N321 Care Plan #2

Lakeview College of Nursing

Joey Runde

Demographics (3 points)

Date of Admission 03-05-2020	**Patient Initials** P.D.C	**Age** 66 Years	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Hydrocodone
Code Status Full Code	**Height** 5 Feet 4 Inches	**Weight** 83.9 kg	

Medical History (5 Points)

Past Medical History: A-Fib, Anxiety, B12 deficiency, CAD, Chronic Kidney Disease, COPD, Dependence on continuous supplemental O2, Depression, Diarrhea, Arthritis Lumbar Region, Fall Risk, Lumbar Radiculopathy, Myofascial Muscle Pain, Nausea, Neuropathy of Lower Extremity, Numbness of Both Lower Extremities, Orthostatic Hypotension, Polyneuropathy, CABG, Sleep Apnea, Headaches, HTN, Hypercholesteremia, Hypertensive Cardiovascular Disease

Past Surgical History: Cataract Extraction, Tonsillectomy, Thyroidectomy, Gastric Bypass, Cholecystectomy, Hysterectomy, Knee Arthroplasty, Triple Coronary Bypass, Esophagogastroduodenoscopy Biopsy, Colonoscopy Polypectomy with Cautery, Lumbar Facet Joint Denervation Using Radio Frequency with Fluoroscopy, Transforaminal Epidural Steroid Injection with Fluoroscopy

Family History: Mother- Cancer, HTN, Stroke. Father- Cancer, Cardiovascular Disease, Heart Attack, HTN.

Social History (tobacco/alcohol/drugs): The patient was a past smoker. She stated she quit smoking 30 days ago. She denies any use of alcohol or drugs.

Assistive Devices: The patient states that she uses a walker at times to get around. She denies any other uses of assistive devices.

Living Situation: The patient states that she lives alone in her home.

Education Level: Her highest education level is High School.

Admission Assessment

Chief Complaint (2 points): Rib Pain/ Fall

History of present Illness (10 points): The patient was admitted to the hospital due to the fall she had sustained on Thursday. She says the majority of her pain is on the left side and that it is a constant sharp pain. She states that her pain gets aggravated due to breathing, and she says nothing has relieved her pain. She rated her pain as a 9 out of 10 and that she is currently taking pain medicines for her pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Left Sided Rib Fracture

Secondary Diagnosis (if applicable): N/A

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

This patient came to the hospital due to her broken ribs she sustained. A fracture in a bone happens because of the forces acting on it (Capriotti & Frizzell, 2016). Some of the forces consist of tension, compression, bending, torsion, and shear (Capriotti & Frizzell, 2016). The stress on the bone can cause the bone to snap or break in a certain way (Capriotti & Frizzell, 2016). A break or a fracture is caused by an incomplete break, a disruption of the bone, or a complete break (Capriotti & Frizzell, 2016). An open, close, incomplete, compression, transverse, and greenstick are some of the fractures that could take place (Capriotti & Frizzell, 2016). If the fracture damages the soft tissue, it could alter and disrupt the neurovascular system (Capriotti & Frizzell, 2016). Injury to the nerves could cause a decrease in the level of consciousness, pain, and numbing. All of this could lead to other body systems getting damage

(Capriotti & Frizzell, 2016). The vascular or the circulatory system could also take damage from the fracture (Capriotti & Frizzell, 2016). Damage to those systems could lead to hemorrhage or ischemia in the tissues (Capriotti & Frizzell, 2016). P.D. did have a low Hgb from the hemorrhaging.

