N311 Care Plan #2

Lakeview College of Nursing

Joey Runde

Demographics (5 points)

Date of Admission August 2019	Patient Initials P.L.C	Age 81	Gender Female
Race/Ethnicity Caucasian	Occupation Janitor	Marital Status Widow	Allergies Antibiotics
Code Status Full Code	Height 5 Feet 10 Inches	Weight 104.3 kg	

Medical History (5 Points)

Past Medical History: Hypertension, CHF, Arthritis, Macular Degeneration, Retinal Detachment, Irritable Bowel Syndrome

Past Surgical History: Bilateral Knee Replacement, Hysterectomy, Right Eye Surgery, Gall Bladder Removal

Family History: Mother (Deceased)- Brain Aneurysm, Dad (Deceased)- Stroke, Lung Cancer

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

Admission Assessment

Chief Complaint (2 points): Broken Right Pelvis

History of present Illness (10 points): The patient complains of right hip pain from a fall she suffered during the first week of August. The patient describes the pain as an intermittent, sharp pain that radiates to the right knee. She said that getting up out of the chair makes her pain worse. She states that therapy makes her pain feel better and the pain pills help relieve her pain. She describes her pain as a 3 and denies any numbness and swelling.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fractured Right Pelvis

Secondary Diagnosis (if applicable): N/A

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

A bone can be broken or fractured in a lot of different ways. Some of the few ways a bone could be fractured are through some tension, compression, bending, torsion, and a shear. If there is a lot of force taking place on the bone a fracture will take place. A fracture can be either a complete break or an incomplete break of the bone. When my patient fell, she placed a lot of force on her right pelvis, causing the fracture in the bone. Along with the fracture, damage in the neurovascular system could take place. Damage to the neurovascular system can cause altered dysfunction if left without treatment. This can also cause symptoms such as paralysis, paresthesia, a decrease level of consciousness, and other sensory deficits. There could also be damage to the circulatory system causing ischemia, hemorrhage, and a hematoma formation. The fracturing of the bone will cause the patient to develop certain symptoms. Some of them being crepitus, joint stiffness, paresthesia, color, deformity, swelling, tenderness, and numbing. My patient stated that when she fractured her pelvis, she experienced some of these symptoms, including numbing, sharp pains, altered color, and tenderness in the right pelvic area.

After my patient or any patient suffers a fracture, it immediately went into the healing formation. There are five stages of healing in a fractured bone. The first stage is the fracture and the inflammatory phase. In the inflammatory phase, bleeding will occur in the cracks of the fracture. This will cause a hematoma to form in the first few hours. The inflammation will promote vascular permeability and the attraction of WBC's to the

infection. The second stage of the healing process is called granulation tissue formation. During this current phase, fibroblast is attached to the site of the fracture and, this will cause a growth of vascular tissue. Nutrients and oxygen are very pivotal in this stage in order to provide a good healing process. The next stage is the callus formation. During this phase, a callus will start to form on the bone. The callus consists of osteoblasts and chondroblasts. The combination of these cells will start to form the callus. The callus will then start producing newly formed bone within weeks 4-16. The fourth stage of healing is lamellar bone deposition. During this phase, the new bone will start to strengthen itself through ossification. The mesh-like callus of the bone is filled in by the lamellae. The lamellae make the newly formed bone a lot stronger. The fifth and final stage of the healing process is the healing stage. During this stage, the bone will start to remodel the bone by using osteoclasts and osteoblasts. The new formation of the bone is formed by the mechanical stress put on it. The adequate strength of bone will eventually take place around week 3 to 6 months. My patient fractured right pelvic likely went through all of these steps or are still currently going through them right now. A lot of different factors can slow the five healing stages and prevent it from occurring. Some of the factors that inhibit healing is the age, medicine, and nicotine.

There are a lot of different types of testing that can take place when a fracture occurs in an individual. Some of them being x-ray, ultrasound, CT scan, MRI, EMG, or a DEXA scan. The patient that I cared for had an x-ray done on her broken pelvis. After the testing of the fracture, treatment will then be provided. Some of the treatments consist of surgery, cast, splint, pain medications, and therapy. The treatment that my patient was

receiving was therapy to help her gain back her ROM in her right leg. She was also given pain medicines when they were needed.

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	10	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	9.4	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	35	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	100	The patient had an abnormal platelet count due to taking Eliquis.

