N311 Care Plan 5

Shelby Powell

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

11/15/24

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
11/4/24	D.L.	80	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/ Caucasian	Retired	Married	Cat hair extract and pollen extract
Code Status	**Height**	**Weight**	
DNR- Select	5'10"	89.9kg	

Medical History (5 Points)

Past Medical History: Client has been diagnosed previously with A-fib, acute cerebrovascular accident, acute on chronic congestive heart failure, anemia, anticoagulated on Coumadin, anxiety state, arthritis, cellulitis, coronary artery disease, chronic obstructive pulmonary disease, cerebral vascular accident, depressive disorder, Difficulty with walking, dysuria, hypertension, hypoxia, major depressive disorder, sleep apnea, type two diabetes mellitus without current long term use of insulin. No history of asthma or thyroid disease.

Past Surgical History: hernia repair, cardiac valve replacement, cardiac catheter, right knee surgery, a vasectomy, right total knee arthroplasty, exploratory of abdomen, lap, inguinal hernia repair, initial and joint repair.

Family History: Mother had cancer, brother and father were unknown.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Unknown smoking status, never used smokeless tobacco, denies alcohol use, denies drug use.

Admission Assessment

Chief Complaint (2 points): Fall with left hip pain

History of Present Illness – OLD CARTS (10 points):

On November 4, 2024, the client witnessed falling and had pain located in the left hip. Client described as a sharp, stabbing pain. Patient was immediately brought to the hospital with

no prior treatments in place. Client stated that he was not in any pain during the assessment represented by a 0/10 of the faces scale. Client also stated that movement made his hip hurt more, however the pain meds he is currently taking is helping to keep it under control.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Closed displaced fracture of left femoral neck.

Secondary Diagnosis (if applicable): Chronic obstructive pulmonary disease, warfarin anticoagulation, depression, anxiety, paroxysmal atrial fibrillation, chronic respiratory failure with hypoxia, ataxia, benign paroxysmal positional vertigo, congestive heart failure, elevated troponin, acute blood loss anemia, left hip hematoma, community acquired pneumonia, urinary tract infection, fall, and generalized weakness.

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

Fractures of the femoral neck are often categorized as hip fractures (Capriotti, 2020). These fractures are usually caused by trauma (Capriotti, 2020). It can be caused by osteoporosis, degeneration of bone, an infection, lesions, or necrosis in the bone (Capriotti, 2020). There are estimated to be around 340,000 hip fractures a year, 9/10 of them being in patients 65 years of age or older (Capriotti, 2020). Both men and women chances of getting a hip fracture increase with age, doubling each year after 50 (Capriotti, 2020). Caucasian women are twice as likely to receive a hip fracture in comparison to African American or Hispanic women (Capriotti, 2020).

Trabecular bone, which the head and neck of the femur is made from, is a more of meshy or non-solid bone (Capriotti, 2020). This leaves the bone to be more at risk than a solid, cortical bone (Capriotti, 2020). The elderly population is more at risk because of osteoporotic degeneration, instability of the joint, and falling (Capriotti,2020).

Typically, the patient will have a history of falls, extreme trauma, a history of osteoporosis, a possible history of vertebral compression, or a past wrist fracture (Capriotti,2020). In addition to the fracture, dislocation, and other injuries such as head and neck, intra-abdominal, and intrapelvic injuries could also occur regarding the trauma from falling (Capriotti,2020).

X-rays are used to view the pelvic bones and extremities (Capriotti,2020). If more in depth scans must be used, CT or MRI scans can be used (Capriotti,2020).

Patients who express pain of the hip should lay flat on their back in a supine position and be immobilized (Capriotti,2020). The ABCDEs of trauma assessment should be performed (Capriotti,2020). If the is an obvious fracture or deformity of the femur, apply a traction splint and a IV line for hydration should be inserted (Capriotti,2020). Patient should be nothing by mouth (NPO) status, have supplemental oxygen, and a muscle relaxant might be needed as well (Capriotti,2020). If there is an open fracture, antibiotics and a tetanus immunization should be administered if necessary (Capriotti,2020). Anticoagulant therapy, calcium and vitamin D supplements should also be administered (Capriotti,2020). Most of the time with an open fracture a surgical repair is needed (Capriotti,2020).