After a bone is broken, it will then go into a healing stage (Capriotti & Frizzell, 2016). There is a total of five stages of healing (Capriotti & Frizzell, 2016). The first stage in the healing process is the inflammatory stage (Capriotti & Frizzell, 2016). During this stage, bleeding will occur where the fracture happened, and a hematoma will then take place (Capriotti & Frizzell, 2016). After this happens, WBC's will start to head towards the area of the fracture, and vascular permeability will happen (Capriotti & Frizzell, 2016). Stage two is the granulation tissue formation, and in this stage, fibroblast attaches to a site, and growth of vascular tissue will start to take place (Capriotti & Frizzell, 2016). The bone needs to receive enough nutrients and oxygen during this phase (Capriotti & Frizzell, 2016). During the next stage, a callus will take place or start to form (Capriotti & Frizzell, 2016). The callus will begin to form osteoblasts and chondroblasts, and the cells will start to develop the outer matrix of the cartilage (Capriotti & Frizzell, 2016). The newly mineralized bone could take up to 4 -16 weeks (Capriotti & Frizzell, 2016). The fourth stage is the lamellar bone disposition, and during this stage, the bone will start to strengthen itself (Capriotti & Frizzell, 2016). The lamellae will replace the callus, and it is a lot stronger than the callus (Capriotti & Frizzell, 2016). The final stage is called the remodeling stage (Capriotti & Frizzell, 2016). During this stage, the bone will start to remodel itself by osteoblasts and osteoclasts (Capriotti & Frizzell, 2016). The strength of the bone eventually comes back in 3-6 months (Capriotti & Frizzell, 2016).

There are a lot of different signs and symptoms that show a fracture in a bone. Some of the signs and symptoms that a patient can experience are acute pain, loss of function, deformity, shortening of the extremity, crepitus, localized edema, and ecchymosis (Hinkle, J.L. & Cheever, K.H., 2018). P.D. did experience some of these symptoms, including acute pain, some loss of function, and some edema. The patient's vital signs should usually stay around normal. The pulse and blood pressure could rise due to the pain (Hinkle, J.L. & Cheever, K.H., 2018). Also, there could be a decrease in blood pressure and an increase in the pulse due to hemorrhaging (Capriotti & Frizzell, 2016). P.D. did not have any signs of high blood pressure or tachycardia. She did show signs of low blood pressure due to the loss of blood. Some specific laboratory findings that could be found in the patient are an increase in WBC's, a decrease in Hct, a reduction in Hgb, and a decrease in RBC's (Capriotti & Frizzell, 2016). P.D. did receive a CBC when she was admitted. Her CBC had elevated WBC's and a decrease in Hgb.

Some of the different testing's that can be used for a broken bone consist of an x-ray, ultrasound, CT scan, MRI, EMG, or a DEXA scan (Capriotti & Frizzell, 2016). P.D received a CT scan to diagnose her fracture in her ribs.

A patient will most likely be ordered a CBC due to the increase in WBC and a decrease in RBC (Capriotti & Frizzell, 2016). Also, the treatment for a fracture could go in multiple directions. A splint, a cast, and rest are treatment plans for a bone fracture (Capriotti & Frizzell, 2016). Pain medicines can also be given for the acute pain related to the broken bone (Hinkle, J.L. & Cheever, K.H., 2018). P.D. is receiving oxycodone and tramadol to help treat her severe pain.

Pathophysiology References (2) (APA):

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

Hinkle, J.L. & Cheever, K.H.(2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins

Laboratory Data (15 points)

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 mcL	4.09	N/A	N/A
Hgb	12-15 g/dL	11.9	N/A	The decrease in Hemoglobin is caused from the loss of RBC by a traumatic injury (Davis, 2019). The client's hemoglobin decreased is due to the loss of blood (Davis, 2019).
Hct	36-47 %	37%	N/A	N/A
Platelets	150-400	219	N/A	N/A
WBC	4-10	17.0	N/A	Inflammation in the fractured bone will cause an increase in WBC's (Capriotti & Frizzell, 2016).
Neutrophils	2-8	11.5	N/A	Neutrophils are secondary to inflammation and they will increase when inflammation occurs (Capriotti & Frizzell, 2016).
Lymphocytes	1-4	3.6	N/A	N/A
Monocytes	2-8%	6.9%	N/A	N/A
Eosinophils	0-4%	3.9%	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	137	139	N/A
K+	3.5-5 mmol/L	4.8	4.8	N/A
Cl-	95-105 mmol/L	100	110	The patient is an a hyperchloremia state due to the loss of fluid from the fracture ("Cleveland," n.d.).
CO2	23-29 mEq/L	27	26	N/A
Glucose	70-100 mg/dL	129	97	An inflammation can cause an increase in blood sugar or glucose in the body ("Hyperglycemia," 2019).
BUN	8-21 mg/dL	43	N/A	The patient has a high BUN due to her chronic kidney disease ("Blood," n.d.). Her kidneys are not removing the urea from the blood which is causing her BUN to be high ("Blood," n.d.).
Creatinine	0.8-1.3 mg/dL	2.66	N/A	The patient has elevated creatine levels due to her chronic kidney disease (RNutr, J. L., 2020). When the kidneys are damaged, they have trouble moving creatine out of the blood (RNutr, J. L., 2020).
Albumin	3.4-5.4 g/dL	3.5	N/A	N/A
Calcium	8.5-10.2 mg/dL	7.5	7.0	Hypocalcemia in this patient is due to the loss of calcium in the kidneys (Lewis, J. L., 2018). All of this is caused due to her chronic kidney disease (Lewis, J. L., 2018).
Mag	1.5-2 mEq/L	1.8	N/A	N/A

