

Medications

0.9% Sodium Chloride (Normal Saline)
 Pharmacological Classification: Isotonic solution (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Crystalloid therapy (Jones & Bartlett Learning, 2022).
 Reason for taking: to replace the large sodium loss, due to the trauma of her fall
 Nursing Interventions: should not be used in patients with heart failure, pulmonary edema, and renal impairment (Jones & Bartlett Learning, 2022).

Bacitracin Ointment (Neomycin)
 Pharmacological Classification: Topical (Antibacterial) (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Antibiotics (Jones & Bartlett Learning, 2022).
 Reason for taking: decubitus ulcer on the sacrum
 Nursing Interventions: assess the affected area for the location and size of the wound, laceration and incision. Note the presence of drainage, odor, redness, swelling and warmth (Jones & Bartlett Learning, 2022).

Ceftriaxone (Rocephin) Injection
 Pharmacological Classification: Third-generation cephalosporin (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Antibiotic (Jones & Bartlett Learning, 2022).
 Reason for taking: to treat urinary tract infection
 Nursing Interventions: Monitor BUN and serum Creatinine levels to detect early signs of nephrotoxicity (Jones & Bartlett Learning, 2022).

Insulin Lispro (Humalog) 2-12 units SQ TID daily with meals
 Pharmacological Classification: Rapid-acting insulin analogue (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Hormones (Jones & Bartlett Learning, 2022).
 Reason for taking: Diabetes
 Nursing Interventions: Ensure uniform dispersion of insulin suspensions by rolling the vial gently between hands; avoid vigorous shaking (Jones & Bartlett Learning, 2022).

Insulin Lispro (Humalog) 2-6 units SQ Nightly
 Pharmacological Classification: Rapid-acting insulin analogue (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Hormones (Jones & Bartlett Learning, 2022).
 Reason for taking: Diabetes
 Nursing Interventions: Do not give insulin injection concentrated IV; severe anaphylactic reactions can occur (Jones & Bartlett Learning, 2022).

Lidocaine (Lidoderm)
 Pharmacological Classification: Amide derivative (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Class IB antiarrhythmic, local anesthetic (Jones & Bartlett Learning, 2022).
 Reason for taking: to provide a topical anesthesia for the skin
 Nursing Interventions: Observe for respiratory depression after bolus injection and during I.V. infusion of lidocaine (Jones & Bartlett Learning, 2022).

Prednisone (Rayos)
 Pharmacological Classification: Glucocorticoid (Jones & Bartlett Learning, 2022).
 Therapeutic Classification: Immunosuppressant (Jones & Bartlett Learning, 2022).
 Reason for taking: to treat acute inflammation related to the kidney transplant
 Nursing Interventions: Assess the patient for adverse reactions, especially signs and symptoms of such reactions of heart failure and hypertension (Jones & Bartlett Learning, 2022).

Demographic Data

Date of Admission: 02/19/2023
 Admission Diagnosis/Chief Complaint: Closed fracture of the right superior pubic ramus
 Age: 77 yr. old
 Gender: Female
 Race/Ethnicity: White, not Hispanic or Latino
 Allergies: Clindamycin, NSAIDS, Tetracycline
 Code Status: Full Code
 Height in cm: 165.1 cm
 Weight in kg: 52.1 kg
 Psychosocial Developmental Stage: Integrity vs. Despair
 Cognitive Developmental Stage: Formal Operational
 Braden Score: 15
 Morse Fall Score: 84 (High)
 Infection Control Precautions: Standard precaution

Pathophysiology

Disease process: Hip fractures are usually caused from falling on the ground. A hip fracture can be an extremely serious injury, especially in the older adult population. The risk of any fracture, but especially hip fractures increase with age. The risk of the fracture of the bone increases with age, due to the bones in the body weakening over time. When the bones weaken over an amount of time, that's called osteoporosis (Phelps, 2020). Other risk factors of falls for the older adult population can be: poor vision, balance problems, and tripping over pets or rugs. As for this patient in particular, there was not a statement as to what caused her fall directly, but it could have been a number of many different things.

