N431 **CARE PLAN #**

Ginaveve Jessup

Lakeview College of Nursing

N431: Adult Health II

Instructor Lawson

February 14, 2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
2/8/2025	A.F.	57 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	None/disability	Divorced	Haldol (combative), antibiotic creams (burn the skin), lisinopril, promethazine, benzalkonium chloride (rash that is raised).
Code Status	**Height**	**Weight**	
Full code	5’7”	141 pounds	

Medical History

Past Medical History: Acute abdomen, acute kidney failure with acute cortical necrosis, allergic rhinitis, anemia, calculus of kidney, cerebrovascular disease, constipation, dementia, diabetes, diplopia, essential hypertension, generalized anxiety disorder, hyperlipidemia, low back pain, major depressive disorder, need for assistance with personal care, obstructive sleep apnea, osteoarthritis, and cerebral infarction.

Past Surgical History: Partial hip arthroplasty on 2/9/2025.

Family History: This patient is a poor historian with no family history.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): This patient does not vape, drink, smoke, or use tobacco or drugs.

Education: This patient’s education level is community college level.

Living Situation: This patient lives at La Bella nursing home in Danville, IL because of their stroke and dementia.

Assistive devices: This patient has used a walker since the fracture but usually can walk with no assistive device.

Admission History

Chief Complaint: Left hip pain.

History of Present Illness (HPI)– OLD CARTS

The patient explained that they were walking alongside her daughter and noticed her left hip make a popping noise. She had fallen a day before her admission and was not able to bear weight on the affected leg. The patient denied falling on the affected leg, but in the electronic health record, the client's family stated she has had falls recently. The patient tried to elevate the leg to relieve the pressure, but this intervention did not reduce the pain, as stated by her daughter, which I collected in the electronic health record. There was nothing to make this pain better for this patient. There are no aggravating factors associated with this pain. The patient rated her pain on a numeric scale of 10/10.

Admission Diagnosis

Primary Diagnosis: Intrascapular fracture of left femur.

Secondary Diagnosis (if applicable):

Pathophysiology

Fractures can happen when stresses are more significant than physiological limits or when there is an anomaly in the bone (Capriotti, 2020). Any break in a bone's continuity, whether total or partial, is called a fracture. Hip fractures are common injuries, with femoral neck fractures representing a particular category of intracapsular hip fracture (Kazley & Bagchi, 2023). The femoral neck is the junction between the femoral shaft and the head. The hip joint is formed through the connection of the femoral head to the acetabulum, and this critical anatomical position makes the femoral neck particularly vulnerable to fractures. Additionally, the blood supply to the femoral head is contingent upon the integrity of the femoral neck, with the primary vascular source being the medial femoral circumflex artery, which is located beneath the

quadratus femoris muscle. Such disruption can impede the healing process of the fracture and may result in complications like non-union or osteonecrosis. Bone fracture healing is a complicated process that helps repair and restore a broken bone to its normal condition (Sheen et al., 2023). It starts with forming a blood clot, which serves as a temporary support while the body begins to heal. Special cells gather at the injury site to clean up the area and release signals that kickstart healing. Next, new tissue forms around the fracture, and cells create a hard callus to bridge the broken pieces. Finally, this hard callus is remodeled by other cells to ensure the bone becomes strong and functions as it did before the injury. Each step is essential for the bone to heal correctly. Fractures can result from direct impacts, crushing forces, sudden twisting movements, and intense muscle contractions when a bone breaks (Hinkle et al., 2021). Surrounding structures may also be impacted, possibly leading to soft tissue swelling, bleeding within the muscles and joints, dislocations, torn tendons, damaged nerves, and compromised blood vessels. Additionally, body organs might sustain injuries due to the force that caused the fracture or fragments of the broken bone. Fractures are classified based on the affected bone's name and location (Hinkle et al., 2021). Additionally, they can be characterized by the extent of the break. In many cases of femur fractures, the patient is unaware of the recent trauma they experienced, especially when it comes to older adults (Kazley & Bagchi, 2023). It is essential to fully assess the patient and rely on the caregiver since this is a more common injury in older adults. My patient's history of low back pain, cerebrovascular disease, dementia, diplopia, osteoarthritis, and a stroke can be an explanation for her recent fall. The patient did deny a fall, but the caretaker and her daughter claimed she was having frequent falls. However, she remembered that she heard and felt a pop of her hip while walking. Common manifestations a patient would experience would be pain which will intensify until treatment, shortening of the

