

N311 Care Plan 4

Tyranny Davis

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Michele Hartke

October 23, 2023

Demographics (5 points)

Date of Admission 10/12/2023	Client Initials L.C.	Age 94	Gender F
Race/Ethnicity White/Caucasian	Occupation Retired seamstress	Marital Status Widowed	Allergies Guaifenesin, Zithromax
Code Status S- No CPR	Height 4' 11"	Weight 127 lbs	

Medical History (5 Points)

Past Medical History: Coronary Artery Disease, Breast Cancer, Macular Puckering, Diabetes Mellitus Type 1

Past Surgical History: Cataract Removal (2011), Bowel-Bladder Fistula Repair (2016), Pacemaker Placement (2017), Right Mastectomy (2019).

Family History: Father- hypertension, Mother- Diabetes Mellitus

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

Client denies any current or past tobacco use or smoking, and denies secondhand exposure.

Client denies any current or past alcohol use.

Admission Assessment

Chief Complaint (2 points): Right Upper Leg Pain

History of Present Illness – OLD CARTS (10 points): Client initially felt the pain when she fell outside of Kohl's on 10/12/2023. She states "I should have been using my walker but I was holding onto my son when I tripped on the curb and fell." Client reports pain was on right upper leg and hip. Initially, the pain was a 7 on a scale of 0-10, but is currently a 0. Pain was described as "sharp and achey" but not too severe. Attempting to put weight on the right leg made the pain worse, and pain was felt down the right leg and into the foot. Keeping pressure off the right leg

and remaining in a stable position helped to alleviate pain. Client was brought to the hospital by ambulance and underwent surgery to install a rod and screws to stabilize the leg.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Closed Fracture to Right Femur Shaft

Secondary Diagnosis (if applicable): Not applicable

Pathophysiology

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

A fracture, also referred to as a broken bone, occurs when there is trauma to a bone causing damage that inhibits bone strength and structural ability (Capriotti, 2020). In relation to this case, a femur shaft fracture is a break sustained in the diaphysis, or long part of the longest and strongest bone in the body (Capriotti, 2020). This client's fracture is classified as "spiral," which indicates that the fracture goes all the way around the bone at an angle and is caused by a twisting motion during the sustaining of the injury (Capriotti, 2020). Fractures can also be classified as "open" or "closed" and in this case the fracture is closed, as it did not exit outward through the skin (Capriotti, 2020). Things to keep in mind relating to femur fractures are bleeding, due to the abundant blood flow in the area, and pain management (Capriotti, 2020).

At onset of a fracture, blood flow to the site of injury is inhibited briefly and a hematoma forms around the break (Sheen et al., 2023). Once a clot has formed, stem cells arrive from other body parts and accumulate at the site of injury (Sheen et al., 2023). Additional cells and proteins such as platelets, neutrophils, macrophages, and others proliferate at the site and enhance the cell development at the site of injury (Sheen et al., 2023). In the next two weeks, the platelets will have begun releasing products that amplify the incidence of swelling and in turn, the formation

of new blood vessels (Sheen et al., 2023). Next, fibroblasts secrete bony formation factors such as collagen, fibers, and glycoproteins and they go to work at forming new cartilage at the site of fracture (Sheen et al., 2023). Then, bone calcification replaces the cartilage callus at the site (Sheen et al., 2023). The final stage involves the remodeling of the new bone and cell differentiation and this can continue for months to even years after the “healing” stage as we know it (Sheen et al., 2023).

Bone fractures impact more than just the site of injury and musculoskeletal system and can impact immunity, mobility, psychosocial, and even financial situations (Sinagram & Naidoo, 2019). Mood impairment such as depression, fear, and anxiety can often accompany bone fractures related to pain and impaired functioning (Sinagram & Naidoo, 2019). Financial situations are often impacted in relation to bone fractures as the treatment cost and time away from work can burden clients (Sinagram & Naidoo, 2019). Issues related to pain, mobility, and immunity can cause distress to clients experiencing bone fractures as the injury and healing require many bodily processes to work harder and strength and abilities are altered during injury and healing (Sinagram & Naidoo, 2019). Fracturing bones can also lead to long-term impairment as healing may not restore the site to previous integrity and the injury can lead to bone-related disorders such as osteoarthritis (Sinagram & Naidoo, 2019).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Femur shaft fracture. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 947–948). essay, F.A. Davis.

