N321 Care Plan 1
Lakeview College of Nursing
Whitney Miller

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
3/3/21	P.B.	65	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Walmart Employee	Married	Latex
Code Status	**Height**	**Weight**	
Full	163.6 cm	106 kg	

Medical History (5 Points)

Past Medical History: Diabetes, elevated liver enzymes, hyperlipidemia, osteoarthritis, hypertension
Past Surgical History: Cancer of the skin, colonoscopy with biopsy, esophagogastroduodenoscopy biopsy, carpal tunnel, remove mole of skin, varicose vein
Family History: Father: heart attack, Mother: hypertension, liver cirrhosis, Brother: cardiovascular disease, lung cancer, rectal cancer, Sister: cardiovascular disease, diabetes
Social History (tobacco/alcohol/drugs): Patient denies use of alcohol. Patient denies tobacco or drug use.
Assistive Devices: Patient does not use assistive devices.
Living Situation: Patient lives in a private residence with her husband.
Education Level: Two years of college

Admission Assessment

Chief Complaint (2 points): Patient fell on stairs. Pt reports pain in her right shoulder, rib, pelvis, back, and legs.
History of present Illness (10 points):. On March third, a sixty-five year old white, married female with a past medical history of diabetes, elevated liver enzymes, hyperlipidemia, hypertension and osteoarthritis was admitted to Sarah bush Lincoln Hospital emergency room after she fell up her stairs. Patient has been in pain since her fall and states the pain is in her right shoulder, right rib, pelvis, back and both of her legs. Patient fell primarily on her right side. Patient describes the pain as sharp without medication and dull while taking pain medications. Movement increases her pain and laying down is a reliever. Patient is being treated for her pain with pain medications. Patient denies hitting her head.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Fall. T9 vertebral fracture, pelvic fracture, right humerus fracture, right fifth rib fracture, bruised lung
Secondary Diagnosis (if applicable):.
Pathophysiology of the Disease, APA format (20 points):

Bone fractures often occur as the consequence from fall. However, fractures can be caused by motor vehicle crashes, sports injuries, or weakened bones. Bone strength plays an important role in preventing a bone fracture. Bone mass, bone quality, age, and skeletal geometry are all taken into account when calculating an individual's bone strength. The frequency, nature, and effect of the injury also need to be considered when looking at a fracture.

Fractures may be either open or closed. An open fracture occurs when the skin is broken. Open fractures are easy to spot out because the bone protrudes through the skin. A closed fracture is a fracture where the skin is still intact and there is no bone exposed. Pathologic fractures are when a mild or menial force fractures the bone. When there is a pathologic fracture, it is often due to a disorder such as osteoporosis, cancer, infection, or bone cyst. Stress fractures are the result of repetitive force that goes on over a long period of time, years likely. The repetitive force to the same location causes microtrauma that slowly wears down the bone (DerSarkissian, 2021).

Bone healing comes in different stages. Coexisting disorders and age can play a part in how long it takes for bones to heal. Disorders that impair peripheral circulation such as diabetes and peripheral vascular disease will also slow the healing process. The three stages of healing fractures are inflammatory, reparative, and remodeling. The inflammatory stage is when a small amount of the bone is resorbed. The reparative stage is when a calluses formed and new blood vessels develop which enables cartilage to form. In the remodeling stage, the callus becomes ossified and the bone is rebuilt.

Signs and symptoms of a fractured bone can vary from person to person and also depends on the bone that is broken. Some common signs and symptoms of a fracture include visibly out of place or misshapen limb or joint, swelling, bruising, bleeding, intense pain, numbness and tingling, broken skin with bone protruding, and limited mobility or inability to move

a limb. It is expected that a patient who comes into the emergency room will have an elevated heart rate and blood pressure due to the stress and pain that comes with breaking a bone. My patient was experiencing a high blood pressure when she came into the emergency room. Although this patient does have hypertension, her blood pressure was still more elevated than normal.

