

Jerry Williams

N311 Care Plan # 1

Lakeview College of Nursing

Name

Demographics (5 points)

Date of Admission 03/02/20	Patient Initials S. M.	Age 84	Gender Female
Race/Ethnicity White/Caucasian – Swedish background	Occupation Retired – Bank supervisor	Marital Status Widowed	Allergies PCN
Code Status Full Code	Height 5' 4"	Weight admissions - 80lbs; currently - 112 lbs.	

Medical History (5 Points)

Past Medical History: HTN; dementia; arthritis; ductal carcinoma; CKD; hypothyroidism; osteoporosis; Zonker's diverticulum; vision: R eye damaged accidental hypothermia; basilar skull Fx; bilateral sacral insufficiency Fx; closed extraarticular Fx of distal R radius; closed Fx of lateral wall of L orbit; closed Fx of L zygomatic arch; closed Fx of maxillary sinus, bilat; closed nondisplaced Fx of shaft of 4th metacarpal bone of L hand; compression Fx of spine: T2/3, L1/2/5, S1 & sacrum; hematoma of L frontal scalp; laceration of L eyebrow; stellate; L elbow Fx; lumbar vertebral Fx (CMS-HCC) L1 & L2; multiple abrasions: L elbow, L knee; odontoid (C2) Fx; closed rhabdomyolysis; R scapula Fx; subconjunctival hemorrhage of L eye; tooth Fx; mature age related cataract; trauma.

Past Surgical History: Surgery on R optic nerve; punctured lung repair;

Family History: Client's mother: "heart problems"; maternal grandmother: "heart problems"; maternal grandfather: "unknown"; Client's father: "unknown"; paternal grandparents: "unknown"

Social History (tobacco/alcohol/drugs): Client denies use of tobacco (smoking); denies use of alcohol; denies use of drugs

Admission Assessment

Chief Complaint (2 points): Wrist Fx; Neck Fx

History of present Illness (10 points):

Although a poor historian (Hx of dementia), client sts that she was exiting her house with her walker down “four steps” of her home when she fell forward injuring both upper extremities and face resulting in fractures to both upper extremities and face. She was admitted to the hospital February 9th.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): .fall

Secondary Diagnosis (if applicable): dysphagia

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

A fracture is a break or disruption in the continuity of a bone. Fractures can occur anywhere in the body and at any age. All fractures have the same basic pathophysiologic mechanism and nursing management, regardless of fracture type or location (Ignatavicius, 1995).

A fracture is classified by the extent of the break (complete or incomplete). A fracture is described by the extent of associated soft-tissue damage (open, or compound; closed, or simple) (Ignatavicius, 1995).

The skin over the surface over the broken bone is disrupted in an open (compound) fracture, which causes an external wound. These fractures are often graded to define the extent of tissue damage: Stage I to Stage III, from least severity to most severity, respectively. A closed (simple) fracture does not extend through the skin. Therefore, there is no visible wound (Ignatavicius, 1995).

There are several common types of fractures (oblique, spiral, impacted, greenstick, displaced, comminuted, closed, and open). The nurse needs to be familiar with the differences in these types because they often dictate the specific nursing care required for the client (Ignatavicius, 1995).

In addition to being identified by type, fractures are characterized by their cause. A pathologic (spontaneous) fracture occurs after minimal trauma to a bone that has been weakened by disease. For example, a client with bone cancer or osteoporosis can easily sustain a pathologic fracture. A fatigue or stress fracture results from excessive strain and stress on the bone (Ignatavicius, 1995).

Regardless of the type or location of the fracture, several life-threatening complications can result from the injury. The nurse must be able to recognize the clinical manifestations of impending complications so that treatment can be started immediately. In some cases, careful monitoring and assessment can prevent these complications: Acute compartment syndrome; shock; fat embolism syndrome; thromboembolic complications; infection, avascular necrosis; delayed union, nonunion, and malunion (Ignatavicius, 1995).

The primary cause of a fracture is trauma from a motor vehicle accident (MVA) or fall. The trauma experienced may be a direct blow to the bone or an indirect force from muscle contractions or pulling forces on the bone. Sports, vigorous exercise, and malnutrition are contributing factors. Bone disease, such as osteoporosis, increase the risk of a fracture in the elderly (Ignatavicius, 1995).

For more extensive fractures or fractures of the lower extremity, the physician or orthopedic technician applies a cast to hold bone fragments in place after reduction. A cast is a

rigid device that immobilizes the affected body part while allowing other body parts to move. A cast allows early mobility and reduces pain (Ignatavicius, 1995).