S/S of disease: Signs and symptoms of a hip fracture include: severe pain in the hip/groin area, outward turning of the leg on the side of the injured hip, shorter leg on the side of the injury, bruising/swelling in and around the hip area, inability to put any weight on the leg on the side of the injury and inability to get up from a fall or to walk (Phelps, 2020). The patient displayed symptoms of bruising around the affected hip region as to where the fracture had been located at.

Method of Diagnosis: usually, a physician will diagnose a hip fracture. The health care provider will usually take into consideration the symptoms of the patient and the abnormalities of the position of the hip/leg. A physician will usually order an x-ray to confirm the fracture and the placement/severity. The method of diagnosis of this patient was seen primarily through the extensive set of x-rays that were done.

Treatment of disease: Typically, a hip fracture requires some sort of surgical repair or replacement. There are many different surgical options to repairing hips, such as: internal repair using screws, total hip replacement, and partial hip replacement. After any kind of surgical repair or replacement, there will always be a follow up of physical therapy. For this patient in particular, so far, nothing surgical has been discussed. As of right now, they have just discussed bed rest for the moment. I anticipate that because the hip fracture isn't terrible and the patient already has some other pressing issues, like the UTI, that they will not be doing surgery on this patient anytime soon.

Admission History

The patient presents to the emergency room a couple days ago, as a 77 yr. old female with confusion, history of dementia, chronic kidney disease (CKD), kidney transplant (approximately 12 years ago), chin laceration, chipped tooth and right hip pain with a recent fall. A family member who she was eating breakfast with at the time of the incident brought the patient into the emergency room. The patient continues to be confused and forgetful. The patient did not experience any loss of consciousness, cough, dysuria, or chest pain. Initially, the client proclaimed that she had no pain, besides a headache, which is now resolved through medication. The patient does not have a recent history of any illness, nor does she have any bowel/bladder complaints. Preceding the patient's kidney transplant approximately 12 years ago, the patient no longer follows up with her nephrologist. The patient just sees the primary physician for any problems that are encountered, which the last visit was two years ago. The patient did not address any relieving factors that have helped her with her pain besides rest. The patient is a poor historian, so she does not remember if she has been treated for this previously. The patient presents with no pain on the assessment.

Lab Values/Diagnostics

BUN: 9 mmol/L. Normal: 2.1-8.5 mmol/L
 Reason for abnormal value: kidneys aren't working well, due to the urinary tract infection (UTI).

Total protein: 5.6 g/dL. Normal: 6.0-8.3 g/dL
 Reason for abnormal value: kidneys aren't working properly; therefore the protein isn't being absorbed properly.

Albumin 3.4 g/dL. Normal: 3.3-5.4 g/dL
 Reason for abnormal value: kidney disease/problems and inflammation/infection due to the trauma from the fall

Glucose 160 mg/dL. Normal: 99mg/dL
 Reason for abnormal value: diabetes

CT Head/Brain without contrast

- Impression: No acute intracranial hemorrhage or acute abnormality is demonstrated.
- Reason: Altered mental status.

CT Cervical Spine without contrast

- Impression: No fracture or dislocation seen.
- Reason: Trauma to the body from a fall

CT Lumbar Spine without contrast

- Impression: No fracture/dislocation seen. Multiple cystic lesions noted in the liver. Etiology is not clear.
- Reason: trauma to the body from a fall

XR Hips 2 Views (Bilateral with Pelvis)

- Impression: Normal pelvis, hips and sacroiliac joints.
- Reason: Patient's main area of pain due to the fall that was encountered

XR Chest Single View

- Impression: no acute disease
- Reason: possible infection

CT Facial Bones without contrast

- Impression: No evidence of fracture/dislocation in the facial bones.
- Reason: Facial lesions and recent fall

CT Right Hip without contrast

- Impression: acute comminuted fracture noted involving superior ramus of the right pubic bone. Minimal displacement seen at the fracture site.
- Reason: patient's main source of pain due to the fall encountered

Medical History

Previous Medical History: Dementia, kidney transplant, and diabetes

Prior Hospitalizations:

- 1/24/2019 (shoulder injury, back pain)
- 6/29/2021 (Left wrist pain)

Previous Surgical History: N/A

Social History:

- Occupation: N/A
- Tobacco (smoking status/smokeless): never
- Vape: never
- Alcohol: not currently
- Drug: never

Active Orders

Diet mechanical soft: diet effective now. Due to chipped teeth.