X-rays are often used to identify fractures. MRIs and CT scans are often ordered with an x-ray to assess for other complications such as bleeds. My patient was assessed using x-rays and CT scans. These x-rays showed she had four broken bones. The CT scan showed the patient had a bruised right side lung. The patient has been put in a cast to help her arm heal while it is in the reparative stage. The patient has also been given hydromorphone and hydrocodone to help control her level of pain. It is common for patients to get a cast for treatment in order to immobilize the limb so it will heal better and not be as painful for the patient. Rest, ice, compression, and elevation are also used when treating a broken bone. It is common that surgery may need to be done to correct the break (Campagne, 2021). My patient was still being evaluated for surgery on the day of clinical, however, she will probably be getting surgery on her right humerus fracture.

Pathophysiology References (2) (APA):

Campagne, Danielle. "Overview of Fractures - Injuries; Poisoning." *Merck Manuals Professional Edition*, Merck Manuals, 2021, www.merckmanuals.com/professional/injuries-poisoning/fractures/overview-of-fractures.

DerSarkissian, Carol. "Types of Bone Fractures: Buckle Fracture, Stress Fracture, Comminuted Fracture, and More." *WebMD*, WebMD, 2021, www.webmd.com/a-to-z-guides/understanding-fractures-basic-information.

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	3.8 - 5.41	4.33	N/A	Patient was admitted today.
Hgb	11.3 - 15.2	12.4	N/A	
Hct	33.2 - 45.3	37.6	N/A	
Platelets	149 - 393	196	N/A	
WBC	4.0 - 11.7	7.9	N/A	
Neutrophils	2.4 - 8.4	6.1	N/A	
Lymphocytes	0.8 - 3.7	1.2	N/A	
Monocytes	4.4 - 12.0	6.4	N/A	
Eosinophils	0.0 - 6.3	0.6	N/A	
Bands	0.2 - 1.6	0.7	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	135	N/A	Patient was admitted today. Pt is on a diuretic for her diabetes which can lower sodium levels. (Bhargava, 2020)
K+	3.5 - 5	3.2	N/A	Pt is on diuretic which causes increased urination and loss of potassium. (Ambardekar, 2020)
Cl-	98 - 107	99	N/A	
CO2	21 - 31	25	N/A	
Glucose	74 - 109	255	N/A	Pt has high glucose levels because of her type II diabetes. (Ambardekar, 2020)

BUN	7 - 25	16	N/A	
Creatinine	0.7 - 1.3	0.55	N/A	An elevated creatinine could mean kidney disease for this patient. (Bhargava, 2020)
Albumin	3.5 - 5.2	4.0	N/A	
Calcium	8.6 - 10.3	8.9	N/A	
Mag	1.6 - 2.4	1.6	N/A	
Phosphate	2.5 - 4.5	N/A	N/A	
Bilirubin	0.3 - 1.0	1.1	N/A	High bilirubin is an indicator of liver diseases for this patient. (Felson, 20210)
Alk Phos	34 - 104	70	N/A	
AST	13 - 39	58	N/A	This patient has been diagnosed with elevated liver enzymes and a high AST indicates liver damage. (Robinson, 2019)
ALT	7 - 52	60	N/A	This patient has been diagnosed with elevated liver enzymes and a high ALT indicates liver damage. (Robinson, 2019)
Amylase	30 - 110	N/A	N/A	
Lipase	24 - 151	N/A	N/A	
Lactic Acid	0.5 - 1	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 - 1.1	N/A	N/A	
PT	11 - 13.5	N/A	N/A	
PTT	25 - 35	N/A	N/A	
D-Dimer	0 - 250	N/A	N/A	
BNP	0 - 100	N/A	N/A	
HDL	40 - 100	N/A	N/A	
LDL	0 - 100	N/A	N/A	
Cholesterol	0 - 200	N/A	N/A	
Triglycerides	0 - 150	N/A	N/A	
Hgb A1c	0 - 5.7	N/A	N/A	
TSH	0.4 - 4	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	Straw/clear	N/A	N/A	
pH	5.0 - 7.0	N/A	N/A	
Specific Gravity	1.003-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0 - 5	N/A	N/A	
RBC	0 - 4	N/A	N/A	
Leukoesterase	Negative	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	10,000 - 1,000,000	N/A	N/A	
Blood Culture	Negative, no growth	N/A	N/A	
Sputum Culture	Negative, no growth	N/A	N/A	
Stool Culture	Negative, no growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Ambardekar, Nayana. "Hyperglycemia (High Blood Sugar): Symptoms, Causes, Treatments." *WebMD*, WebMD, 2020, www.webmd.com/diabetes/guide/diabetes-hyperglycemia.

