N311 Care Plan #3

Lakeview College of Nursing

Scott Bradley

Demographics (5 points)

Date of Admission	Client Initials BB	Age 90	Gender Female
Race/Ethnicity Caucasian	Occupation Manager J.C. Penney's	Marital Status Widowed	Allergies None
Code Status DNR	Height 60”	Weight 125#	

Religion Christian

Medical History (5 Points)

Past Medical History:

- **Display subtrochanteric fracture of left femur**
- **Cerebrovascular disease. Resident a history of two previous cerebral vascular accidents. Last one in 2015, BP >200 mmHg. The resident went to the emergency depart for pain in the lower back.**
- **Dementia**
- **The resident has a history of falls resulting in three fractured vertebrae in her lower back. These falls occurred years ago.**
- **unspecified sequelae of cerebrovascular disease**
- **Sick sinus Syndrome.**
- **Hypertension**
- **Anemia**
- **and dwelling catheter for urinary incontinence**
- **pressure ulcer on left medial heal.**

Past Surgical History:

Trochanter Fixation Nail (TFN) for hip fracture December 25, 2021.

Family History:

- **Paternal grandfather:** **No known medical history. He died very young.**
- **Paternal grandmother:** **No medical history.**
- **Maternal grandfather:** **aneurysm 1948**
- **Maternal grandmother:** **lung cancer died in her 80s.**
- **Father:** **died from lung cancer**
- **Mother:** **died at the age of 92.**
- **Brothers:** **died at the age of 55 from a heart condition.**
- **Sisters:** **Her older sister died in October 2021 at the age of 95. She suffered from dementia**
  Her younger sister died from lupus at the age of 43.
- **Son** **direct age of 56 from a heart condition.**
- **Daughter** **No medical history.**

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):

Tobacco: **None**
Alcohol: **None**
Recreational Drugs: **None**

Admission Assessment

Chief Complaint (2 points): Difficulty ambulating

History of Present Illness – OLD CARTS (10 points):

Onset: December 24, 2021. Left hip displaced subtrochanter fracture.

Location: The patient fell Christmas Eve of 2021 fracturing her proximal femur in her left hip just beneath the femoral head.

Duration: For three months. the resident is currently working on physical therapy post-surgery.

Characteristics: Resident states he is no longer in pain but has difficulty due to lost strength and agility in her left leg.

Aggravating Factors: None.

Relieving Factors: Current medical regiment.

Treatments & Responses
- the resident is currently undergoing physical therapy and is making great progress. She is expected to be released to her home in the next couple of weeks.
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- Severity: Currently in long-term care facility for physical therapy with the expectation of returning home.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Admitted for rehabilitation after Trochanter Fixation Nail (TFN) surgery.

Secondary Diagnosis (if applicable): not applicable

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

Trochanter Fixation Nail (TFN) is typically performed on elderly people who have fractured their hip from a fall. The following considerations must be taken into account in regard to treating proximal femoral hip fractures. First is the severity of the fracture. Whether the fracture is a partial, complete, commuted, crush, or compounded fracture. The second consideration is the extent of damage to the very fine arteries feeding the femur head and the acetabulum. Disruption of the obturator artery, sub-synovial retinacular artery, or femoral circumflex artery any of these arteries can impede the joint's viability. The last key consideration involves the proximal femur bone's heartiness. Since these injuries typically occur in elderly patients, they will most likely have compromised bone density and quality. A TFN depends on a solid connection to the existing bone structure. Osteoporosis can greatly reduce the possibility of a positive outcome of a TFN procedure (Whiting et al., 2020).

For the healing process to occur the body needs to be able to supply osteoclast and osteoblasts to the injury to remodel the existing bone, provide new bone, and strong bonding to the titanium inserts. X-rays are typically used to evaluate the healing process. Signs and symptoms of potential problems in include inflammation, increased white blood cell count, pain, and X-ray evidence revealing low bone density. Health care providers must also be on guard for evidence of Rejection of the titanium implants. Treatment consists of pain care management, supplements to assist bone growth, antibiotics, and physical therapy (Yoon & Kim, 2020).

Pathophysiology References (2) (APA):

Whiting, S.J., Li, W., Singh, N., Quail, J., Dust, W., Hadjistavropoulos, T., Thorpe, L.U., (2020) Predictors of hip fractures and mortality in long-term care homes in Saskatchewan: Does vitamin D supplementation play a role? The Journal of Steroid Biochemistry and Molecular Biology, Volume 200, 105654, https://doi.org/10.1016/j.jsbmb.2020.105654

Yoon J.Y., Kim J.W., (2020) Treatment of Proximal Femur Fracture with a Newly Designed Nail: Trochanteric Fixation Nail-Advanced (TFNA). Journal of Korean Fracture Society. 2020 Oct;33(4):189-195. https://doi.org/10.12671/jkfs.2020.33.4.189

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	3.8 – 5.4		2.57 ↓	resulting from recent trauma, surgery, and a result of advanced age
Hgb	11.3 – 15.2		8.2 ↓	resulting from recent trauma, surgery, and a result of advanced age
Hct.%	33.2-45.3		24.0 ↓	resulting from recent trauma, surgery, and a result of advanced age
Platelets	149-393		154	
WBC	4.0-11.7		10.6	
Neutrophils	45.3-79.0		74.6	
Lymphocytes	11.8-45.0		15.3	
Monocytes	4.4-12.0		8.5	
Eosinophils	0.0-6.3		1.5	
Bands			Not Available	

All reported normal lab value ranges provided by Sarah Bush Lincoln hospital lab values.

