N311 Care Plan 5

Jessica Runde

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Hartke

11/30/2023

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
03/01/2023	S.K.W.	81	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Part time Midgard comics	married	prednisone, sulfa drugs (rash), metformin (diarrhea)
Code Status	**Height**	**Weight**	
Full code	61.0 inches	141.0 lbs	

Medical History (5 Points)

Past Medical History: atherosclerosis of both lower extremities with bilateral ulceration, chronic diarrhea, chronic ulcer of toes, diabetes, hypertension, IBS, COPD, lumbar pain with radiation down right leg, obesity, skin ulcer of third toe of right foot

Past Surgical History: cervical epidural steroid injection with fluoroscopy (11/21/2022), cervical epidural steroid injection with fluoroscopy (8/18/2022), arthroplasty shoulder reverse total (6//01/2021), bypass graft femoral popliteal artery (FEM-POP) (2/6/2020), pseudoaneurysm repair (2/6/2020), angiogram (2/4/2020), balloon angioplasty of the superficial femoral artery (12/11/2018), colonoscopy-colon cancer screening (1/6/2015), angiogram, CABG times 1, cholecystectomy, coronary artery stent, carpal tunnel release, hysterectomy, tonsillectomy

Family History: father-healthy, fraternal grandparents-healthy, mother-hypertension, maternal grandfather-healthy, maternal grandmother-diabetes mellitus

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): alcohol- past user, tobacco- former smoker, quit more than 30 days ago; type-cigarettes, one pack per day, started at age 16 and stopped at age 25.

Admission Assessment

Chief Complaint (2 points): Inability to walk

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

The patient's biggest complaint is not being able to walk. The patient stated that the weakness in her legs started "a few years ago" leading to her having an inability to walk. The location is throughout both legs. The patient states "My legs just feel really weak like they cannot do anything." There are no aggravating symptoms that come with it and the patient said that nothing makes it better or worse. The patient has done many treatments and seen many providers but there is nothing that they can do. The patient stated, "I used to do therapy to help my legs get stronger, but they are too weak, and I cannot do it anymore."

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Osteoporosis

Secondary Diagnosis (if applicable): CAD, ALS, caregiver stress, chronic GERD, chronic respiratory failure with hypoxia, degenerative joint disease of right shoulder, dependence on continuous supplemental oxygen, elevated alkaline phosphatase level, emphysema/COPD, ESBL, former smoker, hyperlipidemia, hypertensive cardiovascular disease, ischemic heart disease, neurogenic bladder, hypolipidemia, overweight, peripheral artery disease, primary lateral sclerosis, right common femoral artery, pseudoaneurysm/hematoma, S/P multi-vessel peripheral artery angioplasty, status post reverse total arthroplasty of right shoulder, type 2 diabetes mellitus

Pathophysiology

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

Osteoporosis is a common disease that is mainly found in older adults. This is a very serious disease that can cause many issues for the people with it. Osteoporosis is "characterized by low bone density and structural deterioration of bone tissue" (Capriotti & Frizzell, 2020, p. 973). According to Capriotti & Frizzell, 2020 on page 973, "an estimated 10 million Americans suffer from osteoporosis, and another 34 million are determined to be at risk."

"Osteoporosis is a reduction in bone density caused by an imbalance between osteoclasts and osteoblasts" (Capriotti & Frizzell, 2020, p. 974). Osteoclasts and osteoblasts are responsible for the formation of bones. Osteoclasts will also take less time to absorb into the bone than osteoblasts take to make the bone (Capriotti & Frizzell, 2020). If these two bone cells are imbalanced, it will cause a decrease in the bone density, leading to osteoporosis. Another common cause of osteoporosis is an inadequate diet. A low calcium and vitamin D intake will raise the chances of a person developing osteoporosis (Capriotti & Frizzell, 2020). These two important factors in a person's diet are very important to keep the bones dense and strong (Capriotti & Frizzell, 2020).

There are not as many signs and symptoms that will come with osteoporosis. According to Capriotti & Frizzell, 2020 on page 975, "osteoporosis is known as a silent disease because diagnosis is often not made until after the individual has already suffered an osteoporotic fracture." For example, a patient would not necessarily be aware if they have the disease. If a person with osteoporosis falls on their hip, they are more likely to fracture their hip, rather than a person without osteoporosis (Capriotti & Frizzell, 2020).

