N311 Care Plan 1

Lakeview College of Nursing

Ben Geisler

Demographics (5 points)

Date of Admission 9/23/2021 (Odd Fellow)	**Patient Initials** SS	**Age** 63	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Doxycycline, Penicillin, Latex, Tape
Code Status Full Code	**Height** 5’2”	**Weight** 241.1 lbs (109.6 kg)	

Medical History (5 Points)

Past Medical History: Diabetes Mellitus (DM), Hypertension (HTN), Hypothyroidism, Urinary Tract Infection (UTI), SARS-CoV-2, Shingles, Pneumonia

Past Surgical History: Laparoscopic Cholecystectomy, Total Hysterectomy

Family History: N/A

Social History (tobacco/alcohol/drugs): History of occasional use of alcohol. Patient denies previous use of tobacco or drugs.

Admission Assessment

Chief Complaint (2 points): Patient was brought to emergency department via emergency medical services from home for a fall in her bathroom and for not feeling well for a couple of days. Patient denies loss of consciousness.

History of present Illness (10 points): The patient is a 63-year-old female with a history of diabetes mellitus (DM), hypertension (HTN), hypothyroidism, a urinary tract infection (UTI), SARS-CoV-2, shingles, and pneumonia. She has been generally unwell since she was diagnosed with SARS-CoV-2 in the winter of 2020. She's had several sinus infections, four falls, a bout of pneumonia, and has been unwell for the past couple days. Patient denies fever, chills, cough, nausea, vomiting, and hip pain. Patient has had lingering neuropathy, numbness, and difficulty

with ambulation after shingles over buttocks. The patient reported feeling like she was walking on pebbles which has made ambulation difficult.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Displaced intertrochanteric fracture of right femur

Secondary Diagnosis (if applicable): N/A

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

A displaced intertrochanteric fracture of the femur is defined as extracapsular fractures of the proximal femur that occur between the greater and lesser trochanter (Attum, 2021). The greater trochanter acts as an insertion site for the gluteus medius, gluteus minimus, obturator internus, piriformis, and site of origin for the vastus lateralis (Attum, 2021). The lesser trochanter acts as an insertion site for the iliacus and psoas major, commonly referred to as the iliopsoas (Attum, 2021). Generally, these fractures can occur at any age, but they are far more common in elderly fall patients due to having already weakened bones. (Attum, 2021). Patients who have an intertrochanteric fracture of the femur will have extreme pain when trying to walk or stand and will likely lack the ability to stand or walk all together. Additionally, they might have bruising or swelling. Also, in certain circumstances, when looking at patients who are lying down, the leg with an intertrochanteric fracture might appear shorter due to an abnormal internal or external rotation of the femur. When it comes to diagnosing a hip fracture, or any fracture, the main test would be an Xray, which is the diagnostic test that my patient received. Without a scan of the inside of the body (Xray, CT, etc.), there is no 100% accurate way to diagnose a bone fracture, therefore, an Xray is the gold standard as they are cheaper than the rest of the options and give a perfect picture of the bones. Bones are radiopaque. This means that radiation will not travel through the bone which makes the bone appear white on an Xray. When a bone is

fractured, the bones will probably be jagged and there will be a radiolucent slit between bone fragments that will generally make a fracture obvious. Additionally, when these fractures occur, a total hip arthroplasty will generally always be necessary and this is the treatment that my patient received (Attum, 2021). Simply put, a total hip arthroplasty, commonly known as a hip replacement, is an artificial joint that is hammered into the femur which replaces the broken portion of the femur. Without a total hip arthroplasty, there would be a very long and hard recovery for the patient involving a lot of physical therapy. Risk factors for an intertrochanteric fracture of the femur include old age, osteoarthritis and people who are at risk for falls (Capriotti, 2020).

Pathophysiology References

Attum, B. (2021, August 11). *Intertrochanteric femur fracture*. StatPearls [Internet]. Retrieved January 10, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK493161/.

