N311 Care Plan # 1

Lakeview College of Nursing

Name: Joseph Runde

Demographics (5 points)

Date of Admission May 2018	Patient Initials E.J.B	Age 89	Gender F
Race/Ethnicity Caucasian	Occupation Retired Technician	Marital Status Single	Allergies Lisinopril
Code Status Full Code	Height 5’2	Weight 150	

Medical History (5 Points)

Past Medical History: Blood Clots, Hypertension, Low Potassium, Atrial Filbration

Past Surgical History: Left Hip, Left Shoulder, Thyroid Surgery, Bilateral Knee Replacement, Cateracts, Appendix, Sea Section, Right Leg Surgery, Lumpectomy, Hernia

Family History: Mother (Deceased)- Hypertension, Alzheimers Father (Deceased)- Blood Clot in Lungs

Social History (tobacco/alcohol/drugs): Patient states she does not use tobacco, alcohol, or drugs.

Admission Assessment

Chief Complaint (2 points): Left Leg Pain

History of present Illness (10 points): Patient complains of left leg pain in which she suffered a fall in May of 2018. She describes her pain as sharp intermittent pain. She states that walking makes her pain worse and to relieve her pain she uses Aspercreme. She states she had surgery on her leg right after her fall she sustained. She states her pain is at a 0 at this time.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fracture in Left Leg

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

A bone can be fractured through a bunch of different forces. Some of the forces being tension, compression, bending, torsion, and shear. A fracture will usually occur when a bone exceeds to much compacity. The stress on the bone will cause the bone to break in some way. A fracture is described as being any disruption, complete or incomplete break of the bone. There are a lot of different types of fractures that can take place. Some being a closed, open, incomplete, compression, transverse, greenstick, ect. If a bone is fractured there could always be a chance that the soft tissue could be injured and neurovascular damage. Injury to the nerves could cause a decrease in the level of consciousness, cause pain, and numbing. This could also lead to the vascular or the circulatory system being damaged. Injury to the vascular system could cause hemorrhage or ischemia to the tissue.

After the bone is broken it should go into the healing stage. There is a total of five stages that take place in the healing process. The first stage of healing is the fracture and the inflammatory phase. In this phase bleeding will occur in the bone and then a hematoma will take place. After this happens WBC's enter the area and vascular permeability will take place due to the inflammation of the bone. Stage 2 is the granulation tissue formation. In this current stage fibroblast are attached to the site and a growth of vascular tissue begins to form. During this phase it is pivotal for the bone to receive adequate nutrients and oxygen. Stage 3 is the callus formation. Once this phase starts a callus will start to form osteoblasts and chondroblasts. The cells will then start to synthesize the outer matrix and cartilage of the bone. The newly mineralized bone will usually take about 4-16 weeks. The fourth stage is the lamellar bone deposition. During this phase the bone will start to

strengthen itself. The callus is replaced by the lamellae or sheets. The lamellae is a lot stronger than the callus of the bone. The fifth and final stage is remodeling. During this stage the bone will start to remodel itself by osteoclasts and osteoblasts. The forming of the bone is created by the stress of the bone. The strength of the bone eventually comes back within 3-6 months. A lot of different factors can slow the healing process and prevent it from occurring. Some of them including age, medicine, and nicotine.

There are plenty different signs and symptoms that show a fracture in a bone. Some of them being the color of the skin and the deformity. Some others ones include crepitus, joint stiffness, paresthesias, swelling and tenderness. Some of the different testing's that can be used for a broken bone consist of an x-ray, ultra sound, CT scan, MRI, EMG, or a DEXA scan. Some of the treatments that are used for a fracture is a cast or a splint. Also, after taken out of the cast the person could be required to do plenty of therapy treatments in order to regain back the ROM. Medicines like NSAIDs, are used for treatment to treat the pain of the fracture. My client's treatment she received was physical therapy and pain reliever cream.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). ***Pathophysiology: introductory concepts and clinical perspectives. Philadelphia*****: F.A. Davis Company.**

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*****. St. Louis, MO: Elsevier.**

