N311 Care Plan #1

Lakeview College of Nursing

Corinne Monte De Oca

Demographics (5 points)

Date of Admission 09/23/2021	**Patient Initials** SS	**Age** 63	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Doxycycline, Penicillin, Latex/tape
Code Status Full	**Height** 62 in.	**Weight** 191.5 lb.	

Medical History (5 Points)

Past Medical History: Type 2 Diabetes, Hypertension (HTN), Hypothyroidism, Urinary Tract Infection (UTI), Falls, Shingles

Past Surgical History: Total hysterectomy, Laparoscopic cholecystectomy, Total hip replacement

Family History: N/A

Social History (tobacco/alcohol/drugs): Occasional alcohol use, never used drugs/tobacco

Admission Assessment

Chief Complaint (2 points): Patient fell in bathroom and has not felt well since occurrence. Patient denies loss of consciousness.

History of present Illness (10 points): Patient was diagnosed with the COVID-19 virus last winter and has not felt well since contracting the virus. Patient has had 4 falls. Patient was diagnosed with pneumonia in June 2021. Within the past 3 to 4 months, patient has not felt well and has been experiencing pain in her right hip. Patient also had a shingles outbreak, which resulted in neuropathy and numbness in

feet. Patient stated it feels like she “is walking on pebbles.” Patient was admitted to Odd-Fellow Rebekah for rehabilitation services on 09/23/2021.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Non-displaced intertrochanteric hip fracture of right femur

Secondary Diagnosis (if applicable): N/A

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

A hip fracture can be caused by various scenarios. A high-force impact, such as a motor vehicle accident, can result in a hip fracture. Hip fractures are more common in adults over the age of 60 due to increased incidence of falls and osteoporosis. (Cedars Sinai, n.d.). Hip fractures are classified by the area of the break and type of break in the bone. The majority of hip fractures occur on either the femoral neck or the intertrochanteric region. A few signs and symptoms of a hip fracture include the inability to get back up from falling or inability to get up and walk, inability to bear weight on the leg of the side of the injured hip, severe hip or groin pain, bruising and swelling around the hip area, shorter leg on the side of the injured hip, and/or an outward turning of the leg on the side of the injured hip (Mayo Clinic, 2020). There are also multiple risk factors that increase the risk of hip fractures. These include age (older adults), gender (more common in women), osteoporosis,

having other chronic medical conditions, certain medications, nutritional problems, physical inactivity, and tobacco and/or alcohol use (Capriotti, 2020).

Diagnosis of a hip fracture is based on the patient's signs and symptoms and confirmation can be done through an x-ray. If the x-ray is not sufficient, an MRI (magnetic resonance imaging) or bone scan may be done to see if a hairline fracture may be present (Mayo Clinic, 2020). Treatment for hip fractures usually consist of a combination of surgery, medication, and rehabilitation. Depending on the severity and location of the fracture, patient's age and other conditions, a partial or total hip replacement may be recommended. Rehabilitation will include physical therapy, which often starts while still in the hospital. This aims at regaining strength and range of motion (Cedars Sinai, n.d.). Depending on the patient, care may continue following discharge at the hospital at a long-term care facility or at home. Occupational therapy may also be incorporated to assist the patient in gaining independence with activities of daily living (Mayo Clinic, 2020).

Pathophysiology References (APA):

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

Cedars Sinai. (n.d.). *Hip Fracture*. https://www.cedars-sinai.org/health-library/diseases-and-conditions/h/hip-fracture.html

Mayo Clinic. (2020, March 27). *Hip Fracture.* https://www.mayoclinic.org/diseases-conditions/hip-fracture/symptoms-causes/syc-20373468

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	4.0-4.9 x 10^6 / mcL	4.34 x 10^6 /mcL	N/A	N/A
Hgb	12-16 g/dL	13.7 g/dL	N/A	N/A
Hct	37-48%	38.4%	N/A	N/A
Platelets	150,000-400,000 K/mcL	116	N/A	The patient's platelet count may be low due to a medication that she is currently taking such as heparin, sulfa-containing antibiotic, or an anticonvulsant (Mayo Clinic, 2020).
WBC	4,000-10,000 K/mcL	8.8	N/A	N/A
Neutrophils	40-60%	81.7%	N/A	UTI's are typically caused by E. coli, a bacteria which infects the bladder. Neutrophils are the main combatants of a bacterial infection (Capriotti, 2020).
Lymphocytes	19-49%	10.5%	N/A	Individuals who have had a recent infection or surgery are at risk for low lymphocyte count, or lymphocytopenia (Capriotti, 2020).
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-	134-144 mmol/L	133	N/A	This value is slightly below normal and could be due to her recent constipation (Capriotti, 2020).
K+	3.5-5.1 mmol/L	4.1	N/A	N/A
Cl-	98-107 mmol/L	95	N/A	This value is slightly below normal and could be due to her recent constipation (Capriotti, 2020).
CO2	21-31 mmol/L	23	N/A	N/A
Glucose	70-99 mg/dL	395	N/A	Because the patient has type 2 diabetes, her body has problems with insulin, which processes and maintains glucose levels. This extremely high value was due to poor management of her diabetes (Capriotti, 2020).
BUN	7-25 mg/dL	15	N/A	N/A
Creatinine	0.50-1.20 mg/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	35-150 units/mL	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	1.015-1.025	1.043	N/A	If the patient does not have kidney disease, high specific gravity levels are typically due to dehydration (Capriotti, 2020).
Glucose	Negative	> 1000	N/A	The patient's high glucose levels are due to poorly managed diabetes (Capriotti, 2020).
Protein	Negative	Trace	N/A	N/A
Ketones	Negative	2+	N/A	Patient had high ketone levels in urine due to her uncontrolled diabetes (Capriotti, 2020).
WBC	0.0-5	1	N/A	N/A
RBC	0.0-3.0	1	N/A	N/A
Leukoesterase	Negative	4	N/A	Abnormal results indicate a UTI may be present (Mount Sinai Health System, n.d.).

