Medications

Home Meds

- **Calcium acetate (Calphron) 500 mg PO daily**
  - **Class:** Calcium salts; Antacid
  - **Reason for taking:** Osteoporosis
  - **Key assessments:** Assess blood pressure; Obtain complete health history
- **Alendronate Sodium (Binosto) 10 mg PO daily**
  - **Class:** Bisphosphonate; Bone resorption inhibitor
  - **Reason for taking:** Osteoporosis
  - **Key assessments:** Assess heart rate; assess any muscle or joint pain

Mediations continued on page 2

Lab Values/Diagnostics

Glucose: 132 (74-106): Increased glucose (hyperglycemia) is typically seen during an acute stress response. This client recently had a fall and surgery which causes stress on the body (Pagana et al, 2021).
Creatinine: 1.42 (0.6-1.2): Increased creatinine levels are typically seen with kidney problems. With advanced age, going through a hip replacement can cause acute kidney injury. This patient recently underwent a total hip replacement (Pagana et al, 2021).
X-ray of the left hip: fracture noted on the left femoral head with no avulsion or separation. No other injuries were noted.
EKG: Normal sinus rhythm.

Demographic Data

Date of Admission: 10/7/2022
Admission Diagnosis/Chief Complaint: Left femoral head fracture requiring total replacement/ Left hip pain from golf cart fall.
Age: 73 years old
Gender: Male
Race/Ethnicity: Caucasian
Allergies: NKDA
Code Status: Full code
Height in cm: 182.9cm (6’0”)
Weight in kg: 86.2 kg (190lbs)
Psychosocial Developmental Stage: Generativity vs. Stagnation
Cognitive Developmental Stage: Formal operational
Braden Score: 18 (preventative measures)
Morse Fall Score: 85 (high fall risk)
Infection Control Precautions: Standard

Admission History

A 73-year-old male who presented to the hospital on 10/7/2022 for a left hip replacement after a femoral head fracture. The patient fractured his femoral head after falling off a golf cart. During the surgery, there were no complications noted. After, the patient was admitted to the orthopedic unit for follow up and monitoring for one day.

Medical History

Previous Medical History: Osteoporosis, GERD
Prior Hospitalizations: Not stated
Previous Surgical History: None other than his left total hip replacement he received
Social History: No smoking, states he drinks 6 beers when he golfs on Saturday afternoon and has for 30+ years, denies illicit drug use. Lives at home with wife.

Pathophysiology

Disease process: A fracture is a complete or incomplete disruption in the continuity of the bone structure (Overbaugh et al., 2021). There are different types of fractures, such as complete, comminuted, or closed fractures. Causes of fractures are due to a forceful hit, crushing forces, or a sudden twisting motion (Capriotti, 2020). This patient suffered from a left femoral head fracture after falling off a golf cart. **S/S of disease:** With a fracture, patients may experience continuous pain that intensifies until bone fragments are immobilized. Other symptoms may include loss of function, displacement, and shortening (Overbaugh et al., 2021). This patient reported signs of severe pain before having surgery. **Method of Diagnosis:** An x-ray, CT, MRI, arteriograms, CBC, urine creatinine clearance, and coagulation are laboratory and diagnostic tools to determine the presence of the fracture (Capriotti, 2020). This client received an x-ray which revealed a fracture on the left femoral head. Labs were also drawn with increased glucose and creatinine levels.
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Active Orders

No current active orders.
Patient should be monitored for infection of incision site and should preform early ambulation which improves blood flow aiding in quicker wound healing.

Medications Cont.

- **Famotidine (Pepcid) 20 mg PO daily**
  - **Class:** Histamine-2 blocker; Antiulcer agent
  - **Reason for taking:** GERD
  - **Key assessments:** Assess heart rate; assess for abdominal pain

Hospital Meds

- **Calcium Acetate (Calphron) 500 mg PO daily**
  - **Class:** Calcium salts; Antacid
  - **Reason for taking:** Osteoporosis
  - **Key assessments:** Assess blood pressure; Obtain complete health history
- **Alendronate Sodium (Binosto) 10 mg PO daily**
  - **Class:** Bisphosphonate; Bone resorption inhibitor
  - **Reason for taking:** Osteoporosis
  - **Key assessments:** Assess heart rate; assess any muscle or joint pain
- **Enoxaparin Sodium (Lovenox) 40 mg SC daily**
  - **Class:** Low molecular weight heparin
  - **Reason for taking:** Preventing clots such as a DVT
  - **Key assessments:** Avoid injecting where there are bruises; Monitor platelet levels, aPTT, and PT/IN labs.
- **Oxycodone-Acetaminophen (Percocet) 5/325 mg PO q6h PRN for pain 5/10**
  - **Class:** Opioid analgesics; opioid agonists/nonopioid analgesic combination
  - **Reason for taking:** pain
  - **Key assessments:** Assess blood pressure, pulse, and respirations; assess bowel function
- **Ibuprofen (Advil) 600 mg PO q6h PRN for pain 5/10**
  - **Class:** NSAIDs; analgesic
  - **Reason for taking:** pain
  - **Key assessments:** Make sure patient has eaten; monitor electrolyte levels
- **Ondansetron (Zofran) 4mg ODT q6h PRN for nausea**
  - **Class:** Selective serotonin receptor antagonist; antiemetic
  - **Reason for taking:** nausea
  - **Key assessments:** Assess for nausea and vomiting; monitor liver function test
- **Docusate (Colace) 100 mg PO BID PRN for constipation**
  - **Class:** Surfactant; Laxative, stool softener
  - **Reason for taking:** constipation
  - **Key assessments:** Assess cause of constipation; Assess bowel sounds
- **Polyethylene glycol (MiraLax) 17 g PO daily PRN constipation**
  - **Class:** Osmotics; laxatives
  - **Reason for taking:** constipation

- **Key assessments:** Assess presence of bowel sounds; Assess amount of stool produced

Pathophysiology Cont.