extremity from the compression, a loss of function since the muscles depend on the bones, upon palpation there might be crepitus from the bones rubbing together, as well as edema and ecchymosis from the trauma and bleeding (Hinkle et al., 2021). My patient explained to me that she only felt pain and was not able to bear weight on the leg but was not able to describe to me in detail her other symptoms of the active problem. Signs of deformity and instability can initially recognize a femoral fracture (Denisiuk & Afsari, 2023). Imaging techniques are used to investigate the injury further. An X-ray is conducted to check for fractures of the acetabulum and femur. At the same time, a CT scan can reveal hidden injuries and provide detailed information about the fracture type for treatment planning. In this case, my patient underwent a CT scan and an X-ray. The X-ray showed an "intracapsular sub-capital fracture of the left femoral neck," while the CT scan indicated "a fracture in the sub-capital region of the left femur." Additionally, the CT scan highlighted inflammation in the area surrounding the injury. The healthcare provider will classify the fracture during the diagnostic process to guide the treatment approach (Denisiuk & Afsari, 2023). No specific classification was noted on the patient's electronic health record. Fracture treatment for the femur can be categorized as operative or non-operative (Kazley & Bagchi, 2023). Non-operative approaches are often used for patients who are at higher risk, require comfort care, or are non-ambulatory. For operative fractures, non-displaced femur fractures may be treated with screws, which can include either percutaneous cannulated screws or sliding hip screws. The reduction technique treats fractures by repositioning and aligning bone fragments (Hinkle et al., 2021). There are two main methods: open reduction and closed reduction. Open reduction involves surgery and the use of internal devices for more severe fractures, while closed reduction is done manually without surgery. After repositioning, the limb is immobilized using casts, splints, traction, or external fixators to help the bones and soft tissues

heal properly. Among patients who received an open reduction and internal fixation, avascular necrosis is commonly observed as a significant complication (Kazley & Bagchi, 2023). My patient had a partial hip arthroplasty. A hip arthroplasty is where the damaged part of the hip joint is replaced with a prosthesis (Hinkle et al., 2021). In this case, my client had the head of the femur replaced with an artificial one, and it being partial is safer and less invasive than a total hip arthroplasty. This procedure can result in possible infection, pressure injury from the immobilization, or joint dislocation.

Pathophysiology References (2) (APA):

Capriotti, T.M. (2020). *Davis advantage for pathophysiology introductory concepts and clinical preservations* (2nd ed.) F.A. Davis. https://fadavisreader.vitalsource.com/books/9781719641470

Denisiuk, M., & Afsari, A. (2023, January 2). Femoral Shaft Fractures. *StatPearls*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK556057/

Hinkle, J.L., Cheever K.H., & Overbaugh, K. (2021). *Lippincott coursepoint enhanced for brunner & suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health. https://coursepoint.vitalsource.com/books/9781975186722

Kazely, J., & Bagchi, K. (2023, May 8). Femoral Neck Fractures. *StatPearls*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK537347/

Sheen, J.R., Mabrouk, A., & Garla, V.V. (2023, April 8). Fracture Healing Overview. *StatPearls*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK551678/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal

BUN/Creatinine ratio	23	32	12-20	This lab is elevated. The reason for this elevation can be from the clients history of diabetes, hypertension, callus of kidney and past medical diagnosis of acute kidney failure, or possible dehydration or from a medication the client is taking such as furosemide that increases BUN (Pagana et al., 2023). The number is increasing which may need other interventions done to bring the client back to a stable level.
Glucose	344 mg/dl	241 mg/dl	70-99 mg/dL	The elevation of glucose is an indication of hyperglycemia. This patient has a history of diabetes which can be a

				reason why this is increased. Acute stress can also increase glucose, which this patient was under (Pagana et al., 2023). The numbers of this are coming down slowly, but administering insulin would be appropriate. The client is also taking glucagon and a diuretic which can have an increase on glucose as well (Pagana et al., 2023).
WBC	13.0 10(3)/mcL	12.3 10(3)/mcL	4.0-12.0 10(3)/mcL	White blood cells were elevated in this patient but were seeming to go down. The reason for this elevation would be the current inflammation, possible infection or tissue necrosis occurring at the injury (Pagana et al.,

				2023). The white blood cells are decreasing which is a good sign.
MPV	9.0 fl	9.1 fl	9.7-12.4 fl	Mean platelet volume is decreased which can be normal for this patient since they have a medical history of anemia (Pagana et al., 2023). The number is increasing slightly, trying to return to normal limits.
Neutrophils	91.7%	86.0%	47-73.0%	Neutrophils are increased which can be from the stress, trauma, or the medical history of osteoarthritis (Pagana et al., 2023). They can also be elevated from the clients history of diabetes. The precent is decreasing which is important.
Lymphocytes	5 %	7.1%	18-42 %	Lymphocytes are

