

N311 Care Plan #2

Lakeview College of Nursing

Mason Coon

155/155
Mason Coon

Demographics (5 points)

Date of Admission 09/26/2022	Client Initials W. W. P.	Age 81	Gender Male
Race/Ethnicity White, non Hispanic	Occupation Retired, HVAC	Marital Status Married	Allergies Meloxicam and Tramadol; cause nausea
Code Status No CPR	Height 5' 11" (1.803 m)	Weight 125 lbs (56.7 kg)	

Medical History (5 Points)

Past Medical History: Coronary artery disease, Diabetes mellitus (HCC), Deep venous thrombosis, Glaucoma, Hyperlipidemia, Hypertension, MI (old), Neuropathy, Onychocryptosis, Pilonidal cyst without abscess, Pulmonary embolism (HCC), Peripheral vascular disease

Past Surgical History: Arthroplasty of the right hip joint, Colonoscopy (04/22/2009), HC percutaneous place of IVC filter

Family History: None on file.

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

Former smoker that smoked 1 pack per day; quit on 06/21/1996.

Admission Assessment

Chief Complaint (2 points): Right hip pain

History of Present Illness – OLD CARTS (10 points): Patient came in on 09/26/2022 complaining of consistent right hip pain that started a couple of days ago. Pain is aggravated by movements and partially relieved by rest and Norco.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Right hip pain

Secondary Diagnosis (if applicable): N/A

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

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According to the MayoClinic (*Hip Pain Causes*, n.d.), hip pain can be caused by numerous factors, including: arthritis, pinched nerves, and injuries. Injuries of the hip include joint inflammation (bursitis), sprains, and hip fractures. In the case of the patient, a hip fracture is what is causing the patient pain. Specifically, a fracture of the pubis on the right side of the patient's body. Life-threatening complications can result from a fractured pubis, as injuries to organs located in the lower abdominal region can be penetrated by the fractured portions of the pubis, such as the large intestine and genitals (*Pelvic Fracture*, n.d.). An article by Hermans, Edwards, Goslings, and Biert (2018) notes that pelvic fractures are caused by high-energy trauma. It must also be noted that the patient had an arthroplasty of the right hip joint, which makes the patient's right hip constructed of metal or hard plastic, which is likely much stronger than an older individual's pelvic region as a whole. After reviewing the anatomy of the pelvic girdle, I believe it is safe to assume that the patient experienced a high-energy trauma directly to the right hip joint. As a result of the angle of the trauma, pressure from the prosthetic femoral head was congregated on the small portion of the pubis that makes up the hip joint, and ultimately led to the pubis being fractured.

Pathophysiology References (2) (APA):

Hermans, E., Edwards, M. J. R., Goslings, J. C., & Biert, J. (2018). Open pelvic fracture: the killing fracture? *Journal of Orthopaedic Surgery and Research*, 13(83).

<https://doi.org/10.1186/s13018-018-0793-2>

Hip pain Causes. (n.d.). Mayo Clinic. Retrieved September 30, 2022, from

<https://www.mayoclinic.org/symptoms/hip-pain/basics/causes/sym-20050684>

Pelvic Fracture. (n.d.). Cedars-Sinai. Retrieved September 30, 2022, from [https:](https://www.cedars-sinai.org/health-library/diseases-and-conditions/p/pelvic-fracture.html)

[//www.cedars-sinai.org/health-library/diseases-and-conditions/p/pelvic-fracture.html](https://www.cedars-sinai.org/health-library/diseases-and-conditions/p/pelvic-fracture.html)

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 (9/26)	Today's Value (9/27)	Reason for Abnormal Value
RBC	3.80-5.30	3.84	3.71	Several different factors apply to decreased levels of RBC count, such as: hemorrhage, chronic illnesses, and anemia (Pagana, Pagana, & Pagana, 2020). It is likely that the patient is experiencing a low RBC count from chronic illnesses, such as diabetes, coronary artery disease, and hypertension.
Hgb	12.0-18.0	12.0	11.8	Low levels of Hgb are linked to anemia, renal failure, and hemorrhaging (Pagana, Pagana, & Pagana, 2020). The patient likely experienced some hemorrhaging when they fractured their pubis. Also, the patient is diabetic, which could play a factor.
Hct	36.0-52.0%	35.6	34.4	Decreased hematocrit is linked to renal disease and hemorrhaging, as well as closely related to the results of RBC and Hgb (Pagana, Pagana, & Pagana, 2020). It is likely that diabetes and the fracture of the pubis played a factor in the low hematocrit levels.
Platelets	150-400	260	277	N/A
WBC	5.00-10.00	8.70	7.60	N/A
Neutrophils	55.0-70.0%	76.4	73.7	High levels of neutrophils are linked to trauma, stress, and inflammation (Pagana, Pagana, & Pagana, 2020). These three reasons are likely the