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.

Mayo Clinic. (2020, April 8). *Thrombocytopenia (low platelet count).* https://www.mayoclinic.org/diseases-conditions/thrombocytopenia/symptoms-causes/syc-20378293

Mount Sinai Health System. (n.d.). *Leukocyte esterase urine test*. https://www.mountsinai.org/health-library/tests/leukocyte-esterase-urine-test.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

1. 2 view x-ray of right hip and pelvis – Findings showed a comminuted nondisplaced fracture of the right femoral greater trochanter with intertrochanteric fracture
    a. An x-ray of the right hip and pelvis was done to confirm a fracture was present in the patient as well as the location of the fracture (Mayo Clinic, 2020).
2. 3 view x-ray of right knee – Findings showed no fracture or malalignment as well as moderate to severe osteoarthritis

   a. An x-ray of the knee was done to check for any injury to the knee joint, as the long bone (femur) extends from the pelvis to the knee (Mayo Clinic, 2020).

3. 1 view chest x-ray – Findings showed pulmonary opacities consistent with pneumonia
   a. After displaying symptoms correlating with those of pneumonia, a chest x-ray was ordered to confirm a diagnosis of pneumonia (Capriotti, 2020).

Diagnostic Test References (APA):

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

Mayo Clinic. (2020, March 27). *Hip Fracture.* https://www.mayoclinic.org/diseases-conditions/hip-fracture/symptoms-causes/syc-20373468

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

Medications (5 required)

Brand/Generic	Synthroid/ Levothyroxine	Norvasc/ Amlodipine	Neurontin/ Gabapentin	Norco/ Hydrocodone-acetaminophen	Colace/ Docusate sodium
Dose	150 mcg	10 mg	300 mg	5/325 mg	100 mg
Frequency	Daily	Daily	TID	Every 6 hrs PRN	Every 12 hrs PRN
Route	PO	PO	PO	PO	PO
Classification	Thyroid preparation	Calcium channel blocker	Analgesic adjunct	Opioid agonist, Non-opioid analgesic combination	Stool softener
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-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels (Jones, 2021)	Exact mechanism of action is unknown, but gamma-aminobutyric acid (GABA) inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated responses to painful stimuli and pain-related responses to a normally innocuous stimulus to account for its effectiveness in relieving postherpetic neuralgia and	Hydrocodone relieves pain by changing the way the brain and nervous system respond to pain. (MedlinePlus, 2021). Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone (“Norco uses,” n.d.)	Is 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)

			restless legs syndrome symptoms (Jones, 2021)		
Reason Client Taking	Hypothyroidism	Hypertension	Neuropathy in feet/pain	Hip pain	Constipation
Contraindications (2)	Acute MI, uncorrected adrenal insufficiency (Jones, 2021)	Aliskiren therapy in patients with diabetes or renal impairment, hypersensitivity to amlodipine or its components (Jones, 2021)	Hypersensitivity to gabapentin or its components (Jones, 2021)	Hypersensitivity to acetaminophen or hydrocodone, severe asthma or breathing problems ("Norco uses," n.d.)	Fecal impaction, intestinal obstruction. (Jones 2021)
Side Effects/Adverse Reactions (2)	Myalgia, weight gain or loss, dyspnea (Jones, 2021)	Dizziness, Hypotension, palpitations (Jones, 2021)	Dream disturbances, dizziness, hallucinations (Jones, 2021)	Nausea, vomiting, slowed or irregular breathing (MedlinePlus, n.d.)	Dizziness, syncope, palpitations (Jones 2021)

Medications Reference (APA):

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

MedlinePlus. (n.d.). MedlinePlus. U.S. National Library of Medicine. http://medlineplus.gov/

