

N321 Care Plan #2  
Lakeview College of Nursing  
Tresne McCarty

**Demographics (3 points)**

<b>Date of Admission</b> 07/08/2021	<b>Patient Initials</b> BD	<b>Age</b> 78	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Homemaker	<b>Marital Status</b> Married	<b>Allergies</b> Toradol, sulfa, Augmentin
<b>Code Status</b> Full	<b>Height</b> 177.8 cm	<b>Weight</b> 86.8 kg	

**Medical History (5 Points)**

**Past Medical History:** Atrial fibrillation, osteoarthritis, blood clotting disorder, Gallbladder disease, asthma, mixed hyperlipidemia

**Past Surgical History:** Hysterectomy (1988), back surgery (1992), knee surgery (2001), left foot surgery (2008), catheter placement (2016), Right hip arthroplasty (2021)

**Family History:** Mother (deceased) → heart problems & dementia, Father (deceased) → back problems & lung issues

**Social History (tobacco/alcohol/drugs):** Never a smoker, Never an alcohol user, never a drug user

**Assistive Devices:** gait belt, eyeglasses, & dentures

**Living Situation:** Pt currently lives with her husband in their house on a farm.

**Education Level:** High school (12 years)

**Admission Assessment**

**Chief Complaint (2 points):** “My hip wore out on me. I walked in the front door of the hospital from Dr. Mandella’s office.”

**History of present Illness (10 points):** A 78 year old Caucasian female arrives to the hospital for an elective right hip arthroplasty. Pt has a previous history of osteoarthritis, atrial fibrillation, blood clotting disorder, asthma, gallbladder disease, and mixed hyperlipidemia. Pt has current

allergies to Toradol, sulfa, and augmentin. Pt rated pain a 3/10 on a numeric scale. Onset of pain was that morning during her office visit with Dr. Mandella. Location of the pain was in her right hip. Duration was for “a few months” as stated by the patient. Pt mainly used Tylenol arthritis strength for pain.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** S/P (status post) total hip arthroplasty

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

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

My patient was a 78-year-old Caucasian female who came to the hospital to elective total right hip arthroplasty. During my assessment, she stated, "My hip wore out." When her hip wore out, she consulted Dr. Mandella, the physician, to complete her surgery and made her primary diagnosis of osteoarthritis. Osteoarthritis (OA) is the normal wear and tear on the body's weight-bearing joints. It's the most common arthritis and is commonly called a degenerative disease (Centers for Disease Control and Prevention, 2020). OA signs and symptoms are pain, stiffness, swelling, and decreased range of motion (Centers for Disease Control and Prevention, 2020).

There is joint cartilage between each bone in the body. Over time, the cartilage begins to break down due to damage or overuse of the joint. The major areas for OA are the hips, knees, back, neck, hands, and feet. It affects the overall body because these joints are used on an everyday basis. This explains why my patient stated her hip wore out. During my assessment, she discussed how she worked on the farm with her husband for years. The wear and tear on her joints caused deterioration, pain, and decreased range of motion.

OA can be diagnosed through x-rays and physical assessment (Centers for Disease Control and Prevention, 2020). OA's expected findings can be found during physical assessments, which include strength, mobility, and alignment of the bones (Foran, 2020). X-rays can show the health of the bones and joints. It will indicate deterioration or damage. My patient had an x-ray on 07/08/2021, and it indicated deterioration of the right hip joint. The x-ray confirmed the diagnosis, and she was then scheduled for elective total hip arthroplasty. Surgery is often the treatment for OA. Hip replacement (total hip arthroplasty) is surgery to replace a worn-out or damaged hip joint. The surgeon replaces the old joint with an artificial joint (prosthesis) (Johns Hopkins Medicine, n.d.). My patient received this surgery on 07/09/2021 as a treatment for her OA. She remained on the medical-surgical floor of the hospital until she had enough physical strength to return home. Continual treatment for OA will include physical therapy, pain management, and increasing physical activity.

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

Foran, J. R. H. (2020, June). *Total Hip Replacement - OrthoInfo - AAOS*. OrthoInfo. <https://orthoinfo.aaos.org/en/treatment/total-hip-replacement>.

