N311 Care Plan #1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/2/2021	Patient Initials R.S.	Age 85 Years	Gender F
Race/Ethnicity German/Caucasian	Occupation Retired	Marital Status Widow	Allergies No known allergies
Code Status Full Code	Height 160cm	Weight 62.5kg	

Medical History (5 Points)

Past Medical History: Hypertension, chronic hyponatremia, arthritism history of squamous cell carcinoma of skin, and impaired gas exchange.

Past Surgical History: Appendectomy, cholecystectomy, hip replacement, hysterectomy, dilation and curettage, cataracts bilateral, skin cancer of face, arthroplasty anterior left hip total.

Family History: Mother: hypertension; Grandmother: hypertension

Social History (tobacco/alcohol/drugs): None

Admission Assessment

Chief Complaint (2 points): Patient left ankle fractured and she can not walk on it.

History of present Illness (10 points):Patient lost balance while putting away groceries and rolled over left ankle. Patient is unable to bear weight, swelling noted and CMS intact.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Left ankle fracture

Secondary Diagnosis (if applicable): N/A

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

The ankle can perform motions like plantarflexion and dorsiflexion, but if the ankle experiences excessive stress those movements will be less possible. Excessive stress on an ankle can cause injury. The ankle is made up of bones, ligaments, tendons. The ankle contains the Fibula, Tibia, and Talus. The medial malleolus which is inside the part of the tibia. Posterior malleolus which is in the back part of the tibia. Lateral malleolus which is the end of the fibula. There are two joints involved in ankle fractures; the ankle joint where the tibia, fibula, and talus meet. The syndesmosis joint is the joint between the tibia and fibula, which is held together by the ligaments. The ligaments help the ankle joint stable.

If stress is excessive to any of those it will cause the ankle to become sprained, fractured, tendon tear, and plantar fasciitis. Injury to the ankle can cause loss of joint stability, loss of ligament and tendon support, and damage to the bony areas. There are different injuries that can cause instability in the ankle: rolling your ankle, tripping, or falling, twisting or rotating ankle, or impact from a car accident. The symptoms of an ankle injury is: swelling, tenderness, immediate and severe pain, bruising, not able to bear weight, and deformity. There are different test to confirm the injury of a ankle like: X-

rays, Stress test, CT scan, and MRI scan. The different treatments of an injured ankle could require a surgical and nonsurgical procedure.

A broken bone usually heals in 6 weeks; ligaments and tendons take more time to heal. Pain medication is used for the injury or before and after surgery. After some ankle injuries you will be required to wear a cast, or brace, which is a nonsurgical treatment. People who have diabetes, smoke, and are elderly have a higher risk for complications after surgery; it takes longer for their bones to heal. People who have higher risk for complications after surgery can have poor wound healing. The risk factors for surgery is: Infection, bleeding, pain, blood clots in your leg, and damage to tendons, nerves and blood vessels. More risks can include Arthritis, difficult bone healing, and pain from screws or plates that is used to fix fractures. After your bones, tendons and ligaments heal it is important to go to a rehabilitation center to regain strength in the injured ankle. My patients should be educated on the reason for elevating the injured ankle which is to support venous return. My patient should be taught how to properly ice the injured ankle without injuring skin.

Pathophysiology References (APA):

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

Throckmorton, T. (1995). *Our knowledge of orthopaedics. your best health.* OrthoInfo. Retrieved October 12, 2021, from https://orthoinfo.aaos.org/.

