N311 Care Plan 4 (Makeup)

Lakeview College of Nursing

Angel Roby

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
11/01/2021	J.O.H.	68 years old	Male
Race/Ethnicity White/Non-Hispanic	Occupation Retired	Marital Status Married	Allergies No known allergies
Code Status Full code	Height 185.42 cm (6'0")	Weight 85 kg (187 lbs.)	

Medical History (5 Points)

Past Medical History:

Kidney stones, hypertension, impaired mobility, osteoarthritis (dates are not present when diagnosed).

Past Surgical History:

Kidney stone (Unknown date) – Reason: To remove kidney stones

Open reduction of congenital dislocation of hip (Unknown date) – Reason: Unknown

Arthroplasty hip total (11/01/2021) – Reason: Unknown

Family History:

Cancer (Mother), Dementia (Mother), Cancer (Father), Cancer (Sister), Cancer (Brother)

Mother and father are both deceased, mother passed 10 years ago, and father passed 7 years ago. The sister and brother are in remission. The sister was in the patient's room.

Social History (tobacco/alcohol/drugs):

Patient does not use alcohol, drugs, or tobacco.

Admission Assessment

Chief Complaint (2 points): Left hip hematoma

History of present Illness (10 points):

Patient states that when he first got his congenital dislocation of hip surgery (Unknown date, but 3 years ago), that everything was fine. About a week ago (10/24/2021), the patient states that he felt pain in his left and right hip. Patient claimed that the pain was achy and dull and on a scale 0-10, he stated that the pain was about a 4. The patient tried to alleviate the pain by relaxing and taking it easy. The patient then decided to go to his primary care physician to get his hip checked out. The patient's doctor told him that he needed a total hip Arthroplasty to alleviate his pain. The patient was then admitted to Sarah Bush Lincoln to conduct his surgery on 11/01/2021. The patient states that he did not feel that much pain a day after the surgery and is recovering well. The patient needs assisting with a gait belt and cane for his mobility.

<div align="center">Primary Diagnosis</div>

Primary Diagnosis on Admission (3 points): Hip replacement (total)

Secondary Diagnosis (if applicable): N/A

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

The hip is one of the primary weight-bearing joints in the human body. The hip joint connects the lower extremities with the axial skeleton. The hip joint allows for movement in three major axes, all of which are perpendicular to one another. Pain in your hip can be agonizing, limiting your freedom of movement and your ability to function independently. Basic tasks such as walking, climbing stairs, or even picking an object up from the floor can become near impossible (Capriotti, 2020).

Osteoarthritis (OA) is the degeneration of joints caused by aging; the joints of the hands and knees are particularly affected. OA, the deterioration of joints that commonly occurs with aging, is the most common cause of disability in the United States, with approximately 20 million adults diagnosed annually. Obesity and aging are factors that are increasing the incidence of OA in the United States. Obesity, which affects more than one in three adults, causes excess weight-bearing for the knee and hip joints. It is estimated that two out of three obese adults in the United States will suffer OA of the knee in their lifetime. By 2030, it is projected that 67 million adults will be suffering from some form of arthritis (Capriotti, 2020).

Risk factors for OA include aging, obesity, history of participation in team sports, history of trauma or overuse of a joint, and heavy occupational

work. Obesity has become a particularly common risk factor, as excess body weight places excess pressure on the knees and hips. In addition, static or dynamic malalignment of the pelvis, hip, knee, ankle, or foot can contribute to the development of osteoarthritic changes. Muscle weakness, imbalance, and inflexibility can also be risk factors because an individual's risk for injury increases with poor muscle health (Capriotti, 2020).

OA is a slowly progressive, degenerative, and inflammatory disease. Excess pressure on a joint gradually wears away the cartilage surface, exposing the subchondral bone. Inflammation occurs as cytokines, various inflammatory mediators, and metalloproteases are released into the joint and degrade the cartilage. To repair the cartilage early in the process, chondrocytes synthesize a fluid called proteoglycans. This excess fluid causes swelling of the joint. Proteoglycans and cartilage degeneration can occur for years. As OA progresses, however, the level of proteoglycans decreases, causing the cartilage to lose elasticity and crack. Microscopically, there is loss of cartilage, resulting in the narrowing of the joint space (Capriotti, 2020).