There are a few different options to help diagnose a person with osteoporosis. Laboratory tests cannot determine whether a person has osteoporosis, but it can help determine the cause of a fracture or a break (Swaringen & Wright, 2019). One of the most used diagnostic tests for

osteoporosis is a "dual energy x-ray absorptiometry (DEXA, also called DXA)" (Swaringen & Wright, 2019, p. 523). The DXA "is the gold standard for measuring bone density by testing bone mass in the spine, femoral neck, and wrist (Swaringen & Wright, 2019, p. 523). Osteoporosis is the loss of bone density, therefore if this x-ray can determine what a person's bone density is, then they will likely know if the patient has osteoporosis.

Pathophysiology References (2) (APA):

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

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health.* St. Louis, MO: Elsevier

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>Highlight All Abnormal Labs</mark>—**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	4.2-5.4 /mcL	4.7 /mcL	4.4 /mcL	Normal Value
Hgb	12.0-16.0 g/dL	14.3 g/dL	14.6 g/dL	Normal Value
Hct	35-47%	37%	43%	Normal Value
Platelets	156–405 K/mcL	233 K/mcL	343 K/mcL	Normal Value
WBC	4.5-10.8	7.6 K/mcL	7.7	Normal Value

	K/mcL		K/mcL	
Neutrophils	55-70%	62%	66%	Normal Value
Lymphocytes	20-40%	23%	27%	Normal Value
Monocytes	2-8%	4%	6.5%	Normal Value
Eosinophils	<5%	3%	3.45%	Normal Value
Bands	N/A	N/A	N/A	N/A

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	136-145 mmol/L	137 mmol/L	139 mmol/L	Normal value
K+	3.5-5.1 mmol/L	4.2 mmol/L	3.7 mmol/L	Normal value
Cl-	98-107 mmol/L	106 mmol/L	<mark>109 mmol/L high</mark>	According to Hyperchloremic acidosis, "with profuse watery diarrhea, bicarbonate within the intestines is lost through the stool due to increased motility of the gut." A low bicarbonate level will cause the Cl- to be high, and since my patient has a history of diarrhea and IBS, this makes sense for why her Cl levels are high (Hyperchloremic acidosis).
CO2	21-31 mmol/L	24 mmol/L	23 mmol/L	Normal value
Glucose	74-109 mg/dL	108 mg/dL	<mark>153.0 mg/dL High</mark>	When a patient has diabetes, it is likely that they will have a high glucose level (Mayo Foundation for Medical Education and Research). My patient is diagnosed with diabetes, so this is the reason why the glucose level is elevated.
BUN	7-25 mg/dL	21 mg/dL	20 mg/dL	Normal value

Creatinine	0.60-1.20 mg/dL	0.79 mg/dL	0.72 mg/dL	Normal value
Albumin	3.5-5.2 g/dL	3.6 g/dL	3.73 g/dL	Normal value
Calcium	8.6-10.3 mg/dL	8.7 mg/dL	8.6 mg/dL	Normal value
Mag	1.3-2.1 mEq/L	1.7 mEq/L	1.7 mEq/L	Normal value
Phosphate	2.8-4.5 mg/dL	3.4 mg/dL	3.4 mg/dL	Normal value
Bilirubin	0.3-1.0 mg/dL	0.7 mg/dL	0.4 mg/dL	Normal value
Alk Phos	34-104 unit/L	97 unit/L	99 unit/L	Normal value

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	clear	yellow/ clear	Light yellow/turbid	normal
pH	5.0-8.0	5.5	5.5	normal
Specific Gravity	1.005-1.034	1.020	1.023	normal
Glucose	Normal -	==>1000==	==>1000==	The most common cause of glucose in a patient's urine is caused by diabetes (Mayo Foundation for Medical Education and Research). My patient has diabetes; therefore, I think this is the reasoning for the abnormal value.
Protein	Negative -	Negative	Negative	normal
Ketones	Negative -	Negative	Negative	normal
WBC	- < =5	==>100==	==58==	A patient's white blood cell count could be high for many reasons. A high WBC could be caused by "sudden stress such as hard exercise" (Mayo Foundation for Medical Education and Research). With our patient who has done previous physical therapy, that could be the cause of the high WBC count.