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				cause of the increased levels in neutrophils.
Lymphocytes	20.0-40.0%	12.6	13.7	Low levels of lymphocytes are linked to stress and certain medications, like antihistamines (Pagana, Pagana, & Pagana, 2020). It is likely that the stress of the injury is causing the decreased levels of lymphocytes.
Monocytes	4.0-12.0%	9.9	9.9	N/A
Eosinophils	0.0-5.0%	0.9	2.3	N/A
Bands	0-500	N/A	N/A	N/A

*et al,
2020*

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-	136-145 mmol/L	141	140	N/A
K+	3.5-5.0 mmol/L	3.5	3.4	Decreased levels of potassium are linked to trauma, insulin/glucose administration, and renal artery stenosis (Pagana, Pagana, & Pagana, 2020). These three factors could be a cause for the low levels of potassium.
Cl-	98-106 mmol/L	101	101	N/A
CO2	23-30 mmol/L	32	30	High levels of CO ₂ in the bloodstream are connected to the function of the kidneys (Pagana, Pagana, & Pagana, 2020). It is possible that since the patient has diabetes, this could cause their CO ₂ levels to be increased.
Glucose	74-106 mg/dL	102	106	N/A
BUN	10-20 mg/dL	20	18	N/A
Creatinine	0.5-1.1 mg/dL	1.10	0.92	N/A

*et al
2020*

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Albumin	3.5-5.0 g/dL	4.0	N/A	N/A
Calcium	9.0-10.5 mg/dL	9.4	8.7	Decreased levels of calcium are associated with fat embolism, renal failure, and vitamin D deficiency (Pagana, Pagana, & Pagana, 2020). It could be likely that any of these three reasons are causing the low calcium.
Mag	1.6-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.8-4.5 mg/dL	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.7	N/A	N/A
Alk Phos	30-120 micromol/L	61	N/A	N/A

(Pagana, et al 2020)

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	yellow	N/A
pH	5.0-9.0	N/A	8.0	N/A
Specific Gravity	1.003-1.030	N/A	1.012	N/A
Glucose	negative	N/A	Trace	Trace amounts of glucose in the urine are linked to diabetes (Pagana, Pagana, & Pagana, 2020). This is the cause, as the patient has diabetes.
Protein	0-8 hpF	N/A	negative	N/A
Ketones	negative	N/A	negative	N/A
WBC	0-5 hpF	N/A	negative	N/A
RBC	0-2 hpF	N/A	negative	N/A
Leukoesterase	negative	N/A	negative	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	0-10,000 bacteria/mL acceptable up to 100,000	N/A	N/A	N/A
Blood Culture	negative	N/A	N/A	N/A
Sputum Culture	Normal Upper Respiratory Tract	N/A	N/A	N/A
Stool Culture	Normal Intestinal Flora	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, T. J., Pagana, K. D., & Pagana, T. N. (2020). *Mosby's® Diagnostic and Laboratory Test Reference* (15th ed.). Elsevier - Health Sciences Division.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

9/26: X-ray Hip 2-3 views with pelvis unilateral right: confirmed fractured pelvis; X-ray is used to view body structures (Pagana, Pagana, & Pagana, 2020).

CT lumbar spine without contrast: type of X-ray that can be done with or without contrast to emphasize bones, tissues, organs, or blood vessels within the body (Pagana, Pagana, & Pagana, 2020).

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CT Pelvis for bone detail without contrast: confirmed fractured pelvis; type of X-ray that can be done with or without contrast to emphasize bones, tissues, organs, or blood vessels within the body (Pagana, Pagana, & Pagana, 2020).

Diagnostic Imaging Reference (1) (APA):

Pagana, T. J., Pagana, K. D., & Pagana, T. N. (2020). *Mosby's® Diagnostic and Laboratory Test Reference* (15th ed.). Elsevier - Health Sciences Division.

