

N431 Care Plan

Lakeview College of Nursing

Ashley Huisinga

## N431 Care Plan

**Demographics (5 points)**

<b>Date of Admission</b> 09/16/2019	<b>Patient Initials</b> GM	<b>Age</b> 70	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired	<b>Marital Status</b> Married	<b>Allergies</b> NKDA
<b>CodeStatus</b> Full code	<b>Height</b> 5'4"	<b>Weight</b> 178	

**Medical History (5 Points)**

**Past Medical History:** Congestive heart failure (CHF) (HCC), Coronary artery disease, Hypertension, multiple TIA, Hyperlipidemia

**Past Surgical History:** Reconstructive shoulder implant

**Family History:** Patient is adopted and is unsure of family history.

**Social History (tobacco/alcohol/drugs, pertinent social factors):** Current smoker, drinks alcohol 4 times weekly, wears seatbelt in car, cares for husband with dementia.

**Assistive Devices:** none

**Living situation:** Patient lives in her home with her husband that she cares for who has dementia.

**Education Level:** Bachelor's degree

**Admission Assessment**

**Chief Complaint (2 points):** Right shoulder pain

**History of present Illness (10 points):** Patient is a 70-year-old female with a past medical history of hypertension, hyperlipidemia and multiple TIA. Patient presented to the ER with complaints of right shoulder pain. Patient reported that 2 weeks ago she was putting books on the shelf when she walked on the floor where there was a depth and cause the bookshelf to tilt

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and fell on her. She reported that at the time she thought it was bruises and as the days goes back she started having worse pain that she rated 15/10 has not been able to do anything at home except staying in bed. She denied having any fever or chills no nausea or vomiting. In ED, patient had an X ray of the shoulder that was done that showed right humeral neck fracture. Orthopedic was consulted.

**Primary Diagnosis:** Right humeral neck fracture

**Primary Diagnosis on Admission (2 points):** Right humeral neck fracture

**Secondary Diagnosis (if applicable):** Hypertension and hyperlipidemia

**Pathophysiology of the Disease, APA format (15 points):**

### **Right humeral neck fracture**

Humeral neck fractures are common in the elderly due to decreased bone density. Most times this type of fracture is due to trauma that the patient has experienced. Women are affected more often than men with this type of fracture (Court-Brown, Garg, & McQueen, 2001).

Diagnostically to determine whether surgical intervention is necessary or not, X-rays are typically obtained. With this particular patient, the X-ray showed a right humeral neck fracture that was displaced. When considering treatment options, it is necessary to determine if the fracture is nondisplaced or displaced. This determination enables the treatment team to decide if surgical intervention is necessary or if a more conservative approach can be taken.

In this case, because the humeral neck was displaced, surgical intervention was necessary. The patient presented with typical signs of a humeral neck fracture which include pain, swelling, protective posture, bruising and pain with ROM (Court-Brown, Garg, & McQueen, 2001). This prompted X-rays as well as further investigation of the shoulder mobility. This is standard procedure when patients are presenting with this type of injury. Typically this type of fracture

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occurs in older patients due to a fall. While this does not totally fit this particular case, as the patient had a bookshelf that fell on her, it is a similar type of accidentally injury.

## References:

Court-Brown CM, Garg A, McQueen MM. (2001). The epidemiology of proximal humeral fractures. *Acta Orthop Scand*.72:365–371.