Dysphagia is a relatively common secondary complication that occurs after acute cervical spinal cord injury (SCI). The detrimental consequences of dysphagia in SCI include transient hypoxemia, chemical pneumonitis, atelectasis, bronchospasm, and pneumonia. The expedient diagnosis of dysphagia is imperative to reduce the risk of the development of life-threatening complications. Risk factors for dysphagia after SCI and associated respiratory consideration in acute cervical SCI is imperative. A bedside swallow evaluation (BSE) with videofluoroscopy swallow study within 72 hours of BSE is performed. Aggressive respiratory care enables clients with potential dysphagia to be evaluated by a speech pathologist in a timely manner. Early evaluation and intervention for dysphagia could decrease morbidity and improve overall clinical outcomes

Pathophysiology References (2) (APA):

Chaw, E., Shem, K., Castillo, K., Wong, S. L., & Chang, J. (2012). Dysphagia and associated respiratory considerations in cervical spinal cord injury. Retrieved March 9, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584789/>

Ignatavicius, D. D., Workman, M. L., & Mishler, M. A. (1995). *Medical-surgical nursing: a nursing process approach* (2nd ed.). W.B. Saunders.

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 02/20/20	Today's Value 03/02/20	Reason for Abnormal Value
RBC	3.90 – 4.98	3.02		1) Anemias due to: a) Decreased red blood cell production; b) Increased red blood cell destruction (hemolytic); c) Blood loss; d) Dietary insufficiency of iron (her lab = 41 low) and certain vitamins, especially B ₆ , B ₁₂ , and folic acid, which are essential in the production of erythrocytes; 2) Disease of bone marrow function: a) Hodgkin's disease; b) Multiple myeloma; c) Leukemia; 3) Pernicious anemia; 4) Lupus erythematosus; 5) Addison's disease; 6) Rheumatic fever; 7) Subacute endocarditis
Hgb	12.0 – 15.5	9.3		Decreased levels of hemoglobin found in: 1) Anemia states (especially iron-deficiency anemia [her lab = 41 low]; 2) Hyperthyroidism; 3) Cirrhosis of the liver; 4) Severe hemorrhage; 5) Hemolytic reactions; 6) Systemic lupus erythematosus; 7) Carcinomatosis; 8) Sarcoidosis; 8) renal cortical necrosis
Hct	35 – 45	27.8		Decreased values found in: 1) Anemia – a hematocrit of 30 or less means the client is moderately to severe anemic; 2) Leukemia; 3) Hyperthyroidism; 4) Cirrhosis; 5) Acute, massive blood loss; 6) Hemolytic reaction
Platelets	140 – 400	533		
WBC	4.0 – 9.0	9.37		1) Leukocytosis occurs in acute infections in which the degree of increase of white cells depends on a) The severity of the infection; b) The client's resistance; c) The client's age;

				d) Marrow efficiency and reserve. 2) Other causes of leukocytosis include a) Hemorrhage; b) Trauma or tissue injury as occurs in surgery; c) Malignant disease, especially of the GI tract, liver, bone, and metastasis; d) Toxins, uremia, coma, eclampsia; e) Drugs, especially ether, chloroform, quinine, adrenalin; f) Serum sickness; g) Circulatory disease; h) Tissue necrosis; i) Leukemia
Neutrophils	40 – 70			
Lymphocytes	10 – 20	11.3		
Monocytes		12.7		
Eosinophils		2.6		
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 02/20/20	Today's Value 03/02/20	Reason for Abnormal
Na-	135 – 145	129	129	Hyponatremia usually reflects a relative excess of body water rather than a low total body sodium
K+	3.5 – 5.1	4.0	4.2	
Cl-	98 – 107	94	96	Alteration of serum chloride is seldom a primary problem; helpful in diagnosing disorders of acid-base and water balance
CO2	22 – 29	29.2	27.5	Elevated CO ₂ content levels occur in: a) Severe vomiting; b) Emphysema; c) Aldosteronism; d) Use of mercurial diuretics
Glucose	70 – 99	91	85	

