N311 Care Plan #

Lakeview College of Nursing

Rece Doggett

10/3/2019

## Demographics (5 points)

| Date of Admission 08/08/2019 | Patient Initials BK | Age 67 | Gender Female |
|---|---|---|---|
| Race/Ethnicity White | Occupation Not Employed | Marital Status N/A | Allergies Amoxicillin, erythromycin, clavulanate |
| Code Status DNR | Height 5' 5.5" | Weight 228lb (On Admission) | |

## Medical History (5 Points)

**Past Medical History: Primary Osteoarthritis (L knee), Abnormal EKG, Acute Blood loss anemia, Deep Vein Thrombosis**

**Past Surgical History: Hip Arthroplasty (unspecified), Staple Removal**

**Family History: Season allergies**

**Social History (tobacco/alcohol/drugs): No known tobacco, alcohol, or drug use.**

## Admission Assessment

**Chief Complaint (2 points):Knee pain**

**History of present Illness (10 points):Osteoarthritis in left knee**

## Primary Diagnosis

**Primary Diagnosis on Admission (3 points):Rehabilitation for knee**

**Secondary Diagnosis (if applicable):N/A**

**Pathophysiology of the Disease, APA format (20 points):** Osteoarthritis also known as OA commonly occurs in individuals older than 50. Those who have had excess weight or stress on joints, or trauma also may be affected by this. Risk factors include aging, obesity, history of sports, trauma over joints, and heavy physical labor. OA is a slow and progressive disease,

degenerative, and inflammatory disease. The pressure on the joint wears away the cartilage.

Inflammation occurs as cytokines which have inflammatory mediators. Metalloproteases are

released into the joint and degrade the cartilage. Cartilage begins to lose elasticity and bone will

strip the protective cartilage contacts against the opposing surfaces. Erosion of damaged cartilage

in OA joints can progress until it exposes the underlying bone.

**Pathophysiology References (2) (APA):**

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical*

*perspectives.*Philadelphia: F.A.   Davis Company.

Osteoarthritis - Symptoms and causes. (2019, May 8). Retrieved October 2, 2019, from
https://www.mayoclinic.org/diseases-conditions/osteoarthritis/symptoms-causes/syc-20351925

**Laboratory Data (20 points)**
**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**CBC** <mark>**Highlight All Abnormal Labs**</mark>**—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** | **3.5 – 5.2** | **2.86** | **N/A** | **Anemia** |
| **Hgb** | **11 – 16** | **7.8** | **N/A** | **Anemia** |
| **Hct** | **34 – 47** | **25.8** | **N/A** | **Anemia** |
| **Platelets** | | | | **Value within range** |
| **WBC** | | | | **Value within range** |
| **Neutrophils** | | | | |

| Lymphocytes | | | | |
|---|---|---|---|---|
| Monocytes | | | | |
| Eosinophils | | | | |
| Bands | | | | |

**Chemistry** <mark>Highlight All Abnormal Labs</mark>**—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- | | | | Value within range |
| K+ | | | | Value within range |
| Cl- | | | | Value within range |
| CO2 | | | | Value within range |
| Glucose | | | | Value within range |
| BUN | | | | Value within range |
| Creatinine | 0.70 – 1.3 | 0.52 | N/A | Loss of muscle mass |
| Albumin | | | | Value within range |
| Calcium | | | | Value within range |
| Mag | | | | Value within range |
| Phosphate | | | | |
| Bilirubin | | | | |
| Alk Phos | | | | |

**Urinalysis <mark>Highlight All Abnormal Labs</mark>—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** | | | | **Information Unavailable** |
| **pH** | | | | **Information Unavailable** |
| **Specific Gravity** | | | | **Information Unavailable** |
| **Glucose** | | | | **Information Unavailable** |
| **Protein** | | | | **Information Unavailable** |
| **Ketones** | | | | **Information Unavailable** |
| **WBC** | | | | **Information Unavailable** |
| **RBC** | | | | **Information Unavailable** |
| **Leukoesterase** | | | | **Information Unavailable** |

**Cultures <mark>Highlight All Abnormal Labs</mark>—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** | **N/A** | **N/A** | **N/A** | **No growth x2 days** |
| **Blood Culture** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** |
| **Sputum Culture** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** |
| **Stool Culture** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** | **Information Unavailable** |

**Lab Correlations Reference (APA):**

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**Axial CT of Chest: Pulmonary arterial filling defects present**

**Left ankle, knee, and full hip X-ray: Shows Osteopenia**

**Current Medications (10 points, 2 points per completed med)**
***5 <u>different</u> medications must be completed***

**Medications (5 required)**

| Brand/Generic | Culturelle | Diclofenac | Docusate sodium | HYDROcodone – acetaminophen | |
|---|---|---|---|---|---|
| | | | | | |

| Dose | 1 Capsule 10 billion CFUs | 1 Tablet 50 mg | 1 Capsule 100 mg | 1 Tablet 30mg | |
|---|---|---|---|---|---|
| Frequency | Twice Daily | Twice Daily | Once Daily | Every 6 Hours PRN | |
| Route | Oral | Oral | Oral | Oral | |
| Classification | Antidiarrheal Herbal Remedy | Analgesic, anti-inflammatory | Laxative | Analgesic | |
| Mechanism of Action | Restores normal bowel flora | Blocks activity of cyclooxygenase | Stool softener | Binds to opioid receptors in periaqueductal and periventricular grey matter | |
| Reason Client Taking | Bowel movements | Pain | Regulate bowel movemetns | Pain as needed | |
| Contraindications (2) | Immunocompromised patient, GI wall perforation | Active GI bleeds, History of Asthema | Fecal impaction, Nausea, vomiting, abdominal pain | Asthma, paralytic ileus, bradypnea | |
| Side Effects/Adverse Reactions (2) | None | Rash, anaphylaxis, tinnitus | Dizziness, syncope, Palpitations, nausea | Anxiety, depression, dry mouth, hot flashes, | |