				decreased which can be from the stress and trauma the client experienced of the femur fracture (Pagana et al., 2023). This can also be caused by possible nutrition deficiency or from the surgery trauma. The number in increasing closer to normal limits which is good.
Absolute neutrophils	11.9 10(3)/mcL	10.6 10(3)/mcL	1.6-7.7 10(3)/mcL	Absolute neutrophils were increased since the body was and is experiencing inflammation and the recent injury (Pagana et al., 2023). The number is decreasing, getting closer to the normal range which is good.
Absolute lymphocytes	0.70 10(3)/mcL	0.90 10(3)/mcL	1.3-3.2 10(3)/mcL	Absolute lymphocytes were decreased because of the stress from the recent

				injury as well as a nutrition deficiency, a possible compromised immune system as well (Pagana et al., 2023). The number is increasing which is good that it is getting closer to the normal range.
BUN	27 mg/dl	25 mg/dL	10-20 mg/dl	This lab is elevated. The reason for this elevation can be from the clients history of diabetes, hypertension, callus of kidney and past medical diagnosis of acute kidney failure, or possible dehydration or from a medication the client is taking such as furosemide that increases BUN (Pagana et al., 2023). The number is slightly

				decreasing which is a good sign towards healing.
RBC	4.25 10(3)/mcL	3.63 10(6)/mcL	3.8-5.3 10(6)/mcL	The reason for the decrease in red blood cells would be from the clients medical history if anemia as well as the clients history of kidney problems (Pagana et al., 2023). This can also be decreased from a dietary deficiency the client may have.
Hemoglobin	13.3 g/dL	11.2 g/dL	12.0-15.8 g/dL	Hemoglobin is decreased because of the clients medical history if anemia and history if kidney issues, as well as a possible nutrition deficiency the client may be experiencing (Pagana et al., 2023).). A reason

				for decrease as well would be from the patients history of a stroke.
Hematocrit	40.3 %	33.5 %	36-47%	Hematocrit is decreased slightly from the clients medical history of anemia and kidney issues (Pagana et al., 2023). A reason for decrease as well would be from the patients history of a stroke.
Monocytes	2.0 %	6.4 %	4.0-12.0 %	Decreased monocytes is an indication of a possible infection or an underlying condition (Pagana et al., 2023). The number is back in the normal range which is good.
Creatinine blood	1.17 mg/dL	0.78 mg/dl	0.6-1.0 mg/dL	Creatinine that is elevated can be an indication of reduced blood flow to the urinary system which can be from dehydration

				(Pagana et al., 2023). The number is back in the normal range which is important.
GFR estimated	54	>60	Greater or equal to 60	A reason for the decreased in GFR would be from dehydration when the patient was admitted into the hospital (Pagana et al., 2023). The patient is now in the normal numbers, which is important. This can also be from the clients medical history of hypertension which can lead to reduced blood flow to the kidneys, as well as diabetes.
GFR est nonafrican	48	>60	Greater or equal to 60	A decrease in this lab can be from dehydration, a history if hypertension, and age (Pagana et al., 2023). The patient is now

				in the normal numbers, which is important.
Urine glucose	3+	N/A	Negative	An elevation in this can be a side effect of the clients diabetes history and/or from the recent injury the patient had experienced (Pagana et al., 2023). It can also be an indication of a possible kidney disease. The client now has no glucose in her urine which is good.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR knee 1 or 2 views left. The information being sought is if there is an abnormality in the body and bone structure, causing this patient pain (Pagana et al., 2023). On these scans, inflammation can be seen, soft tissue swelling,	Pain in the left leg.	The knee joint has some noticeable arthritis, especially on the inner side. There aren't any signs of recent fractures or dislocations.

infection, healing, fracture, or congenital defect (Pagana et al., 2023). This information is all pertaining to the knee of the affected side.		
XR hip 2-3 views with pelvis unilateral left. The information being sought is if there is an abnormality in the body and bone structure, causing this patient pain (Pagana et al., 2023). On these scans, inflammation can be seen, soft tissue swelling, infection, healing, fracture, or congenital defect (Pagana et al., 2023). The information is all pertaining to the hip and the pelvis, which is where the client had the most difficulty and ultimately leading to the diagnosis and treatment.	Pain in left leg.	There's a fracture in the neck of the left femur just below the head, causing the lower part to shift upwards. The X-rays of the left hip and pelvis look normal, and there's no sign of any dislocation.
EKG 12 lead. The reason this	This was preformed because of the	Normal sinus rhythm

test was given was to show the impulses in the clients heart (Pagana et al., 2023). This is used to identify the clients heart rate, deflections, and rhythm. This test was done just to compare to the clients recent EKG.	previous EKG as was given pre operatively.	and a normal ECG were observed. When compared to the ECG from December 2024, no changes were noted.
Ct abdomen pelvis with contrast. The reason this test was given was to help identify any abnormalities (Pagana et al., 2023). It can help view tumors, inflammation, bleeding, or an obstruction to help in the diagnoses process. This was used to view the clients hip and help the healthcare team get a better view of the clients pain to help treat the pain and fracture.	This was given to help investigate further of the clients left hip pain.	There is quite a few small mesenteric lymph nodes scattered about, along with some swelling in the central mesentery, which could indicate an ongoing inflammation that needs checking out with clinical and lab tests. Also, there's a fracture in the upper part of the left femur.

Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's diagnostic & laboratory test reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Admission weight	This is an important order which can aid in prescribing medication, assess nutrition status and fluid intake.
Apply ice to affected area	The reason for this order is to help the inflammation go down on the patients left side as well as potentially help with the pain the client is experiencing.
COVID-19 flu and pneumonia vaccine screen	This is done as a precaution in the hospital admission process to know if they need to isolate the client from other individuals and if the health care team needs to care for this infection and protect themselves.
Discharge orders revied by pharmacist	The reason for this order is to document the clients medication list and confirm with the pharmacist the medications the client will be prescribed with when discharged.
Elevate head of bed – to patient comfort	Elevating the head of bed will aid in the

	medical history of the patients sleep apnea. This will also help with the breathing of the client post op.
For blood sugar of 70 mg/dL or less	This is for interventions that can be done for this patient if her glucose gets down below 70.
Insert/maintain peripheral IV	The reason for this order is to have a patent IV for potential medications and if there happens to be a potential complication with the client.
Intake and output	Number of voids and stools is measured to measure the clients health nutritionally and can help prevent complications.
No dressing changes	The possible reason for this order is because it is a new wound or a new dressing. This can help aid in not getting an infection.
Notify physician if hypoglycemia signs and symptoms occur	Notifying the physician is important so they can help in the treatment and prescribe certain medications or interventions the nurse can do to help the patient when they are hypoglycemic. The physician may also just want to know the status of the patient.
Notify physician	If pulse is less than 50 or greater than 120,

	respirations are less than 10 or greater than 30, urine output is 240ml/8 hour, systolic is less than 85 or greater than 180, diastolic blood pressure less than 50 or greater than 105, pulse ox less than 90, or new or worsening pain. This is important because the health care team can take action and provide medical interventions to help stabilize the patient, especially someone in her case who is demented and has just had recent surgery.
Notify physician when prior to admission medication review has been completed.	Notifying the physician of this action is important in the prescribing of medication for hospital stay and if the client will need to take a new medication. This is also important for the provider to see if there is any contraindications of the clients medication reconciliation.
Nursing communication	Being a good communicator in nursing is important when multiple are caring for this client during their stay. As well as other nurses who are helping in the care of a patient is entitled to know about the patient and the plan of care.

Nursing night calls	This refers to the communication of nurses "after hours" who are taking care of patients. It is important to respond to a patient and their needs at any time of the day and if the patient needs something, you get it.
Preform POC blood glucose – AC & Hs	This active order describes the action of taking the patients' blood glucose at bedside which can aid in making treatment decisions. This means at bedtime and before meals.
Post hypoglycemia treatment and blood sugar greater than or equal to 80 mg/dL	The reason for this active order is to ensure the health care team knows this level is safe and healthy for this client and the interventions provided worked.
Strict bedrest	The reason for this active order is because the client is post-op of a hip surgery, and it is important they heal.
Strick intake and output	Intake and output is important in monitoring your patients status and the condition your patient is in. Doing this, will help the nurse and staff implement interventions if the client is not meeting a healthy goal of intake and output.
Verify discontinuation of anticoagulants and	Verifying the discontinuation of the

antiplatelets	medication ensures the nurse and health care provider will not give it anymore.
Verify informed consent	Informed consent is important in verifying the client knows what is going to happen with the procedure and are voluntarily agreeing to it despite the possible outcomes.
Vital signs per unit routine	Vital signs are important to assess the clients overall health status, and it can help detect an issue. This is also used to monitor a clients health problem.
Vital signs Q5 minutes	Vital signs every 5 minutes is to closely monitor the patient, such as after surgery, to monitor for a decline or changes in health.
No weight bearing left lower extremity	No weight bearing is because of the clients recent trauma and surgery on the left. Not bearing weight will prevent complications and adverse effects.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Furosemide by mouth	The client is taking this medication for their medical history of hypertension.
Magnesium lactate by mouth	The client is taking this medication for their constipation.
Melatonin 3 mg tablet	The client is taking this medication to help them sleep.

