

N311 Care Plan #1
Lakeview College of Nursing
Beatriz Amaya

Demographics (5 points)

Date of Admission 09/23/21	Patient Initials S.S.	Age 63	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Doxycycline, Penicillin, Latex, Tape
Code Status Full code	Height 62 in	Weight 86.9kg (191.5 lb)	

Medical History (5 Points)**Past Medical History:**

Type II diabetes, HTN, Hypothyroid, UTI, Falls, Shingles, Pneumonia (June 2021), Covid (Winter 2020)

Past Surgical History:

Laparoscopic Cholecystectomy, Total Hysterectomy

Family History:

N/A

Social History (tobacco/alcohol/drugs):

Occasional alcohol consumption unknown for how many years. Patient. denies use of tobacco and drugs.

Admission Assessment

Chief Complaint (2 points):

Patient to ED via EMS from home due to falling in the bathroom. The patient states she has “not felt well in the last couple of days”. Patient denies loss of consciousness.

History of present Illness (10 points):

On August 23, 2021, the Patient arrived at the Emergency room via Emergency Medical Services due to a fall at home. Due to the fall, it was found that the patient has a displaced intertrochanteric fracture of the right femur. The patient states the last few days she has not been feeling well. She has been falling frequently within the last few months she has had four falls. She states she feels like she’s, “walking on pebbles”, “ I have not felt well since Covid ”, the patient also states, “since shingles outbreak I’ve experienced neuropathy and numbness making it difficult to walk”.The patient confirmed having fever, chills, cough, nausea, vomiting, and hip pain. Alleviating factors not discussed aggravating factors is her neuropathy making it difficult to walk. The patient has been prescribed gabapentin to treat her Neuropathy. The severity of the broken hip is high due to constant falls within the last few months and not being able to bear much weight on the right leg due to the hip being fractured.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):...

The patient’s primary diagnosis was found to be a Non-Displaced intertrochanteric hip fracture of the right femur.

Secondary Diagnosis (if applicable):.

N/A

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

The non-displaced intertrochanteric fracture of the right femur usually results from a ground fall. These fractures occur both in the elderly and the young, but they are more common in the elderly population with osteoporosis due to a low energy mechanism (Bassem,2021). Osteoporosis is a classic example of a multifactorial disease with a complex interplay of genetic, intrinsic, exogenous, and lifestyle factors contributing to an individual's risk of the disease. Traditional pathophysiologic models frequently emphasized endocrine mechanisms, e.g. estrogen deficiency and secondary hyperparathyroidism in the elderly due to estrogen deficiency, reduced dietary intake, and widely prevalent vitamin D deficiency. (Föger-Samwald,2020). The three view x-ray shows right knee moderate to severe osteoporosis which played a role in the result of the fracture. Osteoporosis puts elderly at a greater risk for bone fractures making them vulnerable when they have falls. The A subclassification in type I fractures is used for non displaced fractures while B fractures are displaced. In type II fractures, the A subclassification describes a 3 part fracture with a separate GREATER trochanter fragment while the B subclassification describes a 3 part fracture with a LESSER trochanter fragment. (Bassem,2021). Diagnostic testing used to test this fracture is found by X-rays.As multiple X-rays were performed on patient and complete blood count and chemistry labs drawn.Signs and symptoms include hip pain, severe pain, inability to bear weight on the fractured side, abnormal walking,visible deformity,bruising, and swelling. Treated with surgery to the right hip, physical therapy progress with rehab and ambulating, and pain medications.sClient takes Norco every six hours as needed.

APA Reference:

Attum, B. (2021, August 11). *Intertrochanteric femur fracture*. StatPearls [Internet].

Retrieved October 11, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK493161/?fbclid=IwAR28BW1C18l5xjXW95ggHGI8S4s-9Gjitw73WEhZG2f-u6O6w0mTR19j2YU>.

Föger-Samwald, Ursula, et al. "Osteoporosis: Pathophysiology and Therapeutic Options." *EXCLI Journal*, Leibniz Research Centre for Working Environment and Human Factors, 20 July 2020, www.ncbi.nlm.nih.gov/pmc/articles/PMC7415937/.

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.

