N311 Care Plan 2

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 7-26-2022	**Client Initials** LO	**Age** 89+	**Gender** F
Race/Ethnicity Caucasian	**Occupation** Retired Dental Hygienist	**Marital Status** Widowed	**Allergies** Aspirin, azathioprine, Casein, Cefditoren, Cephalosporins, Chocolate, Codeine, Erythromycin, Iodine, Meperidine, metronidazole, Penicillins, Secobarbital, Sulfa Antibiotics
Code Status DNR	**Height** 5'3	**Weight** 136.2 lbs	

Medical History (5 Points)

Past Medical History: Anemia, generalized muscle weakness, essential primary hypertension, unsteadiness on feet, dysphagia, abnormalities of gait and mobility, Crohn's disease, COPD, morbid obesity due to excess calories, unspecified dementia, atherosclerotic heart disease of native coronary artery without angina pectoris, weakness, difficulty in walking

Past Surgical History: Arthroplasty Hip Total Anterior Approach L 02/26/21, Arthroplasty Hip Total Anterior Approach L 02/05/21, Arthroplasty Hip Total Anterior Approach L01/09/21, Esophagogastroduodenoscopy biopsy 10/07/2018, Colonoscopy biopsy 10/29/2017, Hysterectomy 07/25/1960

Family History: Father-cancer. Mother-diabetes, heart attack. Paternal grandfather-cancer. Brother-cancer.

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

No substance, tobacco, or alcohol use.

Admission Assessment

Chief Complaint (2 points): L hip pain

History of Present Illness – OLD CARTS (10 points):

The patient's left hip pain started in February of 2021. The location of the pain is the left hip. The patient states the pain has been coming and going since January of 2021, and that the pain feels sharp. The hip pain gets worse when she puts weight on it and gets better when she lays down. The patient tried to do rehabilitation, but she decided she "did not want to go anymore. The patient still does ROM exercises every day to help with movement, but has trouble getting up and walking without her walker. Her pain is a 9/10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Iron-Deficiency Anemia

Secondary Diagnosis (if applicable): Generalized muscle weakness, essential primary hypertension, unsteadiness on feet, dysphagia, abnormalities of gait and mobility, Crohn's disease, COPD, morbid obesity due to excess calories, unspecified dementia, atherosclerotic heart disease of native coronary artery without angina pectoris, weakness, difficulty in walking

Pathophysiology

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

Pathophysiology References (2) (APA):

Anemia is a very common problem that is associated with a person's red blood cells. Anemia affects 6.6% of men in the United States, and 12.4% of women; this disorder also becomes more apparent with age (Capriotti & Frizzell, 2020, pg. 271). There are many different types of anemia that people from different ethnicities and parts of the world are more prone to develop; but iron deficiency is the most common type worldwide. Many people are at risk for this condition, but some groups of people who have an increased risk include women of childbearing age, infants and children, vegetarians, elderly adults, and individuals with GI bleeding. Some common causes include inadequate intake of iron, an excessive amount of blood loss through menstruation, and blood loss from GI tract disorders (Capriotti & Frizzell, 2020, pg 290).

Iron is a major supplement that is needed in a person's diet in order to create hemoglobin. When a patient does not get enough iron in their diet, it causes their hemoglobin molecules to be deficient in iron, leading to poor oxygen transport in the blood. The GI tract absorbs a large amount iron daily, if a person is not consuming enough iron, then the body must use iron that is stored. If this continues to happen, the stored iron may become depleted, causing impairment of hemoglobin synthesis. When hemoglobin synthesis decreases, RBC numbers decrease. The RBCs are being produced abnormally small and pale, and in severe cases, fewer numbers of RBCs are synthesized (Capriotti & Frizzell, 2020, pg. 290).

The signs and symptoms of iron deficiency anemia are those of the common symptoms of anemia, including fatigue, SOB, chest pain, dizziness, pale skin, and there may not be any symptoms at all (U.S. Department of Health and Human Services, 2022). Some symptoms that are specific to iron deficiency anemia are hair loss, inflammation of the lips and tongue, spoon

shaped nails, and pica, which is a craving for nonfood substances such as ice, clay, dirt, and many other things (Capriotti & Frizzell, 2020, pg. 291).

The diagnostic testing used for iron deficiency anemia are laboratory tests. Tests such as a complete blood count, peripheral blood smear, serum iron and ferritin, and TIBC the tests that are typically ordered. It is also common for a fecal occult blood test to be done, due to GI blood loss often being a factor in iron deficiency anemia (Capriotti & Frizzell, 2020, pg. 291).

Resources

Capriotti, T & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

U.S. Department of Health and Human Services. (2022, March 24). *Iron-deficiency anemia*. National Heart Lung and Blood Institute. https://www.nhlbi.nih.gov/health/anemia/iron-deficiency-anemia

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1030	53	116/64	14	97.9 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1030	9/10	L leg	Severe	Sharp	Asses pain q 2 hours

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Not recorded at facility	Not recorded at facility