## Laboratory Data (15 points)

CBC: **Highlight All Abnormal Labs**, Explanations must contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.3	3.47	2.98	A low RBC level could be due to the patient's recent surgery, secondary to blood loss (Laboratory Values, 2019).
Hgb	12-15.8	12.4	10.5	A low hemoglobin level could be due to the patient's recent surgery, secondary to blood loss (Laboratory Values, 2019).
Hct	36.0-47.0	35.9	31.5	A low hematocrit level could be due to the patient's recent surgery, secondary to blood loss (Laboratory Values, 2019).
Platelets	140-440	213	253	
WBC	4-12	10.30	11.70	
Neutrophils	47-73	63.6	69.6	
Lymphocytes	18-42	20.9	17.3	An elevated lymphocyte level could be due to the patient's recent surgery (Laboratory Values, 2019)
Monocytes	4-12	14.6	11.6	An elevated monocyte level could be due to the patient's recent surgery (Laboratory Values, 2019)
Eosinophils	0-5	0.3	0.0	
Bands	45-71	NA	NA	

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Chemistry: **Highlight Abnormal**

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na+	133-144	135	139	
K+	3.5-5.1	4.7	3.8	
Cl-	98-107	102	107	
CO2	21-31	27	27	
Glucose	70-99	112	129	An elevated glucose is secondary to the patient's diagnosis of hyperlipidemia (Laboratory Values, 2019)
BUN	7-25	12	7	
Creatinine	0.50-1.20	0.59	0.51	
Albumin	3.5-5.7	3.1	3.6	
Calcium	8.6-10.3	9.0	8.7	
Mag	1.6-2.6	1.8	na	
Phosphate	2.5-4.5	na	na	
Bilirubin	0.2-0.8	1.4	na	An elevated Bilirubin can be due to liver damage, potentially secondary to alcohol use (Laboratory Values, 2019)
Alk Phos	34-104	83	na	
AST	13-39	45	na	An elevated AST can be due to liver damage, potentially secondary to alcohol use (Laboratory Values, 2019)

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<b>ALT</b>	<b>7-52</b>	<b>24</b>	<b>na</b>	
<b>Amylase</b>	<b>23-85</b>	<b>na</b>	<b>na</b>	
<b>Lipase</b>	<b>0-160</b>	<b>na</b>	<b>na</b>	
<b>Cholesterol</b>	<b>&lt;200</b>	<b>na</b>	<b>na</b>	
<b>Triglycerides</b>	<b>&lt;150</b>	<b>na</b>	<b>na</b>	
<b>Lactic Acid</b>	<b>0.5-1.0</b>	<b>na</b>	<b>na</b>	

Other Tests **Highlight Abnormal**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>INR</b>	<b>0.9-1.1</b>	<b>1.1</b>	<b>na</b>	
<b>PT</b>	<b>10.1-13.1</b>	<b>13.1</b>	<b>na</b>	
<b>PTT</b>	<b>25-36 sec</b>	<b>26</b>	<b>na</b>	
<b>D-Dimer</b>	<b>na</b>	<b>na</b>	<b>na</b>	
<b>BNP</b>	<b>na</b>	<b>na</b>	<b>na</b>	

Urinalysis **Highlight Abnormal**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Color &amp; Clarity</b>	<b>colorless, yellow or clear</b>	<b>na</b>	<b>na</b>	
<b>pH</b>	<b>5-8</b>	<b>na</b>	<b>na</b>	
<b>Specific Gravity</b>	<b>1.003-1.033</b>	<b>na</b>	<b>na</b>	
<b>Glucose</b>	<b>negative</b>	<b>na</b>	<b>na</b>	

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<b>Protein</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>Ketones</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>WBC</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>RBC</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>Leukoesterase</b>	<b>negative</b>	<b>na</b>	<b>na</b>	

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>pH</b>	<b>7.35-7.45</b>	<b>N/A</b>	<b>N/A</b>	
<b>PaO2</b>	<b>75-100</b>	<b>N/A</b>	<b>N/A</b>	
<b>PaCO2</b>	<b>35-45</b>	<b>N/A</b>	<b>N/A</b>	
<b>HCO3</b>	<b>22-26</b>	<b>N/A</b>	<b>N/A</b>	
<b>SaO2</b>	<b>94-100%</b>	<b>N/A</b>	<b>N/A</b>	

**Cultures**

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>Blood Culture</b>	<b>negative</b>	<b>negative</b>	<b>negative</b>	
<b>Sputum Culture</b>	<b>negative</b>	<b>na</b>	<b>na</b>	
<b>Stool culture</b>	<b>negative</b>	<b>na</b>	<b>na</b>	