Sheen, J. R., Mabrouk, A., & Garla, V. V. (2023). Fracture Healing Overview. In *StatPearls*. StatPearls Publishing.

Sinagram, S., & Naidoo, M. (2019). The physical, psychological, and social impact of long bone fractures on adults: A Review. *African journal of primary health care & family medicine*, 11(1), e1-e9. <https://doi.org/10.4102/phcfm.v11i1.1908>

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	Today's Value	Reason for Abnormal Value
RBC	3.8-5.30	3.98	3.84	
Hgb	12.0-15.8	9.5	8.3	Low hemoglobin levels can be related to conditions with which this client has been diagnosed such as breast cancer and diabetes mellitus (Stauder et al., 2018).
Hct	36.0-47.0%	27.6	23.5	Low hematocrit can be associated with conditions with which this client has been diagnosed such as breast cancer and diabetes mellitus (Stauder et al., 2018).
Platelets	140-440	164	176	
WBC	4.0-12.0	8.3	8.5	
Neutrophils	47-73%	76.2	71.7	As part of the inflammation and tissue repair process, neutrophils see an increased proliferation upon injury (Indrowiyono et al., 2021).
Lymphocytes	18.0-42.0%	13.8	19.7	The body is at increased risk for infection due to the effort it's already expending to initiate the healing process, causing the available lymphocyte value to be lower than normal (Indrowiyono et al., 2021).
Monocytes	4.0-12.0%	9.3	8.8	
Eosinophils	0-5.0%	0.2	0.7	
Bands	0-500 (National Cancer	212	309	

	Institute, n.d).			
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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-	135-145	135	135	
K+	3.5-5.1	4.0	3.9	
Cl-	98-107	103	103	
CO2	22-30	25	27	
Glucose	70-99	161	98	Temporary elevated glucose is an expected consequence of a client with Type 1 Diabetes Mellitus, especially during hospitalization (Capriotti, 2020).
BUN	10-20	20	15	
Creatinine	0.6-1.0	0.8	0.69	
Albumin	3.5-5.0	4.1	4.0	
Calcium	8.7-10.5	8.8	8.9	
Mag	1.6-2.6	1.6	1.9	
Phosphate	2.5-4.5	2.8	3.1	
Bilirubin	0.2-1.2	0.8	0.6	
Alk Phos	40-150	41	65	

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 and clear	Yellow and clear	Yellow and clear	
pH	5.0-9.0	8.8	7.8	
Specific Gravity	1.005-1.020	1.006	1.005	
Glucose	Negative	Negative	Negative	
Protein	Negative	Negative	Negative	
Ketones	Negative	Negative	Negative	
WBC	0-5	0	0	
RBC	0-2	0	0	
Leukoesterase	Negative	Negative	Negative	

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	Negative	Negative	Negative	
Blood Culture	No growth	No growth	No growth	
Sputum Culture	Negative	Negative	Negative	
Stool Culture	No growth	No growth	No growth	

Lab Correlations Reference (1) (APA):

- Capriotti, T. (2020). Glucose Control During Hospitalization. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 616). essay, F.A. Davis.
- Indrowiyono, H. R., Noersasongko, A. D., Lengkong, A., Oley, M. C., Hatibie, M. J., & Langi, F. F. G. (2021). Determinant of Complete Blood Count on Long Bone Diaphysis Fractures of Lower Extremity. *E-CliniC*, 9(2), 452–456. <https://doi.org/10.35790/ecl.v9i2.34537>
- National Cancer Institute. (n.d.). *Normal blood values*. Normal Blood Values | SEER Training. <https://training.seer.cancer.gov/abstracting/procedures/clinical/hematologic/blood.html>
- Stauder, R., Valent, P., & Theurl, I. (2018). Anemia at older age: Etiologies, clinical implications, and management. *Blood*, 131(5), 505–514. <https://doi.org/10.1182/blood-2017-07-746446>

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Client underwent a diagnostic X-Ray to visualize the femoral bone shaft and diagnose the fracture (Capriotti, 2020).

Diagnostic Imaging Reference (1) (APA):

- Capriotti, T. (2020). Femur shaft fracture. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 972). essay, F.A. Davis.