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives. Philadelphia: F.A. Davis.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.0-5.8x10^6/ mcL**	4.34	N/A	N/A
Hgb	**12.0-15.8g/dL**	13.7	N/A	N/A
Hct	**36.0-47.0%**	38.4%	N/A	N/A
Platelets	**140-440K/ mcL**	116	N/A	A reason for a low platelet level that applied to the patient could not be

				found in the book or online.
WBC	**4.0-12.0K/ mcL**	8.8	N/A	N/A
Neutrophils	**40-60%**	N/A	N/A	N/A
Lymphocytes	**19-49%**	N/A	N/A	N/A
Monocytes	**3.0-13.0%**	N/A	N/A	N/A
Eosinophils	**0.0-8.0%**	N/A	N/A	N/A
Bands	**0.0-10.0%**	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.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**134-144mmol/L**	133	N/A	My patient has had recent constipation which can trigger the sodium and chloride to drop (Capriotti, 2020)
K+	**3.5-5.1mmol/L**	4.1	N/A	N/A
Cl-	**98-107mmol/L**	95	N/A	My patient has had recent constipation which can trigger the sodium and chloride to drop (Capriotti, 2020)
CO2	**21-31mmol/L**	23	N/A	N/A
Glucose	**70-99mg/dL**	395	N/A	A blood glucose level greater than or equal to 200 mg/dL is referred to as hyperglycemia. Blood glucose values corresponding to hyperglycemia are diagnostic of DM. (Capriotti, 2020)
BUN	**7-25 mg/dL**	15	N/A	N/A
Creatinine	**0.50-1.20mg/dL**	0.76	N/A	N/A
Albumin	**3.5-5.7 g/dL**	4.1	N/A	N/A
Calcium	**8.6-10.3 mg/dL**	9.2	N/A	N/A
Mag	**1.6-2.6 mg/dL**	N/A	N/A	N/A
Phosphate	**2.4-4.5 units/L**	N/A	N/A	N/A
Bilirubin	**0.3-1.0 mg/dL**	1	N/A	N/A
Alk Phos	**20-140 units/L**	117	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	**yellow, clear**	Light yellow, clear	N/A	N/A
pH	**5.0-9.0**	5.5	N/A	N/A
Specific Gravity	**1.001-1.030**	1.043	N/A	A high specific gravity means the urine is too concentrated, which is commonly caused by dehydration. (Capriotti, 2020)
Glucose	**Negative**	>1000	N/A	During hyperglycemia of uncontrolled diabetes, blood filtered by the kidney contains a high level of blood glucose. At the nephrons of the kidney, glucose is reabsorbed back into the bloodstream to a certain threshold, and the remaining unreabsorbed glucose remains within the tubule fluid. The tubule fluid continues farther onward within the nephron to become urine containing residual glucose. (Capriotti, 2020)
Protein	**Negative or Trace**	trace	N/A	N/A
Ketones	**Negative**	2+	N/A	If ketonuria exists, a urine dipstick or urinalysis will reveal positive ketones, which can be indicative of prolonged fasting or uncontrolled diabetes. (Capriotti, 2020)
WBC	**0.0-0.5**	1	N/A	Chronic low-grade inflammation may be involved in the pathogenesis of insulin resistance and type 2 diabetes. We examined whether a high white blood cell count (WBC), a marker of inflammation, predicts a worsening of insulin action, insulin secretory function, and the development of type 2 diabetes. (Vozarova, 2002)
RBC	**0.0-3.0**	1	N/A	N/A
Leukoesterase	**Negative**	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	**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):

Vozarova B., Weyer C., Lindsay R., Pratley R., Bogardus C., Tataranni A. (2002). Diabetes, 51 (2) 455-461; DOI: 10.2337/diabetes.51.2.455

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives. Philadelphia: F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- **2 View Xray of Right Hip and Pelvis**
    - **Impressions:** Displaced intertrochanteric fracture of right femur
- **3 View Xray of Right Knee**
    - **Impressions:** No acute fracture or malalignment

      Moderate to severe osteoarthritis
- **Chest Xray**
    - **Impressions:** Pulmonary opacities consistent with pneumonia

