N311 Care Plan #3

Lakeview College of Nursing

Cecilia Duong

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Demogralphics (5 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
10/14/2021	E.T.	73	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	N/A
Code Status	**Height**	**Weight**	
Full Code	165.1 cm	66.68 kg	

Medical History (5 Points)

Past Medical History: High Cholesterol, Parkinson (Early Onset), Benign Essential Hypertension, Deep Vein Thrombosis (DVT) Unspecified, Restless Legs Syndrome (RLS), History of Seizures

Past Surgical History: Excision of Lipoma on Trunk (09/11/2020), Sentinel Node Biopsy (09/11/2020)

Family History: Father - Stroke, Mother - Cardiovascular Disease and Macular Disease.

Social History (tobacco/alcohol/drugs): The patient stated occasional alcohol use. The patient denies the use of illicit drugs. The patient is also a former smoker, 1 pack a day since the age of 20, and quit smoking at the age of 71.

Admission Assessment

Chief Complaint (2 points): The patient presented to the emergency room for chest and abdominal pain that started 3-5 days ago.

History of Present Illness (10 points):

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The 73-year-old Caucasian male presented to the emergency room on 10/14/2021 complaining of chest and abdominal pain. The patient stated the location of the pain got worse and has radiated to the lower back and localized in the left middle quadrant. The patient states the pain has been ongoing for 3-5 days. The patient describes the pain as achy in nature and rates the pain an 8/10 on a numeric scale. The patient states coughing aggravates his pain. The patient states he has not tried anything to relieve his pain and is taking medication as a treatment to decrease his pain. The patient was primarily admitted to the Hospital Sisters Health System (HSHS) where his abdomen workup did not reveal anything acute, except elevated troponin levels of 0.08. The patient was then transported to Sarah Bush Lincoln Health Center to be examined by cardiology.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Nondisplaced fracture of the left radial styloid process

Secondary Diagnosis (if applicable): N/A

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

Distal radius fractures are one of the most common injuries encountered in orthopedic practice. High energy- injuries frequently cause shear and impacted fractures of the articular surface of the distal aspect of the radius with a displacement of the fracture fragments. The fracture pattern most commonly observed in the geriatric age group is extra-articular, while the high-energy intra-articular type is most frequent in young adult patients (Corsino & Sieg, 2019).

The pathophysiology behind a left radial styloid fracture is indicative of the form and severity of rupture of the distal radius and the injury of disco-ligament structures of the wrist. It

also depends on the position of the wrist at the moment of hitting the ground. The width of this angle will impact the localization of the fracture. Pronation, supination, and abduction will determine the direction of the force, the carpus compression, and the different appearances of ligament injuries (Capriotti, 2020). The radius initially fails in tension on the volar aspect, with the fracture progressing dorsally where bending forces induce compressive stresses, resulting in dorsal comminution. Cancellous impaction of the metaphysis further comprises dorsal stability. Additional shearing forces influence the injury pattern, resulting in articular surface involvement (Corsino & Sieg, 2019).

Nondisplaced fracture of the left radial styloid process includes signs and symptoms such as an immediate sharp pain after the accident takes place (Corsino & Sieg, 2019). Sometimes the fracture may be accompanied by the sound or the sensation of a bone-breaking. Also, show symptoms such as numbness that doesn't allow you to move your fingers or hand and a deformed forearm or wrist. Even with a minor accident, trivial trauma can quickly progress into a fracture of high severity. E.T.'s symptoms include abnormal swelling and tenderness in the wrist immediately that only worsens. Diagnostic tests used to identify nondisplaced fracture of the left radial styloid process include X-rays, computer tomography scan (CT scan), and Magnetic Resonance Imaging (MRI). During this hospital visit, E.T's diagnostic tests were not able to be assessed because we have no record of it. He characterized his pain as "achy in nature" and worsens with coughing. Standard laboratory tests that are helpful include kidney function tests, thyroid, and other hormone levels, calcium levels, and vitamin D levels (Corsino & Sieg, 2019). E.T. laboratory tests are inconclusive because they were not received from his previous facility. Treatment of the disease includes nonsteroidal anti-inflammatory drugs (NSAIDs) and

analgesics. E.T's treatment included a cast to restrict mobility to promote healing and physical therapy (Corsino & Sieg, 2019).

The treatment of a nondisplaced fracture utilizes immobilization to maintain the fracture reduction. While the goal of therapy in the fracture distal end of the radius is to restore normal function, the precise methods to achieve that desired outcome are controversial (Capriotti, 2020). For example, all fractures characterized by little comminution are possible for cast immobilization. The optimal position of hand function is with the wrist in dorsiflexion. With the wrist immobilized in palmar flexion, it has a detrimental effect on hand function because dorsiflexion at the wrist is needed to rehabilitate fingers properly (Corsino & Sieg, 2019).