NOTE: Example on advance has a whole list of normal ranges and an already formatted citation if anybody wants to use that

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8x10 ⁶ /mL	4.34x10E6/mL	N/A	N/A
Hgb	12.0-15.8g/dL	13.7 g/dL	N/A	N/A
Hct	36.0-47.0%	38.4%	N/A	N/A
Platelets	140-440K/mL	116 K/mL	N/A	Low due to hyperthyroidism
WBC	4.0-12.0K/mL	8.8 K/mL	N/A	N/A
Neutrophils	40-60%	81.7%	N/A	High due to Pulmonary opacities consistent with pneumonia (Hamilton,2021).
Lymphocytes	19-49%	10.5%	N/A	Low due to Pulmonary opacities

				consistent with pneumonia (Hamilton,2021).
Monocytes	3.0-13.0%	7.3%	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 mmol/L	N/A	Low due to the patient being nauseous,vomiting,and possible dehydration.(Capprotti,2020).
K+	3.5-5.1mmol/L	4.1 mmol/L	N/A	N/A
Cl-	98-107mmol/L	95 mmol/L	N/A	Due to fluid loss from nausea and vomiting (Capprotti,2020).
CO2	21-31mmol/L	23 mmol/L	N/A	N/A
Glucose	70-99mg/dL	395 mg/dL	N/A	Non Compliant Diabetic (Capprotti,2020).
BUN	7-25 mg/dL	15 mg/dL	N/A	N/A
Creatinine	0.50-1.20mg/dL	0.76 mg/dL	N/A	N/A
Albumin	3.5-5.7 g/dL	4.1 g/dL	N/A	N/A
Calcium	8.6-10.3 mg/dL	9.2 mg/dL	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 mg/dL	N/A	N/A
Alk Phos	34-104 units/L	117 unit/L	N/A	Due to bone disorder osteoporosis prevalent with fractures

				(Tariq,2019).
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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	1.003-1.013	1.043	N/A	Due to high glucose and dehydration.(Capprotti,2020).
Glucose	Negative	>1000	N/A	High due to patient being diabetic (Capprotti,2020).
Protein	Negative	Trace	N/A	High due to patient being diabetic (Capprotti,2020).
Ketones	Negative	2+	N/A	Elevated due to being diabetic (Capprotti,2020).
WBC	0.0-0.5	1	N/A	High due to low grade infection common with diabetes(Capprotti,2020).
RBC	0.0-3.0	1	N/A	N/A
Leukoesterase	Negative	4	N/A	Positive Possible Urinary Tract Infection (Capprotti 2020).

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):

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

Hamilton, Fergus, et al. "Association of Prior Lymphopenia with Mortality in Pneumonia: A Cohort Study in UK Primary Care." *British Journal of General Practice, British Journal of General Practice*, 1 Feb. 2021, <https://bjgp.org/content/71/703/e148>.

Tariq, Sundus, et al. "Alkaline Phosphatase Is a Predictor of Bone Mineral Density in Postmenopausal Females." *Pakistan Journal of Medical Sciences, Professional Medical Publications*, 2019,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6572960/#:~:text=Biver%2C%20et%20al.%20has%20also,associated%20with%20prevalent%20vertebral%20fractures>.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-rays done for possible fractured bones and check for any lung abnormalities..X-rays diagnose fractured bones or joint dislocation(ACR,2021).

A. 1 view X-Ray of Chest

- a. Pulmonary opacities consistent with pneumonia

B. 2 view X-Ray of Greater right trochanter and pelvis

- a. Comminuted nondisplaced fracture of right femur
- b. Greater trochanter with intertrochanteric fracture lines

C. 3 view X-Ray of the right knee

- a. No acute fracture or malalignment
- b. Moderate to severe osteoarthritis

APA Reference:

ACR, RSNA and. "X-Ray (Radiography) - Bone." *Radiologyinfo.org*, RadiologyInfo.org, 23 Mar. 2021, <https://www.radiologyinfo.org/en/info/bonerad>.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Synthroid / Levothyroxine	Norvasc / Amlodipine	Neurontin / Gabapentin	Colace / Docusate Sodium	Norco / Hydrocodone- Acetaminophen
Dose	150 mcg	10mg	300 mg	100 mg	5-325 mg
Frequency	1x Morning	1x Morning	3x Daily	1x Q12/PRN	1x Q6/PRN
Route	PO	PO (tablet)	PO (capsule)	PO	PO

Classification	Thyroid preparation	Calcium Channel Blocker	(Therapeutic Class) Analgesic Adjunct	Stool Softener	Opioid Agonist + Non-opioid analgesic combination
Mechanism of Action	Replaces endogenous thyroid hormone, increases energy expenditure, accelerates the rate of cellular oxidation, which stimulates body tissue growth, maturation, metabolism. regulates differentiation and proliferation of stem cells. (Jones 2021)	Bind to dihydropyridine and non-dihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits an influx of extracellular calcium ions. (Jones 2021)	Structured like gamma-aminobutyric acid (GABA) the main inhibitor in the brain although gabapentin's exact mechanism of action is unknown GABA inhibits the rapid-fire of neurons associated with seizures. (Jones 2021)	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass. (Jones 2021)	Binds to and activates opioid receptors at sites in the periaqueductal and pre-ventricular grey matter the ventromedial medulla and the spinal cord to provide pain relief. (Jones 2021)
Reason Client Taking	Hypothyroidism	HTN	Neuropathic Pain (shingles)	Constipation R/T Norco	Hip pain
Contraindications (2)	Hypersensitivity to levothyroxine or its components, uncorrelated adrenal insufficiency. (Jones 2021)	Hypersensitivity to amlodipine or its components. (Jones 2021)	Hypersensitivity to gabapentin or its components. (Jones 2021)	Fecal impaction, intestinal obstruction. (Jones 2021)	Acute or severe bronchial asthma; hypersensitivity to hydrocodone; known or suspected gastrointestinal obstruction (Jones 2021)

