N311 Care Plan 3

Bailey McMasters

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman

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Demographics (5 points)

Date of Admission 10/16/2024	Client Initials MY	Age 76	Gender Male
Race/Ethnicity White/Caucasian	Occupation Woodworth & Sons Inc.	Marital Status Married	Allergies None
Code Status Full Code	Height 5’ 7”	Weight 266lbs 3.2oz	

Medical History (5 Points)

Past Medical History: Acute on chronic congestive heart failure (HCC) (05/13/22), Arthritis, Carcinoma (HCC), Diabetes mellitus, Dyslipidemia, Sepsis, Hypertension, Morbid Obesity (HCC), OSA on CPAP, Seasonal Allergies, Spinal stenosis of lumbar region.

Past Surgical History: Back surgery (01/2016), Back surgery, Cardioversion (05/31/22), Cataract removal with implant (Right, 08/08/18), Cataract removal with implant (Left, 08/28/18), Colonoscopy, EGD colonoscopy (10/22/18), Incision and drainage (left knee, 2x, 2012), Prostate biopsy (07/2011), Prostate biopsy (01/2014), Prostate biopsy (06/2015)

Family History: Patient is not aware of any diseases regarding family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Married, has never smoked, never used smokeless tobacco, has never vaped, yes to alcohol use (rarely), no to drug use

Admission Assessment

Chief Complaint (2 points): Fall- Eye and Left Leg Pain

History of Present Illness – OLD CARTS (10 points): The patient fell twice on 10/16/24. The first-time patient got up too quickly. The second time the patient reported he was sitting, and suddenly he was on the ground. The patient is not sure if he lost consciousness. He reports no dizziness, chest pain, or palpations. The patient received damage to his left eye and left shin due

to fall. Pain and swelling both appear in left eye orbit and left shin. The patient has no other complaints. The patient reports that pain severity is a five on a pain scale from 1-10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Closed fracture of left tibia and fibula.

Secondary Diagnosis (if applicable): none

Pathophysiology

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

Tibia and fibula fractures are some of the most seen fractures of the long-bone, Capriotti (2024). These can be caused by decreased energy injuries like falls or increased energy injuries such as car accidents or athletic injuries, Walters et al. (2023). This relates to my patient as his fractures were the result of a fall. The tibia and fibula are normally related fractures as they are connected by an interosseous membrane, Capriotti (2024). Normally, these fractures are seen as opened fractures due to how thin of a layer the subcutaneous tissue is over the shin. However, my patient did not break the tissue, resulting in his fractures being classified as closed fractures.

Signs of a fracture include the patient reporting swelling, not being able to put weight on the leg, and pain. Upon examination, nurses will find point tenderness, edema, and bruising. This relates to my patient because he was experiencing edema and pain in the left leg, as well as not being able to bear weight. The characteristics of the pain are commonly known as being sharp, sudden, and are not chronic. These characteristics are more associated with shooting or burning pain that is related to nerve pathology, Walters et al. (2023). While assessing, it is important to complete a neurovascular exam on the affected leg. This is due to the peroneal nerve that can be affected by fibular injuries and the popliteal artery that can be affected by tibial injuries, Capriotti (2024).

X-rays are the most common diagnostic procedure for fractures, Capriotti (2024). These are taken of both legs so they can be compared. This relates to my patient because he received X-rays, as well as CT scans, upon admission. During treatment the patient should remain immobile. This can be utilized through a split or a cast. My patient was in a cast during my shift. Pain management is also needed to help the patient remain comfortable and relaxed. Orthopedic consultation is required to decide if surgical intervention is needed, Capriotti (2024). This pertains to my patient because the day of my shift he was sent to the OR to receive surgery. Once released from the hospital, patients use ambulatory devices such as crutches to get around.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology Introductory Concepts and Clinical Perspectives* (3rd ed.). F.A. Davis

Walters, B. B., Constant, D., & Anand, P. (2023). *Fibula Fractures.* StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK556139/