RBC	0-3	2	2	Normal value
Leukoesterase	5-15 cells/hpf	7.43 cells/hpf	10.92 cells/hpf	normal value

Cultures <mark>Highlight All Abnormal Labs</mark>—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	<10,000	8,000	8,000	Findings were in the normal
Blood Culture	10-30	17	28	Findings were in the normal
Sputum Culture	>25 leukocytes <10 epithelial	29 leukocytes 6 epithelial	32 leukocytes7 epithelial	Findings were in the normal
Stool Culture	7-7.5	7.4	7.24	Findings were in the normal

Lab Correlations Reference (1) (APA):

Hyperchloremic acidosis - statpearls - NCBI bookshelf. (n.d.).

     https://www.ncbi.nlm.nih.gov/books/NBK482340/

Mayo Foundation for Medical Education and Research. (2022, December 15). High white blood cell

     count causes. Mayo Clinic. https://www.mayoclinic.org/symptoms/high-white-blood-cell

     count/basics/causes/sym-20050611

Mayo Foundation for Medical Education and Research. (n.d.). Hyperglycemia in diabetes. Mayo Clinic.

     https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

There were no diagnostic tests that were uploaded into Mattoon Rehab's charting for this patient. There would be no lab work done with ALS because it can only be diagnosed by the symptoms that the patient would portray (Capriotti & Frizzell, 2020, p. 841). Although there would be no lab work or tests done for ALS, there could be some tests that were done for some of the patient's secondary diagnosis. This patient was also diagnosed with COPD. It is more than likely this patient would have had a CT scan, or a chest x-ray done to view the lungs with COPD (Capriotti & Frizzell, 2020, p. 504). It is also possible that the patient had DXA done for osteoporosis. DXA can help determine the bone density within a person (Swaringen & Wright, 2019).

Diagnostic Imaging Reference (1) (APA):

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

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health.* St. Louis, MO: Elsevier

Current Medications (10 points, 2 points per completed med)

5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Tylenol/ acetaminophen	Lyrica/ pregabalin (Jones & Bartlett Learning, 2022, p. 1106)	Phillips' Chewable Tablets /magnesium hydroxide (Jones & Bartlett	Lipitor/ atorvastatin calcium (Jones & Bartlett Learning, 2022, p. 116)	Plavix/ clopidogrel bisulfate (Jones & Bartlett Learning, 2022, p. 305)

			Learning, 2022, p. 823)		
Dose	325 Mg	75 MG	30 ml	40 MG	75 MG
Frequency	Every 4 hours as needed (do not exceed 3GM in 24 hours)	Three times a day for diabetic neuropathy	As needed for constipation	Give one tablet by mouth by bedtime	1 tablet by mouth one time a day
Route	Oral tablet	Orally	orally	Orally	orally
Classification	**Pharmacologic class-** nonsalicylate, para-aminophenol derivative **Therapeutic Class-** antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2022, p. 9)	**Pharmacologic class-** gamma-aminobutyric acid analogue **Therapeutic Class-** analgesic, anticonvulsant (Jones & Bartlett Learning, 2022, p. 1106)	**Pharmacologic class-** mineral **Therapeutic Class-** electrolyte replacement (Jones & Bartlett Learning, 2022, p. 823)	**Pharmacologic class-** HMG-CoA reductase inhibitor **Therapeutic Class-** Antihyperlipidemic (Jones & Bartlett Learning, 2022, p. 117)	**Pharmacologic class-** P2Y12 platelet inhibitor **Therapeutic Class-** platelet aggregation inhibitor (Jones & Bartlett Learning, 2022, p. 305)
Mechanism of Action	"Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2" (Jones & Bartlett Learning, 2022, p.11)	"Binds to alpha2-delta site, an auxiliary subunit of voltage calcium channels, in CNS tissue where it may reduce calcium-dependent release of several neurotransmitters. With fewer neurotransmitters, pain sensation and	"As a laxative, magnesium exerts a hyperosmotic effect in the small intestine. It causes water retention that distends the bowel and causes the duodenum to secrete cholecystokinin" (Jones & Bartlett Learning, 2022, p.	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LCL receptors on liver cells to enhance LCL uptake and breakdown" (Jones & Bartlett	"Binds to adenosine diphosphate (ADP) receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen from attaching to receptors. Without