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-			**137**	
K+			**4.4**	
Cl-			**112 ↑**	**I do not want to lie here. I think it's because she is elderly**
CO2			**20 ↓**	**I think it's because she is elderly**
Glucose			**88**	
BUN			**33 ↑**	**I do not know and I've just run out of time to look it up. I need to submit this before I'm messing around and don't get it submitted on time**
Creatinine			**1.12**	
Albumin			**2.5 ↓**	**I think it's because she is elderly**
Calcium			**6.9 ↓**	**from the healing process of remodeling bone.**
Mag			**Not Available**	
Phosphate			**Not Available**	
Bilirubin			**0.3**	
Alk Phos			**53**	

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 and cloudy**	
pH			**5.5**	
Specific Gravity			**1.024**	
Glucose			**normal**	
Protein			**1+ (A)**	
Ketones			**1+ (A)**	
WBC			**89 ↑**	**increase white blood cell count could be a result of the nature of the injury and possible infection**
RBC			**4 ↑**	**while there should not be any red blood cells in the urine I do not know if a count of four is clinically significant**
Leukoesterase			**4+ ↑**	**I do not know if this is clinically significant**

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		**Not Available**		**no cultures found**
Blood Culture		**Not Available**		**no cultures found**
Sputum Culture		**Not Available**		**no cultures found**
Stool Culture		**Not Available**		**no cultures found**

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points): none found

Diagnostic Imaging Reference (1) (APA): no X rays found

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

Medications (5 required)

Brand /Generic	**Lortab, Norco, Vicodin** **Hydrocodone - acetaminophen** **(Jones & Bartlett Learning, 2022, p. 653)**	**Calciferol, Rocaltrol** **Vitamin D-3** **(Holick et al., 2012).**	**Cozaar** **Losartan Potassium** **(Jones & Bartlett Learning, 2022, p. 806)**	**Lopressor** **Metoprolol tartrate** **(Jones & Bartlett Learning, 2022, p. 871)**	**Aspirin** **Acetylsalicylic acid (ASA)** **(Jones & Bartlett Learning, 2022, p. 103)**
Dose	**7.5mg - 325mg**	**25 mcg (1,000 Unit)**	**50 mg**	**25 mg**	**325 mg**
Frequency	**1 Tablet q 6 hours PRN pain**	**Daily**	**Twice Daily**	**Twice Daily**	**Daily**
Route	**By mouth**	**By mouth**	**By mouth**	**½ tablet by mouth**	**By mouth**
Classification	**opioid**	**Vitamin**	**Angiotensin II Receptor Blocker (ARB)**	**Beta-adrenergic**	**Salicylate**
Mechanism of Action	**Binds to and activates opioid receptors at sites in the parrot quite ductile and paraventricular Gray matter, ventromedial medulla, and the spinal cord.**	**this is a synthetic vitamin D analogue that helps to maintain skeletal calcification homeostasis by assisting in the absorption of calcium**	**Blocks binding of angiotensin II two receptor sites in many tissues including renal gland and vascular smooth muscle. It inhibits the effects of angiotensin 2 to reduce blood pressure.**	**Inhibits stimulation of beta-receptor sites located in the heart resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.**	**Blocks activity of the cyclooxygenase enzyme needed for prostaglandin synthesis.**
Reason Client Taking	**Pain**	**Bone fracture**	**Hypertension**	**Hypertension**	**prophylaxis for post-op deep vein thrombosis.**
Contraindications (2)	**acute or severe bronchial**	**Contraindications include**	**Hypersensitivity to Losartan or its**	**hypersensitivity to metoprolol**	**active bleeding or coagulation**

	asthma, hypersensitivity to hydrocodone or any of its components, known or suspected gastrointestinal obstruction, significant respiratory depression.	**A high amount of phosphate in the blood, a high amount of calcium in the blood, an excessive amount of vitamin D in the body, kidney stones, decreased kidney function.**	**components.** **Aliskiren therapy in patients with diabetes.**	**or other beta-blockers or their components.** **Cardio genetic cardiogenic shock, heart block greater than first degree, over cardiac failure, sinus bradycardia.**	**disorders.** **Avoid use in children. Reye's syndrome**
Side Effects/Adverse Reactions (2)	**CNS depression, coma, seizures insomnia, lethargy, migraine, paresthesia.** **CV** **Hypercholesterolemia** **hypertension** **peripheral edema** **EENT** **dry mouth** **ENDO** **adrenal insufficiency and hot flashes** **GI** **abdominal discomfort or pain,** **Constipation which may be severe, elevated liver enzymes, gastro-esophageal reflux, nausea, spasm of the**	**Allergic reaction: Facial swelling, hives, or difficulty breathing** **Upset stomach or constipation nausea, vomiting, bone pain, confusion, increased thirst, increases or decreases in urination**	**hypertension, thrombocytopenia, angioedema, hyperkalemia, hyponatremia**	**Anxiety, confusion, CVA, depression, dizziness, drowsiness, fatigue hallucinations headaches insomnia nightmares paresthesia short term memory loss Sincope, tiredness, Vertigo, and weakness.**	**CNS depression, GI bleed her paddle toxicity leukopenia thrombo cytopenia bronchospasm Reye's syndrome**