**Lab Correlations Reference (APA):**

Laboratory Values: NCLEX-RN (2019). Retrieved from

<https://www.registerednursing.org/nclex/laboratory-values/>

**Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points): XR**

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shoulder complete right, CT head or brain with contrast, US abdomen limited level 3 organ, XR abdomen KUB flat plate, XR chest single view, XR humerus right

**Diagnostic Test Correlation, APA Format & References (5 points):** Patient had several X-rays that were diagnostically indicative of a right humeral neck fracture. X-rays are ordered preoperatively as well to determine the patient's ability to withstand surgical intervention. These diagnostic tests help establish the eligibility of the patient to receive surgical intervention.

Consumer Reports. (2012). Chest X-rays before surgery. Retrieved from

<http://consumerhealthchoices.org/catalog/chest-x-rays-acr/>

**Current Medications (10 points, 1 per completed med))**

**Home Medications (5 required)**

Brand/Generic	Tylenol/Acetaminophen	Ferrous sulfate/Feosol	loperamide/immodium	Buspiron Hydrochloride/Buspar	Simvastatin/Zocor
Dose	650 mg	325 mg	2 mg	10 mg	20 mg
Route	PO	PO	PO	PO	PO
Classification	<ul style="list-style-type: none"> <li>■ Analgesic</li> <li>■ Antipyretic</li> </ul>	<ul style="list-style-type: none"> <li>■ Iron Supplement</li> </ul>	<ul style="list-style-type: none"> <li>antidiarrheal</li> </ul>	<ul style="list-style-type: none"> <li>■ Antianxiety</li> <li>■ Azapirone</li> </ul>	<ul style="list-style-type: none"> <li>■ Antihyperlipidemic</li> <li>■ HMG-CoA Reductase Inhibitor</li> </ul>
Action	<ul style="list-style-type: none"> <li>■ Acetaminophen is a centrally acting analgesic and antipyretic with minimal anti-inflammatory</li> </ul>	<ul style="list-style-type: none"> <li>Iron combines with porphyrin and globin chains to form hemoglobin</li> </ul>	<ul style="list-style-type: none"> <li>locks acetylcholine release &amp; decreases peristalsis.</li> </ul>	<ul style="list-style-type: none"> <li>■ Buspirone hydrochloride is an antianxiety agent with an unknown mechanism of action. It</li> </ul>	<ul style="list-style-type: none"> <li>■ Simvastatin is a lipid-lowering agent that is readily hydrolyzed to the corresponding</li> </ul>

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	<p>matory properties. The mechanism of action of acetaminophen in reducing pain is unknown but may be due to an inhibition of central prostaglandin synthesis (specifically cyclooxygenase (COX)-2) and an elevation of the pain threshold. Acetaminophen reduces fever by inhibiting the formulation and release of prostaglandins in the CNS and by inhibition endogenous pyrogens at the hypothalamic thermoregulator center</p>	<p><b>bin, which is critical for oxygen delivery from the lungs to other tissues. Iron deficiency causes a microcytic anemia due to the formation of small erythrocytes with insufficient hemoglobin</b></p>		<p>exhibits high affinity for serotonin (5-HT(1A)) receptors, moderate affinity for brain D(2)-dopamine receptors and no significant affinity for benzodiazepine receptors. It has no effect on GABA binding</p>	<p>beta-hydroxyacid, a potent HMG-CoA reductase inhibitor. It increases the rate of removal of cholesterol from the body and reduces its production by arresting the conversion of HMG-CoA to mevalonate, which is an early and rate limiting step in the biosynthesis of cholesterol</p>
Reason Client	pain	iron	diarrhea	anxiety	hyperlipid

