

N311 Care Plan #2

Lakeview College of Nursing

Jessica Kavajecz

**Demographics (5 points)**

<b>Date of Admission</b> 3/2/2020	<b>Patient Initials</b> LE	<b>Age</b> 92	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired teacher	<b>Marital Status</b> Widowed	<b>Allergies</b> Codeine, Diltiazem (Causes swelling)
<b>Code Status</b> Full	<b>Height</b> 5'2"	<b>Weight</b> 121	

**Medical History (5 Points)**

**Past Medical History:** Bilateral cataracts, Carpal tunnel in right wrist, Depression with anxiety, hypertension, and osteoporosis

**Past Surgical History:** left elbow surgery (30 years ago), Milk duct from right breast removed (about 20 years ago), Right artificial hip replacement (about 10 years ago).

**Family History:** Mother and Father both had macular degeneration and Hypertension.

**Social History (tobacco/alcohol/drugs):** Never smoked.

**Admission Assessment**

**Chief Complaint (2 points):** Fractured Pelvis (worse on right side)

**History of present Illness (10 points):** **Onset:** February 28<sup>th</sup> 2020. **Location:** Entire pelvis is affected, but right side is worse due to the artificial right hip. **Duration:** Pain comes and goes but is worse at night when trying to sleep. **Characteristics:** Sharp, achy pain. **Associated manifestations:** none. Pt. only complains of pelvis/right hip pain. **Relieving factors:** Tylenol as needed, Physical therapy helps relieve some pain. **Treatment:** Pt is working with physical therapy for pain and rehabilitation.

**Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Fall/Pelvic fracture.

**Secondary Diagnosis (if applicable):** Parkinson's disease.

**Pathophysiology of the Disease, APA format (20 points):** The patient was outside walking on the morning of February 28<sup>th</sup> when she started coughing and lost her balance. Due to losing her balance she fell over a curb and fractured her pelvis. She has no history of previous falls in the past but did have an artificial right hip replacement. Due to having a hip replacement and having a history of osteoporosis, this made a pelvic fracture more likely.

According to Capriotti and Frizzell (2016), The hip joint, wrist, and vertebrae are areas that contain high amount of trabecular bone. In individuals with osteoporosis, fractures are common in these areas (Capriotti and Frizzell, 2016).

People at risk for fracturing a major area like the pelvic region are people involved in a trauma (car accident), people with osteoporosis, or people who have had a previous injury/surgery to that area in the past (Oberkircher, et al., 2018). To confirm that the pelvis is fractured, the most common diagnostic image is an X-ray (Oberkircher, et al., 2018). After that is a CT scan and then if pain persists, an MRI may be necessary (Oberkircher, et al., 2018).

Treatment for a pelvic fracture includes pain management and mobilization of the patient (Oberkircher, et al., 2018). If it is bad enough, surgery may be necessary (Oberkircher, et al., 2018).

**Pathophysiology References (2) (APA):**

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

Oberkircher, L., Ruchholtz, S., Rommens, P. M., Hofmann, A., Bücking, B., & Krüger, A.

(2018, February 2). Osteoporotic Pelvic Fractures. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5817189/>

**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	3.90-4.98	3.62		
Hgb	12.0-15.5	12.3		
Hct	35-45	35.6		
Platelets	140-400	172		
WBC	4.0-9.0	7.88		
Neutrophils	1.50-7.70 $10^3/uL$	0.74		Neutrophils are low due to trauma/injury(Capriotti and Frizzell, 2016).
Lymphocytes	1.00-4.90 $10^3/uL$	0.64		Lymphocytes are low due to trauma/injury(Capriotti and Frizzell, 2016).
Monocytes	0.00-0.80 $10^3/uL$	8.1		Monocytes are high due to the inflammatory response and trauma (Capriotti and Frizzell, 2016).
Eosinophils	0.00-0.50 $10^3/uL$	0.8		Eosinophils are high to due trauma(Capriotti and Frizzell, 2016).
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-	135-145	132		Sodium levels slightly low due to trauma (Capriotti and Frizzell, 2016).
K+	3.5-5.1	3.9		
Cl-	98-107	100		
CO2	22-29	25.9		
Glucose	70-99	105		Glucose levels elevated due to trauma (Capriotti and Frizzell, 2016).
BUN	6-20	21		BUN elevated due to trauma (Capriotti and Frizzell, 2016).
Creatinine	0.50-1.00	0.73		
Albumin	3.5-5.2	3.3		Albumin low due to trauma (Capriotti and Frizzell, 2016).
Calcium	8.4-10.5	8.9		
Mag	1.6-2.6 mg/dl	2.1		
Phosphate		-		
Bilirubin	0.0-1.2	0.7		
Alk Phos	35-105	100		

