

N311 Care Plan # 2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 9-20-2019	Patient Initials JB	Age 85	Gender Female
Race/Ethnicity white	Occupation Retired bookkeeper	Marital Status widowed	Allergies Acetone with calcium, Boniva, Omnicef
Code Status DNR	Height 5'3"	Weight 139 lbs	

Medical History (5 Points)

Past Medical History: Asthma as a child, Churgs Strauss, Atrial fibrillation, polyp on colon, COPD, hypertension, vasculitis

Past Surgical History: partial hysterectomy, femur repair

Family History: fibroids (maternal), colon cancer (father and sister)

Social History (tobacco/alcohol/drugs): no alcohol or drugs, smoked cigarettes from the age of 18 to 25 then quit.

Admission Assessment

Chief Complaint (2 points): Broken femur that has been repaired, at Clark Lindsey for therapy

History of present Illness (10 points): no past broken bones or falls

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Falls

Secondary Diagnosis (if applicable): Dyspnea

Pathophysiology of the Disease, APA format (20 points): There is not a single cause for falls but falls become more prevalent in older adults, in this patient she tripped over an object in her home and fell which caused her femur to break.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. (2015). *Pathophysiology: Introductory Concepts and*

Clinical Perspectives. F.A. Davis Company.

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	3.5-5.2	2.96		Blood loss during surgery
Hgb	11.0-16.0	9.2		Blood loss during surgery
Hct	34-47	27.2		Blood loss during surgery
Platelets	140-400	266		
WBC	4-11	7.59		
Neutrophils	1.6-7.70	4.70		
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-	136-145	137		
K+	3.5-5.1	4.3		

Cl-	98-107	106		
CO2	21-32	26.3		
Glucose	60-99	102		Stress response to surgery
BUN	7-18	16		
Creatinine	0.55-1.02	0.74		
Albumin	3.40-5	3.64		
Calcium	8.5-10.1	8.1		Medications causing decrease in calcium
Mag	1.6-2.6	2.0		
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

No
Urinalysis
performed

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

No cultures performed

Lab Correlations Reference (APA):

Duncan, Andrea. (2013). *Hyperglycemia and Perioperative Glucose Management*. Retrieved October 13, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3641560/#targetText=Hyperglycemia%20is%20associated%20with%20increased,production%20and%20causes%20insulin%20resistance.>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT of brain without contrast

CT cervical spine without contrast

X-Ray of left femur

X-Ray of left hip.

Current Medications (10 points, 2 points per completed med)
5 different medications must be completed

Medications (5 required)

Brand/Generic	Acetaminophen	Advair HFA	Flecainide	Gabapentin	Hydrocodone-Acetaminophen
Dose	325 mg	1 puff	100 mg	300 mg	325 mg
Frequency	Every 6 hrs PRN	Every day PRN	Every 12 hrs	1 in morning, 2 at bedtime	Every 4 hrs PRN
Route	oral	Inhalation	Oral	oral	oral
Classification	Antipyretic	Bronchodilator	Antiarrhythmic	Anticonvulsant	Analgesic
Mechanism of Action	Blocks prostaglandin production & interferes with pain impulses	Relax bronchial smooth-muscle cells and inhibit histamine release	Inhibits sodium channels of myocardial cell membranes	Prevents exaggerated responses to painful stimuli	Binds to and activates opioid receptors at sites of gray matter to produce pain relief
Reason Client Taking	Pain	Shortness of breath	To control heart rate in relation to Afib	Pain	Pain
Contraindications (2)	Hypersensitivity to acetaminophen or its components	Hypersensitivity to albuterol	Recent MI, Cardiogenic shock	Hypersensitivity to gabapentin or its components	Acute or severe asthma, respiratory depression
Side Effects/Adverse Reactions (2)	Anxiety, fatigue, constipation, oliguria, leukopenia	Anxiety, dizziness, vertigo, angina, dry mouth	Anxiety, depression, chest pain, blurred vision	Agitation, anxiety, euphoria, fever, fatigue, headache	Anxiety, depression, insomnia, dry mouth, vomiting, dyspnea

Medications Reference (APA):

Learning.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alertness: 3+ Only pain in incision site
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Bruising on the left leg where the surgery was performed
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Ears, eyes, nose, head is all symmetrical. Teeth are pearly and white.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Heart sounds are as expected and strong. The capillary refill is as expected. Her peripheral pulses are strong.

<p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>Breath sounds are strong and as expected.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p> Distention:</p> <p> Incisions:</p> <p> Scars:</p> <p> Drains:</p> <p> Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p>	<p>The patient has a normal diet at home and currently. Bowel sounds are present in all four quadrants. Her last BM was this morning (10/8/19). There is no pain upon palpation and there are no masses present.</p>
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p> <p> Size:</p>	<p>Urine is as expected. Nothing is abnormal</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p>	<p>Uses cane and walker to move for now, she is hoping to only use her cane when she goes home. Fall score is 40</p>

Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	The left leg is slightly weaker than the right because the patient is post-op from femur surgery.
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 says that Clark Lindsey is the “best place for therapy”. She is Lutheran and she lives alone. She is thinking about selling her home and moving to North Carolina to be with her family. She has two sons and a friend that help her with cleaning her house.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:33 A.M	78 bpm	132/52 mmHg	18 breaths per min.	98.4 °F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:35 A.M.	0-10	Left leg	3	Irritating, aching	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 mL 100% of food	Voided x1

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Falls related to weakness as evidence by patient stating that she is “weaker on the left side”.	She has fallen and broken her femur. Now she is weaker on her left side than on her right.	1.Walk the length of the hallway with only the walker. 2.Walk the length of the hallway with only the cane.	The patient reacted really well when walking the length of the hall with the walker. She was uneasy with only the cane. The plan should be modified to her only walking with cane when she is comfortable and strong enough.
2. Dyspnea related to bronchospasm as evidence by insufficient air movement and slight shortness of breath.	She has had asthma in the past and has also previously been a smoker. She has an autoimmune disease (Churgs Strauss) that also affects her respiratory system.	1. Hit the 1,000 mark every time on the spirometer 2.Have ease with breathing.	The patient achieves the 1,000 mark almost every time she uses the spirometer, but she gets fatigued when she continues using it. The plan should be modified to the patient using the spirometer less frequently until she is able to use the spirometer 10 times effectively.

Other References (APA):

Swearingen, P., & Wright, J. (2019). *All-in-One Nursing Care Planning Resource* (5th ed.). St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Patient's pain is a 3/10 on a 0-10 scale. Her pain is in an incision site from her surgery on her femur.

Nursing Diagnosis/Outcomes

My first nursing diagnosis is falls related to weakness as evidence by the patient stating that she is "weaker on my left side". The left side being the side that her femur was repaired. The patient is walking the length of the hall with her walker without the assistance of a nurse.
My second nursing diagnosis is dyspnea related to bronchospasms as evidence by shortness of breath and insufficient air movement. The patient hits the 1,000 goal mark almost every time she uses the spirometer.

Objective Data

Patient's blood pressure is 132/52. Her pulse is 78 bpm and her respirations are 18 per minute. Her temperature is 98.4 and her pulse oximetry is 92%.

Patient Information

Patient is an 85 year old female, who is widowed and is a retired bookkeeper. She is white, her initials are JB and her code status is DNR.

Nursing Interventions

The interventions in reference to falls are to have the patient walk the length of the hallway with only her walker and to have the patient walk the length of the hallway with only her cane.
The interventions in reference to dyspnea are to have the patient hit the 1,000 mark on the spirometer every time and to have ease when she is breathing.