Ambardekar, Nayana. "Hypokalemia (Low Potassium): Symptoms, Causes, Diagnosis, Treatment." *WebMD*, WebMD, 2020, www.webmd.com/digestive-disorders/hypokalemia.

Bhargava, Hansa. "Creatinine Clearance Blood Test: Purpose, Procedure, Results." *WebMD*, WebMD, 2020, www.webmd.com/a-to-z-guides/creatinine-and-creatinine-clearance-blood-tests.

Bhargava, Hansa. "Hyponatremia: Symptoms, Causes, and Treatments." *WebMD*, WebMD, 2020, www.webmd.com/a-to-z-guides/what-is-hyponatremia.

Felson, Sabrina. "Bilirubin Test: High vs. Low Levels, Direct vs. Indirect." *WebMD*, WebMD, 2021, www.webmd.com/a-to-z-guides/bilirubin-test.

Robinson, Jennifer. "Aspartate Aminotransferase (AST) Test (Aka SGOT): High vs. Low Levels." *WebMD*, WebMD, 2019, www.webmd.com/a-to-z-guides/aspartate_aminotransferse-test.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR shoulder right - right humerus fracture
CT chest with contrast - right humerus fracture, right fifth rib fracture, T9 vertebral fracture
CT abdomen and pelvis - pelvic fracture, T9 vertebral fracture
CT right shoulder scan - in progress/ not completed yet
EKG - in progress/ not verified by cardiologist yet

Diagnostic Test Correlation (5 points):

Patient fell, XR ordered to rule our or diagnose fracture.
CT was ordered to rule out or diagnose any complications from the fall such as bleeds or fractures
EKG ordered to rule out or diagnose heart dysrhythmias or cardiac issues

Diagnostic Test Reference (1) (APA):

Cassoobhoy, Arefa. “CT Scan (CAT Scan): Purpose, Procedure, Risks, Side-Effects, Results.” *WebMD*, WebMD, 13 Dec. 2020, www.webmd.com/cancer/what-is-a-ct-scan.

Nazario, Brunilda. “X-Rays (Medical Test) - Purpose, Procedure, Risks, Results.” *WebMD*, WebMD, 2020, www.webmd.com/a-to-z-guides/what-is-x-ray.

Steinbaum, Suzanne. “What Is an Electrocardiogram (EKG or ECG) Test: Purpose & Types.” *WebMD*, WebMD, 2019, www.webmd.com/heart-disease/electrocardiogram-ekgs.

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

Home Medications (5 required)