Nondisplaced fracture of the left radial styloid process is one of the most common fractures. Injury-related fractures may be the cause of low-energy trauma or high-energy trauma. Prevention of fracture is also concerned with different accidents that can have multiple factors that are directly related to them or indirectly associated. Pain management after injury, immobilization with braces, and various life-saving procedures are identified early by the physician or a specialist (Corsino & Sieg, 2019).

References:

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

Corsino, C. B., & Sieg, R. N. (2019). *Distal radius fractures*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK536916/

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**	N/A	N/A	N/A
Hgb	**12.0-15.8g/ dL**	N/A	N/A	N/A
Hct	**36.0-47.0%**	N/A	N/A	N/A
Platelets	**140-440K/ mcL**	N/A	N/A	N/A
WBC	**4.0-12.0K/ mcL**	N/A	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**	N/A	N/A	N/A
K+	**3.5-5.1mmol/L**	N/A	N/A	N/A
Cl-	**98-107mmol/L**	N/A	N/A	N/A
CO2	**21-31mmol/L**	N/A	N/A	N/A
Glucose	**70-99mg/dL**	N/A	N/A	N/A
BUN	**7-25 mg/dL**	N/A	N/A	N/A
Creatinine	**0.50-1.20mg/dL**	N/A	N/A	N/A
Albumin	**3.5-5.7 g/dL**	N/A	N/A	N/A
Calcium	**8.6-10.3 mg/dL**	N/A	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**	N/A	N/A	N/A
Alk Phos	**20-140 units/L**	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
Color & Clarity	**Yellow, clear**	N/A	N/A	N/A
pH	**5.0-9.0**	N/A	N/A	N/A

Specific Gravity	**1.003-1.013**	N/A	N/A	N/A
Glucose	**Negative**	N/A	N/A	N/A
Protein	**Negative or Trace**	N/A	N/A	N/A
Ketones	**Negative**	N/A	N/A	N/A
WBC	**0.0-0.5**	N/A	N/A	N/A
RBC	**0.0-3.0**	N/A	N/A	N/A
Leukoesterase	**Negative**	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*. Philadelphia: F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

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Labs and diagnostic tests were not sent over from Hospital Sisters Health System (HSHS) so values were not accessed.

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

Medications (5 required)

Generic/Brand	atorvastatin calcium/Lipitor	carvedilol/ Coreg	ropinirole hydrochloride/Requip	warfarin sodium/Coumadin	sildenafil citrate/Viagra
Dose	20 mL	3.125 mg	2 mg	4 mg	100 mg
Frequency	Daily, QHS	2x Daily	3x Daily	Morning, Daily	Every 24 hours, PRN
Route	PO	PO	PO	PO	PO
Classification	**"Pharmacologic class:** HMG-CoA reductase inhibitor **Therapeutic class:** Antihyperlipidemic" (Jones, 2021).	**"Pharmacologic class:** Nonselective beta blocker and alpha-1 blocker **Therapeutic class:** Antihypertensive, heart failure treatment adjunct" (Jones, 2021).	**"Pharmacologic class:** Nonergot alkaloid dopamine agonist **Therapeutic class:** Antiparkinsonian" (Jones, 2021).	**"Pharmacologic class:** Coumarin derivative **Therapeutic class:** Anticoagulant" (Jones, 2021).	**"Pharmacologic class:** Phosphodiesterase 5 inhibitor **Therapeutic class:** Erectile dysfunction agent" (Jones, 2021).

Mechanism of Action	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown" (Jones, 2021).	"Reduces cardiac output and tachycardia, causes vasodilation and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload" (Jones, 2021).	"Directly stimulates postsynaptic dopamine type 2 (D2) receptors within the brain and acts as an agonist as peripheral D2 receptors" (Jones, 2021).	"Interferes with the liver's ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors II (prothrombin), VII, IX, and X" (Jones, 2021).	"Enhances the effect of nitric oxide released in the penis by stimulation. Nitric oxide increases cGMP level, relaxes smooth muscle, and increases blood flow to the corpus cavernosum, thus producing an erection" (Jones, 2021).
Reason Client Taking	High Cholesterol	Hypertension	Restless Legs Syndrome	Prevent blood clots	Erectile Dysfunction
Contraindications (2)	"Active hepatic disease, breastfeeding, hypersensitivity to atorvastatin or its components, pregnancy, an unexplained persistent rise in serum transaminase level" (Jones, 2021).	"Bronchial asthma or related bronchospastic conditions; cardiogenic shock; decompensated heart failure that requires I.V. inotropics" (Jones, 2021).	"Hypersensitivity to ropinirole or its component, psychotic disorder, slow heartbeat, orthostatic hypotension" (Jones, 2021).	"Bleeding or bleeding tendencies; blood dyscrasias; cerebral or dissecting aneurysm; cerebrovascular hemorrhage; diverticulitis; eclampsia or preeclampsia" (Jones, 2021).	"Concomitant riociguat, a guanylate cyclase stimulator, continuous or intermittent nitrate therapy, hypersensitivity to sildenafil or its components" (Jones, 2021).
Side Effects/Adverse Reactions (2)	"Arrhythmias, hypoglycemia, hepatic failure, hepatitis, pancreatitis, rectal hemorrhage" (Jones, 2021).	"Angina, AV block, bradycardia, heart failure, hypoglycemia" (Jones, 2021).	"Acute coronary syndrome, bradycardia, cardiac failure, MI, sick sinus, syndrome,	"Coma, intracranial hemorrhage, hypotension, hepatitis, potentially fatal hemorrhage,	"Heart failure, seizures, hypotensions, myocardial infarction or ischemia, sudden cardiac death,