Phosphate	0.8-1.5 mmol/L	N/A	N/A	N/A
Bilirubin	0.1 – 1.2 mg/dl	0.3	N/A	N/A
Alk Phos	50-100 U/L	70	N/A	N/A
AST	10-40 U/L	18	N/A	N/A
ALT	7-56 U/L	12	N/A	N/A
Amylase	30-125 U/L	N/A	N/A	N/A
Lipase	10-150 U/L	N/A	N/A	N/A
Lactic Acid	0.7 – 2.1 (meq/L)	1.1	N/A	N/A

Other Tests 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
INR	<1.2 seconds	N/A	N/A	N/A
PT	11-15 seconds	N/A	N/A	N/A
PTT	25-40 seconds	N/A	N/A	N/A
D-Dimer	<500 ng/mL	N/A	N/A	N/A
BNP	<125 pg/mL	N/A	N/A	N/A
HDL	40-80 mg/dL	N/A	N/A	N/A
LDL	85-125 mg/dL	N/A	N/A	N/A
Cholesterol	3-5.5 mmol/L	N/A	N/A	N/A
Triglycerides	50-150	N/A	N/A	N/A

	mg/dL			
Hgb A1c	<6%	N/A	N/A	N/A
TSH	0.5-5 mIU/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	Straw	N/A	N/A
pH	4.5-8.0	5.0	N/A	N/A
Specific Gravity	1.005-1.025	1.008	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	Negative	N/A	N/A
Ketones	Negative	Negative	N/A	N/A
WBC	Negative	Negative	N/A	N/A
RBC	Negative	Negative	N/A	N/A
Leukoesterase	Negative	Negative	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 Admission	Today's Value	Explanation of Findings
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):

Blood differential test. (n.d.). Retrieved from https://www.mountsinai.org/health-library/tests/blood-differential-test

Blood Urea Nitrogen. (n.d.). Retrieved from https://www.uofmhealth.org/health-library/aa36271

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

Cleveland Clinic Cancer. (n.d.). Hyperchloremia (High Chloride). Retrieved from http://chemocare.com/chemotherapy/side-effects/hyperchloremia-high-chloride.aspx

Davis, C. P. (2019, July 23). Hemoglobin Ranges: Normal, Symptoms of High and Low Levels. Retrieved from https://www.medicinenet.com/hemoglobin/article.htm

Hyperglycemia (High Blood Sugar): Symptoms, Causes, Treatments. (2019, May 11). Retrieved from https://www.webmd.com/diabetes/guide/diabetes-hyperglycemia#1

Lab Values, Normal Adult: Laboratory Reference Ranges in Healthy Adults. (2019, May 29). Retrieved from https://emedicine.medscape.com/article/2172316-overview

Laboratory Values. (n.d.). Retrieved from https://globalrph.com/laboratory-values/

Lewis, J. L., By, Lewis, J. L., & Last full review/revision Mar 2018| Content last modified Mar 2018. (n.d.). Hypocalcemia - Endocrine and Metabolic Disorders. Retrieved from https://www.merckmanuals.com/professional/endocrine-and-metabolic-disorders/electrolyte-disorders/hypocalcemia

NT-proB-type Natriuretic Peptide (BNP). (n.d.). Retrieved from https://my.clevelandclinic.org/health/diagnostics/16814-nt-prob-type-natriuretic-peptide-bnp

Prothrombin time test. (2018, November 6). Retrieved from https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661

RNutr, J. L. (2020, January 26). Creatinine blood test: Purpose, procedure, and low or high ranges. Retrieved from https://www.medicalnewstoday.com/articles/322380#causes-for-high-levels

Urinalysis: Reference Range, Interpretation, Collection and Panels. (2019, July 3). Retrieved from https://emedicine.medscape.com/article/2074001-overview

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient received a CT scan to diagnose her fracture in her ribs.