Brand/Generic	Zaroxolyn/ Metolazone	Benadryl/ Diphenhydramine	Jardiance/ Empagliflozin	Glucophage/ Metformin	Prilosec/ Omeprazole
Dose	5 mg	10 mg	25 mg	1000 mg	20 mg
Frequency	Daily	PRN	Daily	BID	AC
Route	Oral	Oral	Oral	Oral	Oral
Classification	Thiazide diuretic	Antihistamine	Sodium glucose co-transporter 2 inhibitors	Biguanides	Proton pump inhibitor
Mechanism of Action	Inhibiting sodium transport across the epithelium of the renal tubules, resulting in decreased sodium reabsorption to enhance diuresis	Inverse agonist at the H1 receptor, reversing effects of histamine on capillaries, reducing allergy symptoms	Inhibits SGLT2 which is the transporter responsible for reabsorption of glucose	Acts on the liver to lower glucose production and acts of the gut to increase glucose utilisation	Inhibits the parietal cell H+ / K+ ATP pump and suppresses gastric vasal and stimulated acid secretion
Reason Client Taking	Hypertension	Allergy relief	Type II diabetes	Type II diabetes	Heartburn
Contraindications (2)	Low sodium in the blood, low potassium in the blood	High blood pressure, high cholesterol	Low blood sugar, high cholesterol	Diabetic ketoacidosis, abnormal creatinine levels	Liver problems, hypertension
Side Effects/Adverse Reactions (2)	Abdominal pain, blurred vision	Drowsiness, constipation	Dehydration, dizziness	Stomach pain, diarrhea	Headache, abdominal pain
Nursing Considerations (2)	Check potassium and blood glucose before administering	Administer with food, monitor patients level on consciousness and adjust dose accordingly	Monitor patient for signs of dehydration, administer fluids	Monitor urine and glucose levels frequently to determine effectiveness, use IV glucose if hypoglycemia	Monitor for changes in urinary elimination, have patient take the medication before a meal

				occurs as result of an overdose	

Hospital Medications (5 required)

Brand/Generic	Dilaudid/ Hydromorphone	Norco 5mg - 325 mg/ Hydrocodone-acetaminophen	Milk of Magnesia/ Magnesium hydroxide	Narcan/ Naloxone	Zofran/ Ondansteron
Dose	0.5 mg	1 tablet	30 mL	0.4 mg	4mg
Frequency	Q2H PRN	Q4H PRN	QID PRN	PRN	Q6H
Route	IV push	Oral	Oral	IV push	IV push
Classification	Schedule II opioid analgesic	Opiate analgesics	Laxative	Opioid antagonist	5 - HT3 antagonist
Mechanism of Action	Binds to opioid receptors	Blocks receptors on nerve cells in the brain that control the sensation of pain	Increases osmotic effect in the intestinal tract and draws water in to create distension of the colon for more peristaltic movement	Antagonizes opioid effects by competing for the same receptor sites	Blocks the action of serotonin
Reason Client Taking	Severe pain	Moderate pain	Indigestion	Opioid overdose	Nausea
Contraindications (2)	Indigestion, hypertension	Gastrointestinal obstruction, hepatic impairment	Low sodium, decreased kidney function	Hypertension, liver disease	Low potassium, hypertension
Side Effects/Adverse Reactions (2)	Lightheadedness, dry mouth	Nausea, drowsiness	Vomiting, diarrhea	Fever, sweating	Headache, constipation
Nursing Considerations (2)	Monitor for consciousness, administer Narcan if patient is overdosed	Monitor for consciousness, administer fluids	Monitor electrolyte levels, check for signs of dehydration	Watch for sudden withdrawal symptoms, take vitals frequently	Monitor fluids, monitor electrolytes

Medications Reference (1) (APA):

Web MD Staff. “Better Information. Better Health.” *WebMD*, WebMD, 2021, www.webmd.com/.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	ANO X4 Oriented to time and place No distress Well groomed
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N** X **Type:**	Warm, dry, pink Skin turgor slow No rashes Bruises showing on right side leg, right side abdomen, right side arm No wounds Fractures to right humerus, right fifth rib, pelvis, and T9 vertebrae Braden score: 18
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.Symmetrical Tympanic membrane pearly grey Sclera normal Nose normal Teeth normal
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N** X **Edema Y** X **N ☐** **Location of Edema:**	.Heart sounds normal S2 Peripheral pulses normal Capillary refill slow Left leg pitting edema 2+
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N** X **Breath Sounds: Location, character**	.Breath sounds heard on right and left side Normal breath sounds