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	**4.4 – 5.8**	**5.13**	**4.57**	**Normal value**
Hgb	**13.0 – 16.5**	**16.1**	**14.6**	**Normal value**
Hct	**38.0 – 50.0**	**47.9**	**42.4**	**Normal value**
Platelets	**140 - 440**	**205**	**185**	**Normal value**
WBC	**4.0-12.0**	**10.2**	**7.5**	**Normal value**
Neutrophils	**40.0 – 68.0**	**83.8**	**Not done**	**Increased neutrophils most likely from acute suppurative infection or trauma from fractures, Pagana et al. (2023).**
Lymphocytes	**19.0 – 49.0**	**9.6**	**Not**	**Decreased lymphocytes most likely**

			done	from drug therapy to combat pain, Pagana et al. (2023).
Monocytes	3.0 - 13.0	5.4	Not done	Normal value
Eosinophils	0.0 – 8.0	0.8	Not done	Normal value
Bands	Not done	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	145	144	Normal
K+	3.5 – 5.1	3.9	3.1	Decreased K+ values are most likely from deficient dietary intake due to being NPO or trauma, Pagana et al. (2023).
Cl-	98 - 107	105	107	Normal
CO2	22 - 30	28	26	Normal
Glucose	70 - 99	138	204	Increased glucose values are most likely from acute stress response due to pain and upcoming surgery, Pagana et al. (2023).
BUN	8 - 26	22	25	Normal
Creatinine	0.7 – 1.3	1.46	1.41	Increased creatine values are most likely from urinary tract obstruction due to straight and foley catheters, Pagana et al. (2023).
Albumin	3.5 – 5.0	3.7	Not done	Normal
Calcium	8.7 – 10.5	9.2	8.4	Decreased Calcium values are most likely from vitamin D deficiency due to being NPO and not being outside, Pagana et al. (2023).

Mag	**1.6 – 2.6**	**2.3**	**Not done**	**Normal**
Phosphate	**Not done**	**Not done**	**Not done**	**Not done**
Bilirubin	**0.2 – 1.2**	**0.9**	**Not done**	**Normal**
Alk Phos	**40 - 150**	**108**	**Not done**	**Normal**

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/ slightly hazy**	**Not done**	**Yellow/ slightly hazy**	**Normal**
pH	**5.0 – 9.0**	**Not done**	**5.5**	**Normal**
Specific Gravity	**1.003 – 1.03**	**Not done**	**1.024**	**Normal**
Glucose	**Negative**	**Not done**	**3+**	**Increased glucose values are most likely from diabetes mellitus, Pagana et al. (2023).**
Protein	**Negative**	**Not done**	**Trace**	**Positive protein levels are most likely from increased levels due to corticosteroid use to help treat inflammation, Pagana et al. (2023).**
Ketones	**Negative**	**Not done**	**Trace**	**Positive for ketones are most likely from poorly controlled diabetes, Pagana et al. (2023).**
WBC	**Negative**	**Not done**	**6-10**	**Positive WBC value are most likely from infection and inflammation, Pagana et al. (2023).**
RBC	**Negative**	**Not done**	**Negative**	**Normal**
Leukoesterase	**Negative**	**Not done**	**Negative**	**Normal**

Cultures Highlight All Abnormal Labs—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	**Not done**	**Not done**	**Not done**	**Not done**
Blood Culture	**Not done**	**Not done**	**Not done**	**Not done**
Sputum Culture	**Not done**	**Not done**	**Not done**	**Not done**
Stool Culture	**Not done**	**Not done**	**Not done**	**Not done**

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic & Laboratory Test Reference* (16th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Patient received a computed tomography (CT) scan and an X-ray of the left tibia and fibula to be able to diagnose the injury and see the severity of the issue. Both tests allow medical personnel to see what state the bone is and can help determine the best way to reset the bone, Pagana et al. (2023). They are also used to rule out broken bones. For example, due to this patient falling they ran a CT and X-ray to not only find the problem but to make sure he didn't break anything else. Bone X-rays are also used to check on how a fracture is healing. CT scans can provide a more detailed scan by providing a three-dimensional view, Pagana et al. (2023). With these two tests they were able to diagnose this patient with a fracture of the left tibia and fibula.

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic & Laboratory Test Reference* (16th ed.). Elsevier.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

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:**	**The patient is alert and oriented 4x. He has nonverbal indicators of pain; appearance is appropriate for age and sex.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**The patient's skin color was pallor, character was appropriate for age, temperature was warm, turgor was less than 2 seconds, without rashes. The patient had a bruise on left eye and a cast of left leg due to a tibia and fibula fracture. These were injuries caused by a fall. The patient has a Braden score of 18 due to cast, no drains present.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck were symmetrical without any bumps or lesions. Ears were symmetrical in shape without abnormalities and lesions. Eyes were symmetrical, PERRLA intact, with bruising around the left eye. Nose was symmetrical, septum was not deviated. Teeth were broken, this could be from the fall.** .

