

N311 Care Plan 1

Laura Duncan

Lakeview College of Nursing

N311: Foundations of Professional Practice

Prof. Travis Whisman

February 7, 2025

Demographics

Date of Admission February 3 rd , 2025	Client Initials JD	Age 60	Biological Gender Male
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Bee Venom
Code Status No Code Status on File	Height 6'2	Weight 236	

Medical History

Past Medical History: Gallstones, GERD, Osteoarthritis of knees, bilateral, and plantar fasciitis of left foot.

Past Surgical History: Cyst removal, nose surgery, excision lesion (12/03/2015), wisdom teeth extraction, upper gastrointestinal endoscopy (04/10/2025), colonoscopy (04/10/2025), and rotator cuff repair left (6/19/23).

Family History: Breast cancer, cirrhosis, and heart disease from his mother. Client does not report any medical history from maternal or paternal grandparents, father, or siblings.

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

Doesn't smoke or drink alcohol but does use smokeless tobacco. Client chart does not show how often or drug of choice. Client states no alcohol or illegal drug use such as cocaine or heroin.

Education: No education noted in client's chart, unable to assess.

Living Situation: He lives a 2-story apartment with his significant other in a rural community in Illinois and plans to be discharged to home with the help his wife and home health physical therapy.

Assistive devices: Use a cane and rolling walker to get around.

Admission Assessment

Chief complaint: Chronic left knee pain.

History of Present Illness- OLD CARTS: Client reports an onset of left knee pain following his surgery on February 3, 2025. Client reports that the location of pain is in his left knee. Client states that he had this pain for a duration of 2 years. Client describes the pain with the following characteristics constant and aching pain. Aggravating factors included walking and movement of his left knee. Client states that he uses the following to help relieve his left knee pain, relaxation and quiet environment. The following treatments have been used to treat his left knee pain; corticosteroid and hyaluronic acid injections. On 0-10 pain scale clients reports a 5 on the scale. Client was unable to be interviewed due to conflicting schedules.

Primary Diagnosis

Primary Diagnosis on Admission: The admitting primary diagnosis is end-stage degenerative joint disease of left knee.

Secondary Diagnosis (if applicable): The patient was assessed, and no secondary diagnosis was available.

Pathophysiology

Client is experiencing osteoarthritis a common type of degenerative joint disease, which cause the joint to deteriorate. A major change in DJD is articular cartilage deterioration.

“Cartilage absorbs the impact of forces affecting the bones across a joint. It is made up of chondrocytes (Cartilage cells), which synthesize collagen, and aggrecan; this matrix gives cartilage tensile strength. Chondrocytes also produce enzymes that break down matrix, in concert with cytokines and growth factors that modulate the synthesis of new cartilage (Capriotti 2020 p. 970)”. Client is obese; obesity cause excessive force to the cartilage causing it to become weak and lose its resilient stiffness and cushioning of the joint surface. “The excessive force placed on a joint caused by obesity activates the degradation process of cartilage. Although weight-bearing incites metabolic changes leading to joint health, excessive weight acts as a pressure force upon joints, particularly the knees and hips (Capriotti 2020 p. 971)”. The client is experiencing DJD signs and symptoms which consist of constant and aching pain bilaterally in both knees. A discussion of the primary diagnosis with the client came to a diagnosis of degenerative joint disease.

The client has received both corticosteroid and hyaluronic acid injections for DJD in both knees. These injections help relieve pain in the joints cause by joint inflammation. The corticosteroid injection can provide relieve for a few hours up to a few months. The corticosteroid injection begins to work in two to three days later. The hyaluronic acid injection is a gel-like substance called synovial fluid. “Synovial fluid contains a unique component called hyaluronic acid, which cushions and lubricates the joint during activity. As people age, the hyaluronic acid can break down, causing the synovial fluid to become thinner and less effective as a lubricator and shock absorber (NYU Langone Health)”. The injection is designed to improve a joint’s gliding motion, which helps provide pain relief. Signs and symptoms that caused client to seek help were constant and aching pain bilaterally in both knees. Client was diagnosed with DJD through an x-ray.

Vital Signs, 1 set

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
5:41am	94 bpm	148/79	18	99	93%	Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
7:52am	0-10	Left knee	5	Dull, aching	Relaxation, quiet environment

References

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

Therapeutic injections for osteoarthritis of the knee. Patient Care at NYU Langone Health. (n.d). <https://nyulangone.org/conditions/osteoarthritis-of-the-knee/treatments/therapeutic->

injections-for-osteoarthritis-of-the-knee#:~:text=An%20injection%20of%20corticosteroids%20or,healing%20in%20damaged%20soft%20tissues.