BUN	6 – 20	12	30	Possible secondary hyperparathyroidism
Creatinine	0.50 – 1.00	0.88		
Albumin	3.2 – 5.2	2.2		In association with decreased total protein: 1) Associated with low albumin and small change in globulin, resulting in low A/G ratio. 2) Due to: a) Increased loss of albumin in urine; b) Decreased formation in liver; c) Insufficient protein intake; d) Severe hemorrhage when the plasma volume is replaced more rapidly than the protein level. 3) Associated conditions: a) Severe liver disease; b) Malabsorption; c) Nephrotic syndrome; d) Diarrhea; e) Exfoliative dermatitis; f) Severe burns; g) Dilution of excessive IV administration of glucose in water.
Calcium	8.4 – 10.5	8.2	8.5	Commonly caused by or associated with Pseudohypocalcemia (hyperproteinemia) – Actually, what looks like hypocalcemia is really a reflection of reduced albumin. It is the reduced protein that is responsible for the low calcium, since 50% of the calcium total is protein-bound.
Mag		108		
Phosphate				
Bilirubin	0.00 – 1.2	0.3		
Alk Phos	35 – 105	124		Bone disease: a) Marked increases: 1) Paget's disease; 2) Metastatic bone disease; 3) Osteitis deformans; 4) Osteogenic sarcoma. b) Moderate increases: 1) Osteomalacia; 2) Rickets. c) Other diseases: 1) Infectious mononucleosis; 2) Leukemia

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				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Fischbach, F. T. (1988). *A manual of laboratory diagnostic tests* (3rd ed.). J.B. Lippincott.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-rays of:			
1) cervical Fx	2) L distal radius & ulna Fx	3) L ring metacarpal Fx	4) R distal radius Fx

Computed Tomography		
1) Cat Scan carotids	2) Brain s contrast	3) Cervical spine s contrast

FL Modified Barium Swallow

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

Medications (5 required)

Brand/Generic	Toprol XL – metoprolol	Synthroid – levothyroxine	Dulcolax – bisacodyl	Seroquel – quetiapine	Ultram - tramadol
Dose	25mg extended released tab	88mcg tab	10mg suppository	12.5 mg tab	25mg tab
Frequency	qD	qD	qD, prn	hs, prn	q8°, prn
Route	PO	PO	rectal	PO	PO
Classification	Antianginal, antihypertensive	Thyroid hormone	Stimulant laxative	Antipsychotic	Opioid analgesic
Mechanism of Action	Inhibits stimulation of beta ₁ -receptor sites, located mainly in the heart, resulting in decreased cardiac excitability,	Replaces endogenous thyroid hormone, which may exert its physiological effects by controlling	Works by increasing the movement of the intestines, helping the stool to come out.	May produce antipsychotic effects by interfering with dopamine binding to dopamine type 2 (D ₂)-receptor sites in the brain	Binds with mu receptor and inhibits the reuptake of norepinephrine and serotonin, which may account for

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	cardiac output, and myocardial oxygen demand.	DNA transcription and protein synthesis.		and by antagonizing serotonin 5-HT ₂ , dopamine type 1 (D ₁), histamine H ₁ , and adrenergic alpha ₁ and alpha ₂ receptors.	tramadol's analgesic effect.
Reason Client Taking	Hx of HTN	To treat mild hypothyroidism	To treat constipation	To treat schizophrenia	severe pain
Contraindications (2)	1) Acute heart failure; 2) Cardiogenic shock	1) Acute MI; 2) hypersensitivity to levothyroxine or its components	1) Allergic reaction (rare)	Hypersensitivity to quetiapine or its components	1) Acute or severe bronchial asthma in the absence of resuscitative equipment or unmonitored setting; 2) significant respiratory depression
Side Effects/Adverse Reactions (2)	1) Arrhythmias; 2) Heart failure;	1) Arrhythmias; 2) Cardiac arrest	1) Stomach abdominal pain or cramping 2) Nausea, diarrhea, or weakness	1) Rhabdomyolysis; 2) Hyponatremia	1) Suicidal ideation; 2) Adrenal insufficiency

Medications Reference (APA):

Bisacodyl Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved March 9, 2020, from <https://www.webmd.com/drugs/2/drug-12263/bisacodyl-oral/details>

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook* (19th ed.).

