N311 Care Plan #2

Lakeview College of Nursing

Hope Dykes

Demographics (5 points)

Date of Admission 10/08/19	Patient Initials JT	Age 84	Gender M
Race/Ethnicity C	Occupation Retired from Air Force/Mechanic/Construction Worker	Marital Status M	Allergies NKA
Code Status FULL	Height 5'11"	Weight 201 lbs	

Medical History (5 Points)

Past Medical History: Long-term use of anticoagulants to control A-fib, history of hypothyroidism.

Past Surgical History: N/A

Family History: Daughter deceased from cancer at age 47. Pt has 5 other children ranging from ages 35-51, several grandchildren and great-grandchildren. Mother and father died "of old age", per pt. No familial history noted in medical chart.

Social History (tobacco/alcohol/drugs): Pt is a former 1ppd smoker/ alcoholic. He reports he has been "totally dry" of tobacco/alcohol/drugs for over 7 years.

Admission Assessment

Chief Complaint (2 points): Laceration to left leg.

History of present Illness (10 points):Onset: About 2 weeks ago. **Location:** Left leg across tibial artery. **Duration:** Pain constant without pain meds. Has let up some over the past few days. **Characteristics:** When injury occurred, pain was sharp and stabbing. Pt reports no pain today. **Associated Manifestations:** None. Pt says, "Just my leg is all that hurt". **Relieving Factors:** Pain medications (Oxycodone) and keeping leg still and elevated. **Therapeutic Treatments:** Pt had surgery to repair tear in artery last week.

Pt says he was heading to church for a social event and carrying baked goods. He stopped by a construction site across the street to say hi to some workers and fell into a hole. When he fell, a bar sticking out of the ground went into his leg and lacerated his tibial artery. His wife was with him at the time, and she called an ambulance that took him to Carle Hospital in Urbana where he had surgical intervention. After 4 days inpatient, he was admitted to this facility for rehabilitation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fall/ Traumatic transection of left anterior tibial artery.

Secondary Diagnosis (if applicable): Laceration, Pain, Trauma.

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

The patient was heading to a social event when he fell. He said it was just “a case of bad luck” as he had no history of prior falls. He has lived an active lifestyle in military, construction, and mechanic work, which he recently retired from. He was diagnosed at the hospital with a traumatic transection of left anterior artery, for which he had surgery. His wife reported hemorrhaging at the site. She believes this may be due to his use of Eliquis, a blood thinner.

> …tibial-level vascular injury, whether occlusion, transection with extravasation, or arteriovenous fistula formation, may result in immediate hemorrhage or various degrees of lower leg ischemia. Vascular surgeons are integrally involved in both the acute and chronic phases of management of this injury pattern and are often asked for a

decision on whether tibial vessels are “reconstructable” or whether or not a limb is “salvageable.” The answer to both questions is frequently yes (Burkhardt, et al., 2010).

The patient’s wife reported his leg started bleeding badly and became very swollen. According to Capriotti and Frizzell (2016), these descriptions are consistent with inflammatory processes due to trauma or injury. The patient showed signs of increased WBC’s and decreased RBC’s, all of which would be present in this type of situation (Capriotti and Frizzell, 2016).

The patient and his wife reported they were “thankful” his injury was able to be repaired surgically. The patient had no prior major health concerns and had lived an active, healthy lifestyle up until his fall. He was admitted for rehabilitation and physical therapy until he could “get back up on his feet again”, per wife.