**Medications Reference (APA):**

 **(Due to format of the template I am unable to create a proper APA citation format)**

Indication-specific dosing for Lactobacillus acidophilus, Bacid, Culturelle (Lactobacillus), frequency-based adverse effects, comprehensive interactions, contraindications, pregnancy & lactation schedules, and cost information. (2019, September 28). Retrieved October 2, 2019, from https://reference.medscape.com/drug/bacid-culturelle-lactobacillus-344525

Learning, J. B. (2018). *2019 Nurse's Drug Handbook* (18th ed.). United States of America: Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL:**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **AO x 3 Name, Date, Place**<br>**Minimal distress, slight physical impairment –**<br>**walker needed** |
| **INTEGUMENTARY:**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present:  Y ☐        N ☒**<br>     **Type:** | **Skin dry, warm, pink, aging spots on left arm,**<br>**no rashes, no visible wounds**<br><br>**Turgor test not completed** |
| **HEENT:**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **External ear pink warm no physical**<br>**dissymmetry,**<br><br>**No discharge in ears or eyes.**<br><br>**No knowledge of dentures or dental hygiene** |
| **CARDIOVASCULAR:**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention:  Y ☐  N ☒**<br>**Edema Y ☐    N ☒**<br>**Location of Edema:** | **Unable to assess heart and lung sounds** |

| | |
|---|---|
| **RESPIRATORY:**<br>**Accessory muscle use:** Y☐ N☒<br>**Breath Sounds: Location, character** | **Unable to assess heart and lung sounds** |
| **GASTROINTESTINAL:**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>   **Distention:**<br>   **Incisions:**<br>   **Scars:**<br>   **Drains:**<br>   **Wounds:**<br>**Ostomy:** Y☐ N☒<br>**Nasogastric:** Y☐ N☒<br>   **Size:**<br>**Feeding tubes/PEG tube** Y☐ N☒<br>   **Type:** | **No dietary restrictions**<br>**5ft 5in**<br>**228lb**<br>**Unable to assess bowel sounds**<br>**No palpations taken**<br>**Upon inspection there were no visible distention, incisions, drains, or open wounds.** |
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination:** Y☐ N☐<br>**Dialysis:** Y☐ N☐<br>**Inspection of genitals:**<br>**Catheter:** Y☐ N☐<br>   **Type:**<br>   **Size:** | **Unable to assess** |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance:** Y☐ N☒<br>**Fall Risk:** Y☒ N☐<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk** ☐ | **Limited range of motion on L knee**<br>**Pt needs walker to be mobile**<br>**Moderate fall risk**<br>**Unable to assess strength of pt.** |

| | |
|---|---|
| **NEUROLOGICAL:**<br>**MAEW: Y ☐    N☐**<br>**PERLA:   Y ☒    N☐**<br>**Strength Equal:  Y ☐  N ☐   if no -**<br>**Legs ☐  Arms ☐  Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | **Perla based upon observation no test was taken**<br>**Unable to assess ROM, movement, or strength of extremities**<br>**No altered mental status**<br>**No LOC recently**<br>**No slurred speech** |
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **Information not obtained. Unable to assess.** |

## Vital Signs, 1 set (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **0740** | **79** | **159/89** | **20** | **98.8**<br><br>**Temporal** | **96%** |

## Pain Assessment, 1 set (5 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **Unassessed** | | | | | |

## Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|---|---|
| **Unassessed** | |

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

| Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components | Rational • Explain why the nursing diagnosis was chosen | Intervention (2 per dx) | Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| 1. **Chronic Pain related to joint degeneration as evidence by reports of pain** | 1. **Pt has hx of pain, pain provoked by physical activity and unrest**<br>2. **Make a plan of action as to when an episode of pain may occur** | **1.Assess resident's description of pain**<br><br>**2.Identify factors that exacerbate OA pain based on experience** | **Clients goals are to reduce and limit pain. Use medications to reduce inflammation and pain. Increasing ADL with less pain through the day** |
| 2. **Risk for injury related to decreased/altered mobility as evidence by presence of assistive walking device** | 1. **Using a walker properly can reduce the risk of falls and keep joints mobile.**<br>2. **ROM exorcises can help gain muscle strength, help endurance, and maintain joint function** | **1. Encourage resident to take extra safety measures**<br><br>**2.Assist resident with active ROM exorcises.** | **Residents goals are to prevent possible injury and promote safety during ADL.** |

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**Other References (APA):**

**Concept Map (20 Points)**

## Subjective Data

**Resident may verbally express pain. Explain why they are worried. Describing why it is difficult to walk with impairments.**

## Nursing Diagnosis/Outcomes

Chronic Pain related to joint degeneration as evidence by reports of pain
Risk for injury related to decreased/altered mobility as evidence by presence of assistive walking device

## Objective Data

Resident has hx of osteoarthritis. May not maintain eye contact while speaking. Resident uses walker for transportation. Vitals stable with slightly elevated BP. CBC shows lowered RBC Hgb and Hct levels.

## Patient Information

68 Caucasian Female. Resident admitted to facility for rehab of L knee due to lack of mobility. Hx of osteoarthritis and anemia.

## Nursing Interventions

1.Assess resident's description of pain

2.Identify factors that exacerbate OA pain based on experience

Using a walker properly can reduce the risk of falls and keep joints mobile.
ROM exorcises can help gain muscle strength, help endurance, and maintain joint function

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