N431 Care Plan # 3

Lakeview College of Nursing

Angel Roby

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
11/4/2022	J.S.	73 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired - Chiropractor	Married	NKA
Code Status	**Height**	**Weight**	
Full code	6’0”	190 lbs.	

Medical History (5 Points)

Past Medical History: Osteoporosis and GERD

Past Surgical History: N/A

Family History: Mother – Osteoporosis, Father – Hypertension and hypercholesterolemia, Brother – (Deceased MVA, 1999)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denies tobacco use, states that he drinks 6 beers when he golfs on a Saturday afternoon and has for 30+ years, denies illicit drug use

Assistive Devices: N/A

Living Situation: Lives at home with his wife

Education Level: Doctor of Chiropractic Medicine

Admission Assessment

Chief Complaint (2 points): Left hip pain s/p fall from golf cart

History of Present Illness – OLD CARTS (10 points): The patient is a 73 year old male who presented to the hospital on 11/4/2022 for a left hip replacement following a femoral head fracture sustained after falling off of his golf cart. The patient underwent a total hip replacement with no complications noted during the surgery. The patient is being admitted to the orthopedic unit for a medical follow-up and monitoring once a day.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Left femoral hip fracture requiring total replacement

Secondary Diagnosis (if applicable): N/A

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

Annually, more than 300,000 adults older than 65 sustain a hip fracture requiring hospitalization; 95% of these result from falls (Hinkle et al., 2022). The patient fell off his golf cart and fractured his left hip. Contributing factors for falls and resultant hip fracture include weak quadriceps muscles, slowed reflexes, osteoporosis, poor vision, diminished balance, general frailty due to age, and conditions that produce decreased cerebral arterial perfusion and cognitive impairment (Hinkle et al., 2022). The hip becomes unable to bear the individual's weight and gives way, causing a traumatic fall. Femoral neck fractures are common in osteoporosis (Capriotti, 2020). Hip fractures involve any aspect of the proximal femur, from the head to the first 4 to 5 cm of the subtrochanteric area. They can be classified based on their relation to the hip capsule, location, and degree of displacement (Capriotti, 2020).

The patient with a hip fracture will have pain over the outer thigh or in the groin and limited ROM. There will be significant discomfort with any attempt to flex or rotate the hip (Hinkle et al., 2022). The patient complained of left hip pain and rated it a 6/10 on the numeric scale. The patient also had a limited range of motion in his left lower extremity due to pain. With most fractures of the femoral neck, the patient cannot move the leg without significantly increasing pain. The patient is most comfortable with the leg slightly flexed in external rotation. Impacted intracapsular femoral neck fractures cause moderate discomfort (even with movement),

may allow the patient to bear weight, and may not demonstrate apparent shortening or rotational changes (Hinkle et al., 2022).

All x-ray views of the extremities and pelvic bones are the diagnostic procedure if there is suspicion of a fracture. A CT scan or MRI should be secondary if radiographic findings are ambiguous. For comparison, a view of the contralateral hip is necessary (Capriotti, 2020). The patient had an x-ray of his left hip to diagnose the fracture. The patient's x-ray showed that the left femoral head was fractured, which led to the patient getting surgery.

Surgery is the medical method used in patients with hip fractures. Surgical treatment for hip fractures aims to obtain a satisfactory fixation so that the patient can be mobilized quickly and avoid secondary medical complications. Surgical treatment consists of open or closed reduction of the fracture and internal fixation, hemiarthroplasty (replacement of the femoral head with a prosthesis), or closed reduction with percutaneous stabilization for an intracapsular fracture (Hinkle et al., 2022). Surgical intervention is carried out as soon as possible after injury. The preoperative objective is to ensure that the patient is in as favorable a condition as possible for the surgery (Hinkle et al., 2022). Displaced femoral neck fractures are emergencies, with reduction and internal fixation performed within 24 hours after a fracture. The femoral head is often replaced with an orthopedic implant if there is a complete disruption of blood flow to the femoral head (Hinkle et al., 2022).