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** X **Nasogastric: Y ☐ N** X **Size:** **Feeding tubes/PEG tube Y ☐ N** X **Type:**	.Normal diet at home NPO at hospital 163.6 cm 106 kg Soft, nontender, nondistended Normoactive bowel sounds Last BM 3/2
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N** X **Dialysis: Y ☐ N** X **Inspection of genitals:** **Catheter: Y ☐ N** X **Type:** **Size:**	Straw/ clear 100 mL
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y** X **N ☐** **Fall Risk: Y** X **N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	.Right arm in sling, immobile Normal neurovascular Pt currently does not have supportive devices Right leg is “really hard” for pt to move Left arm and leg move normal ROM Weakened right side Fall score 25 Pt is bed ridden in pain currently Pt is not independent up ad lib Needs assistance with equipment Needs support to stand or walk
NEUROLOGICAL (2 points): **MAEW: Y ☐ N** X **PERLA: Y** X **N☐** **Strength Equal: Y ☐ N** X **if no - Legs ☐** **Arms ☐ Both** X **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.Speech normal Pt oriented to place and time LOC aware Pt has immobile right arm, lack of mobility in right leg Weak on right side Sensory normal Normal mental status

PSYCHOSOCIAL/CULTURAL (2 points):	.Husband helps pt cope
Coping method(s):	Pt has some college education
Developmental level:	Christain
Religion & what it means to pt.:	Lives with husband at a private residence
Personal/Family Data (Think about home environment, family structure, and available family support):	Husband is retired and can help with recovery Pt does not want to go to rehabilitations Pt has requested for a home health nurse when discharged

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0208	80	183/85	18	36	96
0800	82	161/83	20	37	98

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0400	1 - 10	shoulder	8/10	Sharp	Administer pain medication
0900	1 - 10	generalized	2/10	Dull	Administer pain medication

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 Gauge Left peripheral hand Dates 3/3 No phlebitis No signs of erythema or drainage IV patent No infiltration present Saline lock Dressing clean, dry and intact IV normal

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Potassium chloride IV fluid 100 mL	Emesis 1000 mL

Nursing Care

Summary of Care (2 points)

Overview of care: I took vitals and did a full head to toe assessment on my patient

Procedures/testing done: Pt left the floor to get a right shoulder CT scan at 1000

Complaints/Issues: Pt complains of dry mouth, pt is NPO but wants to eat and drink

Vital signs (stable/unstable): Vital sign are stable, patient has diagnosed hypertension

Tolerating diet, activity, etc.: Pt is not happy with NPO diet and has not had physical therapy yet

Physician notifications: not applicable

Future plans for patient: Pt does not want to go to a rehabilitation facility. Pt intends to go home to her private residence where her retired husband will help the pt with her ADL's. I anticipate the patient will require home health nurse upon discharge. .

Discharge Planning (2 points)

Discharge location: At the patient's private residence with a home health nurse or a skilled stay