Infection Prevention consults to orthopedic surgery: for fracture to the right pubis

Infection Prevention consults to pharmacy Warfarin dosing: confirm kidney transplant medications

BNP daily: AM draw for 3 days. Blood.

CMP daily: AM draw for 3 days. Blood.

Magnesium: AM draw for 3 days. Blood.

Prothrombin time (every 48 hrs.): Blood.

Aerodol Nebulizer- Subsequent: Albuterol, every 4 hrs. PRN. Due to wheezing and SOB.

Oxygen therapy: Stat. Continuous, nasal cannula; initiate oxygen at 1 pm to 1L to 6 L/min. May wean oxygen off or to home oxygen if stats are maintained. Due to wheezing/Shortness of breath.

Vital signs (routine): monitoring patient's status

Pulse oximetry, continuous: routine vitals.

Dermabond to bedside (1 time): for facial lacerations.

For blood sugar of 70 mg/dL or less: notify provider.

Insert/maintain peripheral IV (20g right AC): dressing is dry with no drainage.

Notify physician: critical glucose/serum glucose results less than 50 mg/dL and/or hypoglycemia signs and symptoms treatment and response.

Nursing communication (1 time): try and walk patient

Perform blood glucose: every 6 hours; call if glucose is greater than 400.

Post hypoglycemia treatment and blood sugar greater than or equal to 80 mg/dL: the patient regains ability to swallow after regaining consciousness

Saline lock IV: Helps prevent the IV from getting blocked with a blood clot.

Wound care (1 time): for the decubitus ulcer on the sacrum

Physical Exam/Assessment

General: The patient is a poor historian due to dementia. The patient is disoriented to time, place and situation. The patient is somewhat groomed. The patient is in no distress, and is calm and cooperative. The patient appears to be her stated age. The patient has normal speech, but confusion. Overall, the patient has conscious orientation. The overall appearance of the patient is particularly good. The patient does not present with any fever, chills or weakness.

Integument: The patient's skin color is white. The character of the patients skin is warm and dry. The temperature of the patients skin is slightly warm to the touch. The patient's temporal temperature was 98.4 F. The skin turgor had a slightly slow return with it being around 4-5 seconds, due to the possibility of the urinary tract infection and dehydration. The patient has no rashes. The patient has a laceration/bruising on the lip and on her chin. The patient also presents with a wound on the sacrum. The patient has sporadic bruises throughout the body from her fall, but the most predominant ones are on her face, and her right hip. The Braden score was 15. The patient doesn't currently have any drains present.

HEENT: The patient's head and neck were symmetrical. Patient's eyes were clear bilaterally. Patient's ears were warm to the touch and had no deformities or lesions. Patient's nose was symmetrical with the rest of the face. Patient had multiple chipped teeth in the front of the mouth (top set), but the precise locations of the teeth were not identified/nor visualized. The patient also complained of some tooth pain. Other than the chipped teeth, the teeth were somewhat taken care of for the most part. There is a small laceration on the chin that's slightly gaped open. There is also a small laceration on the lower lip that is bothersome to the patient.

Cardiovascular: Patient's rate and rhythm were both within normal limits. S1 and S2 were normal. No murmur, click, rub or gallop was heard. Patient's capillary refill time was less than 3 seconds. Peripheral pulse was not obtained. No neck vein distension was present. No edema was visible. The patient didn't have any chest pain, palpitations, or pedal edema.

Respiratory: The patient's breath sounds were clear with no wheezes or rales. The patient didn't have any labored breathing. The patient was not using accessory muscles to breathe. No rhonchi or pleural friction rub.

Genitourinary: The patient's urine is yellow with clear clarity. The patient is not experiencing any frequency, urgency, or dysuria. The patient did show some slight hematuria on the recent urinalysis. The patient has no pain with urination. The patient is not on dialysis. The patients genital region showed no signs of inflammation, external lesions, or discharge. The patient uses a bedpan to urinate. The urinalysis showed that the patient has a urinary tract infection (UTI).