Pathophysiology References (2) (APA):

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

Hinkle, J.L., Cheever, K.H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory Data (15 points)

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	3.80 – 5.41 x 10^6/mcL	N/A	N/A	N/A
Hgb	13 – 17 g/dL	13.5 g/dL	13.5 g/dL	N/A
Hct	38.1 – 48.9 (%)	N/A	N/A	N/A
Platelets	149 – 393 K/ mcL	N/A	N/A	N/A
WBC	4.0 – 11.7 K/ mcL	9.3 K/mcL	9.3 K/mcL	N/A
Neutrophils	2.4 – 8.4 x 10^3/mcL	N/A	N/A	N/A
Lymphocytes	0.8 – 3.7 x 10^3/mcL	N/A	N/A	N/A
Monocytes	0.3 – 1.1 x 10^3/mcL	N/A	N/A	N/A
Eosinophils	0 – 0.5 x 10^3/ mcL	N/A	N/A	N/A
Bands	10 – 16 (%)	N/A	N/A	N/A

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-	135 – 145 mmol/L	N/A	N/A	N/A
K+	3.4 – 5.1 mmol/L	3.9 mmol/L	3.9 mmol/L	N/A
Cl-	98 – 107 mmol/L	N/A	N/A	N/A

CO2	21 – 31 mmol/L	N/A	N/A	N/A
Glucose	74 – 109 mg/dL	132 mg/dL	132 mg/dL	Impaired glucose is one of the risk factors for osteoporosis. Elevated blood glucose levels lead to chronic inflammation which directly affects the quality and strength of the bone (Hinkle et al., 2022). Osteoporosis increases the risk of fractures which explains why this patient suffered a hip fracture after a fall.
BUN	7 – 25 mg/dL	10 mg/dL	10 mg/dL	N/A
Creatinine	0.7 – 1.30 mg/dL	1.42 mg/dL	1.42 mg/dL	Serum creatinine levels increase when renal function decreases in most people and is an accurate gauge of kidney function (Hinkle et al., 2022). The patient does not have any indication of kidney failure or kidney injury. The patient should ask the provider for more information regarding his elevated level.
Albumin	3.5 – 5.2 g/dL	N/A	N/A	N/A
Calcium	8.6 – 10.3 mg/dL	N/A	N/A	N/A
Mag	1.6 – 2.2 mg/dL	N/A	N/A	N/A
Phosphate	2.5 – 4.5 mg/dL	N/A	N/A	N/A
Bilirubin	0.3 – 1.0 mg/dL	N/A	N/A	N/A
Alk Phos	34 – 104 units/L	N/A	N/A	N/A
AST	13 – 39 units/L	N/A	N/A	N/A
ALT	7 – 52 units/L	N/A	N/A	N/A
Amylase	100 – 300 units/L	N/A	N/A	N/A
Lipase	0 – 60 units/L	N/A	N/A	N/A

Lactic Acid	0.4 – 2.0 mg/dL	0.4 mg/dL	0.4 mg/ dL	N/A
Troponin	0.000 – 0.030 ng/mL	N/A	N/A	N/A
CK-MB	96 – 100 (%)	N/A	N/A	N/A
Total CK	36 – 160 units/L	N/A	N/A	N/A

Other Tests 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
INR	< or = 1.1	N/A	N/A	N/A
PT	11 – 13.5 seconds	N/A	N/A	N/A
PTT	23.0 – 32.4 seconds	N/A	N/A	N/A
D-Dimer	< 250 ng/mL	N/A	N/A	N/A
BNP	< 100 pg/mL	N/A	N/A	N/A
HDL	23 – 92 mg/dL	N/A	N/A	N/A
LDL	< 130 mg/dL	N/A	N/A	N/A
Cholesterol	< 199 mg/dL	N/A	N/A	N/A
Triglycerides	0 – 149 mg/dL	N/A	N/A	N/A
Hgb A1c	< or = 6.4 %	N/A	N/A	N/A
TSH	0.45 – 5.33 mlU/mL	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	N/A	N/A	N/A
WBC	Negative	N/A	N/A	N/A
RBC	Negative	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas 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
pH	7.35 – 7.45	N/A	N/A	N/A
PaO2	80 – 100 mmHg	N/A	N/A	N/A
PaCO2	35 – 45 mmHg	N/A	N/A	N/A
HCO3	21 – 28 mEq/L	N/A	N/A	N/A
SaO2	95 – 100 (%)	N/A	N/A	N/A

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	Negative	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 (1) (APA):

Hinkle, J.L., Cheever, K.H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Sarah Bush Lincoln Health Center (2022). *Laboratory results.* Sarah Bush Lincoln Health Center.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

X-ray of left hip: There is a fracture noted to the left femoral head. Joint is well approximated with no avulsion or separation noted. No other orthopedic injuries noted upon examination.