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	**3.90-4.98**	**3.99**	**3.96**	**N/A**
Hgb	**12.0-15.5**	**13.0**	**12.0**	**N/A**
Hct	**35-45**	**37.4**	**37.8**	**N/A**
Platelets	**140-400**	**212**	**206**	**N/A**
WBC	**4.0-9.0**	**9.6**	**9.6**	**Patient has injury that causes increased bleeding and the WBC's are migrating to the site on injury.**
Neutrophils	**40-70**	**51.8**	**51.8**	**N/A**
Lymphocytes	**10-20**	**27.4**	**24.6**	**Patient has injury that causes increased bleeding.**
Monocytes	**3-13**	**19.4**		**Patient has injury that causes increased bleeding.**
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-	**135-145**	**122L**	**N/A**	**Patient has chronic hyponatremia.**

K+	**3.5-5.1**	**6.7**	**N/A**	**N/A**
Cl-	**98-107**	**87L**	**N/A**	**N/A**
CO2	**22-29**	**28**	**N/A**	**N/A**
Glucose	**70-99**	**125 mg/dL**	**N/A**	**N/A**
BUN	**6-20**	**16**	**N/A**	**N/A**
Creatinine	**0.50-1.00**	**0.51mg**	**N/A**	**N/A**
Albumin	**3.5-5.2**	**3.2mg**	**N/A**	**N/A**
Calcium	**8.4-10.5**	**8.0mg**	**N/A**	**N/A**
Mag	**1.7-2.0**	**2.0**	**N/A**	**N/A**
Phosphate	**3.4-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.0-1.2**	**0.6**	**N/A**	**N/A**
Alk Phos	**35-105**	**88**	**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	**N/A**	**N/A**	**N/A**	**N/A**
pH	**N/A**	**N/A**	**N/A**	**N/A**
Specific Gravity	**N/A**	**N/A**	**N/A**	**N/A**
Glucose	**N/A**	**N/A**	**N/A**	**N/A**
Protein	**N/A**	**N/A**	**N/A**	**N/A**
Ketones	**N/A**	**N/A**	**N/A**	**N/A**
WBC	**N/A**	**N/A**	**N/A**	**N/A**

RBC	**N/A**	**N/A**	**N/A**	**N/A**
Leukoesterase	**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
Urine Culture	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

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

Medications (5 required)

Brand/Generic	**Lisinopril**	**Iovastatin**	**Phenytoin**	**Hydrocodone**	**Atenolol**
Dose	**20mg**	**20mg**	**100mg**	**5mg**	**25mg**
Frequency	**Once a day**	**Once a day**	**Twice a day**	**PRN**	**Once a day**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Angiotensin-converting enzyme**	**Lipid-Lowering Agents**	**Anticonvulsants**	**Narcotic analgesic**	**Beta blockers**
Mechanism of Action	**It prevents anigiotensin I from converting to angiotensin II**	**It slows down the production of cholesterol.**	**It decreases abnormal electrical activity in the brain**	**Inhibits pain signaling in brain and spinal cord**	**Reduces heart rate and blood pressure**
Reason Client Taking	**To treat hypertension**	**Patient sodium levels are extremely low.**	**Patient has chronic hyponatremia**	**Pain in fractured ankle**	**To treat hypertension**
Contraindications (2)	**Pregnancy Low blood pressure**	**Alcoholism Severe renal impairment**	**If you take delavirdine or have an allergy to similar medication.**	**Respiratory depression Bronchial asthma**	**Complete heart block Asthma**
Side Effects/Adverse Reactions (2)	**Dizziness Headache**	**Flatulence Constipation**	**Confusion Slurred speech**	**Stomach pain Dry mouth**	**Blurred vision Wheezing**

Medications Reference (APA): U.S. National Library of Medicine. (2021, October 6). *Health information from the National Library of Medicine*. MedlinePlus. Retrieved October 12, 2021, from https://medlineplus.gov/.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient was alert and oriented to place, time, and name. A&Ox4** **Patient was happy about the progress of her injury and overall physical appearance was well groomed.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Patient's skin was intact, dry and warm.** **Patient has poor skin turgor < 4 seconds** **Patient had no rashes, a few bruises and no wounds or drains.** **Braden Score: 10**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Patient's head is normocephalic. The neck appeared to be symmetrical with trachea at midline. Ears were pearly gray, and no visible drainage. Lymph nodes were not swollen. Patient wears glass and displayed good movement ability when extra ocular movements were tested, eyes exhibited PERRLA. Patient does not have a deviated septum. Patient has great oral hygiene, tongue appeared pink with no sours and mucosa was moist and pink.** .