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**Levothyroxine Sodium ELTOXIN**	**Amlodipine Benzoate KATERZIA**	**Gabapentin GRALISE**	**Oxybutynin ER DITROPAN XL**	**Dulaglutide TRULICITY**
Dose	**150 mcg**	**10 mg**	**300 mg**	**10mg**	**.75 mg**
Frequency	**Daily (morning)**	**Daily (morning)**	**TID**	**BID**	**Daily (Morning)**
Route	**PO**	**PO**	**PO**	**PO**	**Subq**
Classification	**Thyroid Hormone Replacement (Jones, 2021)**	**Antianginal, antihypertensive (Jones, 2021)**	**Anticonvulsant (Jones, 2021)**	**Antispasmodic (urinary) (Jones, 2021)**	**Antidiabetic (Jones, 2021)**
Mechanism of Action	**Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis. (Jones, 2021)**	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth cells and inhibits influx of extracellular calcium ions across slow calcium channels. (Jones, 2021)**	**Unknown; may affect transport of amino acids (Jones, 2021)**	**Exerts antimuscarinic (atropine-like) and potent direct antispasmodic (papaverine-like) actions on smooth muscle in the bladder and decreases detrusor muscle contractions. The result is increased bladder capacity and decreased urge to void. (Jones, 2021)**	**Activates the GLP-1 receptor to increase intracellular cyclic AMP (cAMP) in beta cells, causing a glucose-dependent insulin release. (Jones, 2021)**
Reason Client Taking	**Hypothyroidism**	**Hypertension**	**Neuropathy**	**Incontinence**	**Diabetes mellitus**
Contraindications (2)	**Hypersensitivity to**	**Hypersensitivity to**	**Hypersensitivity to**	**Angle-Closure**	**Hypersensitivity to**

	levothyroxine; uncorrected adrenal insufficiency (Jones, 2021)	**amlodipine (Jones 2021) *ONLY ONE LISTED IN BOOK**	**gabapentin (Jones, 2021) *ONLY ONE LISTED IN BOOK**	**glaucoma, gastric retention (Jones, 2021)**	**dulaglutide, preexisting severe gastrointestinal disease (Jones, 2021)**
Side Effects/Adverse Reactions (2)	**Anxiety; angina (Jones, 2021)**	**Arrhythmias, hypotension (Jones, 2021)**	**Confusion; Hypertension (Jones, 2021)**	**Agitation, arrhythmias (Jones, 2021)**	**Hypoglycemia, pancreatitis (Jones, 2021)**

Medications Reference (APA):

Jones, D.W. (2021). Nurse's drug handbook. (A. Bartlett, Ed.) (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation (A & O x4). The patient showed no signs of distress. The patient's overall appearance was clean, neat, and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type: N/A**	The patient's skin was normal for her ethnicity, warm, dry, and intact. The skin turgor was less than 3 seconds and there were no rashes or bruises present. The patient had 3 steristrips over a healing wound on her right hip from a total hip arthroplasty. The patient's Braden score was 17 and they had no drains present
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head appeared normocephalic and the neck appeared symmetrical with a midline trachea. The ears had no visible drainage and were not tender to touch. The patient did not have difficulty hearing or seeing. The patient's eyes exhibited PERLA and displayed good movement ability fields of gaze were tested. Eyes appeared to by symmetrical with no drainage present, conjunctive was pink and not inflamed. Patient's nose was midline and straight. Patient has good oral hygiene, tongue appeared pink and midline with no sores. Buccal mucosa was pink and moist. The patient was missing teeth on the left side of the mouth.
CARDIOVASCULAR: **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: Right and left lower extremities**	S1 and S2 were heard. S3 and S4 not heard. When auscultated, the patient appeared to be in normal sinus rhythm. The patient had 3+ peripheral pulses and the capillary refill was intact and less than 3 seconds. No neck vein distention was noted. The patient had non-pitting edema in the right lower and left lower extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	There was no accessory muscle use noted when assessing the breathing. When auscultating both anterior and posterior the breath sounds were bilateral and clear. The lift lung was slightly

