

**Medications**

Oxycodone (Roxicodone) immediate release tablet 5 mg, 4 times daily PRN

Pharm class: opioid analgesics

Client is taking medication for pain

Nursing considerations: Be alert for signs of hepatotoxicity. Do not exceed the recommended dosage.

Bacitracin topical ointment, topical 3 times daily

Pharm class: Topical antibiotics

Client is taking to prevent mild skin injuries like cuts, scrapes, and burns from becoming infected

Nursing considerations: Use cautiously in patients for renal failure. Wash hands well with soap and water before application.

Propranolol tablet 20 mg, Oral 3 times daily

Pharm class: Beta-adrenergic blocking

**Demographics**

Date of Admission: [blank]  
 Admission Diagnosis: [blank]  
 Complaint: Recurrent falls  
 Age: 25  
 Gender: Male  
 Race/Ethnicity: [blank]  
 Allergies: No known allergies  
 Code Status: Full Code  
 Height in cm: 175  
 Weight in kg: 55  
 Psychosocial Distress: [blank]  
 Calm and accepted illness  
 Cognitive Development: [blank]  
 Stage: Intimacy  
 Braden Score: 18  
 Morse Fall Score: 10  
 Infection Control: [blank]

**Pathophysiology**

Disease process: Injury secondary to MVA. (no pathology). Seat belt injuries ranging from mild skin and soft-tissue contusions to traumatic bowel injuries and unstable spine injuries. Impact with the steering wheel or even the windshield can cause characteristic injuries all over the body from the head, neck, and torso.

S/S of disease: Closed fracture of left distal radius and ulna, fracture of left maxillary sinus, right frontal and parietal scalp lacerations, confusion, L3 burst vertebral fracture, coccygeal fracture, and bilateral pulmonary contusion.

Method of Diagnosis: X-ray of chest, CT ankle and wrist, and x ray of elbow and forearm, CT of cervical spine, and CT of brain.

Treatment of disease: Patient is being given oxycodone for pain and bacitracin to prevent mild skin injuries like cuts, scrapes, and burns from becoming infected. Cefazolin is also given for bacterial infection. Methocarbamol is used to treat skeletal muscle pain.

**Lab Values/Diagnostics**

(normal ranges in parenthesis)

WBC: (4.00-11.00) → 15.57

An increase means that the body is working to destroy an infection (MedicalNewsToday, 2021).

RBC: (4.10-5.70) → 3.61

Low RBC's can be due to internal or external bleeding (VeryWellHealth, 2021).

HGB: (12.0-18.0) → 10.6

Bleeding from any cause can cause a low hemoglobin (VeryWellHealth, 2021).

HCT: (37.0-51.0%) → 31.6%

**Admission History**

**Patient appeared drunk and GCS 4, was subsequently intubated in the fields. Received 1 U whole blood and 1 L NS prior to arrival for symptoms.**

**Patient suffered L3 burst fracture, left**  
**Medical History**

**Previous Medical History: N/a**

**Prior Hospitalizations: N/a**

**Previous Surgical History: N/a**

**Social History: N/a**

**Active Orders**

Clean and assess skin every 12 hours

Clean and assess skin to make sure there are no signs of infection

Monitor I&O Q4H

Monitor I&I because of edema being present

Oral care Q4H

Oral care is necessary because the patient is unconscious and can't partake in oral care himself.

Elevate head of head <45 degrees

Elevate head of the bed to help promote breathing

## Physical Exam/Assessment

General: Patient was sedated and disoriented x4.

Integument: Skin was maroon/purple, warm, dry, normal skin elasticity, and quick return to original state. Wound laceration on right side of chin, partial thickness. Wound right chin lateration (pink;scab). Wound lower lip laceration (pink). Wound on medial forehead laceration. Wound left elbow abrasion. Wound left scalp laceration (pink;red). Wound right elbow abrasion (scab;pink). Wound right anterior knee abrasion (scab). Wound left upper arm (scab; pink). Left lower leg surgical wound (dry; intact). Incision puncture; surgical head right;upper; outer; quadrant (pink). Incision; surgical; midline lumbar spine (no drainage or redness). Incision; surgical hand; left; anterior (WDL).

