

Medications

pantoprazole sodium; Protonix

- *Pharmacologic class:* Proton pump inhibitor (Jones & Bartlett Learning, 2022, p. 1055)
- *Therapeutic class:* Antiulcer (Jones & Bartlett Learning, 2022, p. 1055)
- The patient is taking this medication to help with any acid reflux or GERD that they could portray (Jones & Bartlett Learning, 2022, p. 1055).
- The nurse needs to make sure that the patient is not allergic to this medication.
- The nurse also needs to make sure that the patient understands that they need to swallow the pill whole and not chew or break it (Jones & Bartlett Learning, 2022, p. 1057).

levothyroxine sodium; Levoxyl

- *Pharmacologic class:* Synthetic thyroxine (Jones & Bartlett Learning, 2022, p. 780)
- *Therapeutic class:* thyroid hormone replacement (Jones & Bartlett Learning, 2022, p. 780)
- The patient is taking this medication due to their history of hypothyroidism. This is a thyroid replacement medication, so it helps replace the amount that is not being produced (Jones & Bartlett Learning, 2022, p. 780).
- The nurse needs to make sure that the patient is not allergic to this medication before administering it.
- The nurse also needs to make sure that the patient is taking this medication on an empty stomach at the same time every day (Jones & Bartlett Learning, 2022, p. 781).

morphine sulfate; Mitigo

- *Pharmacologic class-* opioid (Jones & Bartlett Learning, 2022, p. 918)
- *Therapeutic class-* opioid analgesic (Jones & Bartlett Learning, 2022, p. 918)
- *Controlled substance schedule-* II (Jones & Bartlett Learning, 2022, p. 918)
- The patient is prescribed morphine for the pain that they are experiencing in their knee.
- The nurse needs to make sure that the patient is not allergic to this medication before administering it.
- The nurse also needs to check the patient’s respiratory status because morphine slows down the respiratory system (Jones & Bartlett Learning, 2022, p. 919).
- The nurse needs to be careful giving this medication because it can be an addictive substance (Jones & Bartlett Learning, 2022, p. 919).

metoprolol tartrate; Lopressor

- *Pharmacologic Class-* beta1-adrenergic blocker (Jones & Bartlett Learning, 2022, p. 878)
- *Therapeutic class-* antianginal, antihypertensive (Jones & Bartlett Learning, 2022, p. 878)
- The patient is taking this medication due to their hypertension. This helps control and lower the patient’s blood pressure (Jones & Bartlett Learning, 2022, p. 878).
- The nurse needs to make sure that the client has not allergies to this medication before delivering it.
- The nurse also needs to check the patient’s blood pressure before to make sure that it is not below the normal range.

insulin; Novalog

- *Pharmacologic class-* human insulin (Jones & Bartlett Learning, 2022, p. 705)
- *Therapeutic class-* antidiabetic (Jones & Bartlett Learning, 2022, p. 705)
- The patient is taking this medication to help with their high blood sugar from their diagnosis of diabetes type 2.
- The nurse needs to make sure that the client is not allergic to this medication before administering.
- The nurse needs to make sure that they need to rotate sites at where they inject the medication.
- The nurse also needs to make sure that they stay at least 2 inches away from the umbilicus.
- The nurse also needs to check the patient’s blood sugar to make sure that it is not below the normal range (Jones & Bartlett Learning, 2022, p. 1443).

Demographic Data

Date of Admission: 3/24/2024

Admission History

having swelling and pain in his left knee so he hospital to be admitted on 3/24/2024. The patient hemarthrosis on his left knee. When talking to patient said his pain was only at a three out of it like a lot of pressure. The patient said that e knee causes more pain and pressure. The only s is having the knee extended and taking pain e client has been treated for swelling and pain in knee a couple of months prior to this day.

Operational Stage

Braden Score: 12

Morse Fall Score: 45

Medical History

History: Atrial fibrillation, anemia, failure, DM, HTN, hypothyroidism,

Admissions: Patient was in the hospital back in The patient was in the hospital for the same and pain in the right knee.

Surgeries: patellectomy (1964), open fixation hip trochanteric nail fixation (Right, joint injection (10/2020)

patient was a former smoker of cigarettes but 40 years; patient is retired from his t lives at Brooke Stone living facility; patient alcohol, or drugs listed.

Pathophysiology

Disease process: My patient presented with the main diagnosis of hemarthrosis. “Bleeding into a joint is referred to as hemarthrosis” (Nigrovic, 2022). This can be caused by either a traumatic incidence such as, knee injury, postoperative, and minimal injuries (Nigrovic, 2022). On the other hand, hemarthrosis could also be caused by a nontraumatic event such as, bleeding disorders, tumors, osteoarthritis, and vascular disorders (Nigrovic, 2022). When one of these incidences happen, it causes the patient’s joints in their knee to start bleeding. My patient’s cause was unknown, but more than likely it was from his past surgery. My patient had a patellectomy in the past which could be the cause of him having this disease.