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

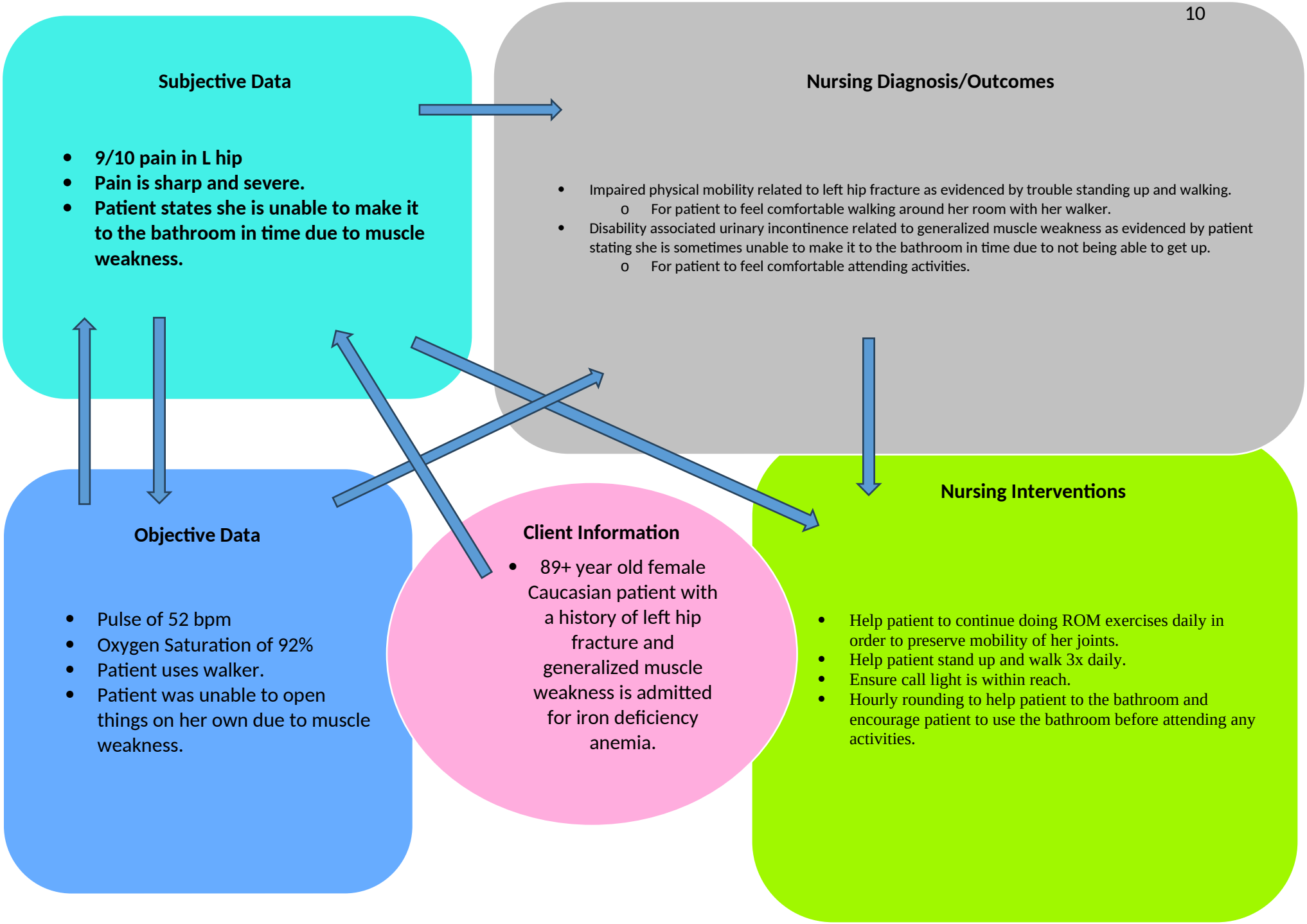
Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.

priority to lowest priority pertinent to this client				
1. Impaired Physical Mobility related to L hip fracture as evidence d by trouble standing up and walking.	I chose this nursing diagnosis because when talking with the patient she stressed how hard it was for her to get up and move around, so I thought this one of the most important for this patient.	**1.** Help patient to continue doing ROM exercises every day in order to preserve mobility of her joints. **2.** Help patient stand up and walk with her walker 3x per day.	**1.** To feel comfortable walking around her room with her walker.	Patient enjoys the assistance with walking every day and now feels more comfortable using her walker on her own.
2. Disability associate d urinary incontine nce related to generaliz ed muscle weakness as evidence by patient stating she sometime s can't make it to the bathroom in time because	I chose this nursing diagnosis due to the patient not going to do fun activities because she's afraid somebody will not be able to help her get to the bathroom in time and because sometimes when she is in her room she is not able to make it to the bathroom.	**1.** Ensure call light is within reach. **2.** Hourly rounding to see if patient needs to use the bathroom and encourage her to use the bathroom before going to activities.	**1.** For patient to feel more comfortable attending activities	Client feels more comfortable and enjoys attending activities now that she uses the restroom before leaving her room, and knowing if she needs to use the bathroom while at her activity she can ask somebody to help her.

she has trouble getting up.				

Other References (APA):

Concept Map (23 Points):


Subjective Data
9/10 pain in L hip
Pain is sharp and severe.
Patient states she is unable to make it to the bathroom in time due to muscle weakness.
Nursing Diagnosis/Outcomes
Impaired physical mobility related to left hip fracture as evidenced by trouble standing up and walking.
For patient to feel comfortable walking around her room with her walker.
Disability associated urinary incontinence related to generalized muscle weakness as evidenced by patient stating she is sometimes unable to make it to the bathroom in time due to not being able to get up.
For patient to feel comfortable attending activities.
Objective Data
Pulse of 52 bpm
Oxygen Saturation of 92%
Patient uses walker.
Patient was unable to open things on her own due to muscle weakness.
Client Information
89+ year old female Caucasian patient with a history of left hip fracture and generalized muscle weakness is admitted for iron deficiency anemia.
Nursing Interventions
Help patient to continue doing ROM exercises daily in order to preserve mobility of her joints.
Help patient stand up and walk 3x daily.
Ensure call light is within reach.
Hourly rounding to help patient to the bathroom and encourage patient to use the bathroom before attending any activities.

References

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