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-4.9	N/A	2.9	During a bone fracture bleeding will occur between the edges of the bone (Capriotti & Frizzell, 2016). This will cause a decrease in RBC.
Hgb	12-15 g/dL	N/A	8.4	The decrease in Hemoglobin is caused from the loss of RBC by a traumatic injury (Davis, 2019). The client's hemoglobin decreased due to the loss of blood.
Hct	36-47	N/A	34	The decrease in Hct is due to the loss of volume in the blood due to bleeding (Davis, 2019). The fracturing of her bone caused a decrease in the Hct.
Platelets	150-400	N/A	N/A	N/A
WBC	4-10	N/A	13.3	Inflammation in the fractured bone will cause an increase in WBC's in order to heal the fracture (Capriotti & Frizzell, 2016).
Neutrophils	2-8	N/A	N/A	N/A
Lymphocytes	1-4	N/A	N/A	N/A
Monocytes	0.2-0.8	N/A	N/A	N/A

Eosinophils	**< 0.5**	**N/A**	**N/A**	**N/A**
Bands	**< 1.0**	**N/A**	**N/A**	**N/A**

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	**Normal Range**	**Admission Value**	**Today's Value**	**Reason For Abnormal**
Na-	**135-145 mmol/L**	**N/A**	**141**	**Normal**
K+	**3.5-5 mmol/L**	**N/A**	**3.0**	**Low potassium helps the body function in terms of its muscle and nerves ("Low Potassium Levels," 2018). When a bone breaks it will cause a decrease in muscle function, resulting in low K+.**
Cl-	**95-105 mmol/L**	**N/A**	**104**	**Normal**
CO2	**23-29 mEq/L**	**N/A**	**N/A**	**N/A**
Glucose	**70-110mg/dL**	**N/A**	**120**	**An inflammation can cause an increase an blood sugar or glucose in the body ("Hyperglycemia," 2019).**
BUN	**8-21 mg/dL**	**N/A**	**17**	**Normal**
Creatinine	**0.8-1.3 mg/dL**	**N/A**	**0.9**	**Normal**
Albumin	**3.4-5.4 g/dl**	**N/A**	**5.8**	**Blood protein will elevate when there is an infection or inflammation in the body ("High Blood Protein Causes," 2018). The patients broken bone caused an inflammation which led to an increase in albumin.**
Calcium	**8.5-10.2 mg/dL**	**N/A**	**9.0**	**Normal**
Mag	**1.5-2 mEq/L**	**N/A**	**N/A**	**N/A**

Phosphate	**0.8-1.5 mmol/L**	**N/A**	**N/A**	**N/A**
Bilirubin	**2-20 µmol/L**	**N/A**	**N/A**	**N/A**
Alk Phos	**50-100 U/L**	**N/A**	**N/A**	**N/A**

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow**	**N/A**	**N/A**	**N/A**
pH	**4.5-8.0**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.005-1.025**	**N/A**	**N/A**	**N/A**
Glucose	**≤130 mg/d**	**N/A**	**N/A**	**N/A**
Protein	**≤150 mg/d**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**≤2-5 WBCs/hpf**	**N/A**	**N/A**	**N/A**
RBC	**≤2 RBCs/hpf**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**N/A**

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings

Urine Culture	**<100,000 CFU/ml**	**N/A**	**N/A**	**N/A**
Blood Culture		**N/A**	**N/A**	**N/A**
Sputum Culture		**N/A**	**N/A**	**N/A**
Stool Culture		**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Laboratory Values. (n.d.). Retrieved from https://globalrph.com/laboratory-values/

Urinalysis: Reference Range, Interpretation, Collection and Panels. (2019, July 3). Retrieved from https://emedicine.medscape.com/article/2074001-overview

Lab Values, Normal Adult: Laboratory Reference Ranges in Healthy Adults. (2019, May 29). Retrieved from https://emedicine.medscape.com/article/2172316-overview

Low Potassium Levels (Hypokalemia). (2018, March 12). Retrieved from https://my.clevelandclinic.org/health/diseases/17740-low-potassium-levels-in-your-blood-hypokalemia

Davis, C. P. (2019, September 3). Hematocrit Blood Test: Normal, High, Low Ranges & Results. Retrieved from https://www.emedicinehealth.com/hematocrit_blood_test/article_em.htm#what_does_a_low_hematocrit_mean

Davis, C. P. (2019, July 23). Hemoglobin Ranges: Normal, Symptoms of High and Low Levels. Retrieved from https://www.medicinenet.com/hemoglobin/article.htm

High blood protein Causes. (2018, January 11). Retrieved from https://www.mayoclinic.org/symptoms/high-blood-protein/basics/causes/sym-20050599

Hyperglycemia (High Blood Sugar): Symptoms, Causes, Treatments. (2019, May 11). Retrieved from https://www.webmd.com/diabetes/guide/diabetes-hyperglycemia#1

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives. Philadelphia*: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

My patient had an X-Ray done when she suffered her fracture in her leg. A normal x-ray will show that there is no apparent fracture, dislocations, tissue derangement, or bony abnormalities after a traumatic event. An abnormal x-ray will show one of them problems. My client had an abnormal x-ray due to the fracture she had suffered in her left leg.