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert Oriented X 2 to person and place Pain distress Appears in moderate
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y ☐ N ☒ Type:	Pink; facial contusions Dry Warm Normal skin turgor; 2+ None Facial 17
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, normal cephalic Wearing C-collar Ears are free of discharge No vision from R eye; L pupil reactive only Nose symmetrical, no deviation Teeth in good appearance
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒ Location of Edema:	Difficulty in accessing S ₁ -S ₄ due to C-collar Bilat lower extremity cast covered radial pulses
RESPIRATORY: Accessory muscle use: Y ☐ N ☒ Breath Sounds: Location, character	No adventitious sounds; +eupnea; +non-labored
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM:	 5' 2" 112 lbs 9 am; 2 episodes of diarrhea

Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y ☐ N ☒ Nasogastric: Y ☐ N ☒ Size: Feeding tubes/PEG tube Y ☐ N ☒ Type:	
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	Urinated in a Depends-like covering; no visualization of urine
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y ☒ N ☐ Fall Risk: Y ☒ N ☐ Fall Score: Activity/Mobility Status: Independent (up ad lib) ☐ Needs assistance with equipment ☐ Needs support to stand and walk ☐	Non-weight bearing to lower extremities; cast on upper extremities Mechanical lift used
NEUROLOGICAL: MAEW: Y ☐ N ☒ PERLA: Y ☐ N ☒ Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒ Orientation: Mental Status: Speech: Sensory: LOC:	Visually impaired in R eye; L eye reactive to light Possibly normal mental status due to Hx of dementia

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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):	One son visits frequently Mature Catholic Her children care for her
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745 ^o	70, reg	113/52	14, reg	97.3°C oral	n/a

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0740 ^o	Numeric 0-10	Body	5/10	Achy	RN administered APAP per MD's orders

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Bowl of Cream of wheat c brown sugar, 2 strips of bacon, 180 ml of coffee, 180 ml of juice: 100% intake	Diarrhea X 2 this am

Braden Scale = 17 (mild risk)

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction and Shear
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4	3	2	2	4	2
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Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
Include full nursing diagnosis with “related to” and “as evidenced by” components	Explain why the nursing diagnosis was chosen		- How did the patient/family respond to the nurse’s actions? - Client response, status of goals and outcomes, modifications to plan.
1. Immobility r/t fall aeb using mechanical lift for mobility assist	1. Per MD’s order: no weight bearing. 2. Para-professionals	1. Client will move via mechanical lift prn (bathroom, w/c, etc...). 2. Client will participate in daily PT & OT	Client did not complain of any increased pain while utilizing mechanical lift.
2. Comfort, altered: pain r/t fall aeb cast on arms and facial bruises	1. Pain meds given to reduce pain and/or muscle spasms. 2. Promotes venous return, decreases edema, and may reduce pain.	1. Client will take her pain meds as prescribed by her MD prn. 2. Client will elevate her casted arms onto her pillows until re-evaluated by her MD.	Client rated her pain a five.

Other References (APA):

Carpenito-Moyet, L. J. (1989). *Nursing diagnosis: application to clinical practice* (3rd ed.).

Lippincott.

Doenges, M. E., Moorhouse, M. F., & Geissler, A. C. (1989). *Nursing care plans: guidelines for planning patient care* (2nd ed.). Davis.

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Concept Map (20 Points):

Subjective Data

Client c/o body pain;
Rates pain a 5 before and after
pain med;

Nursing Diagnosis/Outcomes

1. Client will move via mechanical lift prn (bathroom, w/c, etc...).
 2. Client will participate in daily PT & OT
- Client did not complain of any increased pain while utilizing mechanical lift.
1. Client will take her pain meds as prescribed by her MD prn.
 2. Client will elevate her casted arms onto her pillows until re-evaluated by her MD.
- Client rated her pain a five.

Objective Data

Client c/o pain to arms and face
due to a fall;
Dx: Fx to both wrist and neck;
v/s:
BP 113/52
HR 70 reg
RR 14 reg
Temp 97.30 orally
Pain 5

Patient Information

basilar skull Fx; bilateral sacral insufficiency
Fx; closed extraarticular Fx of distal R radius;
closed Fx of lateral wall of L orbit; closed Fx of
L zygomatic arch; closed Fx of maxillary sinus,
bilat; closed nondisplaced Fx of shaft of 4th
metacarpal bone of L hand; compression Fx of
spine: T2/3, L1/2/5, S1 & sacrum; hematoma of
L frontal scalp; laceration of L eyebrow;
stellate; L elbow Fx; lumbar vertebral Fx
(CMS-HCC) L1 & L2; multiple abrasions: L
elbow, L knee; odontoid (C2) Fx; closed
rhabdomyolysis; R scapula Fx; subconjunctival
hemorrhage of L eye; tooth Fx; mature age
related cataract; trauma.

Nursing Interventions

1. Client will take her pain meds as prescribed by her MD prn.
2. Client will elevate her casted arms onto her pillows until re-evaluated by her MD.
3. Client will move via mechanical lift prn (bathroom, w/c, etc...).
4. Client will participate in daily PT & OT

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