*Hip Replacement Surgery*. Johns Hopkins Medicine. (n.d.). <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/hip-replacement-surgery>.

**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 (07/02/2021)	Today's Value (07/12/2021)	Reason for Abnormal Value

<b>RBC</b>	3.8 – 5.41	4.17	N/A	N/A
<b>Hgb</b>	11.3 – 15.2	12.8	7.8	Low hemoglobin levels indicate anemia, chronic inflammatory disease, or iron deficiency ( <i>PDR Search, n.d.</i> )
<b>Hct</b>	33.2 – 45.3	38.1	22.7	Low hematocrit levels indicate anemia due to blood loss, chronic inflammatory disease, or iron deficiency ( <i>PDR Search, n.d.</i> )
<b>Platelets</b>	149 - 393	151	N/A	N/A
<b>WBC</b>	4.0 – 11.7	5.0	N/A	N/A
<b>Neutrophils</b>	1.8 – 7.8	3.0	N/A	N/A
<b>Lymphocytes</b>	1.0 – 4.8	1.3	N/A	N/A
<b>Monocytes</b>	4.4 – 12.0	7.0	N/A	N/A
<b>Eosinophils</b>	0 – 6.3	5.4	N/A	N/A
<b>Bands</b>	N/A	N/A	N/A	N/A

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value (07/02/2021)</b>	<b>Today's Value (07/09/2021)</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	136 – 145	N/A	138	N/A
<b>K+</b>	3.5 - 5.1	N/A	4.4	N/A
<b>Cl-</b>	98 – 107	N/A	106	N/A
<b>CO2</b>	21 – 31	N/A	24	N/A
<b>Glucose</b>	74 – 109	N/A	156	Elevated glucose could indicate acute trauma since this patient recently underwent surgery ( <i>PDR Search, n.d.</i> )
<b>BUN</b>	7 – 25	N/A	16	N/A
<b>Creatinine</b>	0.6 – 1.2	N/A	0.72	N/A

<b>Albumin</b>	3.5 – 5.4	4.1	N/A	N/A
<b>Calcium</b>	8.6 – 10.3	9.4	8.7	N/A
<b>Mag</b>	N/A	N/A	N/A	N/A
<b>Phosphate</b>	N/A	N/A	N/A	N/A
<b>Bilirubin</b>	0.1 – 1.2	0.4	N/A	N/A
<b>Alk Phos</b>	20 - 130	59	N/A	N/A
<b>AST</b>	8 - 33	14	N/A	N/A
<b>ALT</b>	4 - 36	10	N/A	N/A
<b>Amylase</b>	N/A	N/A	N/A	N/A
<b>Lipase</b>	N/A	N/A	N/A	N/A
<b>Lactic Acid</b>	N/A	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.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	N/A	N/A	N/A	N/A
<b>PT</b>	N/A	N/A	N/A	N/A
<b>PTT</b>	N/A	N/A	N/A	N/A
<b>D-Dimer</b>	N/A	N/A	N/A	N/A
<b>BNP</b>	N/A	N/A	N/A	N/A
<b>HDL</b>	N/A	N/A	N/A	N/A
<b>LDL</b>	N/A	N/A	N/A	N/A

<b>Cholesterol</b>	N/A	N/A	N/A	N/A
<b>Triglycerides</b>	N/A	N/A	N/A	N/A
<b>Hgb A1c</b>	N/A	N/A	N/A	N/A
<b>TSH</b>	N/A	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
<b>Color &amp; Clarity</b>	N/A	N/A	N/A	N/A
<b>pH</b>	N/A	N/A	N/A	N/A
<b>Specific Gravity</b>	N/A	N/A	N/A	N/A
<b>Glucose</b>	N/A	N/A	N/A	N/A
<b>Protein</b>	N/A	N/A	N/A	N/A
<b>Ketones</b>	N/A	N/A	N/A	N/A
<b>WBC</b>	N/A	N/A	N/A	N/A
<b>RBC</b>	N/A	N/A	N/A	N/A
<b>Leukoesterase</b>	N/A	N/A	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
<b>Urine Culture</b>	N/A	N/A	N/A	N/A
<b>Blood Culture</b>	N/A	N/A	N/A	N/A

<b>Sputum Culture</b>	N/A	N/A	N/A	N/A
<b>Stool Culture</b>	N/A	N/A	N/A	N/A

**Lab Correlations Reference (1) (APA):**

*Lab Tests Online*. Patient Education on Blood, Urine, and Other Lab Tests. (n.d.).  
<https://labtestsonline.org/>.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

07/08/2021 → XR hip & pelvis indicated degeneration of the hip joint.