Home health needs (if applicable): Home health nurse

Equipment needs (if applicable): Get pt staircase railing and a walker

Follow up plan: Primary care provider or orthopedic doctor

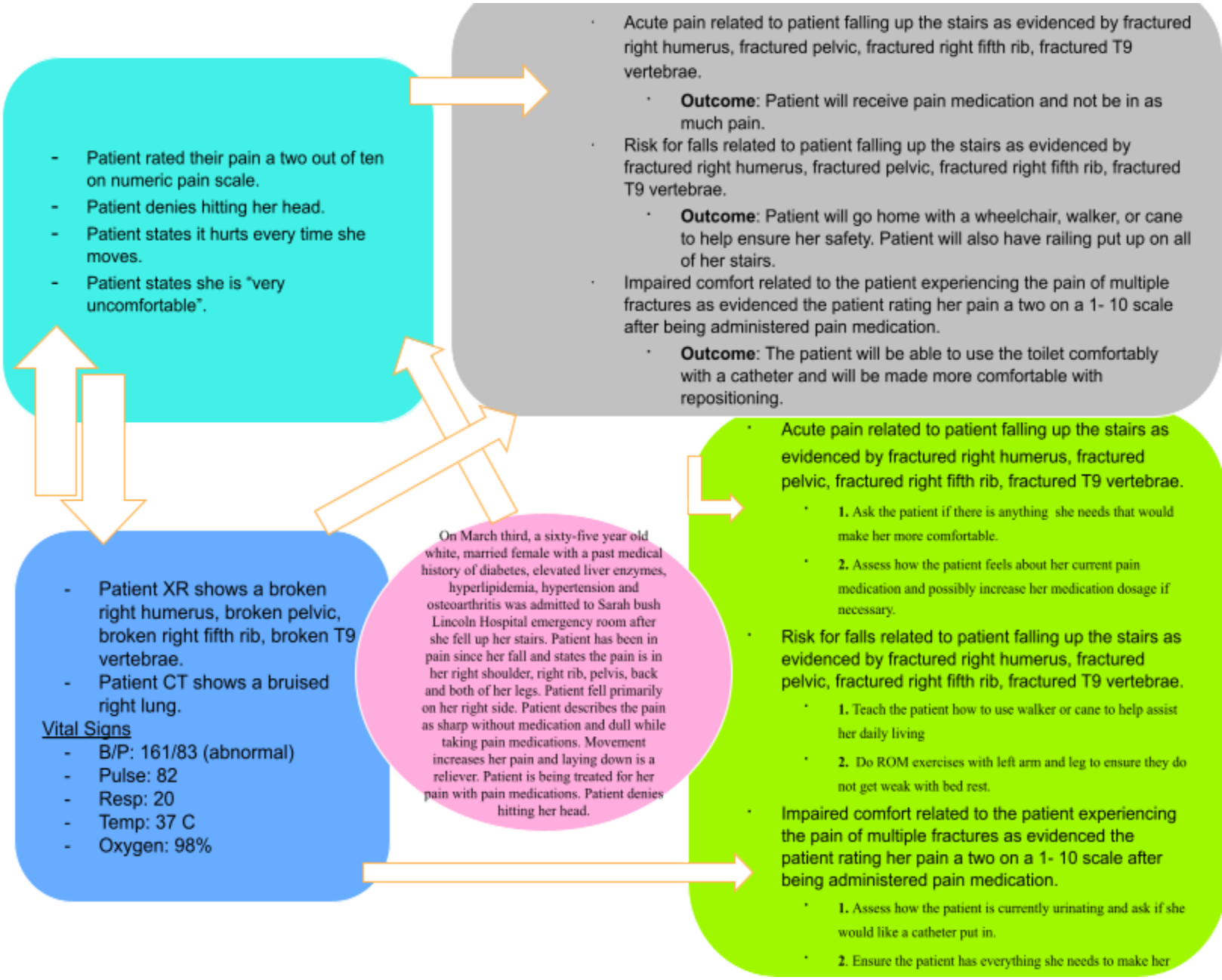
Education needs: Educate the patient on how to take care of her casts, on a walker or cane if she gets one, teach the pt the importance of having stair railing, wear no-slip socks, fall precautions.