S/S of disease: There are many obvious signs and symptoms that are related to hemarthrosis. These include redness, swelling, feeling of pressure, warmth, and pain (Nigrovic, 2022). My patient presented with all these symptoms.

Method of Diagnosis: According to Nigrovic in 2022, the main diagnosis for hemarthrosis is joint aspiration. This is where they remove some of the fluid (Nigrovic, 2022). After this they can test the fluid to see if it is caused by hemarthrosis. My patient has had this issue in the past so to make sure it was the same cause, they just did a CT scan.

Treatment of disease: Treatment of this disease is the removal of this fluid. This will relieve the signs and symptoms that the patient is experiencing. My patient was scheduled to get the fluid removed in his left knee on 3/26/24.

Physical Exam/Assessment

General: Patient was A/O times four. Patient was in zero distress and the patient's appearance was appropriate for their age. Patient was well groomed.

Integument: Patient's skin showed no signs or any discoloration; patient had no bruises or rashes, patient had no signs of peripheral edema, patient's skin was warm to touch, skin turgor was normal, patient had two red marks on his butt that were forming into a pressure ulcer if not treated quickly and adequately, patient's left knee was very swollen due to the hemarthrosis

HEENT: Patient's head as symmetrical with no abnormalities, patient had zero jugular vein distention, patient eyes were good due to the fact that he would look at me during the conversations we were having, patient also had good hearing due to him answering my questions and conversing with me, patient had no inappropriate answers to my questions that would detect any hearing loss, patient's nose and mouth were centered

Cardiovascular: was able to clearly hear S1 and S2 when auscultating the heart, no murmurs were heard, pulses were a plus 2

Respiratory: lungs were clear bilaterally, no adventitious sounds such as crackles or wheezed were heard, patient was breathing room air without any difficulty

Genitourinary: patient did not use the restroom when I was assessing him and did not have any catheter

Gastrointestinal: The patient has a normal diet at the hospital and at home; bowel sounds were active in all four quadrants; the patient's last BM was 3/23/24; the patient's weight and height are 188 cm and 76.4 kg; the patient said there was no tenderness while I was palpating the stomach; there were no signs of distention, ascites, etc.

Musculoskeletal: patient has full ROM; patient is up and able to move on his own; struggles with walking a bit due to his swollen knee; patient's muscle strength in feet and hands is a 5/5

Neurological: Patient was A/O times 4; strength was equal throughout the whole body; patient was answering the questions appropriately and knew the surroundings; patient was able to express their needs

Most recent VS (include date/time and highlight if abnormal): 3/25/24 0800 (B/P-126/63; HR-77; RR-16; temp-36.7 degrees C tympanic; O2-93%)

Pain and pain scale used: Patient said pain was a 3/10 on the numerical rating scale at 0725; patient said it felt like a "lot of pressure" on his left knee

<p style="text-align: center;">Nursing Diagnosis 1</p> <p>Acute pain related to the buildup of blood and fluids around the patient's left knee as evidenced by the patient saying they had pain and feelings of pressure.</p>	<p style="text-align: center;">Nursing Diagnosis 2</p> <p>Decreased mobility related to inability to bend and move the knee to its full extent as evidenced by the patient using a urinal so he does not have to get up and walk.</p>	<p style="text-align: center;">Nursing Diagnosis 3</p> <p>Increased risk for pressure ulcer related to the patient staying in the same position as evidenced by two red marks on his bottom.</p>
<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because a patient's pain and level of comfort should always be a priority for the medical field. It is very important to help the patient feel better when they are in pain by completing interventions.</p>	<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because if a patient has decreased mobility for an extended period, then it is possible that they could be at risk for other health problems and could lose ROM.</p>	<p style="text-align: center;">Rationale</p> <p>I chose this nursing diagnosis because it is very important for nurses to be aware of patients who are at risk of pressure ulcers. If the nurse is not aware of this then the patient could easily receive a pressure ulcer.</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Administer pain medications to the patient as ordered by the provider. Intervention 2: Use heat/ice therapy for the patient's knee as ordered by the provider (Swaringen & Wright, p. 519).</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Assist the patient with active range of motion when they are in their bed. Intervention 2: Assist the patient in getting up and walking to the bathroom at least twice a shift.</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Assist the patient in repositioning every two hours. Intervention 2: Complete a skin assessment once a shift to look for any red marks, especially on the bony prominences.</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>After helping the patient with their pain, the patient's pain should be decreased within the hour.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>After assisting the patient with movement of their body, they should not lose their range and should not feel stiff.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>After completing interventions for possible pressure ulcers, the nurse should see that the patient portrays no new red marks.</p>

References (3) (APA):

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

Nigrovic, P. (2022, April 26). Overview of hemarthrosis. <https://medilib.ir/uptodate/show/5605>

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