**Diagnostic Test Correlation (5 points):**

X-ray images help determine the extent of damage or deformity in your hip (Foran, 2020). This test was used to confirm the diagnosis of arthritis and helped determine the need for surgery.

**Diagnostic Test Reference (1) (APA):**

Foran, J. R. H. (2020, June). *Total Hip Replacement - OrthoInfo - AAOS*. OrthoInfo.

<https://orthoinfo.aaos.org/en/treatment/total-hip-replacement>.

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	Citalopram Celexa	furosemide Lasix	lisinopril Prinivil	potassium chloride Klor-Con	docusate Sodium Colace
<b>Dose</b>	2 x 40mg tabs	40 mg tab	10 mg tab	20 mEq tab	100 mg tab
<b>Frequency</b>	Daily	Daily	Daily	Daily	Daily
<b>Route</b>	Oral	Oral	Oral	Oral	Oral
<b>Classification</b>	Antidepressant Selective Serotonin Reuptake Inhibitor	Loop Diuretic	Angiotensin Converting Enzyme Inhibitors	Alkalinizing agent	Surfactant, stool softener
<b>Mechanism of Action</b>	The precise antidepressant effect of SSRIs is not fully understood, but involves selective serotonin reuptake blockade at the neuronal membrane, which enhances the actions of serotonin (PDR	Furosemide is a loop diuretic that inhibits sodium and chloride resorption by competing with chloride for the Na <sup>+</sup> /K <sup>+</sup> /2Cl <sup>-</sup> co-transporter in the ascending limb of the loop of Henle (PDR search, n.d.)	Lisinopril competes with angiotensin I for its binding site on the angiotensin-converting enzyme (ACE). As a result, the drug blocks the conversion of angiotensin I to angiotensin II.	Potassium is actively transported into cells through a process facilitated by dextrose, insulin, and oxygen. Transport maintains a high potassium gradient across cell membranes,	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces (PDR search, n.d.)

	search, n.d.)		Angiotensin II is a potent vasoconstrictor and a negative feedback mediator for renin activity (PDR search, n.d.)	thus playing a vital role in electrical excitability of nerves and muscle (PDR search, n.d.)	
<b>Reason Client Taking</b>	Unsure of the reason client is taking. No diagnosis of depression was in her chart.	Pt could possibly take this as a post-op prophylactic. Pt does not have indications of hypertension or heart failure.	Pt does not have indications of high blood pressure or fluid accumulation.	Pt is taking this to compensate for electrolyte loss from diuretics.	Pt is taking to treat constipation
<b>Contraindications (2)</b>	Dehydration, hypovolemia, renal failure, hepatic disease, bone fractures (PDR search, n.d.)	Sulfonamide sensitivity, electrolyte imbalance, diabetes, diarrhea, heart failure (PDR search, n.d.)	Angioedema, diabetes mellitus, autoimmune disease, surgery, jaundice (PDR search, n.d.)	Dehydration, geriatrics, atrial fibrillation (PDR search, n.d.)	Fecal impaction, nausea, vomiting abdominal pain (PDR search, n.d.)
<b>Side Effects/Adverse Reactions (2)</b>	<b>Bradycardia, seizures, pancreatitis, atrial fibrillation (PDR search, n.d.)</b>	<b>Hepatic encephalopathy, Stevens-Johnsons syndrome, oliguria, pancreatitis (PDR search, n.d.)</b>	<b>Visual impairment, hypotension, chest pain, hemolytic anemia (PDR search, n.d.)</b>	<b>Hyperkalemia, AV block, hypotension, confusion, dyspnea (PDR search, n.d.)</b>	<b>Dizziness, syncope, palpitations, abdominal cramps, muscle weakness (PDR search, n.d.)</b>
<b>Nursing Considerations (2)</b>	<b>Can be administered with or without food. Monitor for possible serotonin syndrome. (PDR search, n.d.)</b>	<b>Monitor pt's intake, output, and daily weights. Administer slowly through IV push over 1-2 mins. Pushing too fast can cause ototoxicity. (PDR search, n.d.)</b>	<b>Use cautiously in patients with volume deficit. Monitor blood pressure often. Monitor for persistent, non-productive cough. (PDR search, n.d.)</b>	<b>Administer with or immediately after meals. Monitor serum potassium levels. (PDR search, n.d.)</b>	<b>Long-term or excessive use could cause dependence. Advise pt to take with full glass of milk or water. Encourage pt to increase fiber intake. (PDR search, n.d.)</b>