Current Medications (10 points, 2 points per completed med) *5 different medications must be completed*

Medications (5 required)

Brand/Generic	Heparin	Cyanocobalamin	Folic Acid B6 B12	Venlafaxine hydrochloride	Simvasta
Dose	5,000 units	1,000 mcg	2 mg	37.5 mg	10 mg

Frequency	Every 8 hours	Once daily	Once daily	Once daily	Once daily (evening)
Route	Subcutaneous	Oral	Oral	Oral	Oral
Classification	Anticoagulant (NDH, 2023).	Vitamin supplement (Elsevier, 2022).	Vitamin supplement (Elsevier, 2022).	Selective Serotonin and Norepinephrine Reuptake Inhibitor (SSNRI) (NDH, 2023).	Antilipem (NDH, 2023).
Mechanism of Action	Formation of fibrin is minimized by heparin adhering to anti-thrombin III, halting clotting (NDH, 2023).	The supplemental vitamin is reconfigured into the coenzyme B12 that is further used in the conversion of compounds into their usable form (Elsevier, 2022).	The folic acid combines with the proteins transcobalamin I and II and enters cells where they participate in energy production and cell proliferation (Vasavada & Sanghavi, 2022).	Reduce incidence of anxiety, depression and impaired mood by inhibiting neurons from absorbing free serotonin and norepinephrine (NDH, 2023).	Causes internal use of cholesterol and triglycerides by disrupting mechanisms of cholesterol production (NDH, 2023).
Reason Client Taking	Inhibit dislodgment of clotting blood after surgery (NDH, 2023).	Enhancement of RBC production and healing related to broken bone (Elsevier, 2022).	Client was taking folic acid to compensate for a dietary and chemical deficiency (Vasavada & Sanghavi, 2022).	Improve mood and enable coping with current circumstance (NDH, 2023).	Maintenance of LDL levels (NDH, 2023).
Contraindications (2)	Heparin is not safe for individuals who are pregnant or breastfeeding, for infants, or for anyone with a history of bleeding	Cyanocobalamin should not be used by individuals with sensitivity to it or cobalt (Elsevier, 2022).	Should not be taken by someone hypersensitive to cobalt or B12 vitamins or with Leber's disease (Vasavada &	Not to be taken in conjunction with MAO inhibitors or other antidepressants (NDH, 2023).	Not safe for individuals who are pregnant or breastfeeding, liver condition when taking (NDH, 2023).

	disorders or sensitivities to heparin ingredients (NDH, 2023).		Sanghavi, 2022).		medication (NDH, 20
Side Effects/Adverse Reactions (2)	Side effects include: fever, nose bleeds, headache, nausea/vomiting, and pain/redness (NDH, 2023). Adverse reactions are profuse bleeding, anaphylaxis, and hypersensitivity reactions (NDH, 2023).	Side effects include hives, fatigue, tachycardia, and headache (Elsevier, 2022). Adverse reactions are anaphylaxis, heart failure, and thrombosis (Elsevier, 2022).	Side effects and adverse effects	Side effects are suicidal ideation, hypertension, abdominal discomfort, and weight fluctuations (NDH, 2023). Adverse reactions include arrhythmias, inflammation of liver or pancreas, seizures, ischemia and bleeding disorders (NDH, 2023).	Side effects include: fatigue, headache, constipation or diarrhea, UTI, and rashes (NDH, 2023). Adverse reactions include atrial fibrillation, pancreatitis, and liver failure (NDH, 2023).

Medications Reference (1) (APA):

Elsevier – drug monograph cyanocobalamin, Vitamin B12. Elsevier’s Healthcare Hub. (2022).

<https://elsevier.health/en-US/preview/cyanocobalamin-vitamin-b12#contraindicationsprecautions>

Jones & Bartlett Learning. (2023). In *2023 Nurse’s Drug Handbook*.

Vasavada, A., & Sanghavi, D. K. (2023, April 6). *Cyanocobalamin - StatPearls - NCBI*