Pathophysiology References (2) (APA):

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

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 mcL	3.39 mcL	2.73 mcL	Low because of anemia due to surgery. (Pagana, 2023).
Hgb	13.0-16.5 g/dL	9.5 g/dL	7.9 g/dL	Low because of anemia due to surgery. (Pagana, 2023).
Hct	38.0-50.0 %	28.5 %	23.6 %	Low because of anemia due to surgery (Pagana, 2023).
Platelets	140-440 mcL	215 mcL	268 mcL	
WBC	4.00-12.00 mcL	15.30 mcL	23.70 mcL	Elevated due to inflammation and trauma (Pagana, 2023).
Neutrophils	1.50-6.70 %	11.78 %	19.43 %	Elevated due to body's response to injury trying to heal itself
Lymphocytes	0.90-3.30%	1.68%	1.19%	
Monocytes	0.10-0.90%	0.46%	0.71%	
Eosinophils	0.00-0.50%	0.31%	0.24%	
Bands	0.0-3.0%	N/A	N/A	

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 mmol/L	141mmol/L	142mmol/L	
K+	3.5-5.1 mmol/L	3.5 mmol/L	3.6 mmol/L	
Cl-	98-107 mmol/L	101 mmol/L	107 mmol/L	
CO2	22-30 mmol/L	31 mmol/L	26 mmol/L	Elevated due to COPD.
Glucose	70-99 mg/dL	99 mg/dL	93 mg/dL	
BUN	8-26 mg/dL	14 mg/dL	14 mg/dL	
Creatinine	0.70-1,30 mg/dL	0.72 mg/dL	0.65 mg/dL	decreased due to debilitation (Pagana, 2023).

Albumin	**3.5-5.0 g/dL**	**3.2 g/dL**	**N/A**	**Low due to inflammation from surgery.**
Calcium	**8.7-10.5 mg/dL**	**9.0 mg/dL**	**8.3 mg/dL**	**Deceased because of low albumin (Pagana, 2023).**
Mag	**1.6-2.6 mg/dL**	**2.0 mg/dL**	**2.1 mg/dL**	
Phosphate	**2.5-4.5mg/ dL**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2 mg/dL**	**0.5 mg/dL**	**N/A**	
Alk Phos	**40-150 u/L**	**44 u/L**	**N/A**	

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	**Clear/ yellow**	**Clear/ dark yellow**	**N/A**	
pH	**5.0-9.0**	**6.0**	**N/A**	
Specific Gravity	**1.003-1.030**	**1.023**	**N/A**	
Glucose	**negative**	**negative**	**N/A**	
Protein	**negative**	**1+**	**N/A**	**Elevated due to diabetes and congestive heart failure (Pagana, 2023).**
Ketones	**negative**	**trace**	**N/A**	**Elevated due to uncontrolled diabetes (Pagana, 2023).**
WBC	**Negative 0-5**	**21-50**	**N/A**	**Elevated due to bacterial infection of urinary tract (Pagana, 2023).**
RBC	**Negative 0-2**	**negative**	**N/A**	
Leukoesterase	**negative**	**2+**	**N/A**	**Elevated due to urinary tract infection (Pagana, 2023).**

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
Urine Culture	**negative**	**50,000**	**N/A**	**Positive findings for urinary tract infection (Pagana, 2023).**
Blood Culture	**negative**	**N/A**	**N/A**	
Sputum Culture	**negative**	**N/A**	**N/A**	
Stool Culture	**negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and Laboratory Test Reference: Kathleen Deska Pagana, Timothy J. Pagana, Theresa Noel Pagana*. Elsevier

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- **Xray of pelvis 1 or 2 view**

o Use to determine the status of the pelvic bones.