<b>Brand/Generic</b>	Apixaban Eliquis	Carvedilol Coreg	Cephalexin Keflex	Enoxaparin Lovenox	Rosuvastatin
<b>Dose</b>	5 mg tab	3.125 mg tab	500 mg tab	80 mg/4.8 mL	5 mg tab
<b>Frequency</b>	BID	BID	BID	Q12H for 3 days	Daily

<b>Route</b>	Oral	Oral	Oral	Subcutaneous	Oral
<b>Classification</b>	Anticoagulant	Antihypertensive , heart failure adjunct	Antibiotic	Anticoagulant	Antilipemic
<b>Mechanism of Action</b>	Inhibits free and clot-bound factor Xa and prothrombinase activity (Jones & Bartlett Learning, 2021).	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance (Jones & Bartlett Learning, 2021).	Interferes with bacterial cell wall synthesis (Jones & Bartlett Learning, 2021).	Bind with antithrombin III and inactivates clotting factors (Jones & Bartlett Learning, 2021).	Inhibits the enzyme HMG-CoA reductase and reduces lipid levels (Jones & Bartlett Learning, 2021).
<b>Reason Client Taking</b>	Prevent blood clots post-op. Pt has PMH of blood clotting disorders.	Pt has diagnosis of atrial fibrillation.	Prophylactic prior to surgery.	Prevent DVT after hip replacement	Hyperlipidemia
<b>Contraindications (2)</b>	Active bleeding and severe hypersensitivity (Jones & Bartlett Learning, 2021).	Bronchial asthma, heart failure, bradycardia, severe hepatic impairment (Jones & Bartlett Learning, 2021).	Hypersensitivity to cephalexin or other cephalosporins (Jones & Bartlett Learning, 2021).	Major bleeding, heparin, pork products, thrombocytopenia (Jones & Bartlett Learning, 2021).	Liver disease, hypersensitivity , and unexplained elevations of serum transaminase levels (Jones & Bartlett Learning, 2021).
<b>Side Effects/Adverse Reactions (2)</b>	Hemorrhagic stroke, hypotension, hematuria, petechiae (Jones & Bartlett Learning, 2021).	Asthenia, depression, dizziness, fatigue, AV block, heart failure, angina (Jones & Bartlett Learning, 2021).	Chills, edema, hearing loss, hepatic failure, renal failure, anaphylaxis, vaginal candidiasis (Jones & Bartlett Learning, 2021).	Confusion, blood stools, hematuria, anemia, osteoporosis (Jones & Bartlett Learning, 2021).	Chest pain, hypertension, rhinitis, constipation, arthritis (Jones & Bartlett Learning, 2021).
<b>Nursing Considerations (2)</b>	<b>Crush tablet or mix with apple juice if</b>	<b>Use cautiously in pts with Peripheral</b>	<b>Use cautiously in pts with hypersensitivity</b>	<b>Check serum potassium levels for elevation,</b>	<b>Use cautiously in pts with risk for</b>

	<p><b>pt is unable to swallow whole. Monitor pt closely for bleeding. (Jones &amp; Bartlett Learning, 2021)</b></p>	<p><b>vascular disease, monitor pt's glucose levels. Avoid stopping abruptly. (Jones &amp; Bartlett Learning, 2021).</b></p>	<p><b>y to penicillin, obtain culture and sensitivity test results before giving drug, monitor pt's BUN and serum creatinine levels to detect early signs of nephrotoxicity (Jones &amp; Bartlett Learning, 2021).</b></p>	<p><b>test stool for occult blood, and watch closely for bleeding (Jones &amp; Bartlett Learning, 2021).</b></p>	<p><b>myopathy, monitor serum lipoprotein levels, obtain baseline liver enzymes and monitor thereafter (Jones &amp; Bartlett Learning, 2021).</b></p>
--	---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