Diagnostic Test Correlation (5 points): The patient received a CT scan because she was having a lot of pain in her ribs because of her fall last Thursday. The CT scan is often used for a patient that sustained trauma or an injury (Hinkle, J.L. & Cheever, K.H., 2018). The CT scan has a

detailed cross-sectional image that will show pictures of the patient's ribs (Hinkle, J.L. & Cheever, K.H., 2018). The scan will then help find the location of the trauma and if there are any fractures (Hinkle, J.L. & Cheever, K.H., 2018). The CT scan on P.D. showed two fractures on her left ribs.

Diagnostic Test Reference (APA):

Hinkle, J.L. & Cheever, K.H.(2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Cordarone/ amiodarone	Aspirin/ acetylsalicylic acid	Synthroid/ levothyroxine	Lipitor/ atorvastatin	Toprol XL/ metoprolol tartrate
Dose	200 mg tablets	81 mg	0.05 mg tablets	40 mg tablets	25 mg tablets
Frequency	1 tab BID	Daily	1 tab daily	1 tab daily	1 tab BID
Route	PO	PO	PO	PO	PO
Classification	Potassium Channel Blocker	Antiplatelet	Thyroid Drugs	HMG-CoA Reductase Inhibitors	Beta-Adrenergic Blockers
Mechanism of Action	Prolongs duration of the action potential, slow repolarization, and prolong the refractory period in the atria and	Aspirin inhibits plate aggregation by interfering with production of thromboxane A2.	Increases the metabolic rate in the body's tissues, increasing oxygen consumption, respiratory rate, and heart rate	Inhibits an enzyme required for hepatic synthesis of cholesterol.	Inhibits beta 2 receptors in the bronchial and vascular musculature

	ventricles				
Reason Client Taking	Dysrhythmia	Prevent clots	Hypothyroidism	Hypercholesterolemia	Hypertension
Contraindications (2)	1.sinus node dysfunction 2.Severe Bradycardia	1.Asthma 2.Peptic Ulcer Disease	1.Acute myocardial infarction 2. Addison's Disease	1.Pregnancy 2.Lactation	1.Cardiogenic shock 2.Asthma
Side Effects/Adverse Reactions (2)	1.Fatigue 2. Dizziness	1.Bleeding 2.Leukopenia	1. Tachycardia 2. Angina Pectoris	1.Nausea 2. Constipation	1. Hypotension 2. Bradycardia
Nursing Considerations (2)	1.Monitor the patient's heart rate 2.Educate the patient how to count their pulse	1.Dont take ibuprofen with aspirin 2.Stop taking if stomach or intestinal bleeding occurs	1. Take the drug on empty stomach 2. Report any type of chest pain	1.Monitor patients with increase serum aminotransferase 2.Educate the patient to eat a healthy diet	1.Tell the patients to not stop drug immediately 2.Don't take the medicine if your systolic is under 90

Hospital Medications (5 required)

Brand/Generic	Zofran/ ondasetron	Oxycodone/ acetaminophen	Tessalon/ benzonatate	Ultram/ tramadol	Lovenox/ enoxaparin
Dose	4 mg tablets	5 mg tablets	200 mg capsules	50 mg tablets	40 mg=0.4mL
Frequency	1 tab Q8H PRN	1 tab Q6H PRN	2 caps TID	1 tab Q6H PRN	Daily
Route	PO	PO	PO	PO	Sub-Q Injection
Classification	5-Hydroxytryptamine Receptor antagonist	Equianalgesic dosing of common opioids	Antitussives	Opioid Agonist	Anticoagulants
Mechanism of		Alters perception	Suppresses	Relieves pain by	Combines with