		seizure activity decline" (Jones & Bartlett Learning, 2022, p. 1107).	825).	Learning, 2022, p. 117).	fibrinogen, platelets can't aggregate and form thrombi" (Jones & Bartlett Learning, 2022, p. 306).
Reason Client Taking	Elevated Temperature	Diabetic neuropathy	constipation	hyperlipidemia	Essential primary hypertension
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment (Jones & Bartlett Learning, 2022, p. 11)	Hypersensitivity to pregabalin or its components, renal impairment (Jones & Bartlett Learning, 2022, p. 1107)	Diverticulitis, fecal impaction (Jones & Bartlett Learning, 2022, p. 825)	active hepatic disease, breastfeeding (Jones & Bartlett Learning, 2022, p. 117)	Hemorrhage, peptic ulcer (Jones & Bartlett Learning, 2022, p. 306)
Side Effects/Adverse Reactions (2)	Rash, constipation, nausea, vomiting, fatigue (Jones & Bartlett Learning, 2022, p. 11)	Anxiety, twitching (Jones & Bartlett Learning, 2022, p. 1107)	Confusion, flatulence (Jones & Bartlett Learning, 2022, p. 825)	Abnormal dreams, amnesia (Jones & Bartlett Learning, 2022, p. 117)	Headache, fever (Jones & Bartlett Learning, 2022, p. 306)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett

Learning.

<div align="center">

Assessment

</div>

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

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

GENERAL:	When talking to the patient, I could tell that she was very alert and oriented. The patient answered

Alertness: **Orientation:** **Distress:** **Overall appearance:**	correctly to certain questions I asked her, making her A/O times 4. The patient seemed in no distress. She had just gotten back from a doctor's appointment that the patient stated, "went well." The patient was dressed well and looked her age.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 16** **Drains present: Y☐ N ☐** **Type:**	The patient's skin was a nice ivory color. The skin was all intact. There were no lesions, rashes, or wounds. There were a couple of <mark>dark purple bruises on the patient's right forearm</mark>. When the patient was asked what the bruises were from, she said "I do not know I think it just showed up." The temperature of the skin was warm to touch. The patient's turgor was good and the skin above the clavicle returned within a couple of seconds. The patient's <mark>Braden score is a 16</mark> due to her not being able to stand up and walk on her own. There were no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	There were no abnormalities that were found in the HEENT focused assessment. The head and neck were both symmetrical, no noted nodules, thyroid was not palpable. The trachea is midline without deviation. The ears had no abnormalities or lesions. There was also no drainage. I can tell that the patient's hearing is good from her responses to me. Sclera is white and the conjunctiva sac is pink. Patient wears glasses. Eyes were PERRLA, and the EOMs reacted correctly. The pupil size was four. No drainage from the nose. No tenderness when palpating the frontal and maxillary sinuses. Gums were pink and moist with no abnormalities inside or outside of the month. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	. S1 and S2 were normal without any adventitious sounds, murmurs, or gallops. Normal

Peripheral Pulses:	Pulses a plus 2
Capillary refill:	Cap refill under 3 seconds
Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐ **Location of Edema:**	No vein distention, no edema
RESPIRATORY: **Accessory muscle use: Y☐ N ☐**	No accessory muscle use
Breath Sounds: Location, character	Normal rate and pattern of respiration, the patient was not using any extra effort to breathe, no wheezes, crackles, or abnormal sounds.

GASTROINTESTINAL:
 	
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N ☐
	Normal
	
	Normal
	
	61 inches
	
	141 pounds
	
	Bowel sounds were active
	
	Last BM- 10/17/2023
	
	No pain or masses detected

Nasogastric: Y □   N □
 	
    Size:
 	
Feeding tubes/PEG tube   Y □   N □
 	
    Type:
	No distention
	
	No incisions
	
	No scars
	
	No drains
	
	No wounds
	
	No ostomy
	
	No NG
	
	No feeding tube/PEG tube

GENITOURINARY:
 	
Color:
 	
Character:
 	
Quantity of urine:
 	
Pain with urination: Y □   N □
 	
Dialysis: Y □   N □
 	
Inspection of genitals:
 	
Catheter: Y □   N □
 	
    Type:
 	
    Size:
	Yellow
	
	Yellow, no cloudiness, no odor
	
	Normal output
	
	No pain
	
	No dialysis
	
	No abnormalities seen on genitals
	
	No catheter

MUSCULOSKELETAL: **Neurovascular status:**	 Patient was aware

ROM:	Poor ROM on their own in the lower extremities
Supportive devices:	Wheelchair
Strength:	Low strength in lower extremities
ADL Assistance: Y☐ N ☐	Yes
Fall Risk: Y ☐ N☐	Yes
Fall Score:	45, cannot walk or sit on her own
Activity/Mobility Status:	Can not walk around by herself
Independent (up ad lib) ☐	Not independent
Needs assistance with equipment ☐	Can use wheelchair on her own
Needs support to stand and walk ☐	Needs support with standing and walking
NEUROLOGICAL: **MAEW: Y ☐ N☐**	Yes
PERLA: Y ☐ N☐	Yes
Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐	No, legs have little to no strength
Orientation:	

Mental Status:	Patient was aware
Speech:	Patient is mentally stable
Sensory:	Speech was good with no impediments
LOC:	Sensory was good except in the lower extremities Patient was conscious
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient's coping method was talking to her husband whenever she feels down. The patient's husband is also in Mattoon Rehab, and they share a room. The patient's developmental level is good, and the patient looks her age. The patient follows the Protestant religion. The patient said that they were regular church-goers and are strong believers. The patient has a great support system. She was telling us about all of the grandkids that she has. The patient also stated,"they come to visit me quite often."