					2021)
Side Effects/Adverse Reactions (2)	Fatigue,fever,h eadache,hyper activity,insom nia,wheezing. (Jones 2021)	Anxiety,dizz iness,dry mouth,jaundi ce,hot flashes. (Jones 2021)	Agitation,hy potension,sei zures,hypogl ycemia,apne a,depression. (Jones 2021)	Dizziness, syncope, palpitations, muscle weakness. (Jones 2021)	Seizures,c oma,adren al insufficien cy,respirat ory depression (Jones 2021)

Medications Reference (APA):

Jones, D.W. (2021). Nurse’s drug handbook. (A. Bartlett, Ed.) (19th 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. Alert and Oriented times four. (A&O x4) The patient showed no signs of distress. Overall physical hygiene was well maintained and cared for.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: N ✓ Type:	The patient’s skin was an appropriate color for ethnicity, dry intact, warm, elastic. The skin had no rashes. The client has generalized bruising and a right hip surgical incision. Braden Score:17.0 which represents mildly at risk for pressure sore
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	The patient’s head appears normocephalic. The neck is supple. All lymph nodes are palpable. Hearing intact ears are symmetrical with no signs of serunion. The patient denies ear pain. Eyes constrict and accommodate the 6 cardinal

	<p>directions. The patient’s nose is symmetrical with no deviated septum, nerves are patent, no epistaxis or polyps. The client is missing teeth from the top and bottom but has no signs of dental caries.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: N ✓ Edema Y ✓ Location of Edema:</p>	<p>Patients' heart sounds S1 and S2 were auscultated. Normal sinus rhythm. Peripheral pulse assessed with radial pulse 3+, popliteal 2+ normal but post tibial not felt 0. Capillary refill 3 seconds for toes less than 3 seconds for fingers.No vein distention. Pitting edema 3+ on feet and ankles.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>No accessory muscle was used. The patient’s breath sounds were auscultated anterior and posterior sounding normal, clear, and diminished.</p>
<p>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 <input type="checkbox"/> N ✓ Nasogastric: Y <input type="checkbox"/> N ✓ Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N ✓ Type:</p>	<p>The patient’s diet at home is normal. The current diet continues to be normal. Height 62 inches,86kg (191.5lb), Bowel sounds active in all four quadrants. Last Bowel Movement 10/6/2021.Upon palpation, no pain, soft, non-tender, no mass was noted. The inspection was not assessed. Mild distention was observed. The surgical incision on right hip with steri- strips.No present scars, drains or wounds.No Ostomy, Nasogastric tube, or feeding tube.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine:</p>	<p>The patient’s urine observed showed light yellow and clear. The quantity of urine was adequate. No pain with urination.No dialysis.Inspection of genitals, not examined.No catheter.</p>

<p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input checked="" type="checkbox"/></p> <p>Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>The client’s neurovascular status is intact. Passive and active ROM intact. The patient uses a wheelchair and walker for supportive devices. Left leg 3+ strength right leg is 1+ strength due to recent surgery. The patient needs assistance with ADL’s. The client is a high fall risk with a score of 17. Mobility status as tolerated. The patient is not ad-lib. Assistance with equipment and support to stand and walk is needed.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>The patient has a right leg weakness and unequal upper extremities are equal. The patient's eyes show PERLA. Strength is not equal in legs (right leg weakness). The patient is oriented to person A&O x4. Speech is clear. The deficit in both legs (neuropathy) is greater in the right leg.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patients' coping mechanism is by watching “Price is Right”.The patient graduated with an associate’s in informational tech. The patient's Baptist client states she lives her life by her religion, currently active in the church. The support system is local family (husband, sons, friends)</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:20 Oct 7th	71 HR	107/64	18RR	36.3 °C (97.5 F)	98% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1:13 Oct 7th	Numeric	Right Hip	9	N/A	Norco