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Taking	managemen t	deficiency anemia			emia
Contraindications (2)	<ul style="list-style-type: none"> <li>■Active and severe hepatic disease</li> <li>■Hypersensitivity to acetaminophen or any other components of the product</li> <li>■Severe hepatic impairment</li> </ul>	<ul style="list-style-type: none"> <li>hemochromatosis</li> <li>hemosiderosis</li> </ul>	<ul style="list-style-type: none"> <li>bacterial enterocolitis, caused by invasive organisms including Salmonella, Shigella, and Campylobacter; do not use as primary therapy</li> <li>■dysentery, acute; do not use as primary therapy</li> </ul>	<ul style="list-style-type: none"> <li>hypersensitivity</li> <li>severe renal impairment</li> </ul>	<ul style="list-style-type: none"> <li>■Active liver disease, including unexplained persistent elevations in hepatic transaminases [3][4]</li> <li>■Concomitant use with gemfibrozil, cyclosporine, danazol, strong CYP3A4 inhibitors (eg, boceprevir, clarithromycin, erythromycin, HIV protease inhibitors, itraconazole, ketoconazole, nefazodone, posaconazole, telaprevir, telithromycin, voriconazole)</li> </ul>

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					ole), or cobicistat-containing products
<b>Side Effects/Adverse Reactions (2)</b>	<b>Liver failure</b> <b>■Respiratory: Pneumonitis</b>	<b>Abdominal pain, Constipation, Nausea, Upset stomach, Vomiting</b>	<b>Hyperglycemia, Abdominal pain, Nausea, Vomiting, Xerostomia, Dizziness, Somnolence, Fatigue</b>	<b>nausea</b>  <b>dizziness</b>	<b>abdominal pain, constipation, nausea, headache</b>
<b>Nursing Considerations (2)</b>	<b>■fever reduction is indicative of efficacy</b> <b>■pain relief is indicative of efficacy</b>	<b>Screening tests most commonly include hemoglobin and hematocrit; normal hematocrit values are generally 3 times higher than hemoglobin levels, and are approximately 41% to 50% in</b>	<b>glucose monitoring and fall precautions are necessary</b>	<b>Improve ment in symptoms of anxiety (eg, motor tension, autonomic hyperactivity, apprehensiveness expectation, vigilance and scanning) indicates efficacy.</b>	<b>■Lipid panel: After 4 weeks of therapy and periodically throughout treatment [3][5]</b> <b>■Liver function: Before initiating therapy and repeat as</b>

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		<p>males and 36% to 44% in females -Measurement of serum ferritin</p>		<p>2) Periodically reassess efficacy with extended use (more than 3 to 4 weeks)</p>	<p>clinically indicated; note a rising ALT with creatine kinase may indicate myopathy</p>
<p>Client Teaching needs (2)</p>	<p>■ Advise patient it is unsafe to take more than 4000 mg of acetaminophen in a 24-hour period. For Tylenol(R) Extra Strength, the maximum dose is 3000 mg in 24 hours. ■ Instruct patient that many non-prescription combination products may contain acetaminophen</p>	<p>Take on an empty stomach between meals  Take with Vitamin C to increase absorption</p>	<p>Inform patient not to use for abdominal pain in the absence of diarrhea. ■ Patient should avoid activities requiring mental alertness or coordination until drug effects are realized.</p>	<p>■ Tell patient to avoid activities requiring mental alertness or coordination until drug effects are realized, as drug may cause dizziness, confusion, and blurred vision. [6] ■ Drug may cause asthenia, excitement, nervousness, headache, lightheadedness, and nausea. [6]</p>	<p>■ Warn female patient of reproductive potential to avoid pregnancy during therapy [3]. ■ Side effects may include constipation, nausea, abdominal pain, headache, insomnia, vertigo, and upper respiratory infections</p>

Hospital Medications (5 required)

