N431 Care Plan # 2

Lakeview College of Nursing

Kimberly Bachman

Demographics (3 points)

Date of Admission 3/17/20	Patient Initials JS	Age 73 y/o	Gender M
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

Past Surgical History: None

Family History:

Mother-Osteoporosis

Father-Hypertension and Hypercholesterolemia

Brother- Deceased from Motor Vehicle Accident 1999

Social History (tobacco/alcohol/drugs): Non-smoker, States drinking 6 beers when golfing on Saturdays for 10 years, no drug use

Assistive Devices: Required no use of assistive devices

Living Situation: Lives at home with his wife

Education Level: Doctorate of Chiropractic Medicine

Admission Assessment

Chief Complaint (2 points): Left hip pain related to fall

History of present Illness (10 points):

A seventy-three year old Caucasian male presented to the hospital with left hip pain from a fall from a golf cart on 3/17/20. No nausea, vomiting, or other concerns noted. The client received an Xray with an impression of a fracture on the left femoral head and it was

decided by the hospitalist to have a total hip replacement completed. The client complains of pain 6/10 on numeric scale with aching pain that doesn't go away. A total hip replacement was performed without any complications noted during the surgery. Client is admitted to hospital orthopedic unit for follow up and monitoring for one day.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): N/A

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

When a fracture happens, the body responds, and cell membranes rupture, causing damage to the skin tissue. The area becomes inflamed, causing a cascade of things such as chemicals released from the damaged cells. Histamine, bradykinin, and prostaglandins release fluid into the tissues, which causes swelling by having increased permeability. They also attract white blood cells, and that causes a systemic response. A femoral head fracture is a broken bone and usually happens when there is an impact of force greater than the extremity can support (Fracture | Definition and Patient Education, 2017). There is a chance of close to 10-15% of a femoral head fracture resulting in a fall (Berry & Miller, 2008). Risk factors prevalent in a femoral head fracture are having osteoporosis, lack of physical activity, dementia, alcohol consumption, older clients, medications that cause bone loss, cigarette smoking, weakness, or unsteady gait (Risk Factors for Hip Fracture, 2020). Regarding this client, with the left femoral head fracture, he has osteoporosis, drinks alcohol, and is an older client. Osteoporosis is a risk factor because it's a bone disease that

causes the body to lose too much bone and, in doing so, becomes weak or brittle. Consuming alcohol consistently can cause decreased bone density and osteoporosis (Alcohol and Other Factors Affecting Osteoporosis Risk in Women, 2020). Older clients are at risk for bone fractures because as clients age, their bones shrink in size and weaken, which causes them to be prone to fractures. Unfortunately, 89% of falls of clients aged 65 years or older have an increased likelihood of hospitalization after a fall (Falls and Fractures in Seniors, 2017). Multiple signs and symptoms of femoral head fractures include severe pain in the hip or lower groin, may be able to walk, and the pain may worsen when touched in the injured area (Fracture | Definition and Patient Education, 2017). Usually, the client can become dizzy, chilled, notice a snap or grinding when the trauma occurs, difficulty supporting weight, and possible deformities (Fracture | Definition and Patient Education, 2017). It is a good possibility in the injured area to become swollen, red, and bruised (Fracture | Definition and Patient Education, 2017). Diagnosis of a femoral head fracture would start with an X-ray because they are usually more common for the first diagnosis line. Based on this nurse's knowledge, X-ray images can show breaks in bones and the fracture's type and location, which are beneficial to the provider. The second line of diagnostics would include MRI's or CT scans to examine the bones and surrounding tissues. Our client's symptoms only include slight ambulation difficulty in the left lower side of the body due to injury and aching pain of 6/10 at the injured site. This client had a total hip replacement done to treat the fracture. A hip replacement is when the provider exchanges the actual joints with artificial joints. This client needs to ambulate as early as possible to keep the circulation moving through the body to prevent blood clots or skin breakdown and help the healing process. This client should be eating high calcium-

enriched foods to help with providing stronger bones. He is currently taking a calcium supplement, vitamin D, and has been educated to prevent falls.