EKG: Normal sinus rhythm with no ectopy.

Diagnostic Test Correlation (5 points):

X-ray of left hip: All x-ray views of the extremities and pelvic bones should be completed (Capriotti, 2020). The x-ray is used to diagnose a fracture of the hip. The patient fell off of his golf cart and fractured his left hip. An x-ray will determine what type of fracture it is and what intervention is needed at that time.

EKG: An electrocardiogram (ECG) is a recording of the electrical activity of the heart that can be measured from certain points on the body (Capriotti, 2020). Electrodes can be placed on the skin, and electrical current will project a pattern on a graph depicting the phases of resting potential, depolarization, plateau, and repolarization of the heart (Capriotti, 2020). Monitoring the heart rhythm is important especially after a surgery to catch any complications.

Diagnostic Test Reference (1) (APA):

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

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required)

Brand/Generic	Calphron/Calcium	Binosto/Alendronate	Pepcid/Famotidine	N/A	N/A
Dose	500 mg	10 mg	20 mg		
Frequency	Once daily	Once daily	Once daily		
Route	Oral	Oral	Oral		
Classification	Pharmacologic: Calcium salts Therapeutic: Antacid, antihyper magnesemic, anti hyperphosphatemic, antihypocalcemic, calcium replacement, cardiotonic (Jones & Bartlett, 2020)	Pharmacologic: Bisphosphonate Therapeutic: Bone resorption inhibitor (Jones & Bartlett, 2020)	Pharmacologic: Histamine-2 blocker Therapeutic: Antiulcer agent (Jones & Bartlett, 2020)		
Mechanism of Action	Increases levels of intracellular and	Reduces activity of cells that cause bone	Reduces HCl formation by		

	extracellular calcium which is needed to maintain homeostasis especially in the nervous and musculoskeletal systems. (Jones & Bartlett, 2020).	loss, slows rate of bone loss after menopause, and increases amount of bone mass (Jones & Bartlett, 2020).	preventing histamine from binding with H2 receptors on the surface of parietal cells. The drug helps prevent peptic ulcers from forming and helps heal existing ones (Jones & Bartlett, 2020).		
Reason Client Taking	To increase calcium intake after a fracture	Osteoporosis	GERD		
Contraindications (2)	Hypercalcemia Concurrent use of calcium supplements (Jones & Bartlett, 2020)	Hypocalcemia Inability to stand or sit upright for at least 30 minutes (Jones & Bartlett, 2020)	Hypersensitivity to famotidine Other H2 receptor antagonists and their components (Jones & Bartlett, 2020)		
Side Effects/Adverse Reactions (2)	Hypotension Hypercalcemia (Jones & Bartlett, 2020)	Esophageal perforation Melena (Jones & Bartlett, 2020)	Seizures Arrhythmias (Jones & Bartlett, 2020)		
Nursing Considerations (2)	Store calcium away from heat, moisture, and light Ensure that the patient gets the calcium separately from other prescribed drugs (Jones & Bartlett, 2020)	Alendronate should not be administered in patients who have esophageal disorders, hypocalcemia, or are unable to sit upright or stand for at least 30 minutes Ensure adequate dietary intake of calcium and vitamin D before, during, and after treatment (Jones & Bartlett, 2020)	Know that adult patients who have a suboptimal response or an early symptomatic relapse after completing therapy should be evaluated for gastric malignancy Be aware that pepcid chewable tablets contain aspartame, which can be dangerous for patients who have phenylketonuria		