Pathophysiology References (2) (APA):

Burkhardt, G.E., Cox, M., Clouse, W.D., Porras, C., Gifford, S.M., Williams, K., … Rasmussen, T.E. (2010). Outcomes of selective tibial artery repair following combat-related extremity injury. *Journal of Vascular Surgery, 52(1), 91-96.* Retrieved from https://ezproxy.lakeviewcol.edu:2097/10.1016/j.jvs.2010.02.017

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: 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	**4.0-4.9 *10^6/uL***	**3.64**		**These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).**
Hgb	**12.0-16.0 *g/dL***	**10.9**		**These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).**
Hct	**37.0-48.0%**	**34.2**		**These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).**
Platelets	**150-400 *10^3/uL***	**258**		
WBC	**4.1-10.9 *10^3/uL***	**19.06**		**White cells are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).**
Neutrophils	**1.50-7.70 *10^3/uL***	**13.45**		**Neutrophils are elevated due to trauma/ injury (Capriotti & Frizzell, 2016).**
Lymphocytes	**1.00-4.90 *10^3/uL***	**2.34**		
Monocytes	**0.00-0.80 *10^3/uL***	**3.12**		**Monocytes are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).**
Eosinophils	**0.00-0.50 *10^3/uL***	**0.03**		
Bands		**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-	136-145 *mmol/L*	137		
K+	3.5-5.1 *mmol/L*	3.9		
Cl-	98-107 *mmol/L*	102		
CO2	21.0-32.0 *mmol/L*	29.0		
Glucose	60-99 *mg/dL*	102		Blood sugar slightly elevated due to trauma (Capriotti & Frizzell, 2016).
BUN	5-20 *mg/dL*	17		
Creatinine	0.5-1.5 *mg/dL*	1.24		
Albumin		No lab value noted.		
Calcium	8.5-10.1 *mg/dL*	9.0		
Mag	1.6-2.6 *mg/dL*	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	Colorless-Yellow, Clear	No urinalysis on file.		

pH	**5.0-7.0**	**N/A**		
Specific Gravity	**1.003-1.005**	**N/A**		
Glucose	**Negative**	**N/A**		
Protein	**Negative**	**N/A**		
Ketones	**Negative**	**N/A**		
WBC	**0-25/*uL***	**N/A**		
RBC	**0-20/*uL***	**N/A**		
Leukoesterase	**Negative**	**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		**No culture in file.**		
Blood Culture		**No culture in file.**		
Sputum Culture		**No culture in file.**		
Stool Culture		**No culture in file.**		

Lab Correlations Reference (APA):

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):

X-ray Left Ankle, Complete: Negative for acute fracture.

X-ray Lower Left Tibia/ Fibula: Positive for Laceration of Left Anterior Tibial Artery.

CT Scan Left Lower Extremity: Laceration traverses lower left leg. No acute fracture. No active hemorrhage.

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

Medications (5 required)

Brand/Generic	**Lasix/ Furosemide**	**Toprol XL/ Metoprolol Succinate ER**	**Eliquis/ Apixaban**	**Synthroid/ Levothyroxine**	**Flomax/ Tamsulosin**
Dose	**20mg**	**75mg**	**5mg**	**75mcg**	**0.4mg**
Frequency	**qd**	**qd**	**qd**	**qam**	**qd**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antihypertensive/ Diuretic**	**Beta-adrenergic antagonist/ Antihypertensive**	**Factor Xa inhibitor/ Antithrombolitic**	**Synthetic thyroxine/ Thyroid hormone replacement**	**Benign prostatic hyperplasia treatment**
Mechanism of Action	**Inhibits sodium and water reabsorption**	**Inhibits stimulation of beta-recepto**	**Decreases thrombin generation and**	**Replaces endogenous thyroid hormone.**	**Inhibits smooth muscle contraction**