Pathophysiology References (2) (APA):

Alcohol and other factors affecting osteoporosis risk in women. (2020). https://pubs.niaaa.nih.gov/publications/arh26-4/292-298.htm#:~:text=Human%20and%20animal%20studies%20clearly%20demonstrate%20that%20chronic%2C%20heavy%20alcohol,and%20weakens%20bones'%20mechanical%20properties.

Berry, S. D., & Miller, R. (2008). Falls: Epidemiology, pathophysiology, and relationship to fracture. *Current Osteoporosis Reports*, *6*(4), 149–154.

Falls and fractures in seniors. (2017). MedicineNet. https://www.medicinenet.com/script/main/art.asp?articlekey=7774

Fracture | definition and patient education. (2017, July 8). Healthline. https://www.healthline.com/health/fracture

Risk factors for hip fracture. (2020). https://stanfordhealthcare.org/medical-conditions/bones-joints-and-muscles/hip-fracture/causes/risk-factors.html

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	3.80-5.30	N/A	N/A	
Hgb	12-15.8	N/A	13.5	

Hct	**26-47%**	**N/A**	**N/A**	
Platelets	**140-440**	**N/A**	**N/A**	
WBC	**4-12**	**N/A**	**9.3**	
Neutrophils	**47-73%**	**N/A**	**N/A**	
Lymphocytes	**18-42%**	**N/A**	**N/A**	
Monocytes	**4-12%**	**N/A**	**N/A**	
Eosinophils	**0.0-5.0%**	**N/A**	**N/A**	
Bands	**0.0-5.0%**	**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-	**133-144**	**N/A**	**136**	
K+	**3.5-5.1**	**N/A**	**3.9**	
Cl-	**98-107**	**N/A**	**N/A**	
CO2	**21-31**	**N/A**	**N/A**	
Glucose	**70-99**	**N/A**	**132**	**The body isn't able to produce enough insulin due to a dysfunction with the pancreas (Capricott, 2016). This client has uncontrolled Diabetes Mellitus Type 2**
BUN	**7-25**	**N/A**	**10**	
Creatinine	**0.50-1.20**	**N/A**	**1.42**	
Albumin	**3.5-5.7**	**N/A**	**N/A**	
Hgb A1C	**<5.7%**	**N/A**	**N/A**	

Calcium	**8.6-10.3**	**N/A**	**N/A**	
Mag	**1.6-2.6**	**N/A**	**N/A**	
Phosphate	**3.4-4.5**	**N/A**	**N/A**	
Bilirubin	**0.0-1.2**	**N/A**	**N/A**	
Alk Phos	**34-104**	**N/A**	**N/A**	
AST	**13-39**	**N/A**	**N/A**	
ALT	**7-52**	**N/A**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**0-59**	**N/A**	**N/A**	
Lactic Acid	**0.36-1.25**	**N/A**	**N/A**	
Troponin	**0-0.4**	**N/A**	**N/A**	
CK-MB	**3-5%**	**N/A**	**N/A**	
Total CK	**22-198**	**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	**0.8-1.1**	**N/A**	**N/A**	
PT	**11-13.5 sec**	**N/A**	**N/A**	
PTT	**25-35 sec**	**N/A**	**N/A**	
D-Dimer	**<250 ng/mL or <0.4 mcg/ mL**	**N/A**	**N/A**	
BNP	**<125 pg/mL**	**N/A**	**N/A**	

HDL	**40 mg/dL or higher**	**N/A**	**N/A**	
LDL	**<100 mg/dL**	**N/A**	**N/A**	
Cholesterol	**125-200 mg/ dL**	**N/A**	**N/A**	
Triglycerides	**<150 mg/dL**	**N/A**	**N/A**	
TSH	**0.5-5.0 mIU/ L**	**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
Color & Clarity	**Clear and yellow**	**N/A**	**N/A**	
pH	**5.0-9.0**	**N/A**	**N/A**	
Specific Gravity	**1.003-1.030**	**N/A**	**N/A**	
Glucose	**+/-**	**N/A**	**N/A**	
Protein	**+/-**	**N/A**	**N/A**	
Ketones	**+/-**	**N/A**	**N/A**	
WBC	**+/-**	**N/A**	**N/A**	
RBC	**+/-**	**N/A**	**N/A**	
Leukoesterase	**+/-**	**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**	
PaO2	**80-100**	**N/A**	**N/A**	