				Eliquis indirectly inhibits platelet aggregation which causes a decrease in thrombin generation (Jones & Bartlett Learning, 2019).
WBC	**4-10**	**N/A**	**18**	**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**	**N/A**	**N/A**
K+	**3.5-5 mmol/L**	**N/A**	**N/A**	**N/A**
Cl-	**95-105 mmol/L**	**N/A**	**N/A**	**N/A**
CO2	**23-29 mEq/L**	**N/A**	**N/A**	**N/A**
Glucose	**70-110 mg/dL**	**N/A**	**N/A**	**N/A**
BUN	**8-21 mg/dL**	**N/A**	**N/A**	**N/A**
Creatinine	**0.8-1.3 mg/dL**	**N/A**	**N/A**	**N/A**
Albumin	**3.4-5.4 g/dL**	**N/A**	**N/A**	**N/A**
Calcium	**8.5-10.2 mg/dL**	**N/A**	**N/A**	**N/A**

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 Admissio	Today's Value	Explanation of Findings

		n		
Urine Culture	**Negative**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**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

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

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

My patient was given an x-ray when she fractured her right pelvis. A normal x-ray will show that there is no visible fracture, dislocations, tissue derangement, or bony abnormalities after a traumatic event. An abnormal x-ray will show one of them problems. My clients x-ray was abnormal due to the fracture she suffered in her right pelvis.

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 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Amlodipine besylate (Norvasc)**	**Calcium acetate (Eliphos)**	**Lasix (Furosemide)**	**Eliquis (Apixaban)**	**Tramadol (ConZip)**
Dose	**5 mg**	**338 mg**	**20 mg**	**5 mg**	**25 mg**
Frequency	**1-tab daily**	**3 tabs 3 times daily**	**1 tablet twice daily**	**1 tablet twice daily**	**1 tablet 4 times daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Dihydropyridine**	**Elemental Cation**	**Sulfonamide**	**Factor Xa inhibitor**	**Cyclohexanol**
Mechanism of Action	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor cites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium**	**Increases levels of intracellular and extracellular calcium.**	**Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.**	**Inhibits free and clot-bound factor Xa and prothrombinase activity.**	**Binds with mu receptors and inhibits the reuptake of norepinephrine and serotonin.**

	channels.				
Reason Client Taking	**To control Hypertension**	**To treat hyperphosphatemia**	**To reduce edema**	**To reduce the risk of stroke and systemic embolism**	**To relieve severe pain**
Contraindications (2)	**1. Aliskiren therapy in patients with diabetes 2. Hypersensitivity to Amlodipine**	**1. Hypercalcemia 2. Renal calculi**	**1. Anuria unresponsive to Lasix 2. Hypersensitivity to Lasix**	**1. Active pathological bleeding 2. Severe hypersensitivity to Eliquis**	**1. Acute or severe bronchial asthma 2. Alcohol Intoxication**
Side Effects/Adverse Reactions (2)	**1. Peripheral edema 2. Hypotension**	**1. Hypotension 2. Irregular Heart Beat**	**1. Dizziness 2. Hyperglycemia**	**1. Hemorrhagic 2. Excessive Bleeding**	**1. Chest Pain 2. Vertigo**

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Very Alert** **Alert & Orient x 4** **Slightly Anxious** **Patient looks good and healthy**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 **Normal** **Loose, intact, and elastic** **Normal Temperature (Warm)** **The skin did return, but took a while** **No rashes** **Bruise on L. Arm & top of R. hand** **No wounds** **Scored a 24- No apparent risk** **No Drains**

HEENT:	
Head/Neck:	**Normocephalic, no rashes, no lesions**
Ears:	**Intact (hearing aids)**
Eyes:	**Pupils were equal and round. They did not accommodate each other and didn't react to light**
Nose:	**Drainage and redness in nares**
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 (pacemaker)**
Peripheral Pulses:	**Radial Pulse +2, Pedal Pulse +1**
Capillary refill:	**Less than 3 seconds**
Neck Vein Distention: Y ☐ N ☐	**No**
Edema Y ☐ N ☐	**Yes**
Location of Edema:	**Bilateral Feet and Ankles, Pitting Edema +3**
RESPIRATORY:	
Accessory muscle use: Y☐ N ☐	**No**
Breath Sounds: Location, character	**Clear Lung sounds through all lobes**
GASTROINTESTINAL:	
Diet at home:	**No specific Diet**
Current Diet	**No specific Diet**
Height:	**5 Feet 10 Inches**
Weight:	**104.3 kg**
Auscultation Bowel sounds:	**Hyperactive in all four quadrants**
Last BM:	**8:00 a.m.**
Palpation: Pain, Mass etc.:	**No pain or masses**
Inspection:	
Distention:	**Lightly Distended**
Incisions:	**No Incisions**
Scars:	**No Scars**
Drains:	**No Drains**
Wounds:	**No Wounds**
Ostomy: Y ☐ N ☐	**No**
Nasogastric: Y ☐ N ☐	**No**
Size:	
Feeding tubes/PEG tube Y ☐ N ☐	
Type:	**No**

