, and intact, and incision shows no signs of infection**

Patient Information

- **73 year-old Caucasian male with a history of osteoporosis recently underwent a complete hip arthroplasty to the left hip.**

Nursing Diagnosis/Outcomes

- **Risk for ineffective breathing pattern related to opioid analgesic use as evidenced by recent dose of oxycodone-acetaminophen (Health-Conditions, 2020). This patient's airway remained patent and the breathing pattern remained normal during this shift.**
- **Risk for bleeding related to anticoagulant use as evidenced by recent injection of enoxaparin (Health-Conditions, 2020). This patient experienced no unusual or excessive bleeding during this shift.**
- **Acute pain related to postoperative status as evidenced by a pain rating of 6/10 (Health-Conditions, 2020). This patient was experiencing aching pain rating a 6/10**

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at 0700, and oxycodone/acetaminophen was administered. After four hours, the pain was at a minimum and no intervention was needed.

- **Impaired skin integrity related to postoperative status as evidenced by incision on left hip (Health-Conditions, 2020). This patient did not experience any wound complications due to his incision during this shift.**

Nursing Interventions

1. Assess airway and breathing patterns Q4H.

2. Assess airway and breathing pattern before giving any opioid analgesics

1. Monitor for signs of internal bleeding at all times.

2. Assess incision and IV sites for bleeding for excessive bruising Q4H.

1. Assess pain Q4H

2. Administer the appropriate pain medication as needed.

1. Assess the incision and the dressing Q4H

2. Report any signs of infection to the provider.