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Acetaminophen Tylenol	Hydrocodone - acetaminophen Norco	Apixaban Eliquis	Glucophage Metformin	Docusate sodium Colace
Dose	650 mg 1 tablet	5-325 mg 1 tablet	2.5 mg 1 tablet	500 mg 1 tablet	100 mg 1 capsule
Frequency	Q4	Q4	2 times daily	2 times daily with meals	1 time per day
Route	Oral	Oral	Oral	Oral	Oral
Classification	Analgesic Antipyretic (<i>IBM Micro Medex, n.d.</i>)	Opioid/Acetaminophen combination (<i>IBM Micro Medex, n.d.</i>)	Anticoagulant, cardiovascular, Factor Xa inhibitor (<i>IBM Micro Medex, n.d.</i>)	Biguanides (<i>IBM Micro Medex, n.d.</i>)	Stool softeners (<i>IBM MicroMedex, n.d.</i>)
Mechanism of Action	Reducing pain in an unknown way (<i>IBM MicroMedex, n.d.</i>)	Reduces pain in opiate receptors in the CNS (<i>IBM Micro Medex, n.d.</i>)	Selective active-site inhibitor of fibrin and clot-bound FXA (<i>IBM MicroMedex, n.d.</i>)	Alteration of the energy metabolism of the cell (<i>IBM Micro Medex, n.d.</i>)	Increased amount of water the stool absorbs in the gut (<i>IBM MicroMedex, n.d.</i>)
Reason Client Taking	Mild/Severe pain	Moderate/ Severe pain	Prevent blood clots	Diabetic	Constipation

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			following hip surgery		
Contraindications (2)	1. Active and severe hepatic disease 2. Hypersensitivity to acetaminophen (<i>IBM MicroMedex</i> , n.d.)	1. Significant respiratory depression 2. Acute/Severe bronchial asthma (<i>IBM MicroMedex</i> , n.d.)	1. Active pathological bleeding 2. Severe hypersensitivity to apixaban (<i>IBM MicroMedex</i> , n.d.)	1. Acute/Chronic metabolic acidosis 2. Renal dysfunction (<i>IBM MicroMedex</i> , n.d.)	1. Fecal impaction 2. Avoid concomitant use of mineral oil (<i>IBM MicroMedex</i> , n.d.)
Side Effects/Adverse Reactions (2)	1. Constipation 2. N/V (<i>IBM MicroMedex</i> , n.d.)	1. N/V 2. Dizziness/lightheadedness (<i>IBM MicroMedex</i> , n.d.)	1. Bleeding gums 2. Epistaxis (<i>IBM MicroMedex</i> , n.d.)	1. N/V 2. Metallic taste in the mouth (<i>IBM MicroMedex</i> , n.d.)	1. Stomach/Abdominal pain (<i>IBM MicroMedex</i> , n.d.)

Medications Reference (1) (APA):

IBM Micromedex. (n.d.). IBM Watson Health Products. Retrieved September 27, 2022, from

<https://www.micromedexsolutions.com/home/dispatch/>

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Patient is alert and oriented times four, well groomed, and in no acute distress.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 16 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Color, Character, Temperature, and Turgor of the skin normal. No rashes or bruises. Stage 1 pressure ulcer on the sacrum, skin is reddened and appears irritated in this area.

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HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<u>Head:</u> head and face are symmetrical <u>Neck:</u> supple, no significant adenopathy <u>Eyes:</u> PERRLA, EOMs intact <u>Ears:</u> normal, symmetrical <u>Nose:</u> symmetrical, septum midline, no drainage or tenderness <u>Throat:</u> membranes moist, normal and without lesions <u>Teeth:</u> normal for age
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: N/A	<u>Pulse:</u> 2+ bilaterally on upper and lower extremities. Heart sounds are normal. Pitting edema +1 in both lower extremities.
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Clear to auscultation, no wheezing. Regular breathing pattern noted.
GASTROINTESTINAL: Diet at home: unrestricted Current Diet: cardiac diet Height: 5' 11" Weight: 125 lbs Auscultation Bowel sounds: normal Last BM: not listed, has not had BM since arriving on 9/26 Palpation: Pain, Mass etc.: Inspection: normal Distention: none Incisions: none Scars: none Drains: none Wounds: none Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Bowel sounds are normal, bowels sound active.