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:** **Left leg**	**S1 and S2 heart sounds were present and normal, no S3, S4, or murmurs sounds heard. Apical pulse was irregular and patient presented with atrial fibrillation. Peripheral pulses normal in strength and not bounding. Capillary refill is less than 3 seconds bilaterally. No neck vein distention. The patient does have edema of the left leg due to injuries. Heart rate within normal ranges (60-100).**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lung sounds clear throughout lobes, no crackles, stridor, or rhonchi heard. No accessory muscle use. Respiratory rate of 18.
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 ☒** **Nasogastric: Y ☐ N ☒**	Diet at home was reported adequate. Current diet is consistent carbohydrates/ diabetic diet. During shift the patient was NPO due to upcoming surgery. Height is 5’ 7”, weight is 266lb and 3.2 oz. Bowl sounds normal and present throughout the four quadrants. Last bowel movement was not known. No pain to palpation, no masses palpated. No distention, incisions, scars, drains, or wounds. No ostomy, nasogastric, or feeding tube.

Size: **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 16 gauge**	**Urine is yellow and slightly hazy. After insertion of catheter patient had 1600 ml of urine output. No pain with urination, however, cannot urinate on his own. No dialysis, inspection of genitals was normal and appropriate for age. Patient does have a Foley catheter, size 16 gauge.**
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☐**	Neurovascular status was moderately impaired, ROM was active and moderately impaired, no supportive devices. Strength is slightly limited, ADL assistance is required and patient is at a fall risk. Fall risk low at 16, activity and mobility status is moderately impaired. The patient needs support to stand and walk. These findings are due to the fractured tibia and fibula.
NEUROLOGICAL: **MAEW: Y ☐ N☒**	Strength in legs are not equal with left leg being weaker due to fracture of left tibia and fibula.

PERLA: Y ☒ N☐ **Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐** **Orientation: oriented 4x** **Mental Status: alert and oriented** **Speech: intact** **Sensory: no impairment** **LOC: appropriate for age**	
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 uses television as coping method, developmental level is appropriate for age. Patient is not religious. The patient is married and has friends for support.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:00	**75**	**117/67**	**18**	**99 F**	**92%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
06:48	**1-10**	**Left leg**	**6**	**Consistent, aching, sore**	**Pillow support provided; position adjusted**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
IV 1499 ml	**Urine 2150 ml**