PaCO2	**35-45**	**N/A**	**N/A**	
HCO3	**22-28**	**N/A**	**N/A**	
SaO2	**94-100%**	**N/A**	**N/A**	

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	**+/-**	**N/A**	**N/A**	
Blood Culture	**+/-**	**N/A**	**N/A**	
Sputum Culture	**+/-**	**N/A**	**N/A**	
Stool Culture	**+/-**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Capricotti, T., & Frizzell, J.P. (2016). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*****. F.A. Davis Company.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostics

Electromagnetic Radiation (X-ray) of the left hip was ordered to provide an image to diagnose any possible abnormalities of the bones.
The results showed a fracture noted on the left femoral head, joint is approximated with no avulsion or separation. No other orthopedic injuries noted when examined.

Electrocardiogram (EKG) is ordered to ensure there weren't any abnormal heart rhythms in case the client fell from a cardiac issue or if the fall put the client into an abnormal rhythm.
The results showed Normal Sinus Rhythm without ectopy.

Diagnostic Test Correlation (5 points): See above

Diagnostic Test Reference (APA):

Pagana, K. D., & Pagana, T. J. (2014). Mosby's manual of diagnostic and laboratory tests. St. Louis, MO: Elsevier Mosby.

Surgical Note for Total hip replacement:

Patient was intubated for the procedure without incident
A BIOLOX Ceramic Hip was placed and functions properly
EBL – 150 mL
4-inch incision on left hip was sutured and covered with a dry protective dressing
Patient was extubated and taken to PACU
No issues noted in recovery
Transfer for orthopedic unit for further evaluation and follow-up care

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Calcium carbonate (Tums)**	**Alendronate (Fosamax)**	**Famotidine (Pepcid)**	**Glucophage (Metformin)**	**Insulin lispro (Novolog)**
Dose	**500 mg**	**10 mg**	**20 mg**	**250 mg**	**100 U**
Frequency	**QD**	**QD**	**QD**	**BID**	**Before meals**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antacid**	**Biphosphonates**	**H2-blocker**	**Antidiabetics**	**Rapid acting insulin**
Mechanism of Action	**Prevents or treats low calcium levels.**	**Slows the breakdown of the body's natural process of breaking down bone**	**Decreases amount of acid is produced by the stomach**	**Helps control blood sugar levels**	**Lowers blood glucose levels**
Reason Client Taking	**Osteoporosis**	**Osteoporosis**	**Gastroesophageal reflux disease**	**Type 2 Diabetes Mellitus/hypercholestero**	**Lower blood glucose due to**

				lemia	**Type 2 DM**
Contraindications (2)	**Hypercalciuria, kidney stones**	**Do not take if there is an allergy to biphophonates, use cautiously in clients with renal dysfunction**	**Hypersensitivity, liver dysfunction**	**Do not take if client has severe kidney disease, Do not take if client has diabetic ketoacidosis**	**DO not take if experiencing hypoglycemia, do not take if client has peripheral edema or weight gain**
Side Effects/Adverse Reactions (2)	**Constipation, flatulence**	**Dysuria, diarrhea**	**Headache, dizziness**	**Nausea, vomiting, diarrhea**	**Hypokalemia, hypoglycemia**
Nursing Considerations (2)	**Note number/consistency of stools,observe for signs/symptoms of hypercalcemia with clients receiving high doses/clients who have impaired renal function**	**Give in the morning with a full glass of water at least 30 min before eating or drinking anything else, Monitor serum calcium levels**	**Decrease doses with renal failure, arrange for ability to administer antacid at the same time for therapy to relieve pain**	**Check with provider if client needs to stop taking med before an US/CT scan, know this med does not treat Type 1 DM**	**Administer 5-10 min before meals, rotate injection sites**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Calcium serum level**	**Calcium serum level**	**Calcium and vitamin D**	**Blood glucose**	**Blood glucose, HgbA1C**
Client Teaching needs (2)	**No not use longer than 1-2 weeks, Avoid taking with cereals or other foods high in oxalates.**	**Take with a full glass of water, do not chew or suck on medication**	**Take drug at bedtime, take 1 hour before eating a meal**	**Client may develop lactic acidosis so monitor for this, Call the doctor if having**	**Administer 5-10 min before meals, rotate injection sites**

				trouble breathing or stomach pain	

Hospital Medications (5 required)