	diminished.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	The patient has a regular diet at the long-term care facility and at home. The patient is standing at 62 inches tall and weighs 241.2 lbs. The patient's bowel sounds were active in all 4 quadrants and the last bowel movement was in the morning of 10/5 (assessment on 10/6) and was regular for the patient. The patient felt no pain or tenderness upon palpation. The abdomen was distended, and the patient had incision on her right hip due to a total hip arthroplasty. There were no scars, drains, or wounds present. The patient did not have an ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type: N/A** **Size:N/A**	The patient's urine was not observed therefore color, character, and quantity were not noted. The patient reported no pain with urination and is not doing dialysis. The patient's genitals were not inspected at this time and the patient does not have an indwelling catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	The patient's neurovascular status was intact and the passive and active range of motion were intact. The patient used a wheelchair as a supportive device. The patient's strength was noted at +3 for the left lower extremity and +1 for the right lower extremity. The patient does need assistance with her activities of daily living and the patient is a fall risk with a fall score of 60. The patient cannot move independently, and she does need assistance with equipment and needs support when standing and walking.
NEUROLOGICAL: **MAEW: Y ☒ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -**	The patient does not move all extremities well due to osteoarthritis and a recent hip arthroplasty. The patient's pupils are equal, round, reactive to light and accommodate. The right lower

Legs ☒ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	extremity is weakened due to a recent hip arthroplasty. The patient is alert and oriented times 4. Her speech is clear. The patient has peripheral neuropathy and has a high level of consciousness.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient uses the show "The Price is Right" as a coping mechanism. Her developmental level is appropriate for her age. The patient is a Christian and she is married.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800 on 10/5	72	120/68	20	97.0 °F	98% on room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1130	0	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

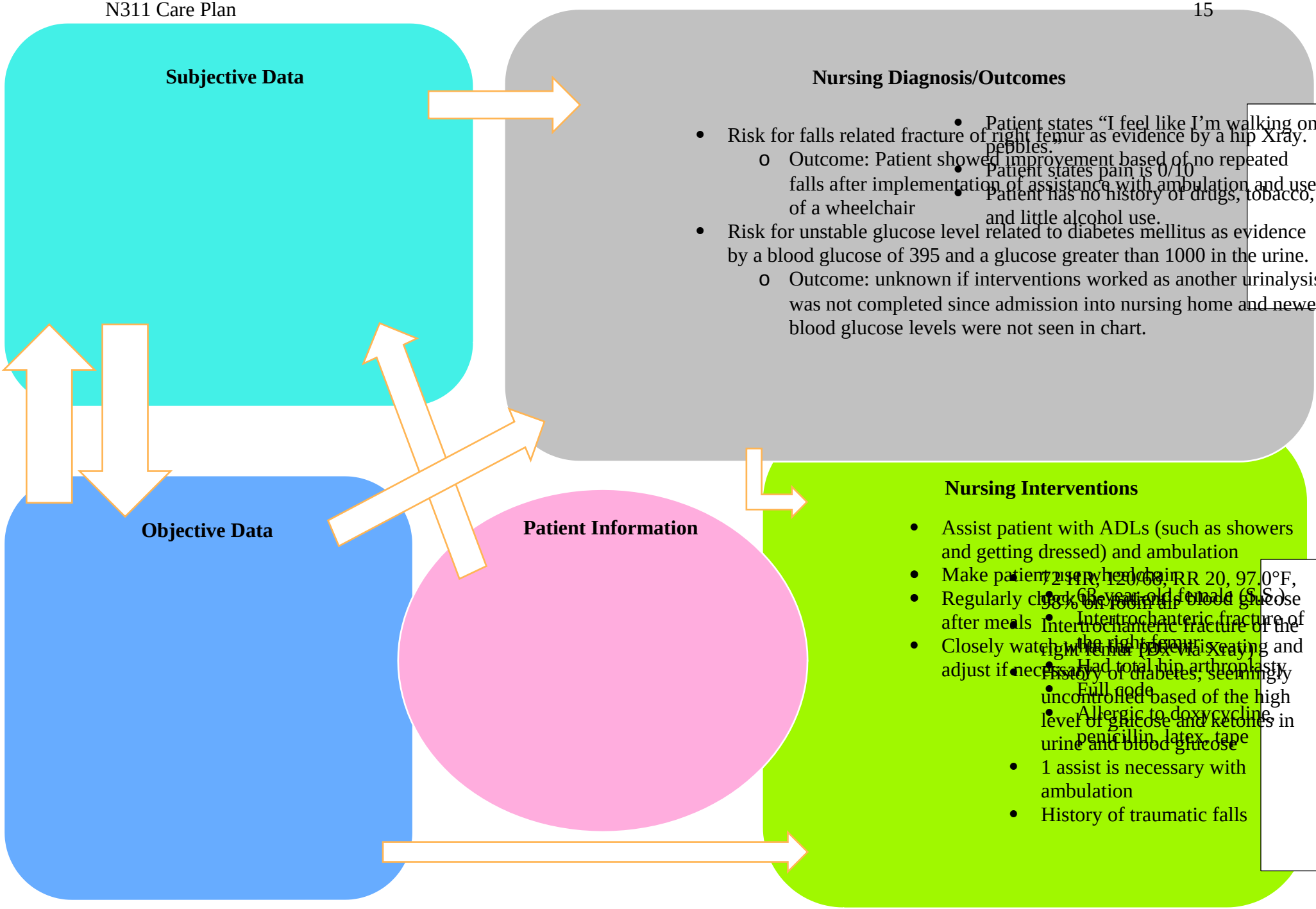
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status