			gastric hemorrhage ” (Jones, 2021).	anaphylaxis” (Jones, 2021).	ventricular arrhythmias” (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:**	**Alertness:** The patient was alert and oriented x 4 **Orientation:** The patient was alert and oriented and was able to verify name, DOB, location (Odd Fellow), and current president. **Distress:** The patient is not visibly distressed; he was calm and cooperative. **Overall appearance:** The patient was well-groomed and presented with good hygiene.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color:** Color was appropriate for ethnicity. **Character**: The patient’s skin was dry and intact. **Temperature**: Cool to the touch **Turgor**: Loose and elastic **Rashes**: None present **Bruises**: Generalized bruising **Wounds**: Skin tear is present on the left lower knee **Braden Score:** 18, No risk for pressure ulcers
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck:** Trachea is midline, oral mucosa is moist and intact. The uvula is midline, no tonsil enlargement noted, the tongue is pink with no lesions, cranial nerves are intact. **Ears**: Symmetrical, the tympanic membrane is pink and grey bilaterally, no signs of cerumen, and denies ear pain **Eyes**: PERRLA, patient’s pupils constricted normally, EOM was normal. Sclera appears

	white with no inflammation or drainage bilaterally. 3, 4, and 6 cranial nerves were tested. **Nose**: Septum is midline, no sign of epistaxis or pollux, nares are patent. **Teeth**: No signs of dental carry, the patient has full upper and lower dentures. Dentures fit well and gums are intact.
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:**	**Heart sounds:** S1 and S2 were auscultated. Aortic, Pulmonic, Erb's Point, Tricuspid, and Mitral heart sounds were auscultated. **Cardiac rhythm:** Normal sinus rhythm **Peripheral Pulses**: 3+ brachial, radial, popliteal, posterior tibial, dorsalis pedis **Capillary Refill:** Fingertips blanched white in less than 3 seconds. Toes blanched in less than 3 seconds. **Location of Edema:** No edema is present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Accessory Muscle:** Accessory muscle was not used during respiration. **Breath Sounds**: All lobes posteriorly and anteriorly were clear and diminished bilaterally. **Location**: Lung sounds were normal for age; high-pitched breath sounds in all lobes bilaterally anteriorly and posteriorly. **Character**: Loud, high-pitched bronchial breath sounds.
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	**Diet at home:** Regular diet **Current Diet:** Regular diet **Height**: 165.1 cm **Weight**: 66.68 kg **Auscultation bowel sounds:** Active bowel sounds in all 4 quadrants. **Last BM:** 10/27/2021 **Palpation: Pain, Mass etc.:** Abdomen is soft to touch, tender to palpitation, no masses noted. **Inspection**: N/A **Distention**: N/A **Incisions**: N/A **Scars**: N/A **Drains**: N/A **Wounds**: Skin tear is present on the left lower

Feeding tubes/PEG tube Y ☐ N ☒ **Type:** N/A	knee **Feeding Tubes/PEG Tube:** N/A
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color**: Unable to assess **Character**: Unable to assess **Quantity of urine:** Unable to assess **Pain with Urination:** Unable to assess **Dialysis**: Unable to assess **Inspection of genitals:** Unable to assess **Catheter:** Unable to assess
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:** Intact **ROM**: Intact, passive, and active **Supportive devices:** Walker **Strength**: 3+ equal strength in upper extremities. 2+ equal strength in lower extremities **ADL Assistance:** One assist in shower **Fall Score:** 90, Low risk. **Activity/Mobility Status:** One assist in shower **Needs assistance with equipment:** Walker **Needs support to stand and walk:** Walker
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**MAEW:** Upper extremities are equal in strength bilaterally; lower extremities are equal in strength bilaterally **PERRLA:** Pupils constrict normally **Strength Equal:** No, upper extremities are equal strong bilaterally 3+, lower extremities are 2+ weak **Orientation:** Alert & Oriented x 4 Patient was alert and orientated. Patient was able to verify her name, DOB, location (Odd Fellow), and current President. **Mental Status:** Alert and Orientated **Speech:** Clear **Sensory:** Intact **LOC:** Patient was alert and oriented.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:**	**Coping methods:** The patient talks with staff and listens to music **Developmental level:** Appropriate for age,

