N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 10/7/2024	Client Initials DM	Age 78	Gender Males
Race/Ethnicity White	Occupation Therapist	Marital Status Married	Allergies Vancomycin (Rash)
Code Status Full	Height 6'0'	Weight 200	

Medical History (5 Points)

Past Medical History: Anxiety, Arrhythmia, Arthritis, PTSD

Past Surgical History: Total Hip Arthroplasty (Bilateral), Total Knee arthroplasty (Left)

Family History: None in the MAR or when asking the patient

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

Stopped smoking 26 years ago, No drug use, No tobacco use, No drinking use

Admission Assessment

Chief Complaint (2 points): Knee Pain

History of Present Illness – OLD CARTS (10 points): Patient complains of left knee pain. Pain comes and goes, intermitted. On a pain scale 6/10. The patient took medication (Acetaminophen) to help with the pain. The patient was also confused for 2 days before admission.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Left Periprosthetic Knee Infection

Secondary Diagnosis (if applicable):

Pathophysiology

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

A periprosthetic Joint Infection (PJI) around a knee replacement typically occurs when bacteria and other microorganisms invade the periprosthetic space (the area around an implant or artificial joint). Which leads to inflaming and immune responses that can compromise the implant (Shohat, N. 2021) A periprosthetic Joint Infection often begins with the introduction of bacteria into the surgical site, either during surgery, which would be an early infection or through hematogenous spread (cells spread through the bloodstream) from a distant infection which would be a late infection. Bacteria have a high capacity for biofilm formation this is when a bacterium sticks to a surface and produces a protective slime layer around themselves. This helps them clump together and shield themselves from the body's immune system and antibiotics, which makes them particularly difficult to eradicate. (Tan, T. L, 2020).

Pathophysiology References (2) (APA):

Shohat, N., & Parvizi, J. (2021). Management of periprosthetic joint infection: The current standard. *Current Orthopedic Practice.*

Tan, T. L., Springer, B. D., & Ruder, J. A. (2020). Periprosthetic joint infection: Pathogenesis, prevention, diagnosis, and management. *Journal of Bone and Joint*

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	4.40-5.80	4.59	4.24	This is caused by a Chronic Inflammation due to the infection. (Pagana, K. D, 2024)
Hgb	13.0-16.5	13.2	12.2	This is caused by a Chronic Inflammation due to the infection. (Pagana, K. D, 2024)
Hct	38.0-50.0	39.9	36.5	This is caused by a Chronic Inflammation due to the infection. (Pagana, K. D, 2024)
Platelets	140-440	333	311	
WBC	4.0-12.0	11.70	10.30	
Neutrophils	40.0-68.0	77.1	85.0	This can be an indication for an autoimmune disease due to the knee infection. (Pagana, K. D, 2024)
Lymphocytes	19.0-49.0	12.5	9.1	This can be an indication for an infection. (Pagana, K. D, 2024)
Monocytes	3.0-13.0	9.7	5.8	
Eosinophils	0.0-0.8	0.2	0.0	
Bands	Not Done	Not Done	Not Done	

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-	136-145	140	141	
K+	3.5-5.1	4.1	4.4	
Cl-	98-107	105	109	This can be caused by dehydration related to hyperchloremia (elevated chloride). (Pagana, K. D, 2024)
CO2	22-30	24	24	
Glucose	70-99	92	127	This can be caused by dehydration related increases glucose concentration in the blood. (Pagana, K. D, 2024)

BUN	8-26	10	14	
Creatinine	0.70-1.30	0.79	0.70	
==Albumin==	3.5-5.0	3.5	==3.0==	This is caused by a Chronic Inflammation due to the Infection. (Pagana, K. D, 2024)
Calcium	8.7-10.5	9.9	9.2	
Mag	1.6-2.6	Not done on admission	2.2	
Phosphate	Not Done	Not Done	Not Done	
Bilirubin	0.2-1.2	1.2	0.4	
Alk Phos	40-150	83	66	

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 & Clear	Yellow & Clear	Not Done	
pH	5.0-9.0	8.0	Not Done	
Specific Gravity	1.003-1.030	1.016	Not Done	
Glucose	Negative	Negative	Not Done	
Protein	Negative	==Trace==	Not Done	This is caused by a chronic inflammation due to the knee Infection (Pagana, K. D, 2024)
Ketones	Negative	Negative	Not Done	
WBC	Negative	Negative	Not Done	
RBC	Negative	Negative	Not Done	
Leukoesterase	Not Done	Not Done	Not Done	

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	**Negative**	**Not Done**	**Not Done**	
Blood Culture	**Negative**	**Not Done**	**Not Done**	
Sputum Culture	**Negative**	**Not Done**	**Not Done**	
Stool Culture	**Negative**	**Not Done**	**Not Done**	

Lab Correlations Reference (1) (APA): Pagana, K. D., Pagana T. J., & Pagana T. N, (2024).