- **Xray of Femur min 2v left**

o Used to determine the status of the femur**.**

- **Xray of chest single view portable**

o Used to see tumors, lung inflammation, lung air accumulation, fractures, heart size, IV access devices (Pagana, 2023).

- **CT head or brain without contrast**

o Used to diagnose cerebral infarctions, ventricular displacement or enlargement, cerebral aneurysms, intracranial hemorrhage and hematoma, and AV malformation (Pagana,2023).

- **Xray hip 2 views unilateral left**

o Used to view structure of bones and detect abnormalities.

- **CT abdomen pelvis without contrast**

- Used to find hemorrhage, tumors, bowel obstruction, and internal bleeding of the adrenal glands, gallbladder, GI tract, kidneys, liver, pancreas, spleen, prostate, and the abdominal cavity in general (Pagana, 2023).

- **Xray chest single view portable**

- Used to see tumors, lung inflammation, lung air accumulation, fractures, heart size, IV access devices (Pagana, 2023).

- **CT Angio chest with and without contrast post processing**

- Used to detect cerebral aneurysm, carotid artery dissection, strokes, etc (Pagana, 2023).

- **US bilateral duplex lower extremity veins**

- **Xray chest single view portable**

- Used to see tumors, lung inflammation, lung air accumulation, fractures, heart size, IV access devices (Pagana, 2023).

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and Laboratory Test Reference: Kathleen Deska Pagana, Timothy J. Pagana, Theresa Noel Pagana*. Elsevier

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**Folic acid/ Foluite**	**Atorvastatin/ Lipitor**	**Buspirone/ Buspar**	**Empagliflozin/ Jardiance**	**Spironolactone/ Aldactone**
Dose	**1mg**	**80mg**	**10mg**	**10mg**	**25mg**
Frequency	**daily**	**nightly**	**2x daily**	**daily**	**daily**
Route	**oral**	**oral**	**oral**	**oral**	**oral**

Classification	**Therapeutic: Vitamins** **Pharmacologic :Water soluable vitamins (F.A Davis, 2024).**	**Therapeutic:** **Pharmacologic:**	**Therapeutic: Anxiety** **Pharmacologic: N/A (Sanoski, 2023).**	**Therapeutic: antidiabetics** **Pharmacologic: Sodium-glucose co-transporter 2 inhibitors (Sanoski, 2023).**	**Therapeutic: N/A** **Pharmacologic: absorption (FDA, 2018)**
Mechanism of Action	**Is used for synthesis of purines, pyrimidines, and methionine. It is the most important for cell division stages (Drug Bank, 2024).**	**competitive inhibitor of the enzyme HMG-CoA (3-hydroxy-3-methylglutaryl coenzyme A) reductase. Catalyzes the conversion of HMG-CoA to mevalonate (Drug Bank, 2024).**	**Binds to serotonin and dopamine receptors in the brain (Sanoski, 2023).**	**Inhibits proximal renal tubular sodium-glucose co-transporter 2, determines the reabsorption levels of glucose within the tubular lumen (Sanoski, 2023).**	**causes increased amounts of sodium and water to be excreted, and retains potassium (FDA, 2018)**
Reason Client Taking	**For anemia**	**To reduce the risk of a heart attack and lower cholesterol (Drug Bank, 2024).**	**To reduce anxiety (Sanoski, 2023).**	**Diabetes management (Sanoski, 2023).**	**Heart failure (FDA, 2018)**
Contraindications (2)			**Severe hepatic or renal impairment.** **Ingestion of large**	**Severe renal impairment.** **Increase risk of**	**Hyperkalemia** **Addison's Disease (FDA, 2018)**

			amounts of grapefruit juice (Sanoski, 2023).	**adverse reactions related to volume depletion in older adults (Sanoski, 2023).**	
Side Effects/Adverse Reactions (2)	**Wheezing** **Skin rash (Mayo Clinic, 2024)**		**Blurred vision** **Rashes (Sanoski, 2023).**	**Hypotension** **Urinary tract infection (Sanoski, 2023).**	**Lethargy** **Confusion (FDA, 2018)**

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses*. F.A. Davis.