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 Admissio	Today's Value	Reason for Abnormal
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		<b>n</b>		
<b>Color &amp; Clarity</b>	<b>Colorless, yellow and clear</b>	<b>N/A</b>		
<b>pH</b>	<b>5.0-7.0</b>	<b>N/A</b>		
<b>Specific Gravity</b>	<b>1.003-1.005</b>	<b>N/A</b>		
<b>Glucose</b>	<b>negative</b>	<b>N/A</b>		
<b>Protein</b>	<b>negative</b>	<b>N/A</b>		
<b>Ketones</b>	<b>negative</b>	<b>N/A</b>		
<b>WBC</b>	<b>0-25/ul</b>	<b>N/A</b>		
<b>RBC</b>	<b>0-20/ul</b>	<b>N/A</b>		
<b>Leukoesterase</b>	<b>negative</b>	<b>N/A</b>		

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>		<b>No culture in file.</b>		
<b>Blood Culture</b>		<b>No culture in file.</b>		
<b>Sputum Culture</b>		<b>No culture in file.</b>		
<b>Stool Culture</b>		<b>No culture in file.</b>		

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**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 of pelvis.** Findings: Fractured right hemi pelvis.

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

**Medications (5 required)**

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<b>Brand/ Generic</b>	<b>Benicar/ Olmesartan</b>	<b>Apresoline/ Hydralazine</b>	<b>Sinemet/ Carbidopa</b>	<b>Zoloft/ Sertraline</b>	<b>Tylenol/ Acetaminophen</b>
<b>Dose</b>	<b>40mg</b>	<b>10mg</b>	<b>25-100mg</b>	<b>25mg</b>	<b>25mg</b>
<b>Frequency</b>	<b>1X daily</b>	<b>1X daily</b>	<b>1.5 tablets 3X daily</b>	<b>1X daily</b>	<b>2 tablets every 4 hrs. PRN.</b>
<b>Route</b>	<b>Orally</b>	<b>Orally</b>	<b>Orally</b>	<b>Orally</b>	<b>Orally</b>
<b>Classification</b>	<b>Angiotensin II receptor blocker (ARB), Antihypertensive.</b>	<b>Vasodilator, Antihypertensive.</b>	<b>Anti-Parkinson's agents, Dopamine agonists</b>	<b>Antianxiety , Antidepressant.</b>	<b>Antipyretic, nonopioid analgesic</b>
<b>Mechanism of Action</b>	<b>Olmesartan medoxomil blocks angiotensin II from binding to receptor sites in many tissues,</b>	<b>May act in a manner that resembles organic nitrates and sodium nitroprusside, except that hydralazine is selective for</b>	<b>Levodopa is converted to dopamine in the CNS, where it serves as a neurotransmitter. Carbidopa,</b>	<b>Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing</b>	<b>Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse</b>

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	including adrenal glands and vascular smooth muscle.	arteries. It exerts a direct vasodilating effect on vascular smooth muscle.	a decarboxylase inhibitor, prevents peripheral destruction of levodopa.	the amount of serotonin available in nerve synapses.	generation in the peripheral nervous system.
<b>Reason Client Taking</b>	Pt is taking for hypertension.	Pt is taking for hypertension.	Pt is taking for Parkinson's disease.	Pt is taking for depression/anxiety.	Pt is taking for pain.
<b>Contraindications (2)</b>	Aliskiren therapy in patients with diabetes or renal impairment, Hypersensitivity to olmesartan medoxomil or its components.	Coronary artery disease, mitral valve disease.	Hypersensitivity, Malignant melanoma	Concurrent use of disulfiram or pimozide, Hypersensitivity to sertraline or its components.	Hypersensitivity to acetaminophen or its components, severe hepatic impairment
<b>Side</b>	Acute renal	Fever, Angina.	Blurred	Coma,	Insomnia,