Brand/Generic	Hydrocodone	Ondansetron	Enoxaparin	Bactracin	Fluconazole
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	ne-acetaminophen/Norc	on/Zofran	/Lovenox		le
Dose	7.5-325	0.15 mg	40 mg	1g/500 U	150 mg
Route	PO	IV	subcutaneous	topical	PO
Classification	<ul style="list-style-type: none"> <li>■ Opioid</li> <li>■ Opioid/Acetaminophen Combination</li> </ul>	serotonin 5-HT <sub>3</sub> receptor antagonist s antiemetic	<ul style="list-style-type: none"> <li>■ Anticoagulant</li> <li>■ Low Molecular Weight Heparin</li> </ul>	Topical Polypeptide Anti-infectives	anti-fungal
Action	<ul style="list-style-type: none"> <li>■ Acetaminophen is a non-opiate, non-salicylate analgesic and antipyretic. The hypothalamic heat regulating center is the one responsible for its antipyretic activity. It also inhibits prostaglandin synthesis but the exact mechanism by which it exert its</li> </ul>	The released serotonin may stimulate the vagal afferents through the 5-HT <sub>3</sub> receptors and initiate the vomiting reflex.	<ul style="list-style-type: none"> <li>■ Enoxaparin sodium is a low molecular weight heparin which has anti-factor Xa and anti-thrombin (anti-factor IIa) activities that confer antithrombotic properties</li> </ul>	Bacitracin is bacteriostatic in action but may be bactericidal, depending on the antibiotic concentration and the susceptibility of the specific organism. Bacitracin inhibits the incorporation of amino acids and nucleotides into the cell wall. Bacitracin interferes with the final dephosphorylation step in the phospholipid carrier cycle, which causes impedance of	Fluconazole is a highly selective inhibitor of fungal cytochrome P450 dependent enzyme lanosterol 14- $\alpha$ -demethylase. This enzyme functions to convert lanosterol to ergosterol

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	<p>analgesic action is still unknown [21][22].                  ■Hydrocodone bitartrate is an opioid analgesic and antitussive with unknown mechanism of action but it is thought to be related to the presence of opiate receptors in the central nervous system. It has an action similar to those of codeine which mostly involve the CNS and smooth muscle</p>			<p>mucopeptide transfer to the growing cell wall. Bacterial plasma membranes are also damaged by bacitracin. If bacteria are susceptible to bacitracin, resistance usually develops slowly</p>	
<p><b>Reason Client Taking</b></p>	<p><b>pain management</b></p>	<p><b>nausea</b></p>	<p><b>clot prevention</b></p>	<p><b>prevention of infection of surgical</b></p>	<p><b>yeast infection</b></p>

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				<b>wound</b>	
<b>Contraindications (2)</b>	<p>■ <b>Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment [2]</b></p> <p>■ <b>Hypersensitivity to acetaminophen, hydrocodone [2], or any other component of the product, or other opioids</b></p>	Concomitant use of apomorphine hypersensitivity	<b>history of allergic reactions to any of the penicillins, cephalosporins, or <math>\beta</math>-lactamase inhibitors.</b>	<p><b>Hepatic Impairment</b> No dosage adjustment needed; however, if used systemically, be alert for effects on renal function, which may precipitate hepato-renal failure.</p> <p><b>Renal Impairment</b>  Due to the severe nephrotoxicity of bacitracin, systemic use is not recommended in patients with renal impairment or failure. Should nephrotoxicity occur during bacitracin treatment, therapy</p>	<b>pregnant</b>  <b>liver impairment</b>