	in the Loop of Henle and increases urine formation.	**r sites, located mainly in the heart, resulting in decreased cardiac output, excitability, and myocardial oxygen demand.**	**thrombus development.**		**in the bladder neck and prostate, improving urine flow.**
Reason Client Taking	**This medication may reduce chance of edema in affected leg and reduce blood pressure.**	**This medication is taken to decrease cardiac excitability. Patient has a history of irregular heart beat (a-fib).**	**Pt has a history of long-term atrial fibrillation. This medication reduces the risk of stroke and systemic embolism in patients with this disorder.**	**Pt has a history of mild hypothyroidism.**	**Treats benign prostatic hyperplasia and makes it easier for pt to urinate.**
Contraindications (2)	**Anuria unresponsive to furosemide; hypersensitivity to furosemide, sulfonamides, or their components**	**Acute heart failure; Cardiogenic shock**	**Active pathological bleeding; Hypersensitivity to apixaban or its components**	**Acute MI; uncorrected adrenal insufficiency**	**Hypersensitivity to tamsulosin; hypersensitivity to quinazolines or their components**
Side Effects/Adverse Reactions (2)	**Dizziness, Blurred vision**	**Arrhythmia, Constipation**	**Syncope, Excessive bleeding, including hemorrhage**	**Arrhythmias, Angioedema**	**A-fib/ Arrhythmia, Constipation**

Medications Reference (APA):

Jones & Bartless Learning. (2019). *2019 Nurse's drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: Pt appears pleasant. **Alertness: A&O x4** **Orientation: Oriented to person, time, place, and current events.** **Distress: No acute distress.** **Overall appearance: Well groomed.**	
INTEGUMENTARY: **Skin color: White, normal for race.** **Character: Appears hydrated, clean.** **Temperature: Warm.** **Turgor: Rapid recoil.** **Rashes: None noted.** **Bruises: None noted.** **Wounds: 1 present on lower left extremity. Pt reports sutures present. Wound covered with 4x4 gauze dressing and Ace bandage.** **Braden Score: 21** **Drains present: Y☐ N ☒** **Type:**	**Marked off 2 points on Braden scale for degree of physical activity. Due to leg injury, pt spends majority of time in chair. He walks rarely for short distances with assistance from walker or wheelchair.**
HEENT: **Head/Neck: Head and Neck symmetrical. No lesions or rashes noted.** **Ears: Auricle was pink, moist, with no rashes or lesions noted.** **Eyes: Client uses glasses to help with near vision. Upon inspection, sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharge noted.** **Nose: Septum midline. No drainage or bleeding noted.** **Teeth: Pt has natural teeth on bottom, dentures on top. Good dentition overall.**	.

CARDIOVASCULAR: **Heart sounds: S1, S2 Clear with no gallops, murmurs, or rubs.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 88bpm** **Capillary refill: <3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: N/A**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Nonlabored breathing. No wheezes or crackles noted in auscultation.**	.
GASTROINTESTINAL: **Diet at home: Regular Diet.** **Height:** **Weight:** **Auscultation Bowel sounds: Present in all four quadrants post-prandial.** **Last BM: Yesterday morning.** **Palpation: No pain or masses noted on palpation.** **Inspection: No lesions or rashes noted.** **Distention: No distention.** **Incisions: No incisions noted.** **Scars: No scars noted on abdomen.** **Drains: No drains present.** **Wounds: No wounds present on abdomen.** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	.
GENITOURINARY: **Color: Clear- Light Yellow** **Character: Pt reports no cloudiness or sediment in urine.** **Quantity of urine: Pt voided one time prior to my arrival. He had no more urine before I left.** **Pain with urination: Y ☐ N ☒**	

Dialysis: Y ☐ N ☒ **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status: Pt has no neurovascular deficits noted.** **ROM: ROM is good. Pt can get up and out of chair/ wheelchair unassisted, but chooses to use a walker. Due to recent surgery, he does have a walker and wheelchair to ease pain in affected (left) leg.** **Supportive devices: Wheelchair and walker present just for current injury. Pt reports he has not used at home.** **Strength: Good, equal bilaterally.** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 25 (Low in current environment, not absent due to recent injury)** **Activity/Mobility Status:** **Independent (up ad lib) X** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Pt had wheelchair in room and asked to be wheeled to breakfast. However, when we returned to room, he got up out of his wheelchair, used his walker, and sat down in his recliner unassisted. There was no need for assistance noted on his door.**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☒ (Left) Arms ☐ Both ☐** **Orientation: Oriented to person, time, place, and current events.** **Mental Status: Good.** **Speech: Good.** **Sensory: Glasses present and hearing aids in both ears present.** **LOC: Alert.**	**Moves both arms well bilaterally. Right leg is strong. Left leg is weak due to recent injury.**