Action	Antagonize Serotonin receptors and preventing their activation.	of a pain at spinal cord and higher levels of CNS by blocking release of inhibitory neurotransmitters	cough by depressing the cough center in the medulla oblongata, throat, trachea, or lungs	binding to receptors in the brain, spinal cord, and peripheral tissues.	antithrombin III to inactivate certain clotting factors, inhibit the conversion of prothrombin to thrombin, and prevent thrombus formation.
Reason Client Taking	Nausea	Pain	Cough	Pain	To prevent clots
Contraindications (2)	1. Electrolyte imbalances 2. Caution if bradycardia	1.Bronchial Asthma 2. Gastrointestinal Obstruction	1. Hypersensitivity to the drug 2. Children with atopic syndrome	1.Respiratory depression 2. Kidney Disease	1. GI ulcerations 2. Severe kidney disease
Side Effects/Adverse Reactions (2)	1. Headache 2. Constipation	1. Respiratory Depression 2. Chest pain	1. Nausea 2. Drowsiness	1. CNS Depression 2. Sedation	1. Bleeding 2. Bruising at injection site
Nursing Considerations (2)	1. If hypokalemia or hypomagnesemia is present, correct them first before administering 2. Advise patient to report any signs of a rash.	1. May lead to addiction. 2.Use extreme caution with patients that have hypoxia	1. Avoid eating or drinking for 30 min after receiving the dose 2. Observe for hallucinations with the drug	1. Assess for an increase in respiratory distress 2. Assess for pruritus and urticaria, allergic reaction	1. Administer where there is no bruising 2. Educate patients about bleeding risks

Medications Reference (APA):

Frandsen, Geralyn. (2020). *Abrams Clinical Drug Therapy: rationales for nursing practice*. S.l.: Wolters Kluwer Medical.

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	P.D. was alert & orient x 4. She did state she was under a lot of stress due to the severe pain she is having. Her overall appearance looks well-kept and strong.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was normal for her race. Her skin was warm to touch, loose, and intact. Her skin returned when it was pulled on. P.D. denied any rashes and wounds. She did state she has a bruise on her left knee and her stomach due to her Lovenox shots. Her Braden score was a 19, with no visible drains.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	P.D.'s head was normocephalic, with no apparent swelling or pain with the palpation of her lymph nodes. The patient's ears were intact with no drainage. Along with that, her nose had no redness or drainage. The patient eyes were both equal, round, reacted to light, and accommodated each other. She doesn't have any redness in the back of the throat, but she did report she has significant dry mouth. The patient does wear dentures.
CARDIOVASCULAR (2 points): **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:**	P.D. had normal sounds with no murmurs heard. She had a regular rhythm with no apparent dysrhythmia. Her pulse was felt in all four extremities, and her capillary refill was under 3 seconds. She didn't have any swelling located on her body and no neck vein distention.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient possessed clear and normal lung sounds in all lobes and no use of accessory muscles
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:**	The patient is on a regular diet at the hospital and home. She states she has been eating well with no complaints. Her height is 5'4, and she weighs 83.9 kg. Her bowel sounds were active in all four

Weight: **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	quadrants, and her last bowel movement was three days ago. The patient did not have any pain or mass with palpation. Along with that, she didn't have any open wounds, drains, and no distention of the stomach. The patient does have scars and incisions due to the past surgeries she had. She does not have an ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	P.D. reported that her urine was normal color, and she has been voiding regularly. She denies any pain with urination and is not on dialysis. She also does not use a catheter.
MUSCULOSKELETAL (2 points): **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 ☐**	The patient has a palpated pulse in all four extremities, and she has good ROM in all extremities. She uses a walker when she needs it. Her strength was solid and equal in all body parts. P.D. doesn't need any assistance with her activities of daily living. She is a fall risk due to her score being an 85. The patient states she is pretty independent at home and does not need assistance to stand or walk.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:**	P.D. has excellent movement in all extremities, and her Perla was excellent in both eyes. Her eyes were equal, round, reacted to light, and accommodated each other. P.D. had equal and great strength with all extremities. She was alert & orient x 4, and her mental status was normal for her age. P.D. had no slurring with her speech