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

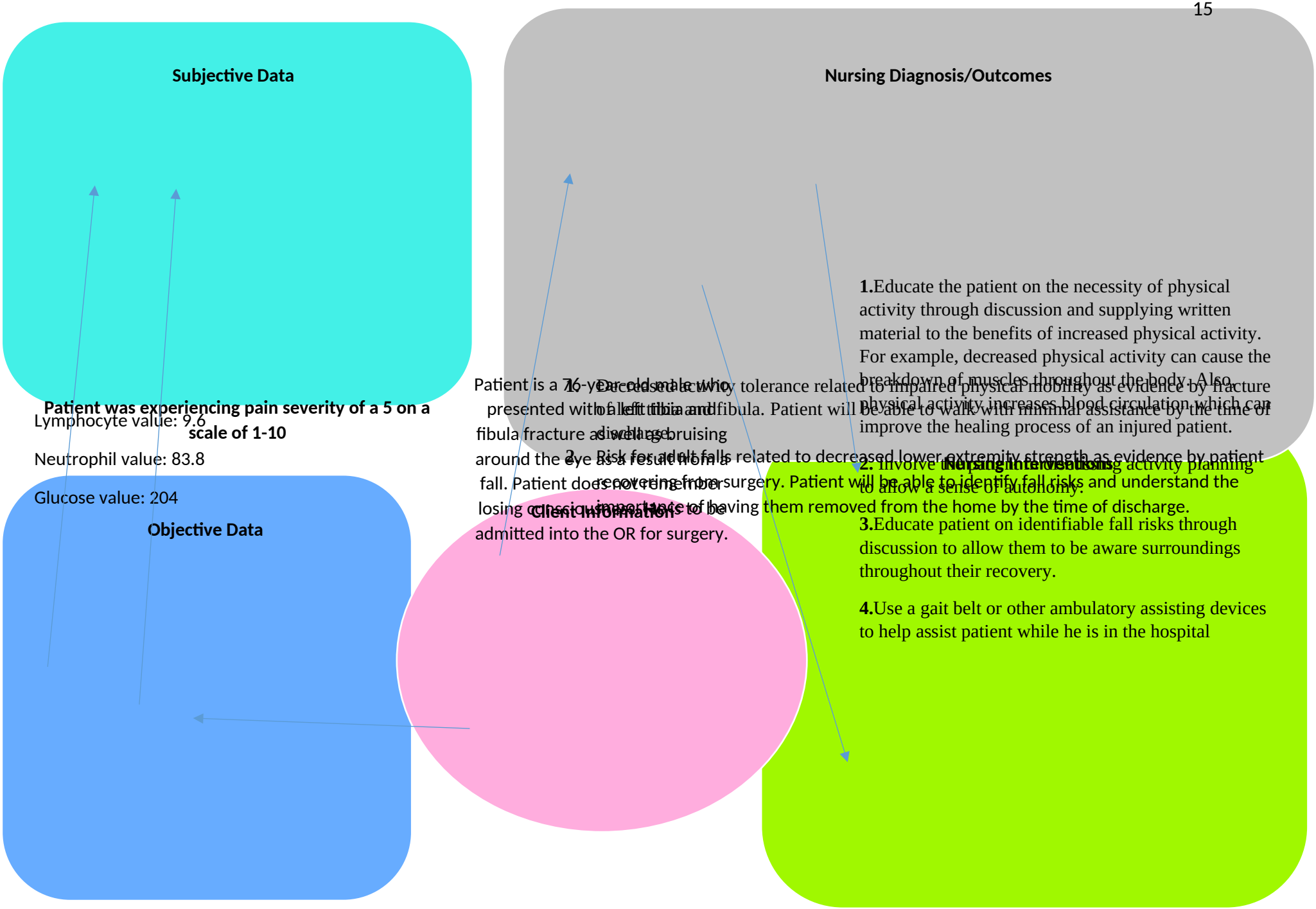
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Decreased activity tolerance related to impaired physical mobility as evidence by fracture of left tibia and fibula.	Due to tibia and fibula fractures, the patient will have decreased activity during recovery process. It is important that the patient continues being active to help his leg within the healing process.	**1.**Educate the patient on the necessity of physical activity through discussion and supplying written material to the benefits of increased physical activity. For example, decreased physical activity can cause the breakdown of muscles	**1.** Patient will be able to walk with minimal assistance by the time of discharge.	Patient will feel livelier and have an increase in mood due to being able to get out of bed and express his opinions on what he would like to do to when creating his plan of activity.

		throughout the body. Also, physical activity increases blood circulation which can improve the healing process of an injured patient. **2.** Involve the patient in discussing activity planning to allow a sense of autonomy.		
2. Risk for adult falls related to decreased lower extremity strength as evidence by patient recoverin g from surgery.	The patient was receiving surgery the day of my shift, he will have minimal strength within his left leg which will put him at risk for falls.	**1.** Educate the patient on identifiable fall risks through discussion to allow them to be aware surroundings throughout their recovery. **2.**Use a gait belt or other ambulatory assisting devices to help assist patient while he is in the hospital.	**1.** The patient will be able to identify fall risks and understand the importance of having them removed from the home by the time of discharge.	The patient will be able decrease fall risks through his home and feel safer when ambulating while in recovery.

Other References (APA):

Phelps, L. L. (2022). *Nursing Diagnosis Reference Manual: Twelfth Edition*. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Patient was experiencing pain severity of a 5 on a scale of 1-10
Objective Data
Lymphocyte value: 9.6
Neutrophil value: 83.8
Glucose value: 204
Client Information
Patient is a 76-year-old male who presented with a left tibia and fibula fracture as well as bruising around the eye as a result from a fall. Patient does not remember losing consciousness to be admitted into the OR for surgery.
Nursing Diagnosis/Outcomes
1. Decreased activity tolerance related to impaired physical mobility as evidence by fracture of left tibia and fibula. Patient will be able to walk with minimal assistance by the time of discharge.
2. Risk for adult falls related to decreased lower extremity strength as evidence by patient recovering from surgery. Patient will be able to identify fall risks and understand the importance of having them removed from the home by the time of discharge.
Nursing Interventions
1.Educate the patient on the necessity of physical activity through discussion and supplying written material to the benefits of increased physical activity. For example, decreased physical activity can cause the breakdown of muscles throughout the body. Also, physical activity increases blood circulation, which can improve the healing process of an injured patient.
2. Involve the patient in discharging activity planning to allow a sense of autonomy.
3.Educate patient on identifiable fall risks through discussion to allow them to be aware surroundings throughout their recovery.
4.Use a gait belt or other ambulatory assisting devices to help assist patient while he is in the hospital