			(Jones & Bartlett, 2020)		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor serum calcium levels in case of hypercalcemia Do an assessment for Chvotek's and Trousseau's signs (Jones & Bartlett, 2020)	Monitor patient's serum calcium level before, during, and after treatment. Expect hypocalcemia to be treated before the mediation is administered Monitor patient for jaw pain because the medication may cause osteonecrosis of the jaw (Jones & Bartlett, 2020)	Monitor liver enzymes such as AST and ALT because famotidine is hard on the liver Monitor kidney function levels such as creatinine and BUN because famotidine can cause renal failure (Jones & Bartlett, 2020)		
Client Teaching Needs (2)	Instruct the patient to avoid taking calcium within 2 hours of another oral drug because of the risk of interactions Avoid excessive consumption of alcoholic beverages, caffeine, and high fiber foods because it can decrease calcium absorption. (Jones & Bartlett, 2020)	Advise patients to take alendronate in the morning with a full glass of water. Explain that beverages such as orange juice, coffee, and mineral water reduce the effects of the medication Instruct patient to wait at least 30 minutes after taking alendronate before eating, drinking, or taking other drugs (Jones & Bartlett, 2020)	Instruct patient who also takes antacids to wait 30 to 60 minutes after taking famotidine, if possible, before taking antacid Advise patient to notify prescriber if she develops pain, has trouble swallowing, or bloody vomit and bloody stools (Jones & Bartlett, 2020)		

Hospital Medications (5 required)

Brand/Generic	Lovenox/ Enoxaparin	Xtampza ER/ Oxycodone-Acetaminophen	Advil/ Ibuprofen	Zofran/ Ondanestron	Colace/Docusate
Dose	40 mg	5/325 mg	600 mg	4 mg	100 mg
Frequency	Once daily	Q6H, PRN	Q6H, PRN	Q6H, PRN	BID, PRN
Route	Subcutaneous	Oral	Oral	ODT	Oral
Classification	Pharmacologic: Low-molecular weight Therapeutic: Anticoagulant (Jones & Bartlett, 2020)	Pharmacologic: Opioid Therapeutic: Opioid analgesic (Jones & Bartlett, 2020)	Pharmacologic: NSAID Therapeutic: Analgesic, anti-inflammatory, antipyretic (Jones & Bartlett, 2020)	Pharmacologic: Selective serotonin receptor antagonist Therapeutic: Antiemetic (Jones & Bartlett, 2020)	Pharmacologic: Surfactant Therapeutic:Laxative (Jones & Bartlett, 2020)
Mechanism of Action	Potentiates the action of antithrombin III, a coagulation inhibitor. Enoxaparin rapidly binds with and inactivates clotting factors (Jones & Bartlett, 2020).	Alters perception of and emotional response to pain at spinal cord and higher levels of CNS by blocking release of inhibitory neurotransmitters, such as acetylcholine (Jones & Bartlett, 2020).	By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relieves pain (Jones & Bartlett, 2020).	Reduces nausea and vomiting by preventing serotonin release in the small intestine by blocking signals to the CNS (Jones & Bartlett, 2020).	Acts as a surfactant that softens stool by decreasing surface tension between oil and feces. This action lets more fluid penetrate stool, forming a softer fecal mass (Jones & Bartlett, 2020).
Reason Client Taking	To prevent DVT after surgery	Pain relief (severe)	Pain relief (mild to moderate)	To prevent postoperative nausea/vomiting	Constipation
Contraindications (2)	Active major bleeding	Paralytic ileus	Angioedema	Concomitant use of	Intestinal obstruction

	History of immune-mediated heparin-induced thrombocytopenia (Jones & Bartlett, 2020)	Significant respiratory depression (Jones & Bartlett, 2020)	Asthma (Jones & Bartlett, 2020)	apomorphine Hypersensitivity to ondansetron or its components (Jones & Bartlett, 2020)	Nausea, vomiting, or other symptoms of appendicitis (Jones & Bartlett, 2020)
Side Effects/Adverse Reactions (2)	Atrial fibrillation Hematemesis (Jones & Bartlett, 2020)	Bradycardia Hypotension (Jones & Bartlett, 2020)	Heart failure Hepatic failure (Jones & Bartlett, 2020)	Hypotension Bronchospasms (Jones & Bartlett, 2020)	Abdominal pain and distention Dizziness/ syncope (Jones & Bartlett, 2020)
Nursing Considerations (2)	Use extreme caution in patients with an increased risk of hemorrhage, as from active ulcerative or angiodysplasia GI disease and stroke Keep protamine sulfate nearby in case of accidental overdose (Jones & Bartlett, 2020)	Be prepared to adjust dosage for patient who hasn't previously received opioids as prescribed until the patient can tolerate the drug's effects Assess patient's pain level regularly and give drug as prescribed before pain becomes severe (Jones & Bartlett, 2020)	Use ibuprofen with extreme caution in patients with a history of GI bleeding or ulcer disease because it increases the risk of GI bleeding Assess patient's skin regularly for signs of rash because ibuprofen may cause serious skin reactions without warning even in patients with no history of	Place disintegrating tablet or oral soluble film on the patient's tongue immediately after opening the package. It dissolves in seconds. Monitor patient closely for serotonin syndrome which may include agitation, chills, restlessness, shaking, tremor, or twitching (Jones & Bartlett, 2020)	Expect excessive or long-term use of docusate to cause dependence on laxatives for bowel movements, electrolyte imbalances, osteomalacia, steatorrhea, and vitamin and mineral deficiencies. Assess for laxative abuse syndrome and last bowel movement. (Jones & Bartlett, 2020)