Brand/Generic	**Oxycodone-Acetaminophen (Norco)**	**Enoxaparin (Heparin)**	**Ondansetron (Zofran)**	**Ibuprofen (Advil)**	**Docusate Sodium (Colace)**
Dose	**5/325 mg**	**40 mg**	**4 mg**	**600 mg**	**100 mg**
Frequency	**Q6H PRN for pain >5/10**	**QD**	**Q6H PRN**	**Q6H and PRN for pain <5/10**	**BID and PRN for constipation**
Route	**Oral**	**Sub q**	**Sublingual-ODT**	**PO**	**PO**
Classification	**opioid**	**Anticoagulant**	**Serotonin Antagonist Antiemetic**	**Nonsteroidal Anti-inflammatory**	**Stool softener**
Mechanism of Action	**binds to and activates the mu-opioid receptor in the central nervous system**	**Prevents clot formation, usually after surgery**	**Reduces communication to vomiting center in the brain to decrease nausea.**	**Blocks arachidonate binding resulting in analgesic, antipyretic, and anti-inflammatory pharmacologic effects**	**Increases water up in the stool to ensu less painful bowel movements**

Reason Client Taking	**pain management**	**Prevent clots after hip surgery**	**1st line for Nausea**	**Pain management**	**Help pass stool aft surgery and decre probability of stra when using the restroom**
Contraindications (2)	**asthma, blockage in stomach or intestines**	**Thrombocytopenia, hypersensitivity**	**Anaphylaxis. DO not take if taking apomorphine which is a drug for Parkinson's disease.**	**Do not use with hepatic disease, closely monitor renal function**	**Do not use in fema clients if pregnant, regulating the use geriatric clients**
Side Effects/Adverse Reactions (2)	**noisy breathing, confusion**	**Thrombocytopenia, itching of the feet**	**Constipations, dizzy, flushing, fatigue, headache**	**GI perforation, peptic ulcer**	**Peeling skin, stoma cramps**
Nursing Considerations (2)	**avoid with breastfeeding, do not crush, break, or open pill**	**Do not add to another infusion line of other meds or piggyback either, Check for signs and symptoms of bleeding**	**Use in prevention of postoperative nausea/vomiting. Monitor for anaphylaxis**	**Administer with food or after meals, be aware of frequent ophthalmologic exam during long term therapy**	**Need to ensure adequate intake of water, can cause accumulation of st**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**renal function tests, liver function tests**	**Platelets, PTT**	**Assess GI symptoms**	**Liver function tests, renal function tests**	**Assess for abdomi distension/pattern bowel function**
Client Teaching needs (2)	**Know adverse effects, may need to take with laxative**	**Assess for signs of thrombocytopenia/excessive bleeding, use a soft bristle toothbrush and an electric razor**	**Put underneath tongue to dissolve, do not swallow whole**	**Do not overdose because this can damage the stomach/intestines, Use the smallest**	**Drink plenty of wa with taking med, r signs and sympton accumulation of st**

				amount of med needed to get through pain/swelling/ or fever	

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A/O x4 to person/place/time/situation** **No apparent distress** **Overall well groomed** **LLE limited due to pain from total hip replacement**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:N/A**	**Skin is pink, warm, and dry skin r/t ethnic background** **Moist/clean/intact** **BIOLOX ceramic hip placed and functions properly** **EBL-150 ml** **4 inch incision noted on left hip that is well approximated with no redness/warmth/swelling, it is sutured with a covered dressing that is clean/dry/intact** **Temp is warm at 36.9 C** **No tenting, good skin turgor** **No rashes or wounds** **Mild bruising on left hip** **Braden score: 20**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is normocephalic, no lesions/lacerations** **No redness, no drainage, no swelling** **No ocular drainage/redness/irritation** **No redness or drainage** **Intact, oral mucosa pink/moist** **Normal dentition**