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
<ul style="list-style-type: none"> ● Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> ● How did the patient/family respond to the nurse’s actions? ● Client response, the status of goals and outcomes, modifications to plan.
<p>1. Impaired Immobility: Due to Non-Displaced intertrochanteric hip fracture of the right femur as evidence by second view X-Ray of the Greater right trochanter and pelvis showing Comminuted non displaced fracture of right femur</p>	<p>-This nursing diagnosis was chosen due to a patient experiencing right leg weakness causing unequal strengths in lower extremities due to right hip fracture.</p>	<p>1. Reduce pain by giving pain medication given every six hours or as needed</p> <p>2. Improve right legs strength by Ambulating halls as tolerated</p>	<ul style="list-style-type: none"> ● The patient responded well and understood pain medication could only be given every six hours. ● The client understood she needed to walk to improve blood flow and decrease chances of deep vein thrombosis after surgery ● Goals met for reducing pain and

			actively ambulation as tolerated and progressing in the number of laps each day.
2. Fall Risk-Related to her hip fracture evidence by falling in the bathroom because of her neuropathy and the x-ray showing a Greater trochanter with intertrochanteric fracture lines	This diagnosis was chosen because she had multiple falls within the last three months, resulting in a hip fracture on 09/23/21 and needing surgery. Due to fracture more than supportive device assistance is needed	<p>1. Assisting patient for any activities of daily livings with bed</p> <p>2. Bed in a low position, call light in reach, check on patient regularly</p>	<ul style="list-style-type: none"> ● The patient responded adequately and understood she was not to get up by herself without having assistance at her side ● The client responded by hitting the call light anytime she needed assistance ● Goal met she seems to have progressed and regained strength in the right leg as she is able to now support herself to push off the bed to grab a walker and decreased limping in the right leg.

Overall APA format (5 points):

Attum, B. (2021, August 11). *Intertrochanteric femur fracture*. StatPearls [Internet].

Retrieved October 11, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK493161/?fbclid=IwAR28BW1C18l5xjXW95ggHGI8S4s-9Gjitw73WEhZG2f-u6O6w0mTR19j2YU>.

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

Föger-Samwald, Ursula, et al. "Osteoporosis: Pathophysiology and Therapeutic Options." *EXCLI Journal*, Leibniz Research Centre for Working Environment and Human Factors, 20 July 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7415937/>.

Hamilton, Fergus, et al. "Association of Prior Lymphopenia with Mortality in Pneumonia: A Cohort Study in UK Primary Care." *British Journal of General Practice*, *British Journal of General Practice*, 1 Feb. 2021, <https://bjgp.org/content/71/703/e148>.

Jones, D.W. (2021). *Nurse's drug handbook*. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett

Learning

Tariq, Sundus, et al. "Alkaline Phosphatase Is a Predictor of Bone Mineral Density in Postmenopausal Females." *Pakistan Journal of Medical Sciences*, Professional Medical Publications, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6572960/#:~:text=Biver%2C%20et%20al.%20has%20also,associated%20with%20prevalent%20vertebral%20fractures>.

Concept Map (20 Points):

Subjective Data:
 Patient states "9 out of 10 pain"
 Patient Symptoms fever,cough chills, vomiting
 Patient " I have not felt well the past three to four days"
 Patient states "I feel like i'm walking on pebbles"
 Patient states "since shingles outbreak I've experienced neuropathy and numbness making it difficult to walk"

1)Impaired Immobility-Evidence by right broken hip shown by x-rays.

Outcome:Patient's pain has been reduced by taking pain relieving medication when needed improving strength in leg by actively ambulation as tolerated.

2)Risk for fall-Evidence by a reason for admission is a fall in the bathroom

Outcome:Patient will be kept fall risk as evidence by complying with safety measures in place.Presses call light anytime assistance is needed to get up.Uses her wheelchair and other supportive devices to help with her activity of daily livings
 Complying with physical therapy range of motions.

Nursing Diagnosis/Outcomes

Objective Data:

Vital Signs :Temp-36.3 Blood Pressure-107/64 Pulse-71 HR
 Respirations-18 rr
 Oxygen-98%RA

x-Ray:X-Ray of Chest Pulmonary opacities consistent with pneumonia
 X-Ray of Greater right trochanter and pelvis Comminuted nondisplaced fracture of right femur Greater trochanter with intertrochanteric fracture lines
 X-Ray- right knee No acute fracture or malalignment
 Moderate to severe osteoarthritis
 Glucose elevated 395 mg/dL due to being a non compliant diabetic

Patient information
 Patient is a 63 year old female with history of Type 2 diabetes HTN, Hypothyroid, UTI, Falls, Shingles, Pneumonia (June 2021), Covid (Winter 2020)..Patient is a non compliant diabetic Admitted due to fall in bathroom patient found to have a displaced intertrochanteric fracture of the right femur

Nursing Intervention

Patient progressively gaining strength in right leg by increasing ambulation and amount of laps being taken each day as tolerated.

Patient able to complete activity of daily livings with minimal assistance.

Patients ambulates a good amount and reduces risk of deep vein thrombosis. Reducing pain with pain medication. Keeping bed lowered in locked position,call light in reach,rounding on patient,

