

<p><b>Medications</b> -<b>Calcium carbonate</b> (Pharm: calcium salt/Thera: antacid): The patient takes this to treat her heart burn. <b>Key assessments:</b> N/A -<b>Cholecalciferol</b> (Pharm: vitamin D analogs/Thera: nutritive agent): The patient takes this because she avoids the sun due to her lupus. <b>Key assessments:</b> N/A -<b>Cyanocobalamin</b> (Pharm: vitamin B/Thera: nutritive agent): The patient takes this to treat anemias caused by her Lupus. <b>Key assessments:</b> N/A -<b>Dexamethasone</b> (Pharm: glucocorticoid/Thera: anti-inflammatory): The patient takes this to treat inflammation related to her back pain from herniated disks. <b>Key assessments:</b> N/A -<b>Duloxetine</b> (Pharm: SNRI/Thera: antidepressant): The patient takes this to treat her chronic musculoskeletal pain. <b>Key assessments:</b> BP baseline and periodically -<b>Fentanyl patch</b> (Pharm: opioid/Thera: opioid analgesic): The patient takes this to control her back pain from herniated disk. <b>Key assessments:</b> monitor respiratory status -<b>Gabapentin</b> (Pharm: 1-amino-methyl cyclohexane acetic/Thera: anticonvulsant): The patient takes this to control neuropathic pain caused by disk herniation and spinal stenosis. <b>Key assessments:</b> N/A -<b>Levothyroxine</b> (Pharm: synthetic thyroxine T4/Thera: thyroid hormone replacement): The patient takes this for her Graves disease as a hormone replacement. <b>Key assessments:</b> N/A -<b>Lidocaine patch</b> (Pharm: amide derivative/Thera: class IB antiarrhythmic/local anesthetic): The patient takes this for her back pain. <b>Key assessments:</b> monitor vitals, BUN, serum creat., and electrolytes during and after therapy -<b>Magnesium oxide</b> (Pharm: mineral/Thera: electrolyte replacement): The patient takes this to help with muscle spasms and back pain. <b>Key assessments:</b> N/A -<b>Pantoprazole</b> (Pharm: proton pump inhibitor/Thera: antiulcer): The patient takes this to treat her heartburn. <b>Key assessments:</b> N/A -<b>Polyethylene glycol</b> (Pharm: osmotic laxative/Thera: laxative): The patient takes this as a laxative. <b>Key assessments:</b> N/A</p>	<p><b>Demographic/Physical Exam/Assessment</b>  <b>Date of Admission:</b> 3/19/22  <b>Admission Diagnosis/Chief Complaint:</b> Left back pain, pain radiating down left leg  <b>Age:</b> 66 y/o  <b>Gender:</b> Female  <b>Race/Ethnicity:</b> Caucasian  <b>Appearance:</b> Thin, no masses  <b>Allergies:</b> Compazine: dystonia, Erythromycin: GI distress, Gabapentin: agitation, Lyrica: agitation, Penicillin: hives, Reglan: dystonia, Ibuprofen: hives, Naproxen: rash  <b>Code Status:</b> Full Code  <b>Height in cm:</b> 160 cm  <b>Weight in kg:</b> 57 kg  <b>Psychosocial Developmental Stage:</b> Erikson's stage of Generativity Vs Stagnation  <b>Cognitive Developmental Stage:</b> Piaget's formal operational stage  <b>Braden Score:</b> 19  <b>Morse Fall Score:</b> 40  <b>Infection Control Precautions:</b> Standard precautions</p>	<p><b>Pathophysiology: Degenerative Disc Disease with Spinal Stenosis</b>          Degenerative disc disease (DDD) is an age-related disease that involves intervertebral discs and vertebral bone becoming compressed overtime (Capriotti, 2020). In turn this narrows the openings for nerves and the spinal cord, and dependent on location DDD can cause pain and dysfunction of motor and sensory spinal nerves and impede movement and sensation in extremities (Capriotti, 2020). With age the gelatinous center of the discs loses moisture and goes from being flexible to rigid, resulting in malalignment and herniated discs (Capriotti, 2020). This malalignment often leads to spinal stenosis, or the narrowing of the vertebral openings which causes nerve impingement most often in the cervical or lumbar areas (Capriotti, 2020). In the patient I cared for this was in the lumbar region affecting the L4 and L5 vertebrae. This also explains why her pain may radiate down her leg.  <b>S/S:</b> Some signs and symptoms associated with DDD, and lumbar spinal stenosis include back pain, pain radiating down legs (sciatica), numbness, tingling, cramping, weakness, loss of sensation in feet, loss of sexual ability, loss of bladder and bowel control, numbness between legs, and pain that makes walking difficult (Johns Hopkins Medicine, 2022). The patient that I cared for had back pain, radiating leg pain, cramping, as well as muscle spasms.  <b>Diagnosis:</b> DDD and spinal stenosis are both diagnosed using spinal X-rays, MRI's, CT, and myelography (Capriotti, 2020). Imaging scans show narrowing of spaces which can be tracked throughout back pain visits. Some labs will also be run to rule out other causes of spinal pain not related to disc disease or arthritis. These labs include a complete blood count, differential WBC count, serum protein electrophoresis, and erythrocyte sedimentation rate (Capriotti, 2020). The patient I treated had multiple spinal X-rays that showed narrowing as well as a venous duplex which was just to rule out DVTs as a diagnosis along with other blood tests.  <b>Treatment:</b> DDD and spinal stenosis can be treated both conservatively and surgically. Noninvasive measures include physical therapy, medication pain management, steroid injections, and chiropractic care (Capriotti, 2020). If the following measures are unsuccessful surgery may be done, called a laminectomy to relieve pressure on nerve roots (Capriotti, 2020). The patient I treated had all the following done for her back pain including surgery, without being free of pain.</p>