Bookshelf. Cyanocobalamin. <https://www.ncbi.nlm.nih.gov/books/NBK555964/>

Assessment

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

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

<p>GENERAL: Alertness: Alert Orientation: Oriented x4 Distress: No signs Overall appearance: Well groomed, pleasant</p>	<p>Client appears pleasant in affect and is alert and oriented to person, place, time, and situation. Client shows no signs of acute distress and is well groomed.</p>
<p>INTEGUMENTARY: Skin color: Fair Character: Dry and hydrated Temperature: Warm Turgor: Normal, no tenting Rashes: None Bruises: On both inner forearms where there were I. V.'s, small one on left buttock and left lower leg. Wounds: Surgical incisions on upper right femur, lateral side and on right knee. Braden Score: 18 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Client's skin is fair in color, dry but hydrated, warm, and displays normal turgor with no tenting. Client is free of rashes but has several purple bruises on both inner arms where I.V.'s were removed. Client also has 2 small light brown bruises, one on her left buttock and one on her left lower leg. Client has two surgical wounds, one stitched incision on the right upper femur on the lateral side, and one stitched on the right knee. Client has a Braden score of 18 and is at a high risk for developing tissue injuries related to pressure. Client had no drains present.</p>
<p>HEENT: Head/Neck: Round, symmetric, no lymph nodes palpable. Ears: Symmetrical, fair in color, no lesions or deformities, hearing is intact with help of bilateral hearing aids. Eyes: Symmetric, 2 mm pupils bilaterally, EOM intact, PERRLA is satisfied, no drainage present. Nose: Septum is midline with no signs of deviation, nares are symmetric, dark pink and moist. Teeth: Tongue is midline, oral mucosa is pink and moist, client uses dentures.</p>	<p>Client's head is round and symmetric with hair that is white and well distributed and free of bumps, lesions, or deformities. No lymph nodes were palpable on head or neck. Ears were appropriate color for race, symmetrical, and free of lesions and deformities. Hearing is intact with help of hearing aids. Eyes are symmetric and free of drainage. Pupils satisfy PERRLA and are 2 mm bilaterally. Nose is appropriate size, septum is midline, and passageways are clear of deformities, and are pink and moist. Oral mucosa is pink and moist, tongue is midline, client is wearing dentures that are well maintained.</p>
<p>CARDIOVASCULAR: Heart sounds: Clear S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal Peripheral Pulses: +2 bilaterally Capillary refill: Within 2 seconds.</p>	<p>Client's heart rate and rhythm were normal, S1 and S2 were clearly auscultated with no additional sounds or murmurs. Peripheral pulses were +2 bilaterally and capillary refill was within 2 seconds on fingers and toes. No jugular vein distension but slight non-pitting edema was noted</p>

<p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: Slight edema around right knee.</p>	<p>on the right knee.</p>
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>No signs of retractions or accessory muscle use. Lung sounds were clear bilaterally, anteriorly and posteriorly. No wheezing, ronchi, or crackles were auscultated.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home: General</p> <p>Current Diet: General, fluid restriction</p> <p>Height: 4' 11"</p> <p>Weight: 127 lbs</p> <p>Auscultation Bowel sounds: Present and hyperactive.</p> <p>Last BM: 0730</p> <p>Palpation: Pain, Mass etc.: Non-reducible abdominal hernia in left lower quadrant.</p> <p>Inspection: Symmetric, even tone.</p> <p> Distention: None</p> <p> Incisions: None</p> <p> Scars: One pea-sized scar above bellybutton.</p> <p> Drains: None</p> <p> Wounds: None</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p>	<p>Client is on a general diet inpatient and at home. Client is currently on a 480-mL fluid restriction. Bowel sounds present and hyperactive. Non-reducible abdominal hernia palpated in lower left quadrant but client reported no pain from it. Abdomen was free from distension, incisions, drains, and signs of ascites. Abdomen was symmetric and even in tone.</p>
<p>GENITOURINARY:</p> <p>Color: Yellow</p> <p>Character: Clear</p> <p>Quantity of urine: 640 mL</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals: Not inspected, not within scope of practice.</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p> <p> Size:</p>	<p>Not within scope of practice.</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status: Intact and +2 pulse on all extremities</p>	<p>Upper extremities and left lower extremity have full range of motion, right lower extremity is a little stiff. Hand grips and pedal pulses are strong</p>

<p>ROM: Full range in Supportive devices: Walker for ambulation, gait belt for assist Strength: Adequate in extremities except for right lower. ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 47 Activity/Mobility Status: Up with one assist. Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment X <input type="checkbox"/> Needs support to stand and walkX <input type="checkbox"/></p>	<p>and equal bilaterally. Client not well balanced and shuffles with right leg dragging to meet left. Client is 1 assist and using a walker and gait belt.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input 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: A&O x4 Mental Status: Present and conscious Speech: Clear Sensory: Appropriate LOC: Functional and alert</p>	<p>Client moves all extremities well. Upper extremity strength was equal, left lower extremity was stronger than the right. Client is awake and alert and able to follow commands. Client offers assistance in ADLs, is pleasant and outspoken and shows no neurologic deficits at this time.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Humor, prayer, hope. Developmental level: Appropriate for age Religion & what it means to pt.: Catholic Personal/Family Data (Think about home environment, family structure, and available family support): 2 adult sons who live nearby with families, one adult daughter who lives in Michigan. Extended family nearby, too.</p>	<p>Client uses jokes and humor, as well as prayer within Catholic religion as coping mechanisms. Client expressed hope for the future and is at an appropriate developmental level. Client also relies on the support system that is her immediate and extended family.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	91	145/74	14	96.9 F temporal	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0705	0-10	Body	0/10, no pain reported	Not applicable	Elevation of post-op knee