			hypersensitivity (Jones & Bartlett, 2020)		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Watch closely for bleeding. Notify prescriber immediately if platelet count falls below 100,000 mm3. Test stool for occult blood (Jones & Bartlett, 2020)	Monitor patient's blood pressure closely because it can cause severe hypotension Monitor the patient's respiratory status closely. Respiratory depression may occur at any time. Have resuscitative equipment nearby (Jones & Bartlett, 2020)	Monitor BUN and creatinine levels because this drug may cause renal failure MonitorCBC for decreased hemoglobin and hematocrit (Jones & Bartlett, 2020)	Monitor patients closely for signs and symptoms of hypersensitivity including anaphylaxis and bronchospasm. Monitor patient's electrocardiogram because this medication is known to prolong the QT interval resulting in life-threatening arrhythmias (Jones & Bartlett, 2020)	Electrolyte labs Assess for laxative abuse syndrome and last bowel movement (Jones & Bartlett, 2020)
Client Teaching Needs (2)	Inform patient that taking aspirin or other NSAIDs may increase the risk for bleeding Teach patients or family members how to give enoxaparin at home if needed. Show how to give the drug by deep subcutaneous injection while	Instruct patient not to take oxycodone more often than prescribed and not to take it longer than prescribed because prolonged use can lead to abuse, addiction, misuse,	Instruct patient to take tablets with a full glass of water and caution them not to lie down for 15 to 30 minutes to prevent esophageal irritation Advise patient to	Instruct patient to place disintegrating tablet on their tongue immediately to let it dissolve on the tongue before swallowing Advise patient to immediately report signs of hypersensitivity such as rash (Jones &	Tell patients not to use this medication when they have abdominal pain, nausea, or vomiting. Advise patients to take docusate with a full glass of milk or water. (Jones & Bartlett, 2020)

	lying down (Jones & Bartlett, 2020)	overdose, and possibly death Warn patient not to consume alcohol because severe respiratory depression can occur and may lead to death (Jones & Bartlett, 2020)	take drug with food or after meals to reduce GI distress (Jones & Bartlett, 2020)	Bartlett, 2020)	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:**	The patient is A/O x4 and is oriented to self, place, time, and situation. The patient is not in

Orientation: **Distress:** **Overall appearance:**	distress at this time and is calm. The patient's overall appearance is within expected range.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ■** **Type:**	Patient's skin is pink, warm, and dry. Patient's skin turgor is loose. The patient does not have any rashes or wounds. The patient has mild bruising on the left hip. The patient's Braden score was not listed. The patient does not have any drains at this moment. The patient has an incision site noted on the left hip with no signs of redness, warmth, or swelling. The dressing is clean, dry, and intact. No bleeding is noted.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head is normocephalic and symmetric. The patient's ears are equal and show no signs of excessive cerumen. Patient does not have difficulty hearing. Patient exhibits PERLA. The patient's nose is midline and is dry and patent in the nares. The patient does not have any abnormalities on their teeth. The patient's mucous membranes are moist and pink.
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:**	The S1 and S2 are present with no signs of S3, S4, or murmurs. Radial pulses are 2+ bilaterally along with the Dorsalis pedis pulses at 2+ bilaterally. The capillary refill is also within expected range with less than 3 seconds on the upper extremities, specifically the fingers. The patient isn't showing any signs of neck vein distention. The patient does not show any signs of edema at this time. The patient's EKG shows normal sinus rhythm.
RESPIRATORY: **Accessory muscle use: Y☐ N ■** **Breath Sounds: Location, character**	Airway is patent with no signs of change in the clinical course. Breathing is clear on auscultation and equal bilaterally on auscultation in all lobes anteriorly and posteriorly. The patient does not use accessory muscles while breathing.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:**	Patient's diet at home is regular. Patient's current diet at the hospital is regular. The patient's height is 6'0". The patient's weight is 190 lbs. Upon auscultation, the bowel sounds are active in all four quadrants. The patient's last bowel movement was 11/3/2022. The abdomen is soft and nontender and shows no