Mayo Foundation for Medical Education and Research. (n.d.). *Folic acid (oral route, injection route)*. Mayo Clinic. https://www.mayoclinic.org/drugs-supplements/folic-acid-oral-route-injection-route/description/drg-20063897

Folic acid: Davis's Drug Guide. Folic Acid | Davis's Drug Guide. (n.d.). https://www.drugguide.com/ddo/view/Davis-Drug-Guide/51333/all/folic_acid

Folic acid: Uses, interactions, mechanism of action | drugbank online. (n.d.). https://go.drugbank.com/drugs/DB00158

Atorvastatin: Uses, interactions, mechanism of action | drugbank online. (n.d.-a). https://go.drugbank.com/drugs/DB01076

Aldactone® (spironolactone) tablets for oral use. (2018). https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/012151s075lbl.pdf

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A&Ox2- could tell me name- had to think about birthday but was correct. Wasn't sure of date or why he was there. Also randomly talking about the 1940's. and WWII.** **No signs of distress.** **Overall, well groomed- all finger nails were orange.**
INTEGUMENTARY: **Skin color: fair** **Character: lower extremities right lower extremity was red, left lower extremity was shiny/ taught- earl indications of edema** **Temperature: cool to touch** **Turgor: intact** **Rashes: no** **Bruises: scattered all over body** **Wounds: .small knicks in noted on left shin/** **Braden Score: 13** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: normal** **Ears: normal/ intact** **Eyes: PERRLA and EOMS intact** **Nose: midline and intact** **Teeth: fair for age**	.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc. S1 and S2 normal, no noticeable sounds noted at S3 or S4, No murmurs noted.**	.

Cardiac rhythm (if applicable): normal **Peripheral Pulses: all intact bilaterally** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: no edema noted, however left lower extremity could potentially develop edema.**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No wheezing of crackles noted. Both lungs sounded clear.
GASTROINTESTINAL: **Diet at home:** Patient stated his diet at home consisted mostly of hot dogs or peanut butter sandwiches with milk. **Current Diet:** Carb diet **Height: 5'10"** **Weight: 89.9kg** **Auscultation Bowel sounds: bowels normoactive** **Last BM: Stated last BM was 3 days prior to assessment** **Palpation: Pain, Mass etc.: No pain with palpation no masses or abnormalities felt.** **Inspection: Abdomen was non distended and soft.** **Distention: no** **Incisions: no** **Scars: no** **Drains: no** **Wounds: no** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color: No urinary output on shift to document** **Character: N/A** **Quantity of urine: N/A** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	

Inspection of genitals: clean, no abnormalities or lesions **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: upper extremities and right lower extremity work well. Left lower extremity is harder to move due to pain from surgery/** **Supportive devices: lift** **Strength: upper extremities 2+ bilaterally, right lower extremity 2+, left lower extremity 0** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 100/high** **Activity/Mobility Status: Total assist** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☐**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation: unsure of why he was admitted** **Mental Status: confused** **Speech: normal** **Sensory: normal** **LOC: alert for majority of evaluation, easy to arouse from drowsiness**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Stated he didn't have any.** **Developmental level: preoperational / identity vs confusion** **Religion & what it means to pt.:** **Methodist but doesn't attend church regularly- hasn't for years.** **Personal/Family Data (Think about home environment, family structure, and available family support): yes, his wife is**	.

very good to him.	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:34	**77**	**107/75**	**22**	**97.6**	**91**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:35	**0-10**	**N/A**	**0**	**N/A**	**Staying on top of pain medications**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL P.O.	**No output on clinical shift**

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 to lowest 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 plan.

