# N311 Care Plan 1

Student Name

Lakeview College of Nursing

N311: Foundations of Professional Practice

Clinical Instructor Name

Date

## Demographics (5 points)

| Date of Admission | Client Initials | Age | Gender |
|---|---|---|---|
| 9-21-23 | JM | 57 | F |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Retired Teacher | M | None |
| **Code Status** | **Height** | **Weight** | |
| DNR | 5'4 | 175 lbs | |

## Medical History (5 Points)

**Past Medical History:** Hypertension diagnosed 2020, Hyperlipidemia diagnosed 2020

**Past Surgical History:** Tonsillectomy 1977, Cesarian Section 1990, R Knee Replacement 2019

**Family History:** Father-hypertension, dementia, prostate cancer

Mother-hypertension, diabetes

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

No tobacco or drug use ever. Alcohol-2 glasses of wine per month for the past two years.

## Admission Assessment

**Chief Complaint (2 points):** Left arm pain

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

The onset of her pain was immediately after her fall the morning of 9/21/23 at 0930. The location of her pain is her left wrist. Her pain has been constant since 0930. Her pain is sharp. She has no associated factors, but her pain worsens with movement of her wrist. Her pain is relieved with resting her wrist on a pillow and not moving it. To treat her pain she took two ibuprofen at 0945 this morning.

## Primary Diagnosis

**Primary Diagnosis on Admission (3 points):** L distal radius fracture

**Secondary Diagnosis (if applicable):** N/A

## Pathophysiology

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

**Pathophysiology References (2) (APA):**

Capriotti, T. M. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* (2nd ed.). F.A. Davis Company.

Corsino, C. B., & Sieg, R. N. (2019, December 13). *Distal Radius Fractures*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK536916/

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 1045 | 89 bpm | 197/133 | 16 | 97.8 F | 97 % RA |

**Pain Assessment, 1 set (5 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 1045 | 5/10 | L wrist | Mild | Sharp | Assess pain hourly |

## Pathophysiology

Fracture to the distal radius is very common to see after a fall or accident ().  Capriotti, 948A distal radius fracture's signs and symptoms are very similar to the signs and symptoms of a fracture of any bone. There is going to be pain, swelling, and bruising. Along with those, there may be deformity of the wrist, inability to move the wrist, and loss of usage in the wrist. Lack of range-of-motion and tenderness may be present as well.

The diagnostic testing performed to diagnose a distal radius fracture is an x-ray of the wrist and arm. If the clinician decides they need a more extensive look at the wrist, they may also order a CT scan. A CT scan also may be ordered if surgery is necessary to fix the fracture (Corsino & Sieg, 22). A distal radius fracture is most commonly treated as a cast or a splint (Capriotti, 949). If the patient's bones are unstable, according to the clinician, they may require surgery to correct the fracture (Capriotti, 949).

A fracture of the distal radius is broken down into two types of fractures: the Smith fracture and the Colles fracture. The difference between the two is how the hand was position when the trauma occurred. "A distal radius fracture is caused by a high amount of force placed on the bone, more than the bone can sustain" (Capriotti, 949). Because this patient is older, their bones are weaker than those of a younger patient. This causes older patients to be more at risk to fractures.

Because the distal radius fracture was caused by a fall, the patient should be asked about what happened during the fall, after the fall, and before the fall. The etiology from the fall may be lack of coordination, loss of balance, or loss of consciousness.

A distal radius fracture can affect many systems in the body. It can affect mental health specifically because it ~~impaires~~ patients from being able to freely perform activities of daily living as they used to. It affects our skeletal system because a bone is broken, which puts stress on other bones near. It affects the cellular level because inflammatory cells are the first responders that immediately start rebuilding the bone.

**Pathophysiology References (2) (APA):**

Capriotti, T. M. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* (2nd ed.). F.A. Davis Company.

Corsino, C. B., & Sieg, R. N. (2019, December 13). *Distal Radius Fractures*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK536916/