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:**	**S1 and S2 heard. S3 and S4 not heard. Heart beat was regular. Capillary refill was less then 2 seconds. Patient had no edema in any extremities. No jugular vein distention was observed.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Patient had not abnormal lungs sounds. Patient had 18 respiration while sitting in a chair. Patient had not chest deformities. Respirations were calm and regular. Patient denies mucus and coughing. No accessory muscles were used.**
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:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**Patient states her normal diet is three meals a day. Patient states that her usual diet is similar with the diet at the hospital. Bowel sounds were active in all four quadrants. patient height is 160 cm. Patient weight is 62.5 kg. Patient BMI is 26.9. Patient denies nausea vomiting and diarrhea. Patient has no distension incisions scars drains or wounds. Patient has no ostomy. Patient has no nasal gastric and no feeding tubes.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Urine was dark yellow and clear with no abnormal odor due to being limited on fluids. Patient has no pain while urinating. Patient does not receive dialysis. Patient does not have a catheter.**

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **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☒**	**Neurovascular status is currently intact and client has control of her senses. Client was able to display full range of motion on in all of her joints, but her left arm did not display full range of motion because she fractured that arm as a child. Patient uses a gait belt and does not have enough stability to use a Walker. Patient has a hearing deficient. Patient is a fall risk with a false score of 95. patient needs assistance with activity of daily living.**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Patient exhibits PERRLA signs. Patient is A&Ox4 and is calm, and alert. Patients speech is delayed due to hearing deficient so sometimes you have to repeat yourself in order for her to hear or speak loudly. patient moves all extremities well with slight weakness on left arm.**
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):**	**Patient is a Methodist. Patient received her bachelors degree. patient lives alone since her husband passed away but her daughter visits to help her.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:30am	**69**	**106/65**	**18**	**36.6**	**95%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:59am	**Numerical 1-10**	**Left ankle**	**2**	**N/A**	**Hydrocodone PRN**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
280ml	**1350ml**

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

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. Impaired mobility due to left ankle fracture	**This nursing diagnosis was chosen because patient has weakness in left ankle after fracturing left ankle.**	**1.Teach client about the call light.** **2.Encourage patient to not walk without assistance.**	**Patient agrees to these interventions. Patient wants to gain strength and left ankle but is satisfied that she does not need surgery.**
2. Pain due to left ankle fracture	**This nursing diagnosis was chosen because patient is experiencing pain in left ankle after she fractured it.**	**1. Encourage patient to elevate ankle.** **2.Encourage patient to correctly ice her left ankle**	**Patient agrees to these interventions and patient understand the benefits of both interventions.**

Overall APA format (5 points):

Concept Map (20 Points)

Subjective Data

Patient stated "I can not move my left ankle". Patient stated "it takes more than one person to lift me, I can't put any pressure on my ankle".

Nursing Diagnosis/Outcomes

Impaired Mobility
Outcome: Patient will continue to use gait belt and need assistance when ambulating. Patient will show signs of strength in left ankle while healing.
Pain
Outcome: Patient will receive pain medication PRN. Patient ice ankle to reduce inflammation, and swelling which is the reason of the pain at the fractured ankle.

Objective Data

VS: T: 36.6, BP:106/65, P: 69, R: 18, and O2: 95%
Fall Score: 95
WBC count is 9.6

Patient Information

tient is 85 year old woman who lives alone, but her daughter checks on her everyday. Admitted diagnosis is a left ankle fracture. She has a past medical history of HTN, Chronic hyponatremia, Arthritis, history of squamous cell carcinoma of skin, and impaired gas exchange.

Nursing Interventions

Teach patient about the call light.
Encourage patient to not walk without assistance.
Encourage patient to correctly ice her left ankle.
Encourage patient to elevate ankle to have venous return.