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				should be discontinued.	
<b>Side Effects/Adverse Reactions (2)</b>	<b>Nausea and vomiting</b> ■Neurologic: Dizziness, Lightheadedness, Sedated	<b>headache fatigue</b>	<b>diarrhea, nausea, anemia</b>	<b>proteinuria / renal tubular necrosis</b>	<b>headache nausea abdominal pain</b>
<b>Nursing Considerations (2)</b>	■Liver function tests, serially; patients with severe hepatic disease [2] [18][19][17] ■Renal function, serially; elderly patients and those with severe renal disease	<b>Monitor for sedation monitor for fall precaution</b>	<b>Do not expel air bubble from the syringe prior to the injection [4].</b> ■If less than a full syringe volume is to be administered, eject syringe contents until the prescribed dose is left in the syringe	<b>Monitor skin for adverse reaction/hypersensitivity</b>  <b>monitor for tissue necrosis</b>	<b>monitor patient's renal function</b>  <b>monitor if patient's symptoms are improving with single dose</b>
<b>Client Teaching needs (2)</b>	■Advise patient to report symptoms of respiratory depression	Instruct patient to avoid the concomitant use of apomorphine due to the	■This drug may cause edema, diarrhea, nausea, hematoma, confusion,	<b>Instruct patient on proper application of the medication</b> <b>Instruct</b>	<b>Take with food to avoid upset stomach</b>  <b>take will</b>

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	<p>[2][23].  <b>■Tell patients to report symptoms of serotonin syndrome</b></p>	<p>risk of significant hypotension and loss of consciousness  <b>■Side effects may include constipation, diarrhea, headache, fatigue, or malaise</b></p>	<p><b>pain, dyspnea, or fever.</b>  <b>■Instruct patient to report signs/symptoms of bleeding, pulmonary edema, skin necrosis, or atrial fibrillation</b></p>	<p><b>patient to only apply medication on clean dry skin</b></p>	<p><b>full glass of water</b></p>
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**Medication Reference (APA Format):**

**Micromedex. (2019). Retrieved on 09/23/2019 from**

**[https://www.micromedexsolutions.com/infobutton/librarian/access?](https://www.micromedexsolutions.com/infobutton/librarian/access?mainSearchConcept=00023-6021-01^NDC^^^&applicationContext=MedicationList^HL7IBAppContext^^^&contentTarget=P^HL70242^^^#classesSection)**

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**Assessment**

**Vital Signs, 2 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>1500</b>	<b>86</b>	<b>124/72</b>	<b>16</b>	<b>98.5</b>	<b>room air</b> <b>97%</b>
<b>1730</b>	<b>72</b>	<b>118/80</b>	<b>17</b>	<b>98.7</b>	<b>room air</b> <b>98%</b>

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## Physical Exam (18 points)

<b>NEUROLOGICAL (2 points):</b> <b>MAEW: Y N x</b> <b>PERLA: Y x N</b> <input type="checkbox"/> <b>Strength Equal: Y N x if no - Legs x</b> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation, Mental Status, Speech, Sensory, LOC:</b>	Patient alert and oriented x4 with no apparent distress. MAE without difficulty. PERRLA
<b>MUSCULOSKELETAL (2 points):</b> <b>Neurovascular status, ROM, Supportive devices/strength</b>  <b>ADL Assistance Y x N</b> <b>Fall Risk: Y x N</b> <input type="checkbox"/> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib) x</b> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	Patient strength was 4/5. She was able to ambulate on her own with little to no assistance. Patient is a low fall risk but was still on fall risk precautions due to the medications she was receiving. Patient did not need any assistance devices to walk
<b>CARDIOVASCULAR (2 points):</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable)</b> <b>Peripheral Pulses: 2+</b> <b>Capillary refill: less than 3 seconds</b> <b>Neck Vein Distention: Y</b> <input type="checkbox"/> <b>N x</b> <b>Edema Y x N</b> <input type="checkbox"/> <b>Location of Edema: left upper cheek</b>	Clear S1 and S2. No gallops, no murmurs. Peripheral pulses 2+, Cap refill less than 3 seconds. Edema noted to the left upper cheek due to facial cellulitis infection. No neck vein distension.
<b>RESPIRATORY (2 points):</b> <b>Accessory muscle use: Y N x</b> <b>Breath Sounds: Location, character</b>	Clear breath sounds, No crackles, wheezes or rhonchi noted. Breaths slow and even without strain
<b>GASTROINTESTINAL (2 points):</b> <b>Diet at home: Normal</b> <b>Current Diet: Normal</b> <b>Height: 5'4"</b> <b>Weight: 178</b> <b>Auscultation Bowel sounds: normoactive</b> <b>Last BM: 9/23/2019</b> <b>Palpation: Pain, Mass etc</b> <b>Inspection: distention, incisions, scars, drains, wounds</b> <b>Ostomy: Y</b> <input type="checkbox"/> <b>N x</b> <b>Nasogastric: Y</b> <input type="checkbox"/> <b>N x</b> <b>Feeding tubes/PEG tube Y</b> <input type="checkbox"/> <b>N x</b> <b>Type: _____</b>	Patient had self reported BM on the day of the exam, she did not have any dietary restrictions implemented in the hospital because of her condition. She was able to eat full meals and states her normal rate of BM is every couple of days which held true on admission. Patient had normoactive bowel sounds with auscultation. No tenderness upon palpation

