

Medications

Allopurinol 300mg, Xanthine oxidase inhibitor, antigout, patient is taking this to treat gout, obtain baseline CBC and uric acid levels during drug therapy (Bartlett, 2023, p. 45)

celecoxib 200 mg, NSAID, analgesic, anti-inflammatory, antirheumatic, patient is taking this because of osteoarthritis, should be avoided in patients who have had an MI (Bartlett, 2023, p. 251)

docusate 100 mg, stool-softener, patient is taking this because he is not moving around very much, so it is likely that he will get constipated, educate patient that docusate can cause watery stools

hydrocodone-acetaminophen 5 mg q4h, narcotic analgesic combination, patient is taking this for his pain related to surgery, patient should not take this if allergic to tylenol (Thornton, n.d.)

insulin aspart sliding scale, insulin, patient is taking this because of his diabetes, check patient's blood glucose before administering

linezolid 600 mg BID, Oxazolidinone, antibiotic, patient is taking this as a prophylactic measure to prevent infection in his surgical wound, notify provider if patient starts to develop visual impairment (Bartlett, 2023, p. 791)

Demographic Data

Date of Admission: 04/03/2024
Admission Diagnosis/Chief Complaint:
 post operation observation
Age: 73 years
Gender: Male
Race/Ethnicity: Caucasian
Allergies: sulfa drugs, Tape, Cefepime Hydrochloride, vancomycin
Code Status: Full code
Height in cm: 170.8 cm
Weight in kg: 171 kg
Psychosocial Developmental Stage:
 Appropriate
Cognitive Developmental Stage:
 Appropriate
Braden Score: 20
Morse Fall Score: 70
Infection Control Precautions: Standard

Pathophysiology

Disease process: "Excess pressure on a joint gradually wears away the cartilage surface, exposing the subchondral bone" (Capriotti, 2020, p. 977). Inflammation quickly happens, which brings cytokines and other inflammatory mediator cells to the joint affected. As a response, excess fluid builds up in the joint which will cause swelling (Capriotti, 2020, p. 977). After time, the cartilage loses elasticity and eventually cracks.
S/S of disease: The signs and symptoms of osteoarthritis often involve pain. The patient will complain of this pain as deep or aching. Sometimes there is increased pain in the mornings or during colder weather. There will also be swelling around the affected area.
Method of Diagnosis: Osteoarthritis is normally diagnosed by an x-ray or MRI.
Treatment of disease: OA can be managed by over-the-counter pain relievers, injections, and even ~~surgeries~~

Lab Values/Diagnostics

RBC: 2.50 LOW NORM: 4.28-5.56

RBC is likely low because this patient is post-operative, where they lost blood, in turn losing red blood cells as well (Turner & Badireddy, 2023).

Hgb: 7.2 LOW NORM: 13-17

Hemoglobin is likely decreased because the patient was postoperative, where they lost blood. Hemoglobin is attached to the red blood cell which is likely why we see both of these decreased (Turner & Badireddy, 2023).

Hct: 21.3 LOW NORM: 38.1-48.9

Hematocrit and hemoglobin almost always correlate with each other as hematocrit should be around three times as much as hemoglobin. In this case, the Hct is three times the Hgb, but they are still both very low. This means that with the hemoglobin being low from surgery shows that the hematocrit is low as well (Turner & Badireddy, 2023).

Admission History

73 year old male patient was admitted for observation on the 1st post operative from a right total hip arthroplasty

Medical History

Previous Medical History: COPD, CHF, Diabetes, Gout, Hyperlipidemia, Hypertension, obstructive sleep apnea, osteoarthritis of R hip, venous stasis

Prior Hospitalizations: 3/20/2024, 11/03/2023

Previous Surgical History: Arthroplasty Hip Total Anterior Approach 2021, Debridement and irrigation of joint 2022, Arthroplasty Hip Revision 2023

Social History: Former smoker: quit over a month ago, used cigarettes for 50 years. Denied using substances. Past user of alcohol

Active Orders

Admit to Inpatient, Central venous catheter care, central venous line care, CHG bath, Adult glycemic management, Blood glucose monitoring POC, Notify provider if blood glucose >100 mg/dL, PICC line insertion, Incentive spirometry, dressing/reinforce and change, plexipulse foot pump, I&O, neurovascular assessment, polarpack, braden assessment, morse fall risk assessment, pulse oximetry continuous, turn patient q2h, head of bed 30 degrees or greater, hip precautions, up to chair 3 times a day, consistent carbohydrate diet, Hemaglobin and hematocrit, aerosol treatment, oxygen therapy protocol, OSA assessment, OT, PT, vital signs q6h

Physical Exam/Assessment

General: The client is alert and oriented x4. He is in no acute distress or pain. His overall appearance is pleasant. He is also well groomed.