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0834	64 bpm	136/74 mm/Hg	22 bpm	98.2 F	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	1-2/10	Lower extremities	mild	Patient stated that her legs "just feel weak"	The patient receives help from health care

					workers when getting out of the wheelchair.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
The patient should be eating all the nutrients that are served with every meal for a healthy diet.	The output for a patient should be no less than 30 mL an hour.

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. Potential for fractures r/t weak bone density as evidenced by the patient having osteoporosis and fractures in the past. (Swaringen & Wright, 2019, p. 527).	I chose this nursing diagnosis because it is one of the top priority concerns. If the patient falls or makes hard contact with any part of their body, it is likely that	1.Assess the patient's fall risk by using the Morse Fall Scale. 2.Instruct the patient to avoid lifting any heavy objects. 3. Make sure the patient is	1. A good goal for this patient is to understand the importance of how easily they could fracture a bone. Even lifting something could harm a bone within the vertebrae (Swaringen & Wright, 2019).	I would want the client to keep clutter off of the floor and out of the way. I would also want my patient to use the call light if she is ever in need of any help to avoid any harm.

	they would fracture or break their bone.	clear of clutter when moving around.		
2. Need for teaching r/t "unfamiliarity with prevention of osteoporosis and its importance of adequate dietary calcium intake/supplementation" (Swaringen &Wright, 2019, p. 524) as evidenced by the patient not drinking any milk or taking in any extra calcium.	I chose this nursing diagnosis because I feel that it is very important. If the patient is not taking in an adequate amount of calcium, it can make the bone density decrease more.	1.Instruct the patient on the importance of calcium. 2. "Ensure that the health care provider has recommended or approves use of calcium supplements for the patient" (Swaringen & Wright, 2019, p. 524).	**1.** A good goal for this patient is to record the intake of calcium and make sure it reaches or exceeds the preferred amount.	I would want the patient to reiterate back to me what I taught her. And I also want her to understand how important the intake of calcium is.

Other References (APA):

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical*

surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier

Concept Map (23 Points):

Subjective Data

1. Patient is wearing glasses

2. Patient uses a wheelchair to get to places

3. Patient can talk and hear well

4. Patient's vitals are stable

Objective Data

1. The patient states that she has low pain at the moment.

2. Patient states that she is starting to lose feeling in her legs.

3. Patient states that she just feels that her legs are really weak.

4. Patient states that she can not walk or stand on her own anymore.

Client Information

An 81-year-old female patient was admitted to the facility with osteoporosis and has a history of atherosclerosis of both lower extremities with bilateral ulceration, chronic diarrhea, chronic ulcer of toes, diabetes, hypertension, IBS, COPD, lumbar pain with radiation dothe the wn right leg, obesity, ulcer of third toe of right foot

Nursing Diagnosis/Outcomes

1. Potential for fractures r/t weak bone density as evidenced by the patient having osteoporosis and fractures in the past (Swaringen & Wright, 2019, p. 527). A good goal for this patient is to understand the importance of how easily they could fracture a bone. Even lifting something could harm a bone within the vertebrae (Swaringen & Wright, 2019).

2. Need for teaching r/t "unfamiliarity with importance of adequate dietary calcium intake/supplementation" (Swaringen & Wright, 2019, p. 524) as evidenced by the patient not drinking any milk or taking in any extra calcium. A good goal for this patient reaches or exceeds the preferred amount.

Nursing Interventions

Nursing interventions for diagnosis 1: 1.Assess the patient's fall risk by using the Morse Fall Scale. 2.Instruct the patient to avoid lifting any heavy objects. 3. Make sure the patient is clear of clutter when moving around.

Nursing interventions for diagnosis 2: 1.Instruct the patient on the importance of calcium. 2. "Ensure that the health care provider has recommended or approves use of calcium supplements" (Swaringen & Wright, 2019, p. 524).