	sphincter of Odie come vomiting RESP respiratory depression				
Client Teachings	**take drug exactly as ordered do not adjust dosages without first speaking to the prescriber. Warn patient of the possibility of an addiction should be taken whole and not chewed, crushed, dissolved, snorted. Avoid taking with alcohol avoid hazardous activities be aware of possible Lightheadedness consume plenty of fluids and high fiber foods made may decrease sex drive.**	**Swallow capsules whole. Avoid excess sun and use sunscreen**	**Avoid potassium-containing salt substitutes because they may increase the risk of hyperkalemia. Avoid exercising in hot weather and drinking excessive amounts of alcohol.**	**Do not chew or crush. Tablets should be swallowed whole.**	**take with food or after meals to avoid GI upset. Avoid alcohol Not recommended for use during pregnancy it may become present in breast milk not to be combined with ibuprofen or naproxen because it may reduce the cardioprotective and stroke preventative effects**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *Nurse's drug handbook*

Holick, M. F., Binkley, N. C., Bischoff-Ferrari, H. A., Gordon, C. M., Hanley, D. A., Heaney, R. P., ... & Weaver, C. M. (2012). Guidelines for preventing and treating vitamin D deficiency and insufficiency revisited. The Journal of Clinical Endocrinology & Metabolism, 97(4), 1153-1158. https://doi.org/10.1210/jc.2011-2601

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
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:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
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** ☐	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
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):**	.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1007 hrs 3-3-2022	96	116 / 78	26	97.1	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0950hrs 3-3-2022	0	----------	----------	----------	----------

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
8oz X 2 Water at Breakfast 4oz (half of her8 oz serving)	Toileted X 1

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, the status of goals and outcomes, modifications to plan.
1. Impaired physical mobility **(Phelps, 2020, p. 686)**	**Impaired physical mobility as related to the observed limited ability to perform daily living tasks as evidenced by her inability to get her left sock on. She had no problem putting on her right sock.**	**1. Perform a range of motion exercise using the invisible dog leash** **2. Provide progressive mobilization to the limits of the patient's ability.** **(Phelps, 2020, p. 378)**	**1. Progressively increase the number of times she can bring her left foot within reach of her sock donning device.**	**keep a chart of the residence number of repetition and range of motion in her attempt to make use of a sock donner.**
2. Risk for falls **(Phelps, 2020,**	**Risk for falls As related to the observed difficulty**	**1. Provide additional patient education**	**1. Coordinate with outside services for a home safety**	**follow up with outside services to assess the effectiveness of**

p. 686)	**transitioning from a chair to her walker.**	**for household safety.** **2. Teach the patient the proper use of assistive devices.** **(Phelps, 2020, p. 210)**	**evaluation**	**the home safety evaluation**

Other References (APA):

Concept Map (20 Point

Subjective Data

Onset: December [illegible] displaced subtrochanter fracture.
Location: The patient fell Christmas Eve of 2021 fracturing her proximal femur in her left hip just beneath the fem[illegible] head.
Duration: For three months.
Characteristics: She is no longer in pain but has difficulty due to lost strength and agility in her left leg.
Aggravating Factors: None.
Relieving Factors: Current medical regiment.
Treatments & Responses: She is currently undergoing physical therapy and is making great progress. She is expected to be released to her home in the next couple of weeks.
- Severity: Currently in a long-term care facility for [illegible]rapy with the expectation of returning [illegible]me.

Nursing Diagnosis/Outcomes

impaired physical mobility (Phelps, 2020, p. 686)
as related to the observed limited ability to perform daily living tasks as evidenced by her inability to get her left sock on. She had no problem putting on her right sock.

Risk for falls (Phelps, 2020, p. 686))
As related to the observed difficulty transitioning from a chair to her walker.

Client Information

The patient is a 90-year-old Caucasian female currently in residence at the Mattoon Health Care Hospital. She is recovering from a Trochanter Fixation Nail (TFN) for a hip fracture on Christmas Eve. The TFN was done on December 25, 2021
She is nearing the end of her physical therapy and preparing to be sent home. no specific complaints. No known allergies no qualifying family history

Objective Data

Time1007, 3/3/22
Pulse96
B/P116/78
Resp Rate 26
Temp97.1
Oxygen96%

Nursing Interventions

Progressively increase the number of repetitions she can bring her left foot within reach of her sock donning device.

Coordinate with outside services for a home safety evaluation.