**Hospital Medications (5 required)**

**Medications Reference (1) (APA):**

Jones & Bartlett. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

*PDR Search*. PDR.Net. (n.d.). <https://www.pdr.net/>.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Pt A&amp;O x4                  Pt was well groomed and content. No signs of distress observed.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Pt's skin was warm, intact, and mobile. Skin color was normal for ethnicity. No rashes were present. Pt did have bruises from lovenox injections on the abdomen. Pt also had a wound on the right hip from surgery. Wound had a dressing on it with no signs of infection. Pt's braden score was a 20. No drains were present.</p>
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and neck were symmetrical. No tracheal or septum deviation observed. Eyes PERLA. Ears and nose were clean and well kept. Teeth were clean with no plaque buildup on her dentures.</p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b></p>	<p>S1 and S2 could be heard with normal sinus rhythm. Peripheral pulses were palpable with capillary refill of +2. No neck vein distention or signs of edema.</p>

<p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Pt's lung sounds were vesicular bilaterally.</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	<p>Pt's diet at home is regular. Diet in the hospital was regular. Pt tolerated her diet well. Current height is 177.8 cm and weight is 86.8 kg. Bowel sounds were active in all 4 quadrants. Last bowel movement was 07/09/2021. No distention upon inspection, no masses or pain present upon palpation. No wounds, incisions, scars, or drains present on the abdomen.</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>Patient was able to toilet independently ad lib with supervision by staff. Pt described her urine as "normal".</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b></p>	<p>Pt's muscle strength was equal bilaterally in the upper extremities. Muscle strength in the right lower extremity was limited due to total hip arthroplasty. She was able to perform ROM with limitations to the right side. She used a gait belt and walker to ambulate from the bed to the chair with no pain and limited assistance. Pt is a fall risk with a fall score of 45. She was able to move</p>

<p><b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/> <b>X</b></p>	<p>independently with supervision ad lib. Pt did not need assistance operating equipment.</p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Pt was A&amp;O x4.          Her eyes PERLA.          There was equal strength in the upper extremities, but unequal strength in the lower extremities due to right hip arthroplasty. Pt's mental status was appropriate. Her speech was clear and her sensory perception was intact.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Pt has been married to her husband for 61 years. She currently lives with him on a farm in a house. She enjoys crocheting and quilting. She's associated with the catholic religion. Her children currently live a mile and a half away from her and her husband. She describes her family as being close knit.</p>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0816	84	100/62	16	36.8 C	98 RA
1053	84	107/60	16	37.3 C	98 RA

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0816	Numeric	Right thigh	7/10	Sharp	Medication administration
1053	Numeric	Right thigh	3/10	Shooting/sharp	Relaxation Medication administration Pillow under the leg

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b>	Size of IV was 20 gauge saline lock
<b>Location of IV:</b>	Location was peripheral right forearm
<b>Date on IV:</b>	Date was 07/08/2021
<b>Patency of IV:</b>	Sit was patent and flushed easy
<b>Signs of erythema, drainage, etc.:</b>	No signs of erythema, drainage, or infiltration
<b>IV dressing assessment:</b>	IV site was intact

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
180 mL fluid / 100% consumption of breakfast	Pt was independent ad lib and was able to toilet
360 mL fluid / 100% consumption of lunch	herself

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** During my shift as a student nurse, care included comfort measures, administering medications, and assisting with transferring patient from bed to chair. Pt was independent and A&O x4. She did not have any orders outside of medication administration. Vital signs were obtained in the morning and before lunch. Wound dressing and pain assessment was completed during morning care.

**Procedures/testing done:** Hemoglobin and hematocrit levels were obtained through a venous blood sample on 07/12/2021 at the bedside. Hematocrit and hemoglobin levels were deficient. No further testing or diagnostics were done prior to discharge.

**Complaints/Issues:** Pt did not have any complaints or issues.

**Vital signs (stable/unstable):** Vital signs were stable from admission to discharge. Pt’s pain levels ranged from 7/10 to 3/10 on a numeric scale. Pain medication was administered as pt tolerated.