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<p>GENITOURINARY: Color: yellow/clear Character: normal Quantity of urine: questionable Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: normal, intact Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Genitals appear normal and intact.</p> <p>Urine is of normal color and character. Hard to validate quantity; patient had one unmeasurable occurrence in the depend.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: lift equipment and special bed type Strength: present ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 50 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p><u>Neurovascular:</u> nail bed intact, extremities appear normal, temperature afebrile</p> <p>Active ROM noted in upper and left lower extremities.</p> <p>Limited Passive ROM in right lower extremity due to fractured pubis. Positive right straight leg raise test. Bony tenderness present in the lumbar back. Pitting Edema +1 in both lower extremities. Fall score is 50, making the patient a fall risk.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: noted Mental Status: noted Speech: noted Sensory: noted LOC: noted</p>	<p>Patient is alert and oriented times four, well groomed, and in no acute distress.</p> <p>Difficulty moving the right leg due to fractured pubis.</p>
<p>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):</p>	<p>Patient has the ability to make informed decisions; is completely developed.</p> <p>Patient does not practice a religion, relies on wife for assistance when needed.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0701	91	132 / 82	18	97.7 temporal	97% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0701	word (said right hip was bother some)	Right hip	displayed nonverbal signals (PT did not say severity)	Aching Throbbing	PT was given pain medications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
At 0845, 240 mL	At 1138, 125 mL Also unmeasurable occurrence at 1015

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.

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<ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 				
<p>1. Impaired physical mobility related to right hip pain as evidenced by fractured pubis (Ralph & Taylor, 2010).</p> <p><i>Don't need need</i></p>	<p>The patient came in for right hip pain (CC) and X-ray showed broken pubis.</p>	<p>1. Establish measures to prevent skin breakdown (antiembolism stockings and frequent turns) 2. Execute passive and active ROM exercises to affected extremity (Ralph & Taylor, 2010).</p>	<p>1. The patient will be able to have active ROM in the lower right extremity by 10/1.</p>	<p>The patient will have active ROM in the lower right extremity and will have intact skin due to Q2 turning.</p>
<p>1. Impaired skin integrity related to immobility as evidenced by stage 1 pressure ulcer on the sacrum (Ralph & Taylor, 2010).</p>	<p>The patient is immobile due to a fractured pubis.</p>	<p>1. Encourage adequate nutrition and hydration 2. Use pressure relieving devices over the affected area (Ralph & Taylor, 2010).</p>	<p>1. The patient's pressure ulcer on the sacrum will not progress past stage 1 and the patient will have relief by 10/1.</p>	<p>The patient will not have discomfort when pressure is on the sacrum.</p>

Other References (APA):

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Ralph, S. S., & Taylor, C. M. (2010). *Sparks and Taylor's Nursing Diagnosis Pocket Guide*.

Lippincott Williams & Wilkins. <https://books-library.net/files/download-pdf-ebooks.org-1511894246Xi5P9.pdf>

Concept Map (20 Points):

Subjective Data

- Patient came in on 09/26/2022 complaining of consistent right hip pain that started a few days ago. Pain is aggravated by movements and partially relieved by rest and Norco.

Objective Data

- Broken pubis (confirmed by X-ray)
- CBC lab result abnormalities: decreased RBC, Hgb, Hct, Lymphocytes, Calcium and Potassium levels
- Increased Neutrophils, CO₂ levels, and glucose in the urine
- BP: 132 / 82

Client Info

- 81 year old male.
- Retired from Heat Craft (HVAC).
- Married to wife, Patricia.

Nursing Diagnosis / Outcomes

Diagnosis 1) Impaired physical mobility related to right hip pain as evidenced by fractured pubis.
Outcome 1) The patient will be able to have active ROM in the lower right extremity by 10/1.

Diagnosis 2) Impaired skin integrity related to immobility as evidenced by a stage 1 pressure ulcer on the sacrum.
Outcome 2) The patient's sacrum will not progress past a stage 1 pressure ulcer and the patient will have relief by 10/1.

Nursing Interventions

- 1A) Establish measures to prevent skin breakdown (antiembolism stockings and frequent turns).
- 1B) Execute passive and active ROM exercises to the affected extremity.
- 2A) Encourage adequate nutrition and hydration.
- 2B) Use pressure relieving devices over the affected area.

References

- Hermans, E., Edwards, M. J. R., Goslings, J. C., & Biert, J. (2018). Open pelvic fracture: the killing fracture? *Journal of Orthopaedic Surgery and Research*, 13(83).
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