N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09/25/23	**Client Initials** EW	**Age** 56	**Gender** M
Race/Ethnicity Black or African-American	**Occupation** Unemployed	**Marital Status** Divorced	**Allergies** Root beer flavor – hives, itching, rash
Code Status Full	**Height** 5'11	**Weight** 160 lbs	

Medical History (5 Points)

Past Medical History: Alcohol abuse, Positive purified protein derivative test (negative chest x-ray on 04/12/22), hypertension, seizure disorder

Past Surgical History: Cataract surgery with implant (Right – 06/20/22 and Left – 07/25/22), Total hip replacement (Right – 08/08/22), and colonoscopy (12/05/22)

Family History: Mother – diabetes, hypertension, and stroke

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): daily use of smoking and alcohol use, past use of cocaine and marijuana

Admission Assessment

Chief Complaint (2 points): Fall/right-sided rib fracture/Alcohol abuse

History of Present Illness – OLD CARTS (10 points): Patient is a 56-year-old male who presents with multiple right-sided rib fractures. He stated two days ago that he stood quickly from a chair, "got dizzy," and fell. The patient said he waited a whole day until he came into the emergency room when the pain did not subside from his right side. He states the pain in the right flank is constant, throbbing, and "hurts more to move, breathe, and cough." Patient appears to guard his right flank and grimaces when adjusting his position on the bed. He feels relief when resting and not exerting himself with any movements. However, according to the patient's

medical records, the patient was brought into the emergency room after a fall, appearing intoxicated. The patient has a history of alcohol abuse and previously came into the emergency room intoxicated with other injuries. The patient ranked his pain an 8 ½ on a 0-10 pain scale.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Multiple rib fractures (secondary to fall from alcohol intoxication)

Secondary Diagnosis (if applicable): Alcohol abuse

Pathophysiology

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

Rib fractures

The ribs are bones that form a protective cage around the organs in the thoracic cavity. Fractures to the ribs are typically caused by trauma to the chest. Many other factors can cause rib fractures, such as age, cancer, osteoporosis, and chronic stress in the area, causing the bones to become weak. According to Kuo and Kim (2023), a flail chest is the most severe complication that can happen because of rib fractures. A flail chest occurs when a rib piece is broken from the whole rib and is free-floating in the chest wall. The floating piece will “move inward, while the rest of the ribcage moves outward” (May et al. 2016). This causes the lungs not to expand fully.

Patients with rib fractures present with symptoms of pain, decreased breathing, and bruising in the affected area. The patient will also have pain when the ribcage expands or moves, like coughing. Assessing the patient’s respiratory vital signs is important because they can be signs of other injuries, such as pneumothorax or hemothorax. This can cause the patient to go into respiratory failure. (Kuo & Kim, 2023).

Diagnosis of rib fractures is typically done during the physical exam. Imaging is only done when there are multiple rib fractures or trauma to other organs. The most used imaging is a chest CT scan. Treatment of these fractures depends on the severity. Simple fractures are typically treated with pain medications, ice, and rest. Patients may also be given an incentive spirometer "to prevent pulmonary atelectasis and splinting" (Kuo & Kim, 2023). A block can also be performed to numb the nerves in the area (May et al. 2016). Surgery usually isn't done with simple fractures but is used in patients with flail chest, chest wall deformity, and respiratory failure.

Rib fractures are not just broken bones; they can cause many complications to the underlying organs, especially the lungs. Education should be provided to healthcare workers to inform them of the possible complications that can occur and respiratory signs to look out for. Patients at risk should also be educated to be cautious not to sustain any trauma to their chest.

Pathophysiology References (2) (APA):

Kuo, K., Kim, A.M. (2023). *Rib Fracture*. StatPearls – NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK541020/

May, L., Hillermann, C., & Patil, S. (2016). Rib fracture management. *BJA Education*, 16 (1), 26–32. https://doi.org/10.1093/bjaceaccp/mkv011

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	83	138/86	13	97.6 temporal	97

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0745	0-10	Right side/flank	8 1/2	Throbbing, "hurts to move, breathe and cough"	Patient has topical lidocaine patch and prn Tramadol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
No intake was charted	0700 – 250 mL (urine)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Acute pain related to fractured ribs as evidenced by the	This diagnosis was chosen due to the patient's constantly expressing pain, causing	**1.** Monitor patient's vital signs and administer pain medication as prescribed	**1.** Patient will ask for pain medication fewer times before discharge **2.** Patient's	The patient felt pain relief upon administration of pain medication and was helped into more comfortable

patient's pain level being 8 ½ out of 10 and guarding of the injured area	him difficulty moving and breathing.	**2.** Help the patient into a more comfortable position to reduce pressure on the area	pain level will be at a 3-4 before discharge	positions.
1. Ineffective breathing pattern related to rib fractures and patient's statement "hurts to breathe."	This diagnosis was chosen due to the patient's difficulty breathing due to the pain	**1.** Monitor respiratory rate and breath sounds **2.** Help patient with ADLs to conserve energy and avoid overexertion	**1.** Patient will report feeling comfortable while breathing and raise the respiratory rate to 15 **2.** Patient will not be short of breath when performing ADLs upon discharge	The patient was willing to perform ADLs with minimum assistance. Ambulation was still difficult, and the patient needed assistance.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

States he fell after he got dizzy
Right flank pain that is constant throbbing and "hurts more to move, breathe, and cough."
Feels relief from resting and not moving
Pain level 8 1/2

Nursing Diagnosis/Outcomes

1. Acute pain related to fractured ribs as evidenced by the patient's pain level being 8 ½ out of 10 and guarding of the injured area
2. Ineffective breathing pattern related to rib fractures and patient's statement "hurts to breathe"

    1. Patient's pain level will be at a 3-4 before discharge
    2. Patient will not be short of breath when performing ADLs upon discharge

Objective Data

Blood pressure: 138/86
Grimacing while moving and guarding right flank area

Client Information

56 year old male with a history of alcohol abuse and hypertension is admitted for multiple right sided rib fractures.

Nursing Interventions

1. Administer pain medication as prescribed and help patient into a more comfortable position
2. Help patient perform ADLs that he is not capable of doing or becomes short of breath with. Monitor the patient's respiratory rate.