N311 Care Plan 2

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N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission 9/30/25	**Client Initials** BB	**Age** 90	**Biological Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Morphine, Penicillin, Sulfa Antibiotics
Code Status Full	**Height** 5’ 4”	**Weight** 151lbs 14.4oz	

Medical History

Past Medical History: Stroke and hypertension

Past Surgical History: Patient and patient’s son state that the patient has no prior surgical history. Review of the patient’s chart confirms this.

Family History: Both parents had “heart trouble,” according to the patient. Additionally, patient states sister was diagnosed with hypokalemia. Patient is not aware of any medical conditions pertaining to their grandparents.

Social History (tobacco/alcohol/drugs, including frequency, quantity and duration of use): Patient denies any tobacco, alcohol, or drug use. She states that she “has never used any of these substances”.

Education: Beauty culture school, obtained licensure in Illinois and Indiana.

Living Situation: Patient lives independently at home. Patient states that she is very organized and “if you wanted me to show you where a toothpick was, I could bring you right to it”. Relies on her children for transportation d/t previous stroke.

Assistive devices: Walker, cane, and bifocals

Admission Assessment

Chief Complaint: Fall

History of Present Illness (HPI) – OLD CARTS:

Patient was admitted to the hospital after sustaining a fall. The patient was found on the carpet by her son in the morning. The patient states that she was trying to put on her shoe to get the mail when she stumbled and fell on her hip. Upon falling, the patient stated that she crawled over to the carpet, where she found it to be less harsh than the hardwood floor. She remained there overnight until she was found by her son. Patient locates the pain around her left hip, denying any pain in her left knee. When asked to describe the pain, the patient responds, “I could not describe it. It is the worst pain imaginable”. Patient describes excruciating pain when performing both active and passive range of motion. Aggravation of the pain includes any type of motion exercises with her left leg. Patient was unable to try anything to relieve her pain. Patient was unable to try any treatment options to relieve her pain until admission into the hospital.

Primary Diagnosis

Primary Diagnosis on Admission: Intertrochanteric Fracture of the Left Femur

Secondary Diagnosis (if applicable): n/a

Pathophysiology

Pathophysiology of the Disease, APA format:

Proximal femoral fractures, particularly those defined as intertrochanteric fractures (ITFs), are extracapsular fractures that occur in the proximal femur between the greater and lesser trochanters (Attum & Pilson, 2022). This segment of the femur is composed of dense trabecular bone, which, in the elderly population, is more susceptible to injury due to osteoporosis. ITFs are classified as severe, life-threatening injuries due to the profound secondary complications they can cause throughout the body (Graulich et al., 2025). One particular reason that ITFs are life-threatening is due to the phenomenon of "Hidden Blood Loss" (HBL) (Cui et al., 2021). HBL refers to the significant volume of blood loss during an ITF, which cannot be externally visible but rather is concealed within the large muscle compartments of the thigh and hip (Cui et al., 2021). Furthermore, failure to acknowledge the existence of HBL can promote hypovolemia, resulting in tissue hypoperfusion and shock (Cui et al., 2021).

Signs and symptoms of an ITF shown within the patient are as follows. The report of severe, unrelenting pain in the hip and groin, combined with the inability to bear weight. This is a prominent sign of physiological injury around the femoral area. Additionally, upon giving the patient a bed bath, the left leg was observed to be externally rotated and shortened. As described by Attum & Pilson (2022), shortening and external rotation are due to the unopposed pull of the iliopsoas muscle inserting on the lesser trochanter.

The diagnosis of an ITF is supported by the statement of severe pain, inability to bear weight, and observation of a shortened and externally rotated left leg (Attum & Pilson, 2022). With the help of radiographic imaging to confirm skeletal injury between the greater and lesser

trochanter, these factors line up and support the diagnosis of an intertrochanteric fracture of the left leg.

Pathophysiology References (2) (APA):

Attum, B., & Pilson, H. (2022). Intertrochanteric Femur Fracture. PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK493161

Cui, H., Chen, K., Lv, S., Yuan, C., & Wang, Y. (2021). An analysis of perioperative hidden blood loss in femoral intertrochanteric fractures: bone density is an important influencing factor. BMC Musculoskeletal Disorders, 22(1). https://doi.org/10.1186/s12891-020-03922-x

Graulich, T., Omar, M., Sehmisch, S., & Liodakis, E. (2025). Controversies in the Treatment Strategies of Intertrochanteric Fractures: A Scoping Review and Discussion of a Literature-Based Algorithm. Journal of Clinical Medicine, 14(7), 2200. https://doi.org/10.3390/jcm14072200

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1100	108bpm	131/53mmHg	18RR	98.2F	93%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Verbal Rating Scale	Left Hip	10	"Indescribable Pain"	Administration of oxycodone per doctor's orders

Intake and Output

Intake (in mL)	Output (in mL)
540mL Orally (Drinking Water)	300mL (Urine) + 100mL (Urethral Catheter Non-Latex)

Nursing Diagnosis
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. Acute pain related to an intertrochanteric fracture of the left femur, evidenced by a severe pain rating of 10/10	Pain is the most immediate symptom following a femur fracture (Capriotti, 2024). Uncontrolled pain drives neuroendocrine dysfunction and stress-related anxiety, reducing the rehabilitation process (Aboushaar & Serrano, 2024).	**1.** Assess pain level every 2 hours using a standardized pain scale while observing for nonverbal signs of pain **2.** Administer prescribed analgesics as ordered, evaluate effectiveness within 30-60 minutes after administration	**1.** The client will report pain reduction of at least to 5/10 after administration of analgesics. Nonverbal pain indicators decreased.	Client reported noticeable pain reduction after administration of analgesics. Client rates the pain a 5/10 verbally. Noticeable decrease in facial grimacing noted.
2. Impaired physical mobility related to pain and musculoskeletal injury secondary to intertrochanteric fracture	Femoral fracture impairs joint function and causes significant muscle weakness and stiffness (Capriotti,	**1.** Monitor skin integrity and circulation of the affected leg for signs of pressure injury or deep vein thrombosis.	**1.** Client will demonstrate improved mobility by transferring from bed to chair with minimal assistance and show no signs	Client tolerated assisted transfers from bed to chair. No signs of compromised skin integrity or deep vein thrombosis upon inspection.

repair, evidenced by limited range of motion in the left leg	2024). Prolonged immobility increases risks of pressure ulcers and pneumonia (Ignatavicius et al., 2021).	**2.** Assist client with repositioning and transfers every 2 hours using assistive devices to prevent strain on fracture site.	of compromised skin integrity or deep vein thrombosis within 72 hours.	

Other References (APA):

Aboushaar, N., & Serrano, N. (2024, November 17). The mutually reinforcing dynamics between pain and stress: Mechanisms, impacts and management strategies. Frontiers. https://www.frontiersin.org/journals/pain-research/articles/10.3389/fpain.2024.1445280/full

Capriotti, T. (2024). Davis Advantage for Pathophysiology (3rd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719650533

Ignatavicius, D. D., Workman, M. L., Rebar, C. R., & Heimgartner, N. M. (2021). Medical-surgical nursing: Concepts for interprofessional collaborative care (10th ed.). Elsevier.