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<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color</b>  <b>character, turgor, rashes, bruises:</b>  <b>wounds:</b>  <b>Braden scale : 24</b>  <b>Drains present: Y <input type="checkbox"/> N x</b>  <b>Type_____</b></p>	<p>Patient's skin was pink and dry. Normal turgor and no rash. Patient has surgical wound over the right shoulder from surgery performed 09/21/2019. Per instructions from surgeon, bandage not to be removed, site was unable to be examined while I was there. Bruising noted over bilateral arms from trauma of book shelf falling on patient.</p>
<p><b>HEENT (2 points):</b>  <b>Head: Trachea midline</b>  <b>Ears: pearly grey TM</b>  <b>Eyes: no icterus, no pallor</b>  <b>Nose: no polyps</b>  <b>Teeth: Good dentition</b></p>	<p>Atraumatic. Conjunctiva clear. Oral cavity pink/moist/clear. External ears and nose.</p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color, character, quantity of urine, pain,</b>  <b>Dialysis Y <input type="checkbox"/> N x</b>  <b>Inspection of genitals</b>  <b>Catheter: Y <input type="checkbox"/> N x</b>  <b>Type_____</b></p>	<p>Patient was able to ambulate and use the restroom on her own. I/Os were not strictly measured on this patient. Genitals were not inspected per patient request. Urine pale yellow without pain.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping methods,</b>  <b>Educational level</b>  <b>Developmental level,</b>  <b>Ethnicity,</b>  <b>Religion &amp; what it means to pt.</b>  <b>Occupation (previous if retired)</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support)</b></p>	<p>Patient is protestant religion, allowed Chaplain to pray for her during her visit. Patient is college educated. She is caucasian. Patient cares for her husband who has dementia at home. She received several supportive phone calls wishing her well while I was with her.</p>

## N431 Care Plan

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1500	0-10	right shoulder	0-at rest 9/10-with motion	sharp, shooting, stabbing	reduced movement of the extremity
1700	0-10	right shoulder	0-at rest 9/10-with motion	sharp, shooting, stabbing	reduced movement of the extremity

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	20 gauge L median cubital vein (antecubital fossa) 09/16/2019 patent no signs of erythema or drainage dressing dry and intact

**Intake and Output during Your Shift (2 points)**

Intake	Output
560 mL	immeasurable

**Nursing Care****Summary of Care (2 points)**

**Overview of care:** Assisted patient with cutting up her food, gathering toiletry supplies, writing a list for her husband of things to get from home and bring to the hospital. Took patient vitals, gave medication, assisted her to and from the restroom

**Procedures/testing done:** XR shoulder complete right, CT head or brain with contrast, US abdomen limited level 3 organ, XR abdomen KUB flat plate, XR chest single view, XR

## N431 Care Plan

humerus right

**Complaints/Issues:** pain with moving right arm

**Vital signs (stable/unstable):** stable

**Tolerating diet, activity, etc.:** Patient is on a normal diet following shoulder surgery. She is unable to ambulate right arm without severe pain. She is able to walk and do most ADLs without assistance but needs help cutting food and doing fine motor tasks as she is typically right handed.