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen (Tylenol) tablet of 650 mg every 4 hours	Amlodipine (norvasc) tablet 5 mg orally, daily	Atorvastatin (Lipitor) tablet 80 mg every night	Calcium carbonate (tums) chewable tablet 1000mg	Enoxaparin (lovenox) injection 30 mg every 12 hours	Gabapentin (neurontin) capsule 10 mg 3 times a day
Classification	Pharmacological class: nonsalicylate, para-aminophenol derivative	Pharmacological class: Calcium channel blocker (Jones & Bartlett,	Pharmacological class: HMG-Coa reductase inhibitor (Jones & Bartlett, 2023).	Pharmacological class: calcium salts (Jones & Bartlett, 2023). Therapeutic class: antacid, antihypermagn	Pharmacological class: low-molecular-weight heparin (Jones & Bartlett,	Pharmacological class: 1-amino-methyl cyclohexa nacetic acid

	(Jones & Bartlett, 2023). Therapeutic class: antipyretic, nonopioid analgesic (Jones & Bartlett, 2023).	2023). Therapeutic class: antianginal and antihypertensive (Jones & Bartlett, 2023).	Therapeutic class: antihyperlipidemic (Jones & Bartlett, 2023).	esemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, and cardiotonic (Jones & Bartlett, 2023).	2023). Therapeutic class: anticoagulant (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023). Therapeutic class: anticonvulsant (Jones & Bartlett, 2023).
Reason Client Taking	The client is taking this medication for pain control.	The client is taking this medication to help treat their hypertension.	The client is taking this medication for their hyperlipidemia.	The client is taking this medication for heart burn and indigestion.	The client is taking this medication because of their recent surgery and bedrest was implemented. This is to prevent blood clots in the client during their hospital stay.	This medication can be used for osteoarthrosis, post-stroke, as well as the clients cerebrovascular disease (Jones & Bartlett, 2023).
List two teaching needs for the medication pertinent to the client	Do not take more than prescribed and when you do not have pain since this can lead to kidney impairment and this	Monitor the effectiveness of this medication to see if it does control your hypertension well and to	This medication can also lower your blood pressure so monitoring your blood pressure while taking this medication	This medication can possibly lead to constipation which this client has a medical history of (Jones & Bartlett, 2023). This medication can	Taking aspirin while taking this medication can put the patient at risk for bleeding (Jones & Bartlett, 2023).	This medication can lower blood sugar (Jones & Bartlett, 2023). Since this client has diabetes, it

	client has a history of kidney issues and diabetes (Jones & Bartlett, 2023). Instruct the patient on different ways to take this medication since they do have a history if a stroke and may have an issue with swallowing.	educate on the potential renal impairment this can cause since they do have a history of renal issues and diabetes (Jones & Bartlett, 2023).	as well as the amlodipine is important (Jones & Bartlett, 2023). This medication also can affect blood glucose, which is important to note since this patient is diabetic. Making sure this medication is administered the same time of the day, each day is important so educating the patient or care giver on the importance of this schedule is important in maintain effects (Jones & Bartlett, 2023).	also put the kidneys at risk for renal calculi, which this patient has a history of (Jones & Bartlett, 2023).	Since this patient already has a history of falls and anemia, Enoxaparin can cause anemia from the risk for bleeding (Jones & Bartlett, 2023).	is important they monitor their blood sugar so it does not get to low when taking this medication. This medication can also cause a lot of central nervous system adverse reactions such as a seizure and anxiety, which this client has a history of. It is important this client knows these possible adverse reactions when taking this medication with their medical history.
Key nursing assessment(s)	Assessing the patients pain level	Assessing the patient's heart rate	Viewing the clients liver studies as	Assess for renal impairment or calculus or an	Assess the clients kidneys for	Assess the clients mental status and

prior to administration	before administration and assessing the clients kidney function is important before administering this medication (Jones & Bartlett, 2023).	and blood pressure (Jones & Bartlett, 2023).	well as blood glucose since this medication can affect blood glucose control (Jones & Bartlett, 2023).	elevated calcium level before administering this medication (Jones & Bartlett, 2023).	adequate function as well as if they are currently bleeding (Jones & Bartlett, 2023).	the clients blood sugar (Jones & Bartlett, 2023).
Brand/ Generic	Glimepride (amaryl) tablet 2 mg daily with breakfast, oral		Dextrose 50% solution 12.5g intravenous	Glucagon emergency injection kit 1 mg intramuscular or subcutaneous	Insulin lispro (Humalog) 100 units/ml injection 3 times daily after meals	Magnesium hydroxide (milk of magnesia) 400 mg/5ml suspension 30 mL orally
Classification	Pharmacological class: Sulfonylurea (Jones & Bartlett, 2023). Therapeutic class: Antidiabetic (Jones & Bartlett, 2023).		The drug class for this medication is a glucose elevating agent (Drugs.com, 2024). I was not able to find the specific pharmacological and therapeutic class for this medication.	Pharmacological class: pancreatic hormone (Jones & Bartlett, 2023). Therapeutic class: antihypoglycemic, diagnostic aid adjunct (Jones & Bartlett, 2023).	Pharmacological class: rapid-acting (Jones & Bartlett, 2023). Therapeutic class: biologic medications.	Pharmacological class: mineral (Jones & Bartlett, 2023). Therapeutic class: electrolyte replacement (Jones & Bartlett, 2023).
Reason Client	The client is taking		This is for low blood	This is for low blood sugar.	The client is taking	This medicatio