PSYCHOSOCIAL/CULTURAL: **Coping method(s): While at facility, pt prays and reads the Bible.** **Developmental level: No deficits noted.** **Religion & what it means to pt.: Pt identifies as Lutheran and has strong ties to religion. Before coming to facility, pt spent a lot of time at church.** **Personal/Family Data (Think about home environment, family structure, and available family support): Pt lives with wife, who he describes as "the light of his life". She helps him keep track of and get to appointments and "keeps him in order". Wife was present during my assessment, and their relationship seemed very strong. She comes to facility every day to spend time with pt.**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1030	88	110/65	10	98.7	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	2/10	Left Leg	"Not too bad".	"Just a little achy. Not too bad".	Pt taking Oxycodone q6h prn. He had reported none taken on this day since pain had been under control without it.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
260mL Coffee, 240mL Orange Juice. About	Pt voided 1x during my shift.

40% of food eaten. (Pt requested a lot of food and then ate a little less than half—a reasonable meal amount—pt reported food did not taste good)	

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

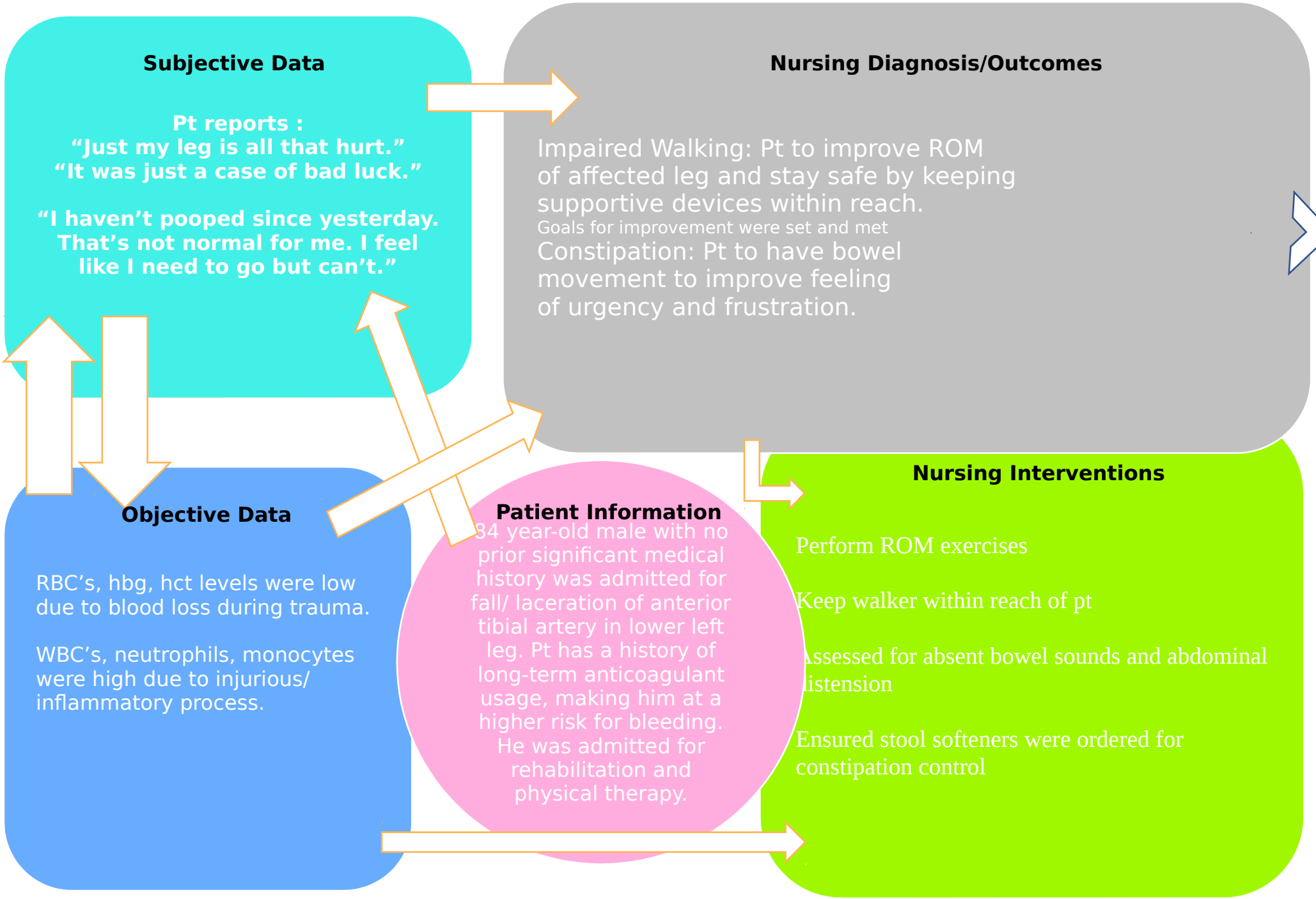
Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why the		• How did the