Norco uses, Dosage & Side effects. (n.d.). Drugs.com. Retrieved October 9, 2021, from https://www.drugs.com/norco.html.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was alert to person, place, time, situation. Alert and oriented (A&O) x4. Patient showed no signs of distress. Overall appearance was clean, well-groomed, personal hygiene appeared to be maintained.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Patient's skin color was appropriate for ethnicity. Skin was dry, intact, warm, and elastic. Patient had no rashes present and generalized bruising. Patient had a right hip surgical incision. Patient had no drains present. Braden score was 17.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head appeared normocephalic. Cranial nerves were intact. Neck was supple and all lymph nodes were nonpalpable. Ears were symmetrical with no signs of cerumen or drainage. Hearing was intact. Patient denied any ear pain. Extraocular movements were intact. Patient's nose was midline and did not have a deviated septum. Nares were patent and displayed no signs of epistaxis or polyps. Patient was missing teeth on top and bottom of both sides. There were otherwise no signs of dental carries. .
CARDIOVASCULAR: **Heart sounds:** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	S1 and S2 were auscultated. S3 and S4 were not heard. Patient had normal sinus rhythm. Dorsalis pedis and posterior tibial pulses were nonpalpable. Popliteal pulse was palpable at 2+ strength. Radial pulse was palpable at 3+ strength. Capillary refill was greater than 3 seconds on toes and less than 3 seconds on fingers. Patient had no neck vein distention. Patient had 3+/4+ pitting edema on the feet.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character:**	Anterior and posterior lung sounds were auscultated. Breath sounds were clear and diminished. No accessory muscles were used.
GASTROINTESTINAL:	Patient is currently on a normal diet. Bowel

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:**	sounds were active in all four quadrants. Patient's last bowel movement was 10/06/2021. Abdomen was soft and nontender upon palpation. No masses were noted. Patient had mild abdominal distention. Patient had a surgical incision on the right hip secured with Steri-strips. Patient had no scars, drains, or wounds. Patient had no ostomy, nasogastric tube, or 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 light yellow and clear. Patient produced an adequate amount of urine. Patient denies pain with urination. Patient was not on dialysis and had no catheter in place. Genitals were not assessed.
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 was intact. Both passive and active full range of motion was intact bilaterally. Patient currently requires assistance with activities of daily living (ADLs). Upper extremity strength is 3+. Lower left extremity strength is 3+. Lower right extremity strength is 1+. Patient's fall risk score is 17. Patient can participate in activity as tolerated. Patient requires assistance with equipment (wheelchair and walker) and requires support to stand and ambulate.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -**	Strength is equal in both arms (3+) but displayed right leg weakness (1+) and 3+ in left leg. Both eyes exhibited PERLA. Patient was A&O x4. Patient was alert. Speech was clear. Patient had a

Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	sensory deficit in feet.
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 uses "The Price is Right" as a coping method. Patient holds an Associate's degree. Patient has a strong connection to her Baptist faith and state's religion means "100 percent" to her. Patient's main family support comes from her husband and son.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	71	107/64	18	97.5 F	98% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1113	9	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 • 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 physical mobility as evidenced by right sided weakness related to hip fracture of right femur.	This nursing diagnosis was chosen because the patient is experiencing right leg weakness d/t hip fracture of right femur	1. Encourage participation in exercise therapy through physical therapy (PT)/occupational therapy (OT). 2. Educate patient on proper wheelchair use.	Patient responded positively to these interventions. Patient stated she is motivated to regain independence. Patient's husband and son are also content with the progress she has made.
2. Risk for falls as evidenced by reduced musculoskeletal strength related to hip fracture of right femur.	Due to patient's current condition and age factor, patient is at a higher risk for falls.	1. Leave bed in low position and call light within reach. 2. Assist patient with activities of daily living (ADLs)	Patient and her family responded positively to the interventions. Patient has not had any falls throughout the remainder of her stay.

Overall APA format (5 points):

Concept Map (20 Points):

Subjective Data

1. Patient stated it feels like she "is walking on pebbles."
2. Patient experiencing neuropathy and numbness of feet
3. Pain 9/10

Nursing Diagnosis/Outcomes

1. Impaired physical mobility as evidenced by right sided weakness related to hip fracture of right femur
    a. Outcome: Patient will show signs of improvement in her physical mobility and strength. Patient will continue to use wheelchair/walker as long as physical therapist recommends the use of assistive devices.
2. Risk for falls as evidenced by reduced musculoskeletal strength related to hip fracture of right femur.
    a. Outcome: Patient will maintain fall risk prevention and understand and comply with safety precautions. Patient's family was educated with fall risk preventions and is preparing her home following discharge.

Objective Data

Patient experienced a non-displaced intertrochanteric hip fracture of right femur as the result of a fall as evidenced by an x-ray of the right hip and pelvis.
Strength 1+ in right leg, 3+ in left leg.
VS: T- 97.5, BP- 107/64, P- 71, R- 18, O2- 98%

Patient Information

Patient is a 63 year old female with a history of diabetes type 2, hypertension, hypothyroidism, urinary tract infection, shingles, and falls. She was admitted due to a non-displaced intertrochanteric hip fracture of the right femur.

Nursing Interventions

1. Maintain and educate patient on patient safety: leave patient's bed in low position, call light within reach, fall risk wristband, no clutter left on floor.
2. Encourage patient to participate in physical activity with assistive devices as much as tolerated.
3. Assist patient with activities of daily living (ADLs).
4. Encourage participation in exercise therapy through physical therapy/occupational therapy.