Treatment of disease: Treatment includes immediate immobilization of the fracture; this prevents the movement of fracture fragments and decreases the risk of further injury (Overbaugh et al., 2021). Surgeries may be indicated for selected fractures or irreversible damage to the joints. This patient received a total hip replacement on the left hip. During surgery, surgeons replaced the hip with a BIOLOX Ceramic Hip, which functions correctly.

Physical Exam/Assessment

General: The client is alert and oriented x4 to person, place, time, and situation. The client was not in any distress. The client is well groomed.
Integument: Skin is pink, warm, dry. Radial pulses 2+. Dorsalis pedis pulses 2+ bilaterally. 4-inch surgical incision on the left hip should be dry with no abnormal drainage or bleeding.
HEENT: Airway is patent with no signs of change in clinical course. Other normal findings that are seen that weren't on the chart should include, head and neck are symmetrical with no abnormalities and within normal range of motion. The thyroid was able to rise and fall when swallowing. No inflammation or drainage noted in the ears. Both left and right eyes were equal, round, and reactive to light. The sclera was white, and conjunctive was pink with no drainage noted. The nose was midline and symmetrical, with no drainage. The client's teeth were present with mild discoloration.
Cardiovascular: Not listed on chart, but patient heart sounds are normal S1 and S2 heard upon auscultation. No murmurs, gallops, or friction rubs present when auscultating the aortic, pulmonic, Erb's point, tricuspid, and mitral locations. The client's cardiac rhythm was normal sinus rhythm. Capillary refill was less then 3 seconds. No edema noted.
Respiratory: The client had clear breath sounds bilaterally. Respirations were 18 bpm, nonlabored, and were equal. The client was not using accessory muscles when breathing.
Genitourinary: Not listed on chart but normal findings include pale yellow, clear, and not concentrated urine. Genitals should be dry and clean.
Gastrointestinal: Patients abdomen is soft and non-tender. Last bowel movement was one day ago. Client is on a regular diet. Normal findings that should be seen but are not listed is active bowel sounds in all four quadrants. No pain should be reported upon palpation.
Musculoskeletal: Incision site noted to left hip, well approximated with no redness, warmth, or swelling. Dressing is clean, dry, and intact. No bleeding noted. Mild bruising noted on the left hip.
Neurological: A/O x4, denies numbness/tingling, MAE, LLE limited due to pain. Other normal findings seen not listed is speech is clear and understandable. Sensations was equal in all extremities bilaterally.
Most recent VS (include date/time and highlight if abnormal):
0700: P-76, BP-133/76, R-16, T-37.0, O2-98% Room Air
1100: P-69, BP-126/63, R-18, T-36.9, O2-97% Room Air
Pain and pain scale used: 0700: 6/10 aching pain of the left hip; Oxycodone-Acetaminophen administered; Numeric Pain Scale
1100: 1/10 generalized pain; no intervention at this time; Numeric Pain Scale

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Impaired physical mobility related to pain and musculoskeletal impairment as evidence by limited movement on the lower left side.	Acute pain related to surgical procedure as evidence by reporting a 6 out of 10 aching pain.	Deficient knowledge related to lack of exposure as evidence by first surgery.
Rationale The patient has limited left lower extremity movement due to pain with movement.	**Rationale** The client was feeling an achy pain in the area of his incision.	**Rationale** The patient stated this is his first surgery, has never used assistive devices before, and has never taken care of an incisional site before.
Interventions **Intervention 1:** Assist with transfer techniques and use of mobility aids. Early ambulation. **Intervention 2:** Medicate before activities.	**Interventions** **Intervention 1:** Assess pain, looking at intensity, duration, and location. **Intervention 2:** Medicate on a regular schedule.	**Interventions** **Intervention 1:** Review wound care and how to identify infection. **Intervention 2:** Instruct proper use of walker.
Evaluation of Interventions Before performing activates make sure pain medication is administered and effective so it causes limited discomfort while moving.	**Evaluation of Interventions** After administering oxycodone-acetaminophen, the patient reported a pain of 1 out of 10.	**Evaluation of Interventions** The patient showed an understanding of sides and symptoms of infection and how to properly use a walker. The patient is also being referred to PT/OT.

References (3) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology* (2nd ed.). F. A. Davis.

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Overbaugh, J. L., Hinkle, K. H., & Cheever, K (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th Edition). Wolters Kluwer Health.

Pagana, K. D., Pagana T. J., Pagana T. N. (2021). *Mosby's diagnostic & laboratory test reference* (15th ed.) Elsevier.