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives. Philadelphia*: F.A. Davis Company.

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	**Losartan**	**Ergocalciferol**	**Diltiazem**	**Calcium acetate**	**Metoprolol Succinate**
Dose	**50 mg**	**200 IU**	**30 mg**	**338 mg**	**100 mg**
Frequency	**1 tab daily**	**Daily**	**3 times daily**	**3 tabs 3 times daily**	**1 tab daily**

Route	Oral	Oral	Oral	Oral	Oral
Classification	Angiotensin II receptor antagonist	Vitamin D Supplements	Benzothiazepine derivative	Elemental Cation	Beta1-adrenergic antagonist
Mechanism of Action	Blocks binding of Angiotensin II to receptor sites	Calcium is absorbed through formation of a calcium-binding protein	Inhibits Calcium movement into coronary and vascular smooth-muscle cells	Increases levels of intracellular and extracellular calcium	Inhibits stimulation of beta1-receptor sites
Reason Client Taking	To reduce Blood Pressure	Vitamin D deficiency	To treat angina and to improve exercise tolerance	To treat hyperphosphatemia	To manage Hypertension
Contraindications (2)	1. Concurrent Aliskiren Therapy 2. Hypersensitivity to losartan	1. Hypercalcemia 2. Renal Failure	1. Acute MI 2. Cardiogenic shock	1. Hypercalcemia 2. Renal calculi	1. Acute heart failure 2. Cardiogenic shock
Side Effects/Adverse Reactions (2)	1. Dizziness 2. Hypotension	1.Hypervitaminosis D 2. Constipation	1. Syncope 2. Heart failure	1. Hypotension 2. Irregular Heart Beat	1. Chest pain 2. Heart failure

Medications Reference (APA):

Pdr.net. (2019). ***Drisdol (ergocalciferol) dose, indications, adverse effects, interactions... from PDR.net*****. [online] Available at: https://www.pdr.net/drug-summary/Drisdol-ergocalciferol-1904 [Accessed 22 Sep. 2019].**

Jones & Bartlett Learning. (2019). 2019 Nurses drug handbook. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL:	
Alertness:	**Very Alert**
Orientation:	**Alert and Orient x 4**
Distress:	**Not anxious**
Overall appearance:	**Patient looks good and healthy**
INTEGUMENTARY:	
Skin color:	**Normal**
Character:	**Loose, intact, and elastic**
Temperature:	**Nose was cold, other parts of the body warm**
Turgor:	**Skin returns after being pulled**
Rashes:	**No rashes**
Bruises:	**Bruise on top of R. Hand**
Wounds:	**No wounds**
Braden Score:	**Scored a 19- No apparent risk**
Drains present: Y☐ N ☐	**No Drains**
Type:	
HEENT:	
Head/Neck:	**Normocephalic, no rashes, no lesions**
Ears:	**Intact**
Eyes:	**Pupils were equal, round, react to light, and accommodate each other**
Nose:	**Intact and no drainage**
Teeth:	**Has Dentures**
CARDIOVASCULAR:	
Heart sounds:	**Normal sounds**
S1, S2, S3, S4, murmur etc.	**Normal sounds and no murmurs**
Cardiac rhythm (if applicable):	**Regular rhythm**
Peripheral Pulses:	**Radial Pulse- +3 Pedal Pulse- +1**
Capillary refill:	**Less than 3 seconds**
Neck Vein Distention: Y ☐ N ☐	**No**
Edema Y ☐ N ☐	**Yes**
Location of Edema:	**Right Hand**
RESPIRATORY:	
Accessory muscle use: Y☐ N ☐	**No**