Integument: Skin has an olive undertone. Skin is clean, dry, and intact. Skin is warm to the touch, with no rashes. Skin has good turgor. He has an incision on his R hip from his hip replacement. Fingernails and toenails are pink. No signs of jaundice, hypoxia, or edema. No drains are present.

HEENT: Hair is evenly distributed across head and face. No patterns of baldness, lesions, or rashes found on the face or head. All facial features are symmetrical and present. No signs of jugular vein distention or tracheal deviation. No visual drainage or lesions in the ears. Pupils are equal, round, and reactive to light and accommodation. Extraocular muscles are intact. The nose is symmetrical and midline on the face, and the nostrils are pink and moist. Good denture.

Cardiovascular: The heart has a regular rate and rhythm without murmurs. S1 and S2 present. His cardiac rhythm is normal sinus rhythm. His peripheral pulses were palpable and 2+. His capillary refill is <2 sec. He is not exhibiting any peripheral edema.

Respiratory: His breath sounds are clear to auscultation with no crackles, wheezing, or ronchi present. He does not use accessory muscles when breathing, and his chest is not barrel chested or concave.

Genitourinary: Urine is dark yellow and clear. He is not experiencing pain with urination or increased frequency. He does not currently have a catheter. He is using the bedside urinal to urinate.

Gastrointestinal: His diet at home is unaltered and his diet at the hospital is also unaltered. Bowel sounds normoactive in all 4 quadrants. His last bowel movement was the 6th. No pain upon palpation. Abdomen is soft and nondistended. No masses palpable. Incision in middle of abdomen. No drains present. No ostomy, NG, or feeding tubes present.

Musculoskeletal: Capillary refill is <2 seconds, peripheral pulses are all palpable and 2+. He is using a walker, and is a one-person assist with a gait belt. He is a fall risk, and is still unsteady on that right leg because of the surgery.

Neurological: Strength is equal in both extremities. He is oriented x4. He has good mental status and good speech. He is fully conscious and responds to different stimuli.

Most recent VS (include date/time and highlight if abnormal): BP: 149/67 T: 36.4 HR: 63 RR: 16 SPO2: 95 NC 2L

<p align="center">Nursing Diagnosis 1</p> <p>Risk of infection related to compromised skin integrity as evidenced by the surgical wound on R hip.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Acute pain related to disruption of skin, tissue, and muscle integrity as evidenced by pain being rated a 3.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Increased risk for falls related to weakness as evidenced by fall score of 70.</p>
<p align="center">Rationale</p> <p>I chose this diagnosis because it is very important to keep infection out of this wound to continue healing.</p>	<p align="center">Rationale</p> <p>I chose this diagnosis because managing the patient's pain will make them more comfortable while they are in the hospital.</p>	<p align="center">Rationale</p> <p>I chose this diagnosis because he is postoperative from a R hip procedure, so he is still learning how to safely get around. It is important to keep him from falling because we want to keep the patient free of injury while in our care.</p>
<p align="center">Interventions</p> <p>Intervention 1: Monitor the surgical site for drainage, smell, or abnormal coloration.</p> <p>Intervention 2: Educate the patient on how to change his dressing after discharge.</p>	<p align="center">Interventions</p> <p>Intervention 1: Evaluate pain q4 hours.</p> <p>Intervention 2: Try non-pharmacological options for pain relief if the patient is not due for medications yet.</p>	<p align="center">Interventions</p> <p>Intervention 1: Use a bed alarm while the patient is in bed or in the chair.</p> <p>Intervention 2: Educate the patient on fall risks inside the home.</p>
<p align="center">Evaluation of Interventions</p> <p>I expect these interventions to keep the patient free of infection during his stay in the hospital. Staying free of infection will allow this patient to get out of the hospital quicker, and heal quicker.</p>	<p align="center">Evaluation of Interventions</p> <p>I expect these interventions to keep the patient comfortable and pain free while in the hospital, which will make it easier for them to participate in physical therapy to promote healing.</p>	<p align="center">Evaluation of Interventions</p> <p>I expect these interventions to keep the patient fall free during his stay, and after he leaves to go home. Keeping him free of falls will promote healing and get him home quicker.</p>

References (3) (APA):

Capriotti, T. M. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F A Davis.

Jones & Bartlett Learning. (2022). *2023 nurse's drug handbook*. Jones & Bartlett Learning.

Thornton, P. (n.d.). *Norco uses, dosage & side effects*. Drugs.com. Retrieved April 14, 2024, from <https://www.drugs.com/norco.html#>

Turner, J., & Badireddy, M. (2023, August 8). *Anemia*. Nih.gov; StatPearls Publishing.

<https://www.ncbi.nlm.nih.gov/books/NBK499994/>