components			of goals and outcomes, modifications to plan.
1. Risk for falls related fracture of right femur as evidence by a hip Xray.	Because a fall is what caused the patient to break their hip so another fall could be even more detrimental to the patient.	• Assist patient with ADLs and ambulation • Make patient use wheelchair	The family and patient responded well to the interventions. The patient greatly improved since she first got to the facility. She was discharged a few days after the assessment on 10/6.
2. Risk for unstable glucose level related to diabetes mellitus as evidence by a blood glucose of 395 and a glucose greater than 1000 in the urine.	This was chosen since unstable diabetes can increase the patient's risk of wounds and cause improper healing. Also, the patient is at an increased risk for wounds do to being relatively sedentary.	• Regularly check the patient's blood glucose after meals • Closely watch what the patient is eating and adjust if necessary	The patient and the family responded well to the interventions. Because they were simple but effective, they took the changes well.

Overall APA format (5 points):

Concept Map (20 Point)


Subjective Data
Patient states "I feel like I'm walking on pebbles."
Patient states pain is 0/10
Patient has no history of drugs, tobacco, and little alcohol use.
Nursing Diagnosis/Outcomes
Risk for falls related fracture of right femur as evidence by a hip Xray.
Outcome: Patient showed improvement based of no repeated falls after implementation of assistance with ambulation and use of a wheelchair
Risk for unstable glucose level related to diabetes mellitus as evidence by a blood glucose of 395 and a glucose greater than 1000 in the urine.
Outcome: unknown if interventions worked as another urinalysis was not completed since admission into nursing home and newer blood glucose levels were not seen in chart.
Objective Data
72 HR, 120/68, RR 20, 97.0°F, 98% on room air
Ambulates with wheelchair
Had total hip arthroplasty
Full code
Allergic to doxycycline, penicillin, latex, tape
Patient Information
68 year old female (S,S)
Intertrochanteric fracture of the right femur (Dx via Xray)
History of diabetes, seemingly uncontrolled based of the high level of glucose and ketones in urine and blood glucose
Nursing Interventions
Assist patient with ADLs (such as showers and getting dressed) and ambulation
Make patient use wheelchair
Regularly check blood glucose after meals
Closely watch vitals and adjust if necessary
1 assist is necessary with ambulation
History of traumatic falls