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	attended some college **Religion and what it means to pt:** Baptist, the patient does not attend church **Personal/Family Data:** The patient lives at home with his wife.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0903	87 bpm	118/78 mmHg	16 breaths/minute	98.2 degrees Fahrenheit (36.7 degrees celsius)	99% on Room Air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	N/A	0/10	N/A	Patient did not report any pain when assessed.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Unable to access	Unable to assess

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

Nursing Diagnosis	Rational	Intervention (2	Evaluation

● Include full nursing diagnosis with "related to" and "as evidenced by" components	● Explain why the nursing diagnosis was chosen	**per dx)**	● How did the patient/family respond to the nurse's actions? ● Client response, the status of goals and outcomes, modifications to plan.
1. Risk for peripheral neurovascular dysfunction is related to generalized weakness as evidenced by his past medical history of unspecified deep vein thrombosis (Latimer et al., 2021).	The nursing diagnosis was chosen because the patient has a family history of cardiovascular disease and strokes and is also diagnosed with early onset of Parkinson's and Restless Legs Syndrome.	**1.** Assess capillary return, skin color, and warmth distal to the fracture (Latimer et al., 2021). **2.** Perform neurovascular assessments, noting changes in motor and sensory function. Ask the patient to localize pain and discomfort (Latimer et al., 2021).	- The patient responded well to the nurse's actions because the patient verbalized having less pressure on his legs when ambulating and assessing daily vitals. - Goal met: The patient showed gradual progression in motor function and verbalized no pain was felt by the end of the clinical shift.
2. Risk for falls is related to lower extremity strength in legs being 2+ weak when assessed. (Latimer et al., 2021).	The nursing diagnosis was chosen because the patient reported a wound on the left lower knee as well as a generalized weakness while using a walker.	1. Provide support of joints above and below the fracture sire, especially when moving and turning (Latimer et al., 2021). 2. Support fracture site with pillows or folded blankets. Maintain a neutral position of	- The patient responded well to the nurse's actions because he reported feeling more relaxed and comfortable during the recovery process. - Goal met: The patient verbalized no further strain on ambulation and less physical stress which was reflected in a 0/10 on a numerical scale measuring pain when assessed.

		the affected part with sandbags, splints, trochanter roll, footboard (Latimer et al., 2021).	

Overall APA format (5 points):

Latimer, E., D., & Florence. (2021). *Nursing care plan guide for fractures: 11 Nursing diagnoses*. Nurseslabs. https://nurseslabs.com/fracture-nursing-care-plans/.

Concept Map (20 Points):

Subjective Data

Patient stated pain has worsened and has radiated to the lower back and localized in lower middle quadrant.
Patient describes the pain as “achy in nature”.
Patient rates pain level on admission as 8/10 on a numeric scale.
Patient states pain was alleviated by medication.
Patient states pain worsens with coughing.

Objective Data

The patient’s troponin levels were elevated to 0.08, blood pressure of 118/78, pulse rate at 87 beats/min, respiration rate is 16 breaths/min, temperature is 98.2 degrees Fahrenheit, and his oxygen saturation level is 99% at room air.

Patient Information

E.T. is a 73-year-old male who presented to the ER on 10/14/2021 complaining of chest and abdominal pain. The patient has a past medical history of high cholesterol, Parkinson (early onset), benign essential hypertension, deep vein thrombosis (DVT) unspecified, Restless Legs Syndrome (RLS), and a history of seizures.

Nursing Diagnosis/Outcomes

Risk for Peripheral Neurovascular Dysfunction is related to generalized weakness as evidenced by his past medical history of unspecified deep vein thrombosis (Latimer et al., 2021).
Goal met: The patient showed gradual progression in motor function and verbalized no pain was felt by the end of the clinical shift.

Risk for falls is related to lower extremity strength in legs being 2+ weak when assessed. (Latimer et al., 2021).
Goal met: The patient verbalized no further strain on ambulation and less physical stress which was reflected in a 0/10 on a numerical scale measuring pain when assessed.

Nursing Interventions

Diagnosis 1:
Assess capillary return, skin color, and warmth distal to the fracture (Latimer et al., 2021).
Perform neurovascular assessments, noting changes in motor and sensory function. Ask the patient to localize pain and discomfort (Latimer et al., 2021).

Diagnosis 2:
Provide support of joints above and below the fracture sire, especially when moving and turning (Latimer et al., 2021).
Support fracture site with pillows or folded blankets. Maintain a neutral position of the affected part with sandbags, splints, trochanter roll, footboard (Latimer et al., 2021).