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL PO	640 mL voided

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 • Listed in order by priority – highest priority to lowest priority pertinent to this client 	<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.
1. Client has the potential to develop wounds related to compromised skin integrity related to pressure over bony prominences as evidenced by impaired mobility and client saying “I	Client is substantially less mobile than they have been up to this point and requires assistance for ambulation and position changes. Client is now spending more time in	1. Aid client in changing positions every 2 hours and ambulating to the restroom at least 3 times per day throughout their admission (Phelps, 2023).	1. Patient will not have any signs of breakdown in skin or wounds near bony prominences for the duration of their hospitalization. (Phelps, 2023).	Client participated in daily ambulation to the restroom and position changes every 2 hours. Client did not exhibit any signs of skin breakdown or pressure related injuries.

guess I'll be doing a lot of sitting" (Phelps, 2023).	one position and may develop wounds from the pressure.	2. Client's skin integrity will be assessed and inspected for wounds at the start and end of each shift (Phelps, 2023).		
2. Bathing self-care deficit associated with musculoskeletal impairment as evidenced by surgical wounds on the right leg, and client stating "I'm having a hard time moving around on my own" (Phelps, 2023).	Client is accustomed to showering independently prior to the injury and likes having that daily routine which will look a little different while keeping the surgical sites dry and clean.	1. Supervise, document, and provide feedback on daily bathing procedures (Phelps, 2023). 2. Explain to the client the importance of articulating bathing needs (Phelps, 2023).	1. Client will participate in and undergo a daily bathing routine with the help of family and caregivers during the duration of their hospital stay (Phelps, 2023).	Client and family expressed interest in bathing hygiene education and asked related questions. Client expressed comfort with receiving help and asking for it. The family agreed to take time to help with bathing tasks daily.

Other References (APA):

Phelps, L. L. (2023). Impaired Mood Regulation. In *Nursing diagnosis reference manual* (12th ed., pp. 575-577, 625-628). essay, Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

Client rates pain a 0 on a scale of 0-10. Client states she fell outside of Kohl's and that "I should have been using my walker." Client also stated "I'll be doing a lot of sitting," and "I'm having a hard time moving around." Client expressed excitement around going to rehabilitation facility and is positive in affect. Client reported having no complaints at the time of assessment. Client reported passing a very large bowel movement in the bed pan.

Nursing Diagnosis/Outcomes

1. Client has the potential to develop wounds related to compromised skin integrity related to pressure over bony prominences as evidenced by impaired mobility and client saying "I guess I'll be doing a lot of sitting" (Phelps, 2023).
-Patient will not have any signs of breakdown in skin or wounds near bony prominences for the duration of their hospitalization. (Phelps, 2023).
2. Bathing self-care deficit associated with musculoskeletal impairment as evidenced by surgical wounds on the right leg, and client stating "I'm having a hard time moving around on my own" (Phelps, 2023).
-Client will participate in and undergo a daily bathing routine with the help of family and caregivers during the duration of their hospital stay (Phelps, 2023).

Objective Data

Pulse 91, blood pressure 145/74, respirations 14, temporal temperature 96.9 F, oxygen saturation 93%. Client appears well groomed and shows no signs of acute distress. Client had elevated blood glucose on admission.

Client Information

Client L.C. is a 94-year old White/Caucasian female and is 4' 11" and 127 lbs. She is No CPR and is a widowed retired seamstress. Client is allergic to Zithromax and Guaifenesin. Client is a type 1 Diabetic with a significant heart history and breast cancer.

Nursing Interventions

1. Aid client in changing positions every 2 hours and ambulating to the restroom at least 3 times per day throughout their admission (Phelps, 2023).
2. Client's skin integrity will be assessed and inspected for wounds at the start and end of each shift (Phelps, 2023).
3. Supervise, document, and provide feedback on daily bathing procedures (Phelps, 2023).
4. Explain to the client the importance of articulating bathing needs (Phelps, 2023).