Distention: **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ■** **Nasogastric: Y ☐ N ■** **Size:** **Feeding tubes/PEG tube Y ☐ N ■** **Type:**	signs of abnormalities, distention, incisions, wounds, or scars. The patient does not have any drains at this moment. The patient does not have an ostomy bag, NG tube, or feeding tube at this moment.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ■** **Dialysis: Y ☐ N ■** **Inspection of genitals:** **Catheter: Y ☐ N ■** **Type:** **Size:**	The patient's urine is yellow, clear, and with no odor. The patient voided 700 mL of urine during this clinical course. The patient denies any pain when urinating. The patient is not on dialysis and the genitals were not inspected during this clinical course. The patient does not have a catheter in place.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y■ N ☐** **Fall Risk: Y■ N☐** **Fall Score:** N/A **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ■** **Needs support to stand and walk■**	The patient's neurovascular status is within normal limits. The patient can move the upper extremities and lower right extremity and has full range of motion with a 5/5 strength score. The patient's lower left extremity is limited due to pain. Patient does not report any paresthesia or paralysis nor displays pallor. The patient's fall score is not listed during this clinical course. Patient needs assistance with a walker and gait belt. Patient may need support to walk because of his left hip.
NEUROLOGICAL: **MAEW: Y■ N☐** **PERLA: Y■ N☐** **Strength Equal: Y ☐ N■ if no -** **Legs■ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient can move upper extremities and right lower extremity equally. The patient's left lower extremity is limited due to pain. The patient shows signs of PERLA. The patient is A/O x4, denies any numbness or tingling. The patient's speech is within expected range. The patient's sensory skills are intact. The patient has full level of consciousness.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):**	The patient did not state any coping methods at this time.

Developmental level: **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient's developmental level is integrity vs. despair. The patient did not state a religion at this time. The patient currently lives at home with his wife.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76 bpm	133/76 mmHg	16 breaths/min	37.0 C	98% room air
1100	69 bpm	126/63 mmHg	18 breaths/min	36.9 C	97% room air

Vital Sign Trends: Although the patient's blood pressure was slightly increased, this is not something to be marked off as abnormal at this time. The patient's vital signs have been stable throughout this clinical course.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Left hip	6/10	Aching	Oxycodone-Acetaminophen
1100	Numeric	Left hip	1/10	Generalized	No intervention at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Left – 18 G Right – 18 **Location of IV:** Left antecubital and right	125 mL/hr normal saline

antecubital **Date on IV:** Left – 11/4/2022 Right – 11/3/2022 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema, drainage **IV dressing assessment:** Dry, intact, patent	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Normal saline 125 mL/hr x 7 hours Water: 150 mL with breakfast Apple juice: 120 mL with breakfast	Urine: 700 mL in 4 hours Stool: 0x

Nursing Care

Summary of Care (2 points)

Overview of care: The patient got his vitals done at 0700 and got his daily medications around 0900. The patient reported pain in his left hip and rated it a 6/10 on the numeric scale and got oxycodone-acetaminophen for the pain. After administration of the oxycodone-acetaminophen, the patient reported the pain at a 1/10. The patient's surgery went smoothly with no complications reported. The patient currently has a 4-inch incision on his left hip and was sutured and covered with a dry protective dressing.

Procedures/testing done: The patient had a total hip replacement done.

Complaints/Issues: The patient reported pain in his left hip and rated it a 6/10 on the numeric pain scale.

