

**N311 Care Plan 2**

Shiann Manint

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman

March 4<sup>th</sup>, 2025

### Demographics

<b>Date of Admission</b> 02/24/2025	<b>Client Initials</b> D.C.	<b>Age</b> 68 years old	<b>Biological Gender</b> Female
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Unemployed	<b>Marital Status</b> Divorced	<b>Allergies</b> Erythromycin – Vomiting Shellfish Allergy - Vomiting
<b>Code Status</b> Full Code	<b>Height</b> 5'0"	<b>Weight</b> 51.2 kg (112 lb)	

### Medical History

#### Past Medical History:

Abnormal pap smear of cervix, Back Pain, Bowel Trouble, COPD, Fractured Hip, Hemorrhoids, Hypertension, Joint Infection, Mental Disorder, Osteoarthritis, Postpartum Depression, Systemic Lupus Erythematosus

#### Past Surgical History:

Ankle Surgery, Hysterectomy, Cervical Spine Surgery, Tonsillectomy and Colonoscopy (8/16/22)

#### Family History:

Maternal grandma and grandpa had a heart attack. Paternal grandpa had Parkinsonism.

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

No alcohol use. Smoked cigarettes 42 years ago. 63.1 packs a year. Exposed to tobacco smoke but not exposed to smokeless tobacco. Currently smokes marijuana about 10 times a week.

#### Education:

The patient did not graduate high school. Attended a community college to get GED.

#### Living Situation:

Currently, the patient does not have anywhere to go. Before surgery, the patient lived with a family in a one-bedroom apartment on the second floor with three other people. The family stated to the patient that they do not want them returning to the apartment after discharging due to the patient not being able to do the tasks around the house the patient did before surgery. Referrals have been sent out to long-term care facilities and assisted living facilities. Patient refuses.

**Assistive devices:** No assistive devices were used before surgery. Physical therapy recommends a four-wheeled walker at discharge.

### **Admission Assessment**

**Chief Complaint:** Long-lasting left hip pain.

**History of Present Illness (HPI) – OLD CARTS:** Did not state when the hip pain started. Pain is in the left hip. The patient has tried medications and modifications to ADL, but they did not work. The chart did not state what medications the patient tried or which modifications were used. Pain is severe and affects the patient's ability to ambulate at home. The pain wakes the patient up in her sleep. There was no trauma to the hip. The patient stated that the pain does radiate to her groin on the left side.

**Diagnostic Test:** Left hip X-ray upon admission into the hospital before the surgery, and one more X-ray was done after surgery.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** Left Hip Degenerative Joint Disorder

**Secondary Diagnosis (if applicable):** Not applicable.

### **Pathophysiology**

**Pathophysiology of the Disease, APA format:**

Osteoarthritis commonly occurs in the middle-aged population along with the elderly. It is a degenerative joint disorder commonly occurring in the hip and knees that is a slow progression. Osteoarthritis happens when there is excessive pressure on a joint that eventually wears out the cartilage. This occurs from frequent inflammation in the joint. As Capriotti (2024) stated, “Inflammation occurs as cytokines, various inflammatory mediators, and metalloproteases are released into the joint and degrade the cartilage” (p. 1011). The body tries to repair the cartilage that is being damaged by proteoglycans. The human body can only produce so many proteoglycans, leading to osteoarthritis progression. Eventually, the decrease of proteoglycans leads to cartilage erosion (Capriotti, 2024). Without cartilage in the joint, bones rubbing against each other will lead to bone loss.

Pain is the most reported symptom of osteoarthritis. Some interventions help relieve the pain, but most of the time, they are not good long-term. Patients can complain of a burning sensation of the surrounding area of the affected joint (Capriotti, 2024). My patient complained of long-lasting pain, which led to the option of surgery. They complained of a constant throbbing pain that radiated to their groin.

There are interventions that can help relieve the pain that can come with osteoarthritis. Modifications to activities of daily living along with the use of assistive devices (Trojian, Naik, 2024). The use of pain medication and injectable therapies such as corticosteroids. Physical therapy can help improve movement and the use of the joint. It is recommended to try nonsurgical interventions before surgery is prioritized (Trojian, Naik, 2024). There is a variety of interventions to help with the symptoms related to osteoarthritis. Not every client is able to hold off surgery if they are still very mobile and work. Determining the needs of the client is very important when discussing treatment plans. Surgery is the most invasive intervention for

osteoarthritis, normally involving joint replacement. My patient had tried to modify activities that were done at home to help with help, but they were ineffective. They also tried the use of medications which did not help. They opted for the surgical option, which was a left hip arthroplasty.

### Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Trojian, T., & Naik, H. (2025). Arthritis: Knee and Hip Osteoarthritis. *FP Essentials*, 548, 6–12.

### Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0736	76	121/72	18	97.6 (36.4)	99% on Room Air

### Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0751	0-10	Left Hip	7	Constant, Throbbing	Pain Medication given

### Intake and Output

Intake (in mL)	Output (in mL)
480 mL	2 voids, 1 stool

**Nursing Diagnosis**  
**\*Must be NANDA approved nursing diagnosis\***

<p style="text-align: center;"><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p style="text-align: center;"><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p style="text-align: center;"><b>Interventions (2 per dx)</b></p>	<p style="text-align: center;"><b>Outcome Goal (1 per dx)</b></p>	<p style="text-align: center;"><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?               <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
<p>1. Acute pain related to left hip arthroplasty as evidenced by rating pain a 7 after surgery.</p>	<p>I chose acute pain as a nursing diagnosis because it is important to keep up with pain management after surgery because pain can result in deficits of the patient.</p>	<p>1. Patient will be able to identify factors that alleviate the pain and ones that help relieve the pain.            2. Patient will help implement nonpharmacologic interventions to help ease the pain without the use of medication such as ice packs or repositioning.</p>	<p>Patient will be to develop a plan by discharge to help make modifications at home to help decrease pain associated with activities of daily living.</p>	<p>Patient was not able to meet this outcome due to not knowing where they will be going after discharge.</p>
<p>2. Impaired physical mobility related to pain as evidence by constant throbbing pain in left hip.</p>	<p>I chose impaired physical mobility as the nursing diagnosis because the patient can have a limitation with</p>	<p>1.Patient will attend physical therapy sessions at least twice a day.            2.Patient will perform range of motion activities twice a day once in the morning and once at night to help increase the mobility of</p>	<p>1. Patient will be able to tolerate activities of daily living without moderate pain by discharge date.</p>	<p>Patient was not able to meet this outcome due to not being discharged from the hospital.</p>

	movement after having surgery. This can impact their activities of daily living which involve toileting, bathing, and impacting their overall quality of life.	their left hip.		
--	--	-----------------	--	--

### References

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