CARDIOVASCULAR (2 points): **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: N/A**	**No abnormalities noted** **S1/S2 heard** **No murmurs, no clicks, no gallops** **NSR** **+2 all pulses bilaterally felt :apical, radial, carotid, brachial, femoral, popliteal, posterior tibial, and dorsalis pedis** **<3 sec cap refill** **No neck vein distension** **No edema noted**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No accessory muscle use** **Breath sounds clear/equal bilaterally in all lung fields**
GASTROINTESTINAL (2 points): **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:**	**Normal diet no restrictions at home** **Carb consistent ordered** **5' 10"** **220 lbs BMI: 31.6** **Last BM was 12/13/20** **Bowel sounds are heard in all four quadrants that are normoactive** **No pain/masses on abdomen are palpable** **No abnormalities noted** **No abdominal distension** **No incisions no scars, wounds, drains, ostomy, or NG** **No feeding tubes or PEG tubes**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Urine yellow/clear, 700 ml** **no odor, no dysuria, no dialysis, no abnormalities noted, no catheter**

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength: 5/5 on left side extremities/body** **5/5 on right side extremities/body** **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☐**	**Appropriate for situation- A/Ox4** **No assistive devices** **Independent ADL's** **Fall Score: 45** **No numbness, tingling, and sensation bilaterally with strength on left limb 5/5 and right side of body 5/5** **MAE with LLE limited due to pain** **Incision site noted to left hip, well approximated with no redness/warmth/swelling** **Dressing is clean, dry, and intact** **No bleeding noted** **Mild bruising noted on the left hip.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**No tingling or numbness in extremities** **Left side has no sensory deficits** **A/O x 4** **Appropriate for developmental stage (no deficits)**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Married** **Retired Chiropractor** **Attends online Christian church every Sunday** **Developmental level is appropriate for 73 y/o adult living with his wife** **Uses relaxation techniques such as guided imagery and seeks out support from this nurse as coping methods**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**76**	**133/76**	**16**	**37.0**	**98% Rm air**
1100	**69**	**126/63**	**18**	**36.9**	**97% Rm air**

Vital Sign Trends: The vital signs taken during the clinical time allotted were stable and were not concerning.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Left hip	6/10	Aching	Norco was given to ease pain
1100	Numeric	Generalized	1/10	Generalized	None

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 G 18G Location of IV: left antecubital right antecubital Date on both IV: 12/13/20 Patency of IV: Both flowing without difficulty , blood return was present, flushed with ease, no signs of infiltration noted such as leakage/coolness/redness/puffy/blanching/tenderness Signs of erythema, drainage, etc.: No signs of erythema, drainage, or swelling No infiltration or phlebitis noted IV dressing assessment: Clean/dry/intact	Left antecubital-NS 125ml/hr infusing without difficulty NS @ 125 ml/hr infusion without difficulty Saline locked with no complications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
ORAL: Water- 150 ml with breakfast Apple Juice 120 ml with breakfast	Urine voided- 700 ml total within 4 hours Stool x0

Normal Saline 125 ml/hr x 4 hours	

Nursing Care:

Nursing Care

Summary of Care (2 points)

Overview of care: The client was unproblematic after surgery. Norco was given for aching pain 6/10 around 0730 and he received all other medications on time. Early ambulation was encouraged and tolerated by patient well. Client voided twice during clinical time and he did not have a bowel movement.

Procedures/testing done: Client did not leave the floor for any procedures or testing

Complaints/Issues: The client did not have any complaints or issues today

Vital signs (stable/unstable): The client's vital signs were stable during clinical time and did not warrant concern.

Tolerating diet, activity, etc.: Tolerating normal diet, ambulates safely. Occupational Therapy and Physical Therapy will help hopefully improve his activity.

Physician notifications: The client is to follow up any changes or worsening in his condition. Needs to schedule a 1 week follow up appointment with the orthopedic surgeon.