Vital signs (stable/unstable): The patient had stable vital signs throughout the clinical course.

Tolerating diet, activity, etc.: The patient is tolerating the diet well and needs help with activities such as going to the bathroom and getting out of bed due to his total hip surgery.

Physician notifications: N/A

Future plans for client: The patient will be educated on his medications, ambulation, alcohol cessation, and diet.

Discharge Planning (2 points)

Discharge location: At home

Home health needs (if applicable): N/A

Equipment needs (if applicable): The patient will need a walker or cane.

Follow up plan: The patient will be referred to PT/OT for follow up care. The patient will make an appointment for 1 week from 11/4/2022 with the orthopedic surgeon.

Education needs: The patient will need to be educated on acetaminophen toxicity and acceptable daily ingestion. The patient will be encouraged to ambulate and how to properly use a walker/cane with considerations for a home with stairs. The patient will also be educated on alcohol cessation and a diet high in calcium.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

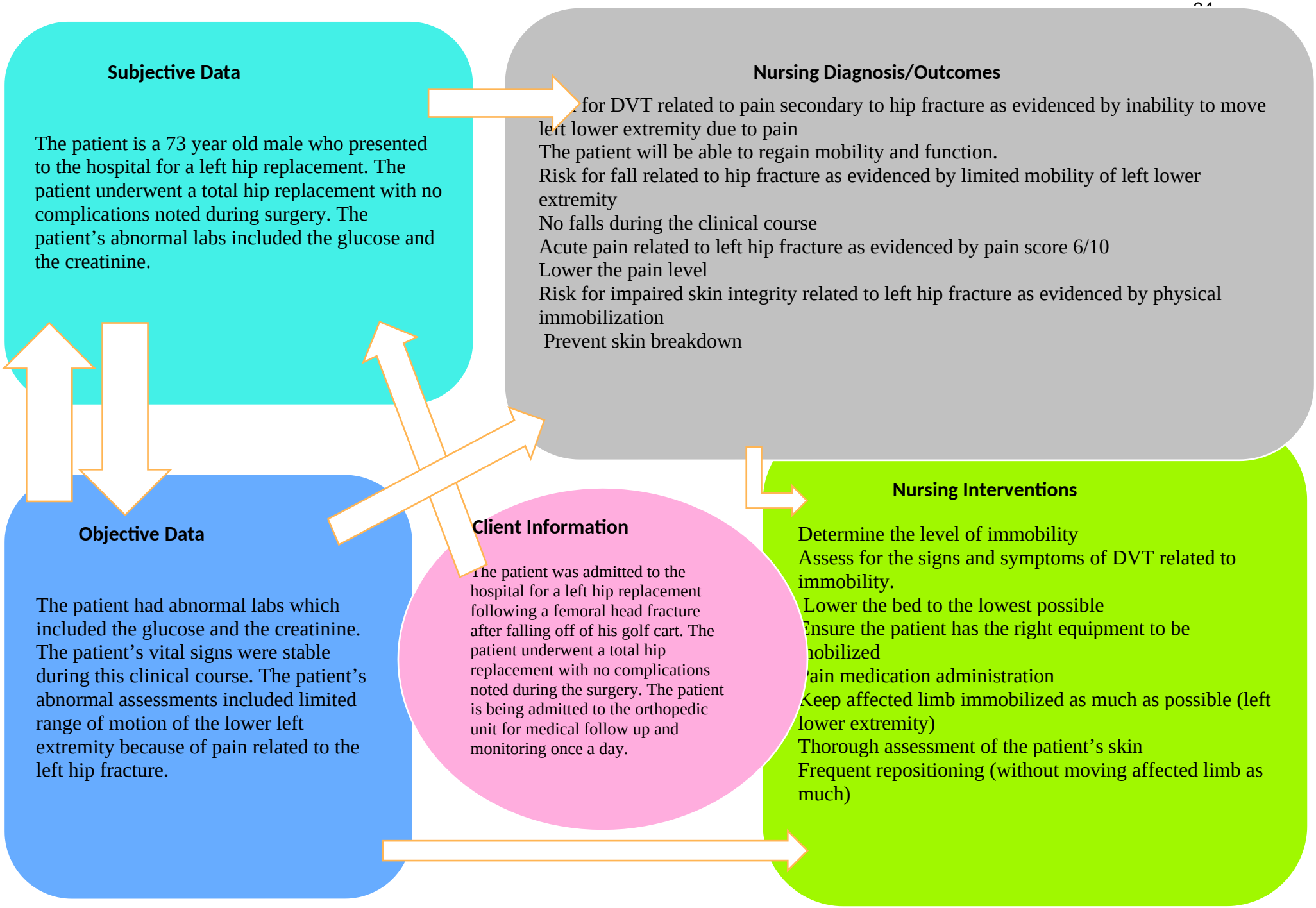
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Risk for DVT related to hip total replacement	The patient has limited mobility due	1. Determine the level of immobility	1. The patient will be able to regain	The patient was assessed frequently for DVT and an