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.
● Acute pain related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae	Patient complains of pain, especially when moving. Patient states that even with strong pain medication, her pain is still a two on a 1 - 10 scale.	**1.** Ask the patient if there is anything she needs that would make her more comfortable. **2.** Assess how the patient feels about her current pain medication and possibly increase her medication dosage if necessary.	The patient and her husband were grateful for an opportunity to express the way they feel about the medications. Client asked if we could remove her NPO order to make her more comfortable; unfortunately, I could not comply with that request. Client did not request to increase her medication dosage because she wants to ensure she is alert and aware of what is going on around her. I was also able to bring the patient more pillows and blankets that she requested to make her more comfortable. Goals were met, the patient was made more comfortable and I was able to assess how the patient felt about her medication.
● Risk for falls related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae	Patient is dealing with decreased mobility and loss of independence after her fall. Patient has poor ROM on the right side arm and leg and cannot get up and do ADLs on her own.	**1.** Teach the patient how to use walker or cane to help assist her daily living **2.** Do ROM exercises with left arm and leg to ensure they do not get weak with bed rest.	The patient was too weak to learn how to use a walker or cane. Pt will possibly need to be put in a wheelchair for some time until her arm and pelvis is healed. Pt declined doing ROM exercise because she was too tired and in too much pain. Pt was educated on the importance of ROM exercises on bed rest and intends to do ROM when she is feeling well enough. The patient and her husband were thankful that I taught them about ROM exercises. Goal not met for teaching the client how to use a cane or walker. Goal not met for ROM exercises, however, the patient was educated on how to do them in the future.
● Impaired comfort related to the patient experiencing the pain of multiple fractures as evidenced	The patient said moving was an aggravator for her pain and that she is unable to move. Pt is	**1.** Assess how the patient is currently urinating and ask if she	Patient has been urinating on a bed pan. Patient was asked if she would like a catheter and refused the offer. Goal not met for inserting a catheter. Patient and

	the patient rating her pain a two on a 1- 10 scale after being administered pain medication.	unable to go to the bathroom without being in pain and is experiencing discomfort.	would like a catheter put in. **2**. Ensure the patient has everything she needs to make her comfortable.	her husband seem happy that I am so interested in the patient's level of comfort. The patient was asked if she needed anything to make her more comfortable and I was able to get her some pillows and blankets and readjust her in bed. I also propped her feet back up. Goal met of making the patient more comfortable.

Other References (APA):
Concept Map (20 Points):


- Patient rated their pain a two out of ten on numeric pain scale.
- Patient denies hitting her head.
- Patient states it hurts every time she moves.
- Patient states she is "very uncomfortable".
· Acute pain related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae.
· Outcome: Patient will receive pain medication and not be in as much pain.
· Risk for falls related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae.
· Outcome: Patient will go home with a wheelchair, walker, or cane to help ensure her safety. Patient will also have railing put up on all of her stairs.
· Impaired comfort related to the patient experiencing the pain of multiple fractures as evidenced the patient rating her pain a two on a 1- 10 scale after being administered pain medication.
· Outcome: The patient will be able to use the toilet comfortably with a catheter and will be made more comfortable with repositioning.
- Patient XR shows a broken right humerus, broken pelvic, broken right fifth rib, broken T9 vertebrae.
- Patient CT shows a bruised right lung.
Vital Signs
- B/P: 161/83 (abnormal)
- Pulse: 82
- Resp: 20
- Temp: 37 C
- Oxygen: 98%
On March third, a sixty-five year old white, married female with a past medical history of diabetes, elevated liver enzymes, hyperlipidemia, hypertension and osteoarthritis was admitted to Sarah bush Lincoln Hospital emergency room after she fell up her stairs. Patient has been in pain since her fall and states the pain is in her right shoulder, right rib, pelvis, back and both of her legs. Patient fell primarily on her right side. Patient describes the pain as sharp without medication and dull while taking pain medications. Movement increases her pain and laying down is a reliever. Patient is being treated for her pain with pain medications. Patient denies hitting her head.
· Acute pain related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae.
· 1. Ask the patient if there is anything she needs that would make her more comfortable.
· 2. Assess how the patient feels about her current pain medication and possibly increase her medication dosage if necessary.
· Risk for falls related to patient falling up the stairs as evidenced by fractured right humerus, fractured pelvic, fractured right fifth rib, fractured T9 vertebrae.
· 1. Teach the patient how to use walker or cane to help assist her daily living
· 2. Do ROM exercises with left arm and leg to ensure they do not get weak with bed rest.
· Impaired comfort related to the patient experiencing the pain of multiple fractures as evidenced the patient rating her pain a two on a 1- 10 scale after being administered pain medication.
· 1. Assess how the patient is currently urinating and ask if she would like a catheter put in.
· 2. Ensure the patient has everything she needs to make her