Breath Sounds: Location, character	**Clear Lung sounds through all lobes**
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:**	 **Regular** **Varies** **5'2** **150** **Yes, hyperactive bowel sounds L. upper quadrant** **This Morning** **Pain in L and R upper quadrant when palpating** **Lightly distended** **Yes, from her sea section and appendix surgery** **Yes, from her sea section and appendix surgery** **No** **No** **No** **No** **No**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 **Client states color looked normal** **Normal** **N/A** **Yes** **No** **No**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	 **Has a pulse in each extremity** **Full Range of motion in each extremity** **Walker** **Strong** **No** **Yes** **Patient scored a 50 and is low risk for falls** **Patient gets up her own with the use of her**

Independent (up ad lib) ☐ Needs assistance with equipment ☐ Needs support to stand and walk☐	walker Patient is independent No assistance needed Gets up by herself
NEUROLOGICAL: MAEW: Y ☐ N☐ PERLA: Y ☐ N☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	 Yes, able to move extremities well Yes Yes strength is equal Alert and orient x4 Normal Very clear and understood Able to feel well Very responsive
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):	 Patient copes with stress by taking medication Very well developed Catholic Patient states she has really good family support

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:45	62 (R. Radial)	136/60 (R. Arm)	16 BPM	36.9℃	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:00	0-10	Left Leg	0	Sharp Pains	Aspracreme

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Decreased Mobility related to a leg fracture and as evidenced by the client saying she had a lot of pain.	**The patient is not able to move as well as she could before. She is currently using a walker to maneuver around.**	**1. Instruct the patient in use of her walker.** **2.Instruct the patient in the use of analgesics and nonpharmacalogic pain management methods.**	**1. The patient was able to use her walker safely without any problems.** **2.The Patient understands the use of analgesics and how to decrease her pain.**
2. Potential for falls related to pain and weakness in the legs and as evidenced by the client stating that she has fell in the past	**The patient is on a mild fall risk and has had some falls in the past.**	**1. Show the client the correct way to use her walker.** **2.Show the patient where her call light is and make sure it is in reach.**	**1.The patient was able to walk correctly with her walker to promote her safety.** **2.The Client was able to understand where the call light is and the use of it**
3. Acute pain related to pain in her abdomen and as evidenced by the client stating, "that hurt" when I placed pressure on her abdomen.	**The patient reported tenderness in her abdomen when I was palpating it.**	**1. Pain medication may be used for relief of pain due to soft tissue.** **2. Access for behavioral and physiologic indicators of pain during intervals.**	**1.The pain was relieved after giving her the medications.** **2.The pain was minimized during the shift due to the close observation.**
4. Decreased peripheral tissue perfusion related to swelling and as evidenced by the patient stating that her right hand is swelled.	**Due to the patient having swelling in her right hand.**	**1.Acess the patient for pain and changes in skin color.** **2. Provide distal to proximal massages to increase venous return.**	**1.The swelling did not increase because of it being closely accessed.** **2. Decreased the swelling by stimulating the venous return in the right hand.**

5. Potential for excessive clotting related to poor venous flow as evidenced by the patient stating she has had blood clots in the past.	**This was chosen due to the fact that she had blood clots in the past and her immobility.**	**1. Teach the patient reportable signs and symptoms, such as unilateral edema of limbs.** **2. Provide the patient with SCD's to help blood flow.**	**1. Patient was able to understand and limit the possible clots due to the teaching.** **2. The patient limited the clotting due to the increase of blood flow from the SCD.**

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*****. St. Louis, MO: Elsevier.**

Concept Map (20 Points):

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*****. St. Louis, MO: Elsevier.**

Subjective Data

Patient states she has pain in her left leg at times
I use a walker to walk around
Patient states she has pain in her abdomen

Nursing Diagnosis/Outcomes

Decreased Mobility due to the fracture in the left leg
-To decrease the patients pains so she can move more freely

2. Potential for falls due to the weakness of the patient

- Make sure the client is able to keep her strength and not have any falls

Potential for excessive clotting
-My outcome is to reduce the chance of clotting in the patient's leg

Objective Data

Swelling in right hand
Bruising on right hand
Hyperactive bowel sounds in left upper quadrant
BP- 136/60 (R. Arm)
Nose was cold to touch

Patient Information

An 89-year-old female with a history of falls is admitted due to a left leg fracture.

Nursing Interventions

Show the patient how to use her mobile device due to the decrease of mobility
Have patient do ROM to keep her strength
Have the patient due exercises or use ted hose to decrease clotting