

Medications

Labetalol - 10mg=2ml, IV, Q4 PRN, Hypertension, Pharmacological: Noncardioselective beta/alpha blocker, Therapeutic: Antihypertensive, Monitor blood pressure & Don't give if uses an inhaler for asthma

Hydromorphone (Dilaudid) - 0.5mg=0.5ml, IV, Q6 PRN, Pain control, Pharmacological: Opioid, Therapeutic: Opioid analgesic-controlled substance schedule II, Don't give if low blood pressure & Access respirations and don't give if <10

Atorvastatin (Lipitor) - 40gm=2 tabs, PO, Daily, Control lipid levels, Pharmacological: HMG-CoA reductase inhibitor, Therapeutic: Antihyperlipidemic, Obtain baseline cholesterol/triglyceride/liver function levels & Monitor creatinine level

Alprazolam (Xanax) - 1mg=1 tab, PO, TID, Anxiety, Pharmacological: Benzodiazepine, Therapeutic: Anxiolytic/antipanic, Educate on risk for dependence & Access risk for depression/SI

Ondansetron (Zofran) - 4mg=2ml, IV, Q6 PRN, Nausea, Pharmacological: Selective serotonin receptor agonist, Therapeutic: Antiemetic, Access dizziness and drowsiness & Monitor patient's EKG

Benzonatate (Tessalon Perles) - 100mg=1cap, PO, TID PRN, Cough, Pharmacological/Therapeutic: Antitussive (nonopioid, local anesthetic), Access lung sounds & Educate patient not to chew or break capsules

(Learning, J. & B., 2023)

Demographic Data

Date of Admission: 02/18/2024

Admission Diagnosis/Chief Complaint: Left Hip Fracture/Left Hip pain

Age: 59

Gender: Female

Race/Ethnicity: Caucasian

Allergies: Penicillin (hives), hydroxyzine (heartburn, nausea), codeine (hives)

Code Status: Full code

Height in cm: 167cm

Weight in kg: 72.5kg

Psychosocial Developmental Stage: As expected for age

Cognitive Developmental Stage: As expected for age

Braden Score: 15

Morse Fall Score: 70

Infection Control Precautions: Standard Precautions

Pathophysiology

Disease process: The hip is a ball and socket joint, in which the acetabulum of the pelvis acts as the "socket" and the head of the femur is the "ball". This area is composed of nonsolid bone known as trabecular bone, which has a high risk of degeneration and fracture from falls in older adults (Capriotti, 2020). An intracapsular femoral neck fracture often disrupts the blood supply to the femoral head, which can cause complications with healing (Capriotti, 2020). This thicker capsule surrounding the fracture separates it from adjacent capillaries and soft tissues, leading to an impairment of callus formation (Capriotti, 2020).

S/S of disease: Signs and symptoms of a hip fracture may present in a clinical setting as severe pain in the hip/groin, inability to bear weight, bruising/swelling at the site of trauma, and shortened/outward rotation of leg (Capriotti, 2020). Labs may indicate a decrease in RBC and an increase in WBC due to loss of blood and inflammation at the injury site.

Method of Diagnosis: For diagnoses of a hip fracture an x-ray is the most common test ordered, taking an image of the extremities and pelvic bones affected. If the Radiologist is unsure of his findings by x-ray, a CT or MRI may then be necessary to take a view along with the collateral hip (Capriotti, 2020).

Treatment of disease: Immobilization of the patient in the supine position is an immediate intervention needed for hip fractures. A traction splint may need to be placed if there is an obvious fracture or deformity of the femur. In addition, IV fluids are needed to supply adequate hydration. The patient should be made NPO and parenteral analgesia as well as muscle relaxants may be needed (Capriotti, 2020). Anticoagulation therapy is also needed due to the patient's high risk for a DVT, along with calcium and vitamin D supplements to promote bone health in healing (Capriotti, 2020).

Lab Values/Diagnostics

Calcium - 8.0 (8.6-10.3); Low calcium levels caused by a history of ETOH abuse in addition to injury to bone

WBC - 13.1 (4.0-11.7); Elevated WBCs caused by the presence of inflammation at the site of fracture

Neutrophils - 79.8 (45.3-79.0); Elevated in response to the inflammatory process with bone injury and restoration

CT Brain/Head w/o Contrast - No abnormal findings

CT Spine Cervical w/o Contrast - No abnormal findings

XR Hip 2 or Greater Views Lt and Pelvis - **Fracture of the left femoral neck with mild impaction and annulation of the fracture fragment

(Rischer, 2022)

Admission History

The patient came to the ER on 02/18/2024 with severe left hip pain after a mechanical fall at home. Pain is described as throbbing, "shooting down leg", and a 10/10. Putting any pressure or moving causes the pain to increase. Keeping it supported and at rest is the only thing that keeps the pain tolerable. No medical interventions have eased pain before arrival at the hospital.