Future plans for patient: Encourage early ambulation, referral to PT/OT

Discharge Planning (2 points)

Discharge location: Home with his wife with Oxycodone-Acetaminophen medication and education

Home health needs (if applicable): The client does not require home health needs

Equipment needs (if applicable): The client does not require any equipment needs

Follow up plan: PT/OT

Education needs:

Explain positives and ways to cope/help/support groups with cessation of alcohol

Explain reasons and what foods/drinks are good to increase calcium intake within his diet

Explain signs and symptoms of Acetaminophen toxicity and acceptable daily digestion

Provide the teach-back method on how to use a cane/walker when going up or down stairs when the challenge proposes.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Other

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. Acute pain related to left total hip	Injury to soft tissue, stress, and anxiety can	1.Encourage client to discuss problems related	Client was able to discuss worries and things that made him

replacement as evidenced by left aching hip pain of 6/10	**cause acute pain**	**to injury 2. Medicate before ambulation**	**anxious postoperatively with the nurse Client was medicated and encouraged to ask for pain medication in order to prevent severe pain while ambulating**
2. Risk for Impaired Gas Exchange related to sedation during surgery as evidenced by immobility to move extremity	**Altered blood flow could cause a embolus and diminished capillary membrane changes such as pulmonary edema or congestion**	**1. Handle injured tissues and bones gently, especially during the first couple days 2. Teach and assist with incentive spirometry**	**1. Client did not suffer from a fat embolus during the stay 2. Client was able to continue sufficient oxygen for optimal tissue oxygenation**
3. Risk for Peripheral Neurovascular Dysfunction related to total hip replacement as evidenced by trauma to skin	**Vascular injury, tissue trauma, hypovolemia can interrupt blood flow**	**1. Assess capillary return, skin color, and warmth distal to the fracture 2. Investigate tenderness, swelling, and a positive Homan's sign**	**Capillary refill in all extremities were <3 seconds, skin color was normal being pink and warm Client had a negative Homan's sign and denied tenderness or swelling**
4. Risk for Infection related to the incision on left hip as evidenced by total hip replacement surgery	**An infection to the incision can cause further damage and delayed healing of the wound. If there is a prolonged infection it can lead to septicemia.**	**1. Observe incision for gangrene by a formation of bullae, crepitation, bronze discoloration of the skin, frothy or fruity-smelling drainage 2. Instruct**	**1. Signs and symptoms of gangrene infection did not manifest 2. Client understood to not touch insertion**

		client to not touch the incision site.	

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Nursing Diagnosis

1. Acute pain related to left total hip replacement as evidenced by verbalizing left aching hip pain of 6/10
2. Risk for Impaired Gas Exchange related to sedation during surgery as evidenced by immobility to move extremity
3. Risk for Peripheral Neurovascular Dysfunction related to total hip replacement as

Nursing Outcomes

Client was able to discuss worries and things that made him anxious postoperatively with the nurse

Client was medicated and encouraged to ask for pain medication in order to prevent severe pain while ambulating

1. Client did not suffer from a fat embolus during the stay
2. Client was able to continue sufficient oxygen for optimal tissue oxygenation

Client states he fell off of a golf cart this morning and states an aching pain 6/10 in his left hip. He can ambulate safely with a strength of 5/5 after surgery of total left hip replacement.

Objective Data

Patient Information

73 y/o male client admitted for acute left hip pain

PMH: Gastroesophageal reflux disease, osteoporosis

Compliant with treatment

Client is doing well with early ambulation

Electromagnetic Radiation (X-ray) of the left hip was ordered to provide an image to diagnose any possible abnormalities of the bones.

The results showed a fracture noted on the left femoral head, joint is approximated with no avulsion or separation. No other orthopedic

Nursing Interventions

1. Observe incision for gangrene by a formation of bullae, crepitation, and bronze discoloration of the skin, frothy or fruity-smelling drainage
2. Instruct client to not touch the incision site.

1. Handle injured tissues and bones gently, especially during the first couple days
2. Teach and assist with incentive spirometry

1. Assess capillary return, skin color, and warmth distal to the fracture
2. Investigate tenderness, swelling, and a positive Homan's sign

1. Encourage client to discuss problems related to injury
2. Medicate before ambulation