Speech: **Sensory:** **LOC:**	and was very responsive. The patient also had feeling in her whole body.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient did say she was under stress due to the pain she has. P.D. did state she does not have a way to cope with the stress she is having. She is well developed for her age. She stated that she is a catholic. She said that she feels "so so" about her religion. Her son and her daughter are who she uses for family support.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:34	63 BPM	100/56 mmHG	18 BPM	36.7 ℃ (Tympanic)	93%
10:30	60 BPM	113/67 mmHG	16 BPM	36.4 ℃ (Tympanic)	90%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:40	9 out of 10	Left upper Quadrant/ Lower Ribs	Severe	Sharp	tramadol oxycodone/ acetaminophen
10:30	9 out of 10	Left upper Quadrant/ Lower Ribs	Severe	Sharp	tramadol oxycodone/ acetaminophen

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	The chart did not have a guage size
Location of IV:	Right Upper Arm
Date on IV:	03/05/2020
Patency of IV:	IV was patent
Signs of erythema, drainage, etc.:	No redness, drainage, phlebitis
IV dressing assessment:	The IV was dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
250 mL	Patient voided 3 times per my shift but it was not measured

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was giving her morning medicines successfully. None of the pain medicines that we gave her was decreasing her back pain. She did void three times during my shift but has not had a bowel movement for three days. Her vital signs were overall stable, but her O2 saturation was a little low, and so was her blood pressure.

Procedures/testing done: No procedures or testing was done on my shift.

Complaints/Issues: The patient did have a lot of complaints about her back pain not improving.

Vital signs (stable/unstable): Overall they were stable. Her O2 sat was around 90%, but other than that they were fine.

Tolerating diet, activity, etc.: Patient is tolerating diet well and had no complaints.

Physician notifications: No notifications given during my shift.

Future plans for patient: To get her sent home today.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Patient my need a physical therapist to help with her pain**.**

Equipment needs (if applicable): Patient will need her walker when she gets discharged home.

Follow up plan: The patient will likely need to follow up to see her primary doctor and to maybe have an x-ray to see if her fracture is healing.

Education needs: Teach the patient how to use the walker and to use it all the time to prevent her from having any more falls.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Potential for falls related to the pain and weakness in her legs and as evidenced by the client stating that she has fell in the past.	The patient is on a fall risk and she has fell in the past.	1.Show the client the correct way to use her walker. 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
2. Decreased mobility due to the pain she is in and as evidenced	The pain she has when she moves.	1. Tell the patient to take her pain meds when needed. 2.	1. The patients pain decreased due to taking her pain meds 2.The patient's pain was

by the client saying that her pain hurts when she moves.		Tell the patient to avoid sudden movements.	limited due to not moving as much
3. The patient is constipated due to taking pain medicine and as evidenced by the patient stating she hasn't had a bowel movement in 3 days.	This is chosen due to her not having a bowel movement for 3 days.	1. Inform the client to increase her fluid intake. 2. Inform the client to include fiber in the diet.	1.&2. The patient had a bowel movement due to the fluid increase and the fiber in her diet.

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.

N321 Care Plan

Subjective Data

"My pain is a 9/10"
"My pain is located in my left upper quadrant/ribs"
"The pain medicine is not helping my pain"
"My pain is worse when I breath and move"
"I haven't had a bowel movement for 3 days"

Nursing Diagnosis/Outcomes

The patient potential for fall due to the falls she has had in her past.
The patient decreases the risk of having falls.
Decrease mobility due to the severe pain she has.
The patient will experience fewer episodes of pain.
The patient is constipated due to taking the oxycodone and the tramadol.
The patient will have a bowel movement.

Objective Data

The patients WBC are elevated
Her blood pressure was 113/67
Her O2 saturation was 90%
She would grimace when she was moving certain ways.
Her IV was patent and showed no sign of drainage.

Patient Information

A 66-year-old female is admitted due to a fracture she sustained from a fall.

Nursing Interventions

Teach the patient how important it is to use her walker.
Inform the patient to not move suddenly so she doesn't experience a lot of pain.
Increase the patient's fluid intake to promote her bowels.

N321 Care Plan

N321 Care Plan