N311 Care Plan 4

Ava Cothron

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

10/05/2025

Demographics

Date of Admission 09/30/25	**Client Initials** BB	**Age** 90 y.o.	**Biological Gender** Female
Race/Ethnicity White/Caucasian	**Occupation** None Listed	**Marital Status** Widowed	**Allergies** Morphine Penicillin Sulfa Antibiotics
Code Status Full	**Height** 5’4”	**Weight** 151 lbs	

Medical History

Past Medical History: Hypertension

Past Surgical History: No past Medical History listed

Family History: Patient denies any family history

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

Patient reports to never smoking, never used smokeless tobacco, does not drink alcohol, and does not use drugs

Education: No education available, patients state that she worked as a stay-at-home mom

Living Situation: Independently at home

Assistive devices: No assistive devices needed

Admission Assessment

Chief Complaint: Fall

History of Present Illness (HPI) – OLD CARTS:

Patient is a 90 y.o. female with a history of hypertension presents from a fall on 9/29/25 patient states “after I fell I was in so much pain that I couldn’t move or reach my phone or anything, so I laid on the floor all night until my son came to check on me the next day at 1200”.

Patient have left hip pain and left knee pain. Patient states the pain is sharp and consistent and the only thing that helps relieve the pain is if she is sitting still in bed laying down. Patient states that any movement at all hurts. No treatment was received prior to the Emergency Department. Patient states that the severity of pain is on a scale of 10/10 when moving and 0/10 when patient is laying in bed.

Primary Diagnosis

Primary Diagnosis on Admission: Intertrochanteric fracture of left femur

Secondary Diagnosis (if applicable): Secondary Diagnosis not applicable

Pathophysiology

Pathophysiology of the Disease, APA format:

An intertrochanteric fracture is a type of hip fracture that occurs in the proximal femur between the greater and lesser trochanters. This region is composed primarily of cancellous (trabecular) bones, which is highly vascular and susceptible to injury, particularly in older adults with osteoporosis. At the cellular level, an intertrochanteric fracture disrupts normal bone integrity, resulting in vascular injury, hematoma formation, and an inflammatory response (Capriotti, 2024, p. 979). Hip fractures can be very dangerous and are mostly surgical to be able to fix a hip fracture. Osteocytes and osteoblasts at the fracture site initiate bone remodeling by releasing cytokines and growth factors, such as transforming growth factor-β and bone morphogenetic proteins, which promote callus formation and eventual bone healing (Capriotti 2024, p. 979). But in older patients this can be delayed which can increase complications such as increased immobility.

A Hip fracture can affect multiple body systems because if someone has a hip fracture, they're unable to move appropriately so this can affect the cardiovascular and respiratory systems. Pain and inflammation activate the sympathetic nervous system, increasing heart rate and blood pressure. Prolonged immobilization can lead to muscle atrophy, venous stasis, and risk for thromboembolism. Additionally, older adults are vulnerable to complications such as pneumonia, pressure injuries, and impaired wound healing (Capriotti, 2024). A hip fracture is usually diagnosed by a X-ray, if the radiologist see something that may look abnormal, they may order and MRI or a CT scan.

Nonoperative treatment is rarely indicated and should only be considered for non-ambulatory patients and patients with a high risk of perioperative mortality or those pursuing comfort care measures. The outcomes of this method of treatment are poor due to an increased risk of pneumonia, urinary tract infection, decubiti, and deep vein thrombosis (NIH, 2023). My patient had surgery to repair the break in the femur. In most cases an orthopedic surgeon will be consulted for surgery and will ask for a traction splint to be placed.