pertinent to this client				
1. Risk for Decreased Activity Tolerance related to non- weight bearing as evidenced by pain (Phelps, 2023).	Patient is reluctant to move on his own.	**1.** Monitor patient's medication regimen regularly (Phelps, 2023). **2.**Establish realistic goals for improving patient's activity level (Phelps, 2023).	**1.** Patient will experience less discomfort when ambulating, transferring, or performing other activities (Phelps, 2023).	Patient's goal was not met during clinical time.
2. Acute Pain related to closed displaced fracture of left femoral neck. As evidence by yelling, facial expressions , and telling nurse and aids he is in pain. (Phelps, 2023).	Patient expression of pain when moving or touching of left leg.	**1.** Use a pain flowchart to record the time of medication dose, and the results of the effectiveness every hour until the next dose is available (Phelps, 2023). **2.** Encourage patient to report which pain relieving factors work the best (Phelps, 2023).	**1.** Patient will show signs of relief from pain within a reasonable time frame after the intervention was completed (Phelps, 2023).	Patient was experiencing relief from pain within a reasonable time frame from his medication dosage.

Other References (APA):

Phelps, Linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 5-9 and pp. 463-466 essay.

Concept Map (23 Points):

Subjective Data

Pain 0/10

Contorted face with movement or touching of the left leg.

Last BM: Patient stated it was 3 days prior to exam

A&Ox2- could tell me name- had to think about birthday but was correct. Wasn't sure of date or why he was there. Also randomly talking about the 1940's. and WWII.

No signs of distress.

Overall, well groomed- all fingernails were orange.

Braden score:13

Fall risk: 100

Nursing Diagnosis/Outcomes

1. Risk for Decreased Activity Tolerance related to non- weight bearing as evidenced by pain (Phelps, 2023).
   a. Patient will experience less discomfort when ambulating, transferring, or performing other activities (Phelps, 2023).
2. Acute Pain related to closed displaced fracture of left femoral neck. As evidence by yelling, facial expressions, and telling nurse and aids he is in pain. (Phelps, 2023).
   a. Patient will show signs of relief from pain within a reasonable time frame after the intervention was completed (Phelps, 2023).

Objective Data

- **Xray of pelvis 1 or 2 view**
- **Xray of Femur min 2v left**
- **Xray of chest single view portable**
- **CT head or brain without contrast**
- **Xray hip 2 views unilateral left**
- **CT abdomen pelvis without contrast**
- **Xray chest single view portable**
- **CT Angio chest with and without contrast post processing**
- **US bilateral duplex lower extremity veins**
- **Xray chest single view portable**

Vitals

- BP-107/75
- R- 22
- O2- 91

Urine culture- 50,000 Positive

Labs

RBC-Low * ROM: upper extremities and right lower extremity work well. Left lower extremity is harder to move due to pain from surgery/

- Hgb- low * PERRLA intact
- Hct- Low
- WBC- High
- Neutrophils- High
- CO2- high
- Creatine-Low
- Albumin- Low
- Calcium- Low
- Protein- 1+
- Ketones- trace
- WBC-21-50
- Leukoesterase-2+

Client Information

80-year-old white male admitted for closed displaced fracture of left femoral neck. Patient is non-mobile. Patient is a smoker who doesn't know smoking history. Patient is confused and tested positive for a urinary tract infection. Patient is a high fall risk and currently non weight barring. Secondary diagnosis consists of Chronic obstructive pulmonary disease, warfarin anticoagulation, depression, anxiety, paroxysmal atrial fibrillation, chronic respiratory failure with hypoxia, ataxia, benign paroxysmal positional vertigo, congestive heart failure, elevated troponin, acute blood loss anemia, left hip hematoma, community acquired pneumonia, urinary tract infection, fall, and generalized weakness.

Nursing Interventions

1.Monitor patient's medication regimen regularly (Phelps, 2023).

2.Establish realistic goals for improving patient's activity level (Phelps, 2023).

3. Use a pain flowchart to record the time of medication dose, and the results of the effectiveness every hour until the next dose is available (Phelps, 2023).

4. Encourage patient to report which pain-relieving factors work the best (Phelps, 2023).