During hip replacement, a surgeon removes the damaged sections of your hip joint and replaces them with parts usually constructed of metal, ceramic and very hard plastic. This artificial joint (prosthesis) helps reduce pain and improve function. Also called total hip arthroplasty, hip replacement surgery might be an option for you if your hip pain interferes with daily activities and nonsurgical treatments haven't helped or are no longer effective. Arthritis damage is the most common reason to need hip replacement (Capriotti, 2020).

My patient has a history of osteoarthritis which is the reason why he had to get the total hip Arthroplasty done. My patient felt pain in his left and right hip which is a common sign that his hips are degenerating because of the osteoarthritis.

Capriotti, T.C. (2020). *Davis advantage for pathophysiology: Introductory concepts and* *clinical perspectives* **(2nd ed.). F.A. Davis Company.**

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal	Admission	Today's	Reason for Abnormal Value

	Range	Value	Value	
RBC	**3.9 – 4.98**	**N/A**	**N/A**	**N/A**
Hgb	**12.0 – 15.5**	**N/A**	**13.9**	**N/A**
Hct	**35 – 45**	**N/A**	**40.3**	**N/A**
Platelets	**140 – 400**	**N/A**	**N/A**	**N/A**
WBC	**4.0 – 9.0**	**N/A**	**N/A**	**N/A**
Neutrophils	**2.4 – 8.4**	**N/A**	**N/A**	**N/A**
Lymphocytes	**0.8 – 3.7**	**N/A**	**N/A**	**N/A**
Monocytes	**4.4 – 12**	**N/A**	**N/A**	**N/A**
Eosinophils	**0 – 6.3**	**N/A**	**N/A**	**N/A**
Bands	**10 – 16 (%)**	**N/A**	**N/A**	**N/A**

Chemistry <mark>Highlight All Abnormal Labs</mark>—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**	**N/A**	**135**	**N/A**
K+	**3.5 – 5.1**	**N/A**	**4.8**	**N/A**
Cl-	**98 – 107**	**N/A**	**100**	**N/A**
CO2	**22 – 29**	**N/A**	**23**	**N/A**
<mark>Glucose</mark>	**70 – 99**	**N/A**	**<mark>212</mark>**	**Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin (the hormone that transports glucose into the blood), or if your body can't use insulin properly. The patient has no history of diabetes but can be leading to diabetes if the glucose levels aren't checked. (Bladh, Leeuwen, 2015)**

BUN	**6 – 20**	**N/A**	**18**	**N/A**
Creatinine	**0.50 – 1.00**	**N/A**	**1.00**	**N/A**
Albumin	**3.5 – 5.2**	**N/A**	**N/A**	**N/A**
Calcium	**8.4 – 10.5**	**N/A**	**8.6**	**N/A**
Mag	**1.7 – 2.2**	**N/A**	**N/A**	**N/A**
Phosphate	**2.4 – 4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.0 – 1.2**	**N/A**	**N/A**	**N/A**
Alk Phos	**35 – 105**	**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	**1.005 – 1.025**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**
Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative (none)**	**N/A**	**N/A**	**N/A**
WBC	**0 – 0.5**	**N/A**	**N/A**	**N/A**
RBC	**0 – 3.0**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**N/A**

Cultures <mark>Highlight All Abnormal Labs</mark>**—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	**10,000 colonies/mL**	**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):

Bladh, M.B., & Leeuwen, A.L. (2015). *Comprehensive handbook of laboratory & diagnostic tests with nursing implications* **(6th ed.). FA. Davis Company.**

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

N/A

Capriotti, T.C. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* **(2nd ed.). F.A. Davis Company.**