Medical History

Previous Medical History: COPD, Major Depressive Disorder, Schizoaffective Disorder, Migraines, Hypertension, General Depressive Disorder, Coronary Artery Disease

Prior Hospitalizations: Psychiatric evaluation (08/06/2013, 03/24/2019), Chest Pain - Stress Test (04/10/2015), Low oxygen - COPD Exacerbation (02/28/2018)

Previous Surgical History: Esophagogastroduodenoscopy Biopsy (05/10/2017), Cholecystectomy (06/28/2019)

Social History: ½ pack of cigarettes daily for the past 30 years, past user of liquor, marijuana, and cocaine daily from age 16-32 (Sober for 16 years)

Active Orders

Preventative skin care - Due to patient's immobility/bedrest caused by hip fracture, keep skin clean and dry and prevent skin breakdown

NPO at midnight - No food/drink after midnight in preparation for surgery at 0900 the following morning. Important to follow due to the risk of aspiration under general anesthesia

O2 Therapy - Goal of 92% or higher, indicated due to the use of pain medication

PT Inpatient Evaluation - Consult with physical therapy in rehabilitation process

Vital signs - Q4 monitoring, capnography with vitals every 15 minutes once post-op

Fall Precautions - High fall risk due to immobility from hip fracture

Physical Exam/Assessment

General: Alert and responsive, oriented to person/place/situation/time, moderate distress (due to pain with left hip), appropriate appearance

Integument: Skin color normal for ethnicity, tan, dry, warm, intact, no rashes/lesions/lumps, bruising around left hip because of fracture, a Braden score of 15 (no sensory impairment, rarely moist, bedfast, very limited mobility, adequate nutrition, and problem for friction and shear)

HEENT: Skull and face symmetrical, no lumps/rashes/lesions/bruises, no tracheal deviation, palpable carotid, no palpable lymph nodes, eyes are PERRLA, conjunctiva pink, sclera white, EOMs as expected, hearing intact, no septum deviation, no pain when palpating sinuses, lips pink/moist, tongue/uvula midline, buccal mucosa pink/moist

Cardiovascular: Normal Sinus Rhythm, S1/S2 sounds heard upon auscultation, pulses 3+ normal, capillary refill <2 sec, no edema, no jugular vein distension

Respiratory: Respirations regular, no use of accessory muscles, breath sounds clear bilaterally, lung aeration equal

Genitourinary: Bowel sounds active, regular diet at home/currently – strict NPO at midnight for surgery, no rashes/lumps/lesions/bruises of the abdomen, no pain or tenderness noted upon palpation of the abdomen, no abdominal distension, no incisions/drains/scars/wounds/ostomy/feeding tubes, last BM 1 day ago (02/18/2024)

Gastrointestinal: Urine yellow/clear in color, no pain with urination, no dialysis, no catheter

Musculoskeletal: Limited ROM of left leg with pain due to left hip fracture, all other extremities appropriate ROM, no supportive devices used at home, nail beds pink, equal grip strengths, unable to perform resistance test with left foot, fall risk (bedrest), Morse fall score 70

Neurological: Alert & Oriented x 4, speech clear, answers questions appropriately

Most recent VS (include date/time and highlight if abnormal): 02/19/2024, 0730 Temp – 36.7 C, Heart Rate – 85bpm, O2 – 97%, RR – 20 bmp, B/P – 186/80

Pain and pain scale used: 02/19/2024, 0730 Numerical pain scale Pain 8/10

<p style="text-align: center;">Nursing Diagnosis 1</p> <p>Risk for acute pain related to trauma and surgical intervention as evidenced by expression of pain and limited mobility</p>	<p style="text-align: center;">Nursing Diagnosis 2</p> <p>Risk for impaired transfer mobility related to trauma and surgical intervention as evidenced by pain, impaired balance, and musculoskeletal impairment</p>	<p style="text-align: center;">Nursing Diagnosis 3</p> <p>Risk for infection related to surgical interventions as evidenced by difficulty managing wound care</p>
<p style="text-align: center;">Rationale</p> <p>This nursing diagnosis was chosen due to the patient's severe level of pain from trauma and post-surgery</p>	<p style="text-align: center;">Rationale</p> <p>This nursing diagnosis was chosen due to the patient's inability to put any weight on left leg, in addition to having increased pain with movement</p>	<p style="text-align: center;">Rationale</p> <p>This nursing diagnosis was chosen due to the high risk of infection post-surgery, and the patient's lack of education on how to properly manage wound care</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Administer pain medications as ordered to help keep pain at a tolerable level Intervention 2: Access the patient's positioning in bed to ensure they are properly distributing weight on pressure areas, keep them comfortable</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Consult PT and OT for rehabilitation Intervention 2: Use proper transferring safety precautions such as non-slip socks, gait belt, assistive device, and lifting techniques</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Provide adequate wound care to the surgical site by always keeping the site clean and dry, while also educating the patient step-by-step while providing care Intervention 2: Administer antibiotics as ordered to prevent infection and promote wound healing</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient tolerated both nonpharmacological and pharmacological interventions for pain management very well</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient used proper safety interventions and supervision when transferring</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient kept the surgical site clean and dry and remained symptom free of infection</p>

(Phelps, 2023)

References (3) (APA):

References

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis Company.

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