Taking	this medication to control blood glucose.		sugar.		this medication for their history of diabetes.	n is a third line option for constipation for this patient.
List two teaching needs for the medication pertinent to the client	Monitor your blood glucose since this medication can cause hypoglycemia (Jones & Bartlett, 2023). Education the patient on taking this medication in the morning and to not skip a dose of this medication since it helps with the control of their diabetes (Jones & Bartlett, 2023).		Educating the patient on the side effects of this medication such as potential phlebitis is important since this client has a history of anxiety and it is important to prepare and educate before administering (Drugs.com, 2024). This may also cause hyperglycemia, and it is important to educate the client on if they feel hyperglycemia and are getting symptoms of a high blood sugar, to notify the	Educate the client on signs to monitor for when it comes to hypoglycemia to prevent further complications (Jones & Bartlett, 2023). Educate the client on how to give the injection if needed in emergency situations when the client is experiencing hypoglycemia.	Educate this patient on the rotation of sites for injection (Jones & Bartlett, 2023). Educate this client on the importance of using this medication right after you eat and following the prescription to help manage blood sugars (Jones & Bartlett, 2023).	With this medication, it is important to educate the client on the importance of not taking this continuously since this can lead to electrolyte imbalances (Jones & Bartlett, 2023). On top of this medication, educate the patient on increasing dietary fiber and moving as much as you can to prevent constipation and the use of this medication (Jones & Bartlett, 2023).

			health care (Drugs.com, 2024).			
Key nursing assessment(s) prior to administration	Nursing assessments prior to this medication administration include the clients glucose as well as the clients kidney function (Jones & Bartlett, 2023).		Assess the clients IV site is patent and a small-bore needle and assess the clients blood sugar before administration (Drugs.com, 2024).	Assess the clients glucose level as well as blood pressure (Jones & Bartlett, 2023).	Key nursing assessments would be to check the blood glucose and observe for signs of hypoglycemia (Jones & Bartlett, 2023).	Assess the clients need for this medication by doing a physical assessment as well as checking the clients electrolytes (Jones & Bartlett, 2023).
Brand/ Generic	Magnesium oxide (mag-ox) tablet 400 mg daily orally	Metformin (Glucophage) tablet 1000mg 2 times daily with meals	Ondansetron (Zofran) injection 4 mg given every 4 hours	Polyethylene glycol (MiraLAX) packet of 17 grams	Sertraline (Zoloft) tablet of 50 mg orally every day	
Classification	Pharmacological class: Mineral (Jones & Bartlett, 2023). Therapeutic class: electrolyte replacement (Jones & Bartlett, 2023).	Pharmacological class: Biguanide (Jones & Bartlett, 2023). Therapeutic class: antidiabetic (Jones & Bartlett, 2023).	Pharmacological class: selective serotonin (5-HT3) receptor antagonist (Jones & Bartlett, 2023). Therapeutic class: antiemetic (Jones & Bartlett, 2023).	This medication is in the laxative class and the osmotic class but was I was not able to find specifics (Dabaja, 2023).	Pharmacological class: selective serotonin reuptake inhibitor (Jones & Bartlett, 2023). Therapeutic class: Antianxiety, antidepressant,	

					antiobsessive compulant, antipanic, antiposttraumatic stress, antipremensturl dysphoric (Jones & Bartlett, 2023).	
Reason Client Taking	The client is taking this medication for heart burn and indigestion (Jones & Bartlett, 2023).	The client is taking this medication to help control her diabetes.	This medication is for nausea.	This medication is given for constipation	The client is taking this medication for their anxiety and depression.	
List two teaching needs for the medication pertinent to the client	This medication can also be used for constipation so educating the patient on not taking this medication as the milk of magnesia is important (Jones & Bartlett, 2023). Taking double can be	Educate on taking this medication directly as it is prescribed to ensure it is working (Jones & Bartlett, 2023). Educate on the importance of monitoring weight, blood sugar, diet, and exercising	Educate this client on the adverse reactions this medication can cause on the heart and to notify the health care team if she feels like her heart is racing and that her chest hurts (Jones & Bartlett, 2023). This medication can also	Educate the client on the possible side effects of nausea and vomiting (Dabaja, 2023). This is pertinent to this client since they are ondansetron for nausea currently. Do not use this medication more than once per day which can lead to adverse effects and electrolyte imbalances.	Educate the patient on if they feel suicidal or homicidal to contact their provider or call 911 (Jones & Bartlett, 2023). If you take aspirin with this medication it can put you at risk for bleeding (Jones & Bartlett,	