**Tolerating diet, activity, etc.:** Pt tolerated the regular diet well. She ambulated as tolerated and participated in physical therapy during morning care.

**Physician notifications:** Physician notifications included the hemoglobin and hematocrit fluctuation levels.

**Future plans for patient:** Future plans for the patient includes fall risk precautions

**Discharge Planning (2 points)**

**Discharge location:** Pt was discharged home with her husband.

**Home health needs (if applicable):** Pt will need occupational and physical therapy until pt reaches optimal health.

**Equipment needs (if applicable):** Pt will need a walker for ambulation.

**Follow up plan:** Pt will follow-up with her primary care provider if she experiences any pain beyond what’s expected post-op.

**Education needs:** Pt was educated on adequate hydration to help increase hemoglobin and hematocrit levels. She was also educated on how to perform ROM at home and how to adhere to her medication regimen for health promotion.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/family</li> </ul>

diagnosis with “related to” and “as evidenced by” components	diagnosis was chosen		respond to the nurse’s actions? <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Risk for decreased cardiac tissue perfusion, related to decreased blood oxygen, as evidenced by the patient having a hematocrit level of 22.7 and hemoglobin level of 7.8.</b></p>	<p>The pt’s hemoglobin and hematocrit levels are decreased jeopardizing the amount of blood and oxygen heart tissue receives.</p>	<p><b>1. Perform ROM to promote circulation to the extremities and heart.</b></p> <p><b>2 Assess capillary refill and vitals regularly to confirm adequate tissue perfusion.</b></p>	<p><b>Pt did not understand the causes of the decreased hemoglobin and hematocrit levels. The physician and nurses concluded low levels were due to possible blood during surgery and trauma caused by the surgery. No other actions were taken. Although she was discharged home on 07/12/2021, she was educated on ROM exercises and how to ambulate periodically to promote circulation post-op.</b></p>
<p><b>2. Risk for infection, related to surgical site incision, as evidenced by patient having a surgical wound on the right hip.</b></p>	<p>The pt is at risk for infection because the skin is no longer intact due to the surgical incision.</p>	<p><b>1.Maintain universal precautions of handwashing before and after care of patient.</b></p> <p><b>2.Encourage the patient to continue adherence to the antibiotic prophylactic regimen of cephalexin.</b></p>	<p><b>The pt and her husband understood client teaching for antibiotic use and ways to decrease risk of infection through hand hygiene.</b></p>
<p><b>3. Risk for falls, related to impaired mobility, as evidenced by the</b></p>	<p>The pt is at a risk for falling due to osteoarthritis of the right hip and post-op complications.</p>	<p><b>Encourage pt to use the call light.</b></p> <p><b>2.Ambulate pt with a gait belt and walker to prevent falls.</b></p>	<p><b>The pt appeared happy to use the call light for assistance. She was confident with ambulating but understood the importance of safety</b></p>

<b>patient stating, "My hip wore out."</b>			<b>with the use of a gait belt and her walker.</b>
--------------------------------------------	--	--	----------------------------------------------------

**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

The patient stated, "My hip wore out."  
 Pt rated her pain 3/10 on a numeric scale on 07/12/2021 up on assessment  
 Pt has previous history of a blood clotting disorder, asthma, mixed hyperlipidemia, A-fib and gall bladder disease  
 Pt was never a smoker, drinker, or drug user

**Objective Data**

Pt A&O x4  
 Vital signs (1059) T = 37.5 C, P = 84, B/P = 107/60, O2 = 98 RA, R = 16  
 Hct (07/12/2021) = 22.7  
 Hgb (07/12/2021) = 7.8  
 Pt had surgical incision on the right hip with a wound dressing  
 Pt had elective total hip arthroplasty on 07/08/2021

**Patient Information**

Pt is a 70-year-old Caucasian female who comes to the hospital to have an elective right total hip arthroplasty. She remained on the 3 East floor for post-op surveillance. During her stay, her vitals were stable. Labs were drawn and her hgb and hct levels fluctuated, but no interventions were done. Pt was discharged 07/12/2021.

**Nursing Diagnosis/Outcomes****Nursing Interventions**