Pathophysiology References (2) (APA):

Attum, B., & Pilson, H. (2023, August 8). *Intertrochanteric femur fracture*. In **StatPearls**. StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK493161/

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory concepts and clinical perspectives* (3rd ed.). F. A. Davis Company.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	133	129	136-145	Low sodium (hyponatremia) sodium could be low from poor oral intake
White Blood Cells	15.55	17.66	4.00-12.00	High WBC (leukocytosis) which could indicate infection or inflammation
Red Blood Cells	3.82	2.90	3.80-5.30	Low RBC (Anemia) could indicate blood loss from hip fracture
Glucose	123	119	70-99	Mildly elevated glucose can occur due to infection
Hematocrit	35.9	27.7	36.0-47.0%	Low Hematocrit (anemia) indicates from blood loss during fracture or surgery

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
X-Ray of Left Knee	Patient fell, complaining of Left Knee pain	No acute fracture or dislocation
X-Ray of Left Hip	Patient fell, complaining of Left Hip Pain	Mildly displaced intertrochanteric fracture of Left proximal femur

Electrocardiogram (EKG)	Patient fell	Normal Sinus rhythm

Diagnostic Test Reference (1) (APA):

Current Medications

Brand/ Generic	Rocephin (ceftriaxone)	Hydrochlorothiazide	Lisinopril	Dilaudid (hydromorphone)	Tums (Calcium carbonate)
Dosage, Route, Frequency given	1 g IV (Intravenous) every 24 hours (diluted with 9 ml of normal saline, IV push over 3 minutes)	12.5 mg orally daily	10 mg orally daily	0.5-1 mg IV (Intravenous) every 3-4 hours as needed for pain	500 mg PO (by mouth) as needed
Reason Client Taking	Antibiotic – Patinet taking antibiotic to prevent surgical site infections	Patient taking to treat hypertension (high blood pressure) also helps to remove extra fluid	Patient taking to treat hypertension and is a ACE inhibitor that relaxes blood vessels	Patient taking to manage moderate to severe pain	Patient taking to relieve heartburn or indigestion also provides calcium supplementation to support bone health

Assessment

Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Patient is alert and Orientated **Orientation:** Patient is A&O x4, oriented to person, place, time, and situation **Distress:** No distress **Overall appearance:** well groomed	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home:** **Current 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:**	.
GENITOURINARY: **Color:** Yellow	

Character: Clear **Quantity of urine**: 300 ml Output **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** No redness, swelling, or discharge noted during foley care. **Catheter: Y ☒ N ☐** **Type: Urethral Catheter (foley)** **Size: 16 French**	
MUSCULOSKELETAL: **Neurovascular status:** Extremity warm to touch with palpable dorsal pedis pulses, Capillary refill intact and less than 3 seconds **ROM:** Limited range of motion in hip due to pain. Full range of motion in right lower extremity. **Supportive devices**: Patient uses walker and requires assistance for transfers to chair to bed or bed to chair **Strength:** Decreased strength in left lower extremity **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: High Fall Risk** **Activity/Mobility Status:** **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:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1315	100 BPM	121/62	16 BPM	97.8 Temporal	98% Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1400	0-10	Left Hip	10/10	Sharp consistent pain	Pain medication given

Intake and Output

Intake (in mL)	Output (in mL)
480 ml of liquid with lunch	300 ml of urine output measured on foley bag

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 physical injury agent as evidence d by patient rating her pain on a scale of 0-10 a 10	Chosen because patient is rating pain 10 out of 10	1.Provide patients with information to help increase pain tolerance, for example reasons for pain and length of time it will last 2.Apply heat or cold, as ordered	1. Patient decreases amount and frequency of pain medication within 72 hours	Patient states satisfaction with pain management regimen
2. Impaired physical mobility related to left hip fracture as evidence	Chosen because patient has limited range of motion due to left hip fracture	**1.** Work with physical therapy to assist patient with transfers and ambulation using a walker	1. Patient will demonstrate improved strength and safe mobility with assistance by discharge	Patient will be able to transfer from bed to chair with a one person assist and a walker

d by limited range of motion and decreased strength in left lower extremity		2.Encourage active and passive range of motion exercises		

Other References (APA):

Gedas Gudenas, J. K. (n.d.). *Nursing diagnosis reference manual. text with access code*. Books. https://www.matthewsbooks.com/productdetail.aspx?pid=9751PHE9895