	harmful. Instruct the patient to chew this tablet then swallow it, then drink some water (Jones & Bartlett, 2023).	regularly while on this medicatio n (Jones & Bartlett, 2023). This medicatio n also has an interaction with calcium channel blockers that can possibly reduce the effect of the drug.	cause burly vision and since this client already has a medical history of diplopia, this may become worse (Jones & Bartlett, 2023).		2023).	
Key nursing assessme nt(s) prior to administ ration	Assess the clients blood pressure and heart rate (Jones & Bartlett, 2023).	Assess blood sugar and GFR rate (Jones & Bartlett, 2023).	Asses the clients need for the medication as well as the clients vitals, especially heart rate and blood pressure (Jones & Bartlett, 2023).	Assess the patient for the need of the laxative as well as the clients electrolyte levels (Jones & Bartlett, 2023).	Assess the clients vitals and renal function (Jones & Bartlett, 2023).	

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Acetaminophen	I chose this medication	**1.** Hypertension (Jones & Bartlett, 2023).

(Tylenol)	because it is important in this patient to control pain level since they have just undergone surgery.	**2.** Constipation (Jones & Bartlett, 2023).
2. Enoxaparin (lovenox)	I chose this medication because it is important while in the hospital to monitor and take interventions to prevent a deep vein thrombosis that can lead to a stroke.	**1.** Bleeding (Jones & Bartlett, 2023). **2.** Difficulty breathing (Jones & Bartlett, 2023).
3. Insulin lispro (Humalog)	I chose this medication since it is important in managing the clients diabetes.	**1.** Hypoglycemia (Jones & Bartlett, 2023). **2.** Anxiety (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Dabaja, A., Dabaja, A., & Abbas, M. (2023, May 8). Polyethylene Glycol. *StatPearls*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK557652/

Drugs.com. (2024, December 11). *Dextrose 50% injection: Package insert/prescribing info.* Drugs.com. https://www.drugs.com/pro/dextrose-50-injection.html#s-34067-9

Nurse's drug handbook. (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:**	The client was alert and oriented to person place and time. The client was in no distress. She has just woken up from a nap. The clients overall

Distress: **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	appearance is groomed well, smiling, and happy to let me do an assessment. There were no infection control precautions. There were no complaints of the client at the time of my assessment.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	The vital signs were taken at 1445. The clients temperature was 97.9 degrees Fahrenheit. The clients pulse was 107 beats per minute. The clients oxygen saturation was 96% on room air. The clients blood pressure 103/63 mmHg.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	At 1445 the client was in 1/10 pain, on a numeric scale. The pain is in her left hip when she moves it. The characteristic is dull pain with interventions of bedrest and keeping the leg straight.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	IV was in the left hand, 20 gauge IV, inserted on 2/10/2025. The IV was patent with no pump hooked up to it. There was no redness, bruising, swelling, or irritation around the clients IV. The dressing was intact. Saline lock was in place.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 13 **Drains present: Y☐ N ☒** **Type:**	The clients skin color was white, warm to touch, bruising was on her left leg and elbow crease, there was a bandage on the left hip from the surgery and a scar on the patients forehead, they forgot what it was from. There were no rashes or other lesions noted on this patient. There were no wounds on this patient. I was not able to observe the clients surgery wound. Braden score of 13. No drains present. Normal quantity, distribution, and texture of hair. Capillary refill is less than 3 seconds on fingers and toes bilaterally and there is no tenting observed.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The clients head had a scar on her forehead. The client can move neck and head well, and are symmetrical, trachea is midline with no noted scars, lesions, or bumps. The clients carotid pulses were palpable +2. The client had a missing front tooth, nose was clear and free of drainage as well as ears. Dentation was fine and oral mucosa

	was pink and moist. PERRLA was intact but EOMs were not intact. Sclera was white and conjunctiva was pink. .
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:**	Apical pulse was present and palpable. No murmurs, gallops, or rubs heard upon auscultation. Normal rate and rhythm on all 5 spots. Peripheral pulses were palpable as well as present. Capillary refill was less than 3 seconds on fingers and toes bilaterally. There was no neck vein distension. No edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No accessory muscle used observed. No wheezing, rhonchi, or crackles heard upon auscultation. The client had a normal rate and pattern of respirations and were non-labored and clear.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The clients diet at home is regular. She enjoys soup and grilled cheese. Her current diet is regular, and she is tolerating it well. Height is 5 feet 7 inches, and she weighs 141 pounds. I was able to hear some gurgling and bowel sounds were active. The client was unsure of her last bowel movement. Upon palpation the client winced when I was palpating the lower quadrants, further down. She claimed she was constipated and had been trying to go to the bathroom. There was no distension, incisions, scars, wounds, or drains. She doesn't have an ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	The color I observed in her urine was a dark amber color with little output. It was clear with little floaties, she had no pain, no dialysis, no catheter, but she did have a pure wick.