	surgery as evidenced by inability to move left lower extremity due to pain	to his left lower extremity being in pain	2. Assess for the signs and symptoms of DVT related to immobility.	mobility and function.	anticoagulant was administered to ensure that the DVT is prevented. Active range of motion exercises were utilized as part of determining the level of mobility and the patient responded well to the exercises.
2.	Risk for fall related to hip fracture as evidenced by limited mobility of left lower extremity	The patient has limited range of motion of his left lower extremity and also just had a total hip replacement surgery.	1. Lower the bed to the lowest possible 2. Ensure the patient has the right equipment to be mobilized	1. No falls during the clinical course	The patient's bed was lowered to the lowest level possible to lower the fall risk, the goal was met. The patient was also given a walker and is assisted by a healthcare personnel to be mobile if needed. The patient appreciated the help that was given and has had no falls during this clinical course.
3.	Acute pain related to left hip fracture as evidenced by pain score 6/10	The patient had complaints of left hip pain.	1. Pain medication administration 2. Keep affected limb immobilized as much as possible (left lower extremity)	1. Lower the pain level	The patient's pain score went from a 6/10 to a 1/10 so the goal was met. The patient stated that the oxycodone-acetaminophen was effective. The patient has been keeping the lower limb immobilized and has reported that it minimally decreases the pain.
4.	Risk for impaired skin integrity related to left hip	The patient is at risk for pressure ulcers	1. Thorough assessment of the patient's skin	1. Prevent skin breakdown	The student nurse frequently assessed the patient's skin to

fracture as evidenced by physical immobilization	because of his immobility and bed rest after a total hip surgery.	2. Frequent repositioning (without moving affected limb as much)		ensure that there was no redness or any indication of a pressure ulcer. The patient appreciated the time and effort. So far, the patient does not have any indications of a pressure ulcer. The student nurse also frequently turned the patient, however, the patient complained of pain, so another intervention needs to be utilized.

Other References (APA):

Concept Map (20 Points):


Subjective Data
The patient is a 73 year old male who presented to the hospital for a left hip replacement. The patient underwent a total hip replacement with no complications noted during surgery. The patient's abnormal labs included the glucose and the creatinine.
Nursing Diagnosis/Outcomes
for DVT related to pain secondary to hip fracture as evidenced by inability to move left lower extremity due to pain
The patient will be able to regain mobility and function.
Risk for fall related to hip fracture as evidenced by limited mobility of left lower extremity
No falls during the clinical course
Acute pain related to left hip fracture as evidenced by pain score 6/10
Lower the pain level
Risk for impaired skin integrity related to left hip fracture as evidenced by physical immobilization
Prevent skin breakdown
Objective Data
The patient had abnormal labs which included the glucose and the creatinine. The patient's vital signs were stable during this clinical course. The patient's abnormal assessments included limited range of motion of the lower left extremity because of pain related to the left hip fracture.
Client Information
The patient was admitted to the hospital for a left hip replacement following a femoral head fracture after falling off of his golf cart. The patient underwent a total hip replacement with no complications noted during the surgery. The patient is being admitted to the orthopedic unit for medical follow up and monitoring once a day.
Nursing Interventions
Determine the level of immobility
Assess for the signs and symptoms of DVT related to immobility.
Lower the bed to the lowest possible
nsure the patient has the right equipment to be
obilized
ain medication administration
Keep affected limb immobilized as much as possible (left lower extremity)
Thorough assessment of the patient's skin
Frequent repositioning (without moving affected limb as much)