diagnosis with "related to" and "as evidenced by" components	nursing diagnosis was chosen		patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired walking related to recent surgery for lower left leg trauma as evidenced by pt requesting walker/ wheelchair to control pain in leg.	**Pt is unable to bear full body weight on left leg. Although he is able to move from wheelchair to chair using a walker, he only stands on unaffected leg. He is still unable to walk independently without the use of a walker.**	**1.Patient will flex foot of affected leg to try to regain some strength. (This ROM exercise was approved by physical therapist).** **2. Until able to bear weight on affected leg, patient will always have walker and wheelchair within reach.**	**Patient was able to move foot of affected leg slightly upward. Walker and wheelchair were within patient's reach during my shift, with the assistance of myself and patient's spouse. Goals were met.**
2. Constipation due to the use of opioids to control post-surgical pain as evidenced by no bowel movement in the past 24 hours and patient saying, "This is not normal for me. I feel like I need to go but can't".	**This was patient's only real complaint while I spoke with him. Other than his reports of a lack of BM's, he seemed in good spirits and had a good support system.**	**1. Assess for abdominal distension, tenderness, or hypoactive bowel sounds at least once per shift.** **2.Check with nurse to ensure constipation meds are ordered and backup interventions are in place before shift ends.**	**No abdominal distension, tenderness, or hypoactive bowel sounds noted. Pt was scheduled to have stool softeners after I left and had an order placed for Fleet's enema if no BM was achieved. Goals were met.**

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):


Subjective Data
Pt reports :
“Just my leg is all that hurt.”
“It was just a case of bad luck.”
“I haven’t pooped since yesterday. That’s not normal for me. I feel like I need to go but can’t.”
Nursing Diagnosis/Outcomes
Impaired Walking: Pt to improve ROM of affected leg and stay safe by keeping supportive devices within reach.
Goals for improvement were set and met
Constipation: Pt to have bowel movement to improve feeling of urgency and frustration.
Objective Data
RBC’s, hbg, hct levels were low due to blood loss during trauma.
WBC’s, neutrophils, monocytes were high due to injurious/ inflammatory process.
Patient Information
34 year-old male with no prior significant medical history was admitted for fall/ laceration of anterior tibial artery in lower left leg. Pt has a history of long-term anticoagulant usage, making him at a higher risk for bleeding. He was admitted for rehabilitation and physical therapy.
Nursing Interventions
Perform ROM exercises
Keep walker within reach of pt
Assessed for absent bowel sounds and abdominal distension
Ensured stool softeners were ordered for constipation control