Inspection of genitals: **Catheter: Y ☐ N ☒** **Type:** **Size:**	
Intake (in mLs) **Output (in mLs)**	The patient ate 75% of her lunch meal and a 240-ounce cup of water with MiraLAX during my shift. During my shift, the client never passed stool or urinated with nothing in the canister from their pure wick.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Clients nail beds were intact, warm to the touch, has active range of motion and is currently using a walker. 5/5 strength of pushes and pulls on hands and feet bilaterally. She needs ADL assistance. Fall score is 70. Her activity status is limited as of right now since she just had surgery.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	She can move all extremities well expect her left leg. PERLA was intact. Equal strength. She is oriented to the environment. Her mental status seems well. Her speech is a little hard to understand. She is awake and answers appropriately.
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 client is divorced and has one daughter who she is close with as well as her sister. She uses the coping method of watching TV and hanging out with her friends at La Bella. She is not religious. This patient explained to me it is difficult for her to write and read now. She explained how she used to love to read and now she can't. She lives in Danville and her family lived in Rantoul, so she doesn't get to see them much. She can form a sentence or two for a little while but them her word get scrambled up. She is

	able to make a decision.

Discharge Planning

Discharge location: La Bella nursing home in Danville, where she lives.

Home health needs: Physical therapy and ADL assistance.

Equipment needs: Walker.

Follow-up plan: Monitor the progress of the patient post partial hip arthroplasty.

Education needs: exercises and interventions to heal appropriately. Although it would be essential to educate the nursing home rather than the patient about her needs, it is important to include her.

Nursing Process
Must be NANDA approved nursing diagnosis and listed in order of priority

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Impaired physical mobility related to musculoskeletal impairment as evidence by decrease in range of	I chose this diagnosis because of the clients temporary limited mobility. This client had a major fracture	This client will be able to perform range of motion exercises on her	**1.**Preform range of motion exercises and passive range of motion exercises with patient to prevent complications (Phelps, 2023). **2.**Turn and position	This client was free from pressure injuries at the end of her stay as the client was able to lift her leg up alone

motion(Phelps, 2023).	of a major bone so this nursing diagnosis can current state of the patient can put the patient at more risk for complications.	own before her discharge (Phelps, 2023).	the patient every 2 hours to prevent pressure injuries (Phelps, 2023).	and move it.
2. Acute pain related to physical injury as evidence by verbalized pain as a 10/10 (Phelps, 2023).	I chose this nursing diagnosis because pain plays a big part in injury and controlling that pain is important inpatient comfortability and recovery.	The clients pain level will be a 1/10 before discharge (Phelps, 2023).	**1.** Administer pain medication (Phelps, 2023). **2.**Implement relaxation techniques such as repositioning (Phelps, 2023).	The interventions were evaluated well, and the client was receptive to these interventions. The clients pain level was a 1/10 on discharge date.
3. Impaired skin integrity related to pressure as evidence by immobilization (Phelps, 2023).	I chose this nursing diagnosis because the client is at higher risk for a pressure sore since they are immobile and injured physically.	The client will be free of pressure injuries by the end of their stay (Phelps, 2023).	**1.** Inspect the clients skin integrity every 8 hours for any abnormalities (Phelps, 2023). **2** Turn and reposition the client every 2 hours (Phelps, 2023).	The interventions implemented were successful since the client was free of any break in skin integrity and free of a pressure sore.
4. Decreased activity intolerance related to impaired physical mobility as evidence by generalized weakness	I chose this nursing diagnosis because of the immobilization the client is experiencing post op and from the physical	The client will perform small self-care activities to tolerance level by	**1.** Provide emotional support and encouragement (Phelps, 2023). **2.** Turn and reposition the patient every 2 hours to	The outcome of these interventions was not able to be observed due to the fact the client was discharged back to the nursing home.

(Phelps, 2023).	injury.	discharge (Phelps, 2023).	prevent skin breakdown (Phelps, 2023).	There was no evidence of skin breakdown, so that intervention was successful.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.) Wolters Kluwer.