Mosby's Diagnostic and Laboratory Test Reference Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): CT Head or Brain w/o Contrast

CT Head or Brain w/o contrast is detailed imaging of the head/ brain to look for bleeding. The patient was disoriented and had mood changes for two days before coming to the Hospital.

Diagnostic Imaging Reference (1) (APA):

Smith, A. B., & Johnson, D. C. (2020). Advances in diagnostic imaging: MRI and CT scan techniques. *Journal of Radiological Science*

Assessment

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

General, Psychosocial/Cultural, and ONE focused assessment specific to the client is required. The student and instructor may complete these assessments together.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **YES** **YES** **NO** **Flushed, Normal**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Tan** **Redness around surgical site** **Warm** **A little slower than normal +1** **Dry skin on face** **Bruises on arms (Appropriate for age)** **No open wounds (Small cut on left knee)** **21**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Appropriate for age** Symmetrical, no lymph nodes **Symmetrical, no bumps** **Symmetrical, no edema** **Deviated Septum** **All fake porcelain teeth**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	 **No abnormalities** **No murmur** **Strong** **Normal on right, 3 seconds in left hand** **Left Knee (post surgery)**
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	 **No abnormalities, no wheezing or crackles**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:**	 **Mostly Vegetarian** **Mostly Vegetables, eat some Meats** **6'0'** **200** **Normal** **10/9/2024 Morning (Takes stool softeners)** **No Pain**

Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube Y ☐   N ☒
   Type:
	Left knee Swollen
	Left Knee to take culture
	Surgery on Left Knee
	No drainage
	Appropriate for age

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
   Type:
   Size:
	Yellow
	Clear
	240 mL
	
	No Abnormalities

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**WDL – Normal** **Tight shoulders, imitated range in hips & knees** **Cane** **Appropriate for age (weak in left knee)** **21** **Walk occasionally** **Uses Cane** **NO**
NEUROLOGICAL: **MAEW: Y ☒ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Left Knee Weakness** **Left Knee Weakness** **Alert & Awake** **Appropriate for age (WDL)** **Appropriate for age** **Appropriate for age** **Alert & Orientated x4, No sign of distress**
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):	Sleeps WDL No religion stated Husband at home & PT program that provides dinner for assisted living

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	60	120/67	18	97 F°	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0756	0 – 10	Left Knee; Leg	4	Intermittent	Pain Medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480mL - P.O & 150 mL – I.V	240 mL - Urine

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications

to lowest priority pertinent to this client				to plan.
1. Risk for Falls related to left knee surgery as evidence by unsteady gait	**Patient has an unsteady gait due to post surgical left knee replacement.**	**1.Non-Slip socks** **2.Cane to walk**	**1. Have zero falls through out the day (12 hour shift).**	**The patient demonstrates improved mobility and Stability when ambulating with minimal assistance needed.**
2. Risk for imbalanced fluid volume related to multiple infections evidence by dizziness and mood changes.	**Patient has several infections after knee replacement surgery which has caused dehydration and confusion.**	**1. Monitor Vital Signs** **2.Encourage Fluid intake**	**1. Drink 8 oz of water every hour for 1 (12 hour) shift.**	**The Patient maintains adequate hydration with balanced fluid intake and output while also reporting improved energy levels.**

Other References (APA):

NANDA Diagnostic List For Basic Human Needs | Nanda Nursing Diagnosis List. (n.d.).

   http://www.nandanursingdiagnosislist.org/nanda-diagnostic-list-for-basic-human-

   needs/

NCBI. (2021). National Center for Biotechnology Information. Nih.gov.

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

Concept Map (20 Points):

Subjective Data

The patient has cataracts and Holter Monitor

The patient has deviated septum & nodule on the left side of the neck

The patient is healthy overall, and can move around by himself. (Independent)

Rates pain at 4/10

Nursing Diagnosis/Outcomes

1. Risk for Falls related to left knee surgery as evidence by unsteady gait
2. Risk for imbalanced fluid volume related to multiple infections evidence by dizziness and mood changes.
1. Have zero falls through out the day (12 hour shift).
1. Drink 8 oz of water every hour for 1 (12 hour) shift.

Objective Data

The patient uses a cane
The patient is slightly dehydrated

Abnormal Labs: Low RBC, Low HGB, Low HCT, High Neutrophils, Low Lymphocytes

Client Information

Client Initials - DM
Age - 78
Gender - Males
Race/Ethnicity - White
Height - 6'0'
Weight - 200

Nursing Interventions

1.Non-Slip socks
2.Cane to walk
1. Monitor Vital Signs
2.Encourage Fluid intake