<p><b>Lab/Urinary:</b> Well healing abdominal incision with sutures in place  <b>Platelets (RR: 140-400x10<sup>3</sup> uL): 524 (H):</b> Platelets can be increased following inflammation from surgery, such as the patient's lumbar fusion (Mayo Clinic, 2020).</p>	<p><b>Admission History:</b>          On May 19<sup>th</sup> a 66-year-old female with a history of low back pain and recent surgical history of an anterior/posterior lumbar fusion reported to the emergency department with complaints of worsening back pain. The patient stated, "I think my pain has been worsened by the surgery," the most recent surgery being the lumbar fusion. The location of the patient's pain is the left side of her back, and she explained that this pain "shoots down" her left leg as well. The duration of time the patient has been dealing with back</p>	<p><b>Diagnosis:</b> DDD and spinal stenosis are both diagnosed using spinal X-rays, MRI's, CT, and myelography (Capriotti, 2020). Imaging scans show narrowing of spaces which can be tracked throughout back pain visits. Some labs will also be run to rule out other causes of spinal pain not related to disc disease or arthritis. These labs include a complete blood count, differential WBC count, serum protein electrophoresis, and erythrocyte sedimentation rate (Capriotti, 2020). The patient I treated had multiple spinal X-rays that showed narrowing as well as a venous duplex which was just to rule out DVTs as a diagnosis along with other blood tests.  <b>Treatment:</b> DDD and spinal stenosis can be treated both conservatively and surgically. Noninvasive measures include physical therapy, medication pain management, steroid injections, and chiropractic care (Capriotti, 2020). If the following measures are unsuccessful surgery may be done, called a laminectomy to relieve pressure on nerve roots (Capriotti, 2020). The patient I treated had all the following done for her back pain including surgery, without being free of pain.</p>
<p><b>Grades</b>  <b>Urinary:</b> Well healing abdominal incision with sutures in place  <b>Platelets (RR: 140-400x10<sup>3</sup> uL): 524 (H):</b> Platelets can be increased following inflammation from surgery, such as the patient's lumbar fusion (Mayo Clinic, 2020).  <b>Hgb (RR: 35-45%): 25.1 (L):</b> Anemia can be caused by chronic disease, which the patient has a history of, can cause low Hgb (Rosove, 2021).  <b>RBC (RR: 3.90-4.98x10<sup>6</sup> uL): 2.45 (L):</b> Lupus can also cause anemia due to defective creation of healthy red blood cells (Rosove, 2021).  <b>Neurological:</b> No gross neurological deficits are noted  <b>Cranial Nerves II-XII are grossly intact.</b>  <b>Chronic pain was chosen because the patient has reported not ambulating as much due to pain, and that she can no longer "get around well" related to the pain in her back caused by DDD and spinal stenosis.</b>  <b>Interventions</b>  <b>Pain Management:</b> Give pain medication before ambulation  <b>Intervention 2: Ambulate patient twice</b></p>	<p><b>Nursing Diagnosis 1</b>  <b>Musculoskeletal:</b> Pain in left lower back and down left leg. Moving makes pain worse. Weakness in lower extremities and equal in upper extremities. Radial and pedal pulse palpable and equal bilaterally.  <b>Impaired physical mobility</b>  <b>Rationale</b>  <b>Chronic pain was chosen because the patient reported that she has had back pain for "years", she also reported her pain 6/10 likely age related and caused by DDD.</b>  <b>Interventions</b>  <b>Intervention 1: Give pain medications</b>  <b>Intervention 2: Talk about coping methods</b>  <b>Social History:</b> Denies use of alcohol, tobacco, or other substances</p>	<p><b>Nursing Diagnosis 2</b>  <b>Chronic pain</b>  <b>Rationale</b>  <b>Chronic pain was chosen because the patient reported that she has had back pain for "years", she also reported her pain 6/10 likely age related and caused by DDD.</b>  <b>Interventions</b>  <b>Intervention 1: Give pain medications</b>  <b>Intervention 2: Teach patient about orthostatic</b></p>

<p><b>Evaluation of Interventions</b>  <b>Patient was very unsteady and in pain. She still walked to bathroom, so I think pain medication is helping.</b></p>	<p><b>Evaluation of Interventions</b>  <b>Pain medications have been helping on admission her pain was 8/10 now it is 6/10. Patient copes by staying distracted and taking rest periods and enjoyed taking to me about this.</b></p>	<p><b>hypotension</b>  <b>Evaluation of Interventions</b>  <b>Patient kept socks on, and called for help when she needed it, also talked about orthostatic hypotension and she knows which of her meds may cause it.</b></p>
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**References (3) (APA):**

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