**Physician notifications:** N/A

**Future plans for patient:** discharge to rehab center.

**Discharge Planning (2 points)**

**Discharge location:** meadowbrook rehabilitation center

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A

**Follow up plan:** Patient will complete rehab program at meadow brook and follow up with PT/OT for further rehabilitation of her right shoulder.

**Education needs:** Patient needs education on the level of mobility she needs to demonstrate in order for proper rehabilitation of the shoulder.

**\*The following must be listed in order of priority and must be NANDA approved Diagnosis (18 points Total, 3 points for each complete diagnosis with 2 interventions & Rational, 3 points for correct prioritization)**

## N431 Care Plan

<p><b>1) Impaired mobility related to humeral neck fracture as evidenced by limited range of motion</b></p>	<p>Restricted movement influences the capacity to perform most activities of daily living. Safety with ambulation is a significant matter. Determines strengths or insufficiency and may give information regarding recovery. This helps out in preference of actions since different methods are used for the following: flaccid and spastic paralysis.</p>	<p><b>1.</b> Evaluate patient's ability to perform Activities of Daily Living efficiently and safely on a daily basis.</p> <p><b>2.</b> Assess presence or degree of exercise-related pain and changes in joint mobility</p>	<p>Patient required assistance with ADLs that involved her dominant right hand. She had pain rated as a 9/10 with range of motion.</p>
<p><b>2. Decreased cardiac output related to increased peripheral</b></p>	<p><b>In order to keep the patient in a safe range, it is important to monitor the patient</b></p>		<p><b>Patient had a stable blood pressure throughout her hospital stay and continued medications as instructed.</b></p>

N431 Care Plan

<p><b>vascular resistance secondary to hypertension as evidenced by hypertension diagnosis</b></p>	<p><b>and encourage the patient to continue antihypertensive medications</b></p>	<p><b>1. monitor BP</b></p> <p><b>2. Continue BP medications</b></p>	
<p><b>3. Anxiety related to situational and maturational crisis as evidenced by disorganized thought process</b></p>	<p>Therapeutic skills need to be directed toward putting the client at ease, because the nurse who is a stranger may pose a threat to the highly anxious client.</p>	<p><b>1. Establish and maintain a trusting relationship by listening to the client; displaying warmth, answering questions directly, offering unconditional acceptance; being available and respecting the client's use of personal space.</b></p> <p><b>2. Provide reassurance and comfort measures.</b></p> <p><b>1.</b></p>	<p>Patient had decreased anxiety by the end of the shift, after spending time with patient to listen to her fears</p>

N431 Care Plan

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<p><b>4. Risk for unstable blood glucose related hyperlipidemia as evidenced by elevated glucose levels</b></p>	<p><b>Patient has a medical history of hyperlipidemia but is not currently on medication for this condition, monitoring her glucose closely will help in prevention of progression</b></p>	<p><b>1. assess blood glucose</b></p> <p><b>2. monitor for signs of hyperglycemia</b></p>	<p><b>Patient will need to follow up with PCP about hyperlipidemia and potentially get on medication or have a drastic dietary change to stabilize blood glucose levels</b></p>
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N431 Care Plan

<p><b>5. disturbed sleep pattern related to unfamiliar surroundings and hospital routines/interruption as evidenced by decreased ability to function</b></p>	<p><b>By allowing the patients longer periods of uninterrupted sleep, we can try to restore her sleep pattern</b></p>	<p><b>1. gather all vitals at one time</b></p> <p><b>2. Keep door closed to avoid unnecessary interruptions</b></p>	<p><b>Patient was able to have an uninterrupted nap once her door was shut and all necessary tasks were completed at the same time</b></p>
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**Reference:**

**Nurse Labs (2019) Anxiety and Panic Disorder Nursing Care. Retrieved from**

**<https://nurseslabs.com/anxiety-panic-disorders-nursing-care-plans/>**

**Overall APA Format/Neatness/Grammar (5 point):**

**Concept Map Attached (20 points):**