HEENT: Head and face are bruised (ecchymotic; lesion(s); swelling generalized. Scleral edema. Head/face/eyes/nose symmetrical at rest and with movement.

Cardiovascular: Sinus tachycardia, WDL, S1 and S2 heart sounds. Head/face/eyes/nose symmetrical at rest and with movement.

Respiratory: No accessory muscle use. Regular depth and pattern; unlabored; expansion symmetrical. Breath sounds are clear and equal bilaterally; no cough.

Genitourinary: Within normal limits x incontinence (yellow pee). Patient does not have a foley catheter.

Musculoskeletal: Moderately impaired; generalized weakness, and right ankle swelling. Patient is a fall risk with a score of 21.

Neurological: Patient was sedated and disoriented x4. Orientation, mental status, speech, and sensory are all not within normal limits. Weak; hand grip left and right, dorsiflex left and right, plantar flexion left and right, general motor response. 12 score for glasgow coma scale; PERRLA: yes, normal pupil accommodation. Strength is not equal in all extremities.

Most recent VS (include date/time and highlight if abnormal): Temp: 36.4 C (97.6 F) - Axillary , Pulse: 115 , Respirations: 18 , O2: 98% on room air, blood pressure: 141/84

Pain and pain scale used: Pain: 2 (Scale 0-10)

<p><b>RISK FOR FALLS related to muscular weakness as evidenced by a fall risk score of 21.</b></p>	<p><b>RISK FOR DISTURBED THOUGHT PROCESS related to head injury as evidenced by disorientation x4.</b></p>	<p><b>RISK FOR INFECTION related to a fracture as evidenced by an increase in white blood cells.</b></p>
<p><b>Rationale</b></p> <p>Having muscle weakness and disorientation can put the patient at a high risk for falls.</p>	<p><b>Rationale</b></p> <p>Having a head injury that causes disorientation can put the patient at a high risk for disturbed thought processes due to confusion.</p>	<p><b>Rationale</b></p> <p>An increase in white blood cells indicates that the body is fighting off an infection. With the increase in the white blood cells, an infection in the body is very likely because of the injuries and fracture in the left ankle.</p>
<p><b>Interventions</b></p> <p>Intervention 1: Identify factors that may cause or contribute to injury from a fall in order to enhance the patient, family, and caregiver.</p> <p>Intervention 2: Assess the patient's ability to use a call bell or other safety emergency system. Remove anything that increases risk for fall.</p>	<p><b>Interventions</b></p> <p>Intervention 1: Have patients write names periodically; keep this record for comparison and report differences.</p> <p>Intervention 2: Refrain from forcing activities and communications.</p>	<p><b>Interventions</b></p> <p>Intervention 1: Provide sterile pin or wound care according to protocol and use effective handwashing.</p> <p>Intervention 2: Administer topical antibiotics</p>
<p><b>Evaluation of Interventions</b></p> <p>Factors for risk of fall have been identified as generalized weakness and fracture in left ankles. Once conscious, the patient has been</p>	<p><b>Evaluation of Interventions</b></p> <p>Patient is still unable to write names of people that he knows. Patient also appreciates not being forced to partake in activities or communication when he doesn't want to .</p>	<p><b>Evaluation of Interventions</b></p> <p>Using sterile equipment has helped decrease the chances of the infection from worsening. Using topical antibiotics to help treat infections from cuts, scrapes, and burns has prevented the</p>

<b>assessed and will use a call bell when needing assistance.</b>		<b>patient's infection from worsening as well.</b>
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**References (3) (APA):**

Jones & Bartlett Learning, LLC. (2021). 2021 Nurse's Drug Handbook (twentieth).

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