Gastrointestinal: The patient stated that she couldn't remember what her diet was like before the fall. The patient's current diet is somewhat good and focuses on hydration. The patient's weight is 52.1 kg. The patient's height is 165.1 cm. Bowel sounds were active within all four quadrants. Last bowel movement was not obtained. The patient presents with no abdominal pain. The patient's abdomen was soft, and non-tender. Under inspection of the patient, there was no distension, incision, scars, drains, or wounds present on the patients. The patient did not have a nasogastric or feed/PEG tube placed. The patient did not have any nausea, vomiting, constipation, diarrhea, or blood within the stool.

Musculoskeletal: Due to the patient's dementia, the patient's neurovascular status has a decline within her thinking skills. The patient does not have a full range of motion currently due to being on bed rest because of the pelvic injury after her recent fall. The patient is a fall risk due to her cognition and her musculoskeletal indications from the fall. The patient's fall score is an 84, which is high. The patient does not ambulate around the room due to the strict guidelines from the physician regarding her pelvic injury.

Neurological: The patient does not move all of her extremities well. PERRLA is intact. Strength/reflexes was not assessed for this patient's arms and legs. Speech is normal, but patient is confused. Patient is disoriented to person, place and time. The patient is awake and alert. The patient is not lethargic. The patient's memory is not intact. The patient's gait was not assessed, due to the pelvic injury. The patient can sometimes become dizzy after getting sat up in the bed. The patient has not had a loss of consciousness.

Most recent VS (include date/time and highlight if abnormal):

- 02/20/2023 at 7:54 am
 - o BP: 119/50
 - o O2: 98%
 - o Pulse: 72 bpm
 - o Pain: 0/10
 - o Temperature: 98.4 F
 - o Respirations: 18
- 02/20/2023 at 11:00 am
 - o BP: 121/56
 - o O2: 96%
 - o Pulse: 77 bpm
 - o Pain: 0/10
 - o Temperature: 98.6 F
 - o Respirations: 18

Pain and pain scale used:

02/20/2023 at 7:54 am, patient stated pain as a 0/10 using the Wong-Baker FACES Pain Rating Scale

02/20/2023 at 11:00 am, patient stated pain as a 0/10 using the Wong-Baker FACES Pain Rating Scale

<p>Nursing Diagnosis 1 Risk for injury related to impaired mobility resulting from a pelvic fracture as evidenced by inability to move purposefully within the physical environment, imposed restrictions.</p>	<p>Nursing Diagnosis 2 Risk for impaired memory may be related to Dementia as evidenced by disorientation to time/situation, place and person.</p>	<p>Nursing Diagnosis 3 Risk for impaired urinary elimination may be related to urinary tract infection evidenced by the urinalysis.</p>
<p>Rationale Observe paleness, numbness, or changes within the movement of the body part (hip region); weakness or contractures of the uninvolved muscles and joints: Assess pulses and monitor neurovascular status every 2-4 hours.</p>	<p>Rationale Assess the patient for sensory deprivation, concurrent use of central nervous system (CNS) drugs, poor nutrition, dehydration, infection, or other concurrent disease processes.</p>	<p>Rationale Assess the patient's pattern of elimination.</p>
<p>Interventions Intervention 1: Administer medications as ordered. Intervention 2: Assist to comfortable position if not contraindicated.</p>	<p>Interventions Intervention 1: Orient the patient to the environment as needed if the patient's short-term memory is intact. The use of calendars, radio, newspapers, and television are acceptable. Intervention 2: Encourage the use of complementary and alternative therapies such as exercises, guided meditation and massage.</p>	<p>Interventions Intervention 1: Encourage drinking cranberry juice. Intervention 2: Instruct the female client to wipe from front to back.</p>
<p>Evaluation of Interventions Patient maintains clear of further injury by staying in bed, unless the physician orders otherwise to do some type of physical therapy.</p>	<p>Evaluation of Interventions Patient will have an appropriate maintenance of mental and psychological function as long as possible and reversal of behaviors when possible.</p>	<p>Evaluation of Interventions Client will achieve normal urinary elimination pattern, as evidenced by absence sign of urinary disorders.</p>

References (3) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's Drug Handbook* (20th ed.).

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Wolters Kluwer.