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Lisinopril	Docusate (colase)	Aspirin	Ketorolac (Toradol)	Diazepam
Dose	**40 mg.**	**100 mg.**	**325 mg.**	**15 mg.**	**5 mg.**
Frequency	**Daily**	**Daily**	**BID**	**Every 6 hr.**	**Every 6 hr.**
Route	**Oral**	**Orally**	**Orally**	**IV push**	**Orally**
Classification	**Pharmacologic: Angiotensin-converting enzyme** **Therapeutic: Antihypertensive**	**Pharmacologic: Surfactant** **Therapeutic: Laxative**	**Pharmacologic: Salicylate** **Therapeutic: NSAID**	**Pharmacologic: NSAID** **Therapeutic: Analgesic**	**Pharmacologic: Benzodiazepine** **Therapeutic: anticonvulsant**
Mechanism of Action	**May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II. May also inhibit renal and vascular production of angiotensin II.**	**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 softer fecal mass**	**Blocks the activity if cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prosaglandins, important mediators in the inflammatory process, cause local vasodilation with swelling and pain.**	**Blocks cyclooxygenase, an enzyme needed to synthesize prostaglandin. They also promote pain transmission from periphery to spinal cord.**	**May potentiate effects of GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS.**
Reason Client Taking	**Regulate blood pressure**	Constipation	**To relieve mild pain**	**To relieve severe pain (after the surgery)**	**Anxiety**
Contraindications (2)	**Concurrent aliskien use in patients with diabetes. Hypersensitivity**	**Intestinal obstruction, concomitant use with mineral oil**	**Active bleeding or coagulation disorders**	**Active peptic ulcer disease or recent GI bleeding or perforation**	**Acute angle closure glaucoma, hypersensitivity to diazepam**

	to lisinopril				
Side Effects/Adverse Reactions (2)	**Confusion, depression, arrhythmias**	**Dizziness, syncope, palpitations**	**Depression, hearing loss, diarrhea**	**Edema, hypertension, coma**	**Vertigo, blurred vision, dry mouth**

Medications Reference (APA):

Jones & Bartlett Learning. (2021). *Nurse's drug handbook* (20th ed.). Ascend Learning

   Company.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient was alert and oriented to person, place, time, and situation (x4) Patient showed no signs of distress. Overall appearance: In a gown, hair neat, thin, grey, clear skin**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	**Skin color is within expected range for ethnicity. Skin appears smooth, warm, pink, and intact. Turgor presented as elastic with no rashes.** **Braden score: 20 (low risk of pressure ulcer)**

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck: Symmetrical, lymph nodes are not palpable, and head appears to be normocephalic. Symmetrical trachea, no deviation presented.** **Ears: Symmetrical, no cerumen seen outside of ear canal. Patient wears hearing aids on both ears.** **Eyes: Extraocular movements are within expected range. Patient does not wear glasses or contracts. Symmetrical, pupils dilated bilaterally.** **Nose: No deviated septum, symmetrical** **Teeth: Patient wears dentures on the top and bottom. Gums are pink and moist.**
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 were audible, no murmurs heard, S3 and S4 were not heard** **Cardiac rhythm: Within expected range** **Peripheral pulses: Radial (3+), Brachial (2+), Carotid (3+) bilaterally** **Capillary refill: Capillary refill within 2 seconds.** **Edema is not present**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Lungs sounds are within expected range upon auscultation. Respiratory rate was 18 while on chair in patient's room.** **Tracheal – Loud, within expected range** **Bronchovesicular – Loud, high-pitched** **Vesicular – Soft, blowing sound**

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 ☒
	Patient states that his diet is regular at home. His diet did not change.
	Height: 185.42 cm
	Weight: 85 kg
	Auscultation bowel sounds: N/A
	Last BM: Monday (11/01/2021)
	Palpation: N/A
	Inspection:
	Distention, incisions, scars, wounds, and drains were not present on patient.

Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☐   N ☒
   Type:	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
   Type:
   Size:
	Urine was yellow and clear and shows no abnormal odor. The quantity of his output of urine was around 75 mL on 11/01/2021 morning, 83.33 mL on 11/02/2021.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Neurovascular status is within expected range. Range of motion is also within expected range. Patient uses cane and gait belt for mobility. Fall score: 45 (Low fall risk) Patient's activity/mobility status shows difficulty moving due recent hip replacement surgery. Overall, patient states that he feels fine when he moves around.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Patient moves his extremities well. Patient recently has had surgery and needs assistance walking and moving. Orientation is 4x. Patient's mental status is within expected range. Speech is within expected range and patient can articulate and speak clearly. Senses are all intact followed with his 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):**	**Coping method(s): N/A** **Patient's developmental level: Unknown, at least a 5th grade level from my knowledge.** **Religion: Methodist** **Personal/family data: Lives in a house with his wife.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	80 bpm (Radial)	132/73 (LA)	18	34.5 C (Tympanic)	94% (Room Air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1030	2/10	Hips (both left and right)	Mild	Achy	Pain medication (morphine, PRN)

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1,025 mL (11/01/2021) – Fentanyl, ephedrine, ketamine, lactated ringers injection, cefazolin 83.33 mL (11/02/2021) – Cefazolin	75 mL (11/01/2021) of urine 83.33 mL (11/02/2021) of urine

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. **Pain related to arthroplasty surgery on both left and right hip as evidenced by, "My pain is at a 2/10 and it is bearable."**	**Patient is experiencing mild pain in both left and right hip due to surgery.**	**1. Administer pain medication around the clock as scheduled or PRN.** **2. Change or adjust positions with pillows to make sure that he isn't laying on his hips every two hours.**	**Patient states that the pain medication is working. His pain went away and has gone down significantly following the surgery.** **Patient believes that the interventions and goals work.** **The goal was met regarding the changing of positions every two hours and alleviating his pain.**
2. **Low fall risk related to surgery on both hips, as evidenced by, "It is mildly hard for me to stand up or walk because of my surgery, but overall I can walk."**	**This was the patient's chief complaint. The patient has low mobility due to his hip.**	**1. Administer pain medication around the clock as scheduled or PRN.** **2. Assistance in getting in and out of bed. Bed in low position and call light within reach.**	**Patient states that the pain medication is working as stated above.** **Goal met!** **Patient believes that the interventions and goals worked on his mobility.**

Overall APA format (5 points):

Bartlett, J.B., Lynn, P.L., & Taylor, C.T. (2019). *Fundamentals of nursing: The art and*

science of person-centered care **(9th ed.). Wolters Kluwer.**

Concept Map (20 Points):

Subjective Data

Patient states, "My pain is at a 2/10 and it is bearable."
Patient states, "It is mildly hard for me to stand up or walk because of my surgery, but overall, I can walk."

Nursing Diagnosis/Outcomes

Pain related to arthroplasty surgery on both left and right hip as evidenced by, "My pain is at a 2/10 and it is bearable."

Outcomes: Patient states that the pain medication is working. His pain went away and has gone down significantly following the surgery.

Low fall risk related to surgery on both hips, as evidenced by, "It is mildly hard for me to stand up or walk because of my surgery, but overall I can walk."

Outcomes: Patient states that the pain medication is working as stated above.

Objective Data

Patient is alert and orientated x4 and was discharged later in the day

Patient still needs help with his mobility after the surgery. The patient uses a cane and gait belt.

Patient Information

Patient is a 68 year old male with a history of **kidney stones, hypertension, impaired mobility, osteoarthritis**. Admitted d/t an arthroplasty of the hip total on 11/01/2021

Nursing Interventions

Administer pain medication around the clock as scheduled or PRN.
Assistance in getting in and out of bed. Bed in low position and call light within reach.
Change or adjust positions with pillows to make sure that he is comfortable after his hip surgery and to prevent any pressure ulcers.