GENITOURINARY:	
Color:	**Client states color looked normal**
Character:	**Normal**
Quantity of urine:	**N/A**
Pain with urination: Y ☐ N ☐	**No Pain**
Dialysis: Y ☐ N ☐	**No**
Inspection of genitals:	
Catheter: Y ☐ N ☐	**No**
Type:	
Size:	
MUSCULOSKELETAL:	
Neurovascular status:	**Pulse in all extremities, except bilateral pedal pulse was not palpable**
ROM:	**Full ROM except the R. Leg because of fracture in pelvis**
Supportive devices:	
Strength:	**Strong**
ADL Assistance: Y☐ N ☐	**No**
Fall Risk: Y ☐ N☐	**Yes**
Fall Score:	**55 – High Fall Risk**
Activity/Mobility Status:	**Patient gets up on her own with use of walker**
Independent (up ad lib) ☐	**Patient is pretty independent**
Needs assistance with equipment ☐	**No assistance needed**
Needs support to stand and walk☐	**No support needed**
NEUROLOGICAL:	
MAEW: Y ☐ N☐	**No, trouble with moving R. Leg**
PERLA: Y ☐ N☐	**No, pupils do not accommodate each other or react to light**
Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐	**No, Right leg slightly weaker**
Orientation:	
Mental Status:	**Alert & Orient x 4**
Speech:	**Normal**
Sensory:	**Normal**
LOC:	**Left leg goes numb if standing for a long time Responsive**
PSYCHOSOCIAL/CULTURAL:	
Coping method(s):	**Patient states no coping methods when dealing with stress**
Developmental level:	**Very well developed**
Religion & what it means to pt.:	**Protestant**
Personal/Family Data (Think about home environment, family structure, and available family support):	**Patient lives by herself at her house. She states she has really good family support from her daughters.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:40 a.m.	**62 BPM** **R. Radial**	**186/102 mm/Hg** **L. Arm**	**22 BPM**	**35.8°C** **Oral**	**96 %**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:35	**0-10**	**Right Hip**	**2-3**	**Sharp**	**Therapy** **Pain Medicine**

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 • 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. Decreased Mobility related to a leg fracture and as	**The patient is not able to move as well as she could before. She is**	**1. Instruct the patient in use of her walker.**	**1. The patient was able to use her walker safely without any problems.** **2. The Patient**

evidenced by the client saying she had a lot of pain.	**currently using a walker to maneuver around and is she is in therapy**	**2.Instruct the patient in the use of analgesics and nonpharmacologic pain management methods.**	**understands the use of analgesics and how to decrease her pain.**
2. Potential for falls related to pain and weakness in the right leg and as evidenced by the client stating that she has fell in the past.	**The patient is on a high fall risk and has had some falls in the past.**	**1. Show the client the correct way to use her walker in order to prevent the risk of future falls.** **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.**

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 that her right leg is weak and has some pain
I use a walker to walk around
Left leg goes numb when standing for a long time
Patient states that she is slightly anxious
Patient states she has had a fall in the past

Nursing Diagnosis/Outcomes

Decreased Mobility due to the fracture in the right 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

3. Decreased peripheral tissue perfusion related to swelling and as evidenced by the patient stating that she does have swelling in her lower legs.
- Provide distal to proximal massages to increase venous return. This will decrease the swelling in the legs.

Objective Data

Swelling in bilateral Legs
Hyperactive sounds in all four quadrants of abdomen
BP- 186/102 mm/Hg (L. Arm)
Redness in Nares
Pupils did not accommodate or react to light

Patient Information

An 81-year-old female with a history of falls is admitted due to a right hip fracture.

Nursing Interventions

Show the patient how to use her device due to decrease the fall risk.
Have the patient do therapy and walk around to increase strength in her muscles.
Provide massages in the legs for an increase in venous return. Also, have the patient walk around to increase blood flow back to heart.