<b>Effects/Adverse Reactions (2)</b>	<b>failure, Anaphylaxis</b>		<b>vision, Leukopenia</b>	<b>Atrial Arrhythmias.</b>	<b>hypotension</b>
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**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Pt was alert and oriented to time (knew exact date), place, and person. Pt showed a slight sign of pain, but overall was in no distress Pt was well groomed.
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	White/pink (normal) Skin was moist and looked great Warm Normal turgor 2+ No rashes No bruising No wounds Braden score:21
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Pt's head is symmetrical Ears clear and pink-no discharge Eyes are symmetrical and did accommodate/react to light. No nasal deviation Teeth in excellent condition
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b>	S1 and S2 heart sounds present, no sign of murmur.

<p><b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Peripheral pulses: 2+ symmetric                  Capillary refill: Less than 3 seconds                  No sign of edema.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Clear breath sounds are heard throughout.                  Respirations are regular and non-labored.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p>Pt is on a regular diet at home and at facility.                  Bowel sounds are present in all four quadrants.                  Pt. is not experiencing pain.                  Last BM: This morning around 8am.                  No drains or wounds.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b>          <b>Size:</b></p>	<p>Clear, yellow.                  Voids regularly, Pt noted 4-5 X that day.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b></p>	<p>Pt's ROM is currently compromised due to the fractured pelvis, but typically pt. is very active.                  Pt is currently using a walker for support, but can</p>

<p><b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>now get up and walk around without the assistance of a family member/faculty member. Fall score is low.</p> <p>Does not need assistance with walker.                  Does no need assistance when standing/walking (as long as she has a walker present).</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b> Good  <b>Speech:</b> Good  <b>Sensory:</b> Hearing aids, no glasses.  <b>LOC:</b> Alert</p>	<p>Pt currently does not move all extremities well due to the fractured pelvis. Right side (affected side) is compromised.                  Pupils were equal, accommodated, and responded to light.                  Left side is stronger.                  Fully oriented                  Mental status is great                  Speech is great                  Is a little hard of hearing and has hearing aids.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Pt is very active in her home life and uses Illini basketball games to cope.                  Mature                  Christian                  Pt is widowed and suffers with anxiety/depression but takes medication to help and has family/friends to support her.</p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00am	Radial pulse:80	132/66 Left arm	16	97.4 Temporal	96% room air.

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
12:00p m	0-10	N/A.	0	N/A.	At time of assessment pt. was not experiencing



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<b>2. Acute Pain</b>	<b>Pt had a fall that resulted in a fractured pelvis.</b>	<b>1. Administer pain medication PRN.  2. Position lower half of the body (pelvic region) to where it's comfortable for the patient.</b>	<b>Goal met. Patient took pain medication (Tylenol) after physical therapy and pain went from a 5 to a 0. A pillow was placed underneath the knees to help reduce pelvic pain. Goal met.</b>
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**Other References (APA):**

**Swearingen, P. L., & Wright, J. D. (2020). *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

At time of assessment Pt was not experiencing any pain. Pt states "The pain is worse at night when I'm trying to sleep/early in the morning." "After physical therapy I am sore, but I feel like I am making a strong recovery."

### Nursing Diagnosis/Outcomes

Impaired physical mobility:  
Goal met: Patient was able to perform ROM exercises (3X) on lower body (feet/legs) and is in physical therapy every day. A walker is always in reach so patient can be independently/safely mobile.  
Acute pain:  
Goal met: Patient takes pain medication (Tylenol) every 4 hours PRN and a pillow was placed underneath her knees to reduce some pressure/pain to the pelvic region.

Pt was lying on the bed a certain way (semi-fowlers) and was pleasant. Saw no signs of distress when she was in this position, but when she sat up you could tell it was a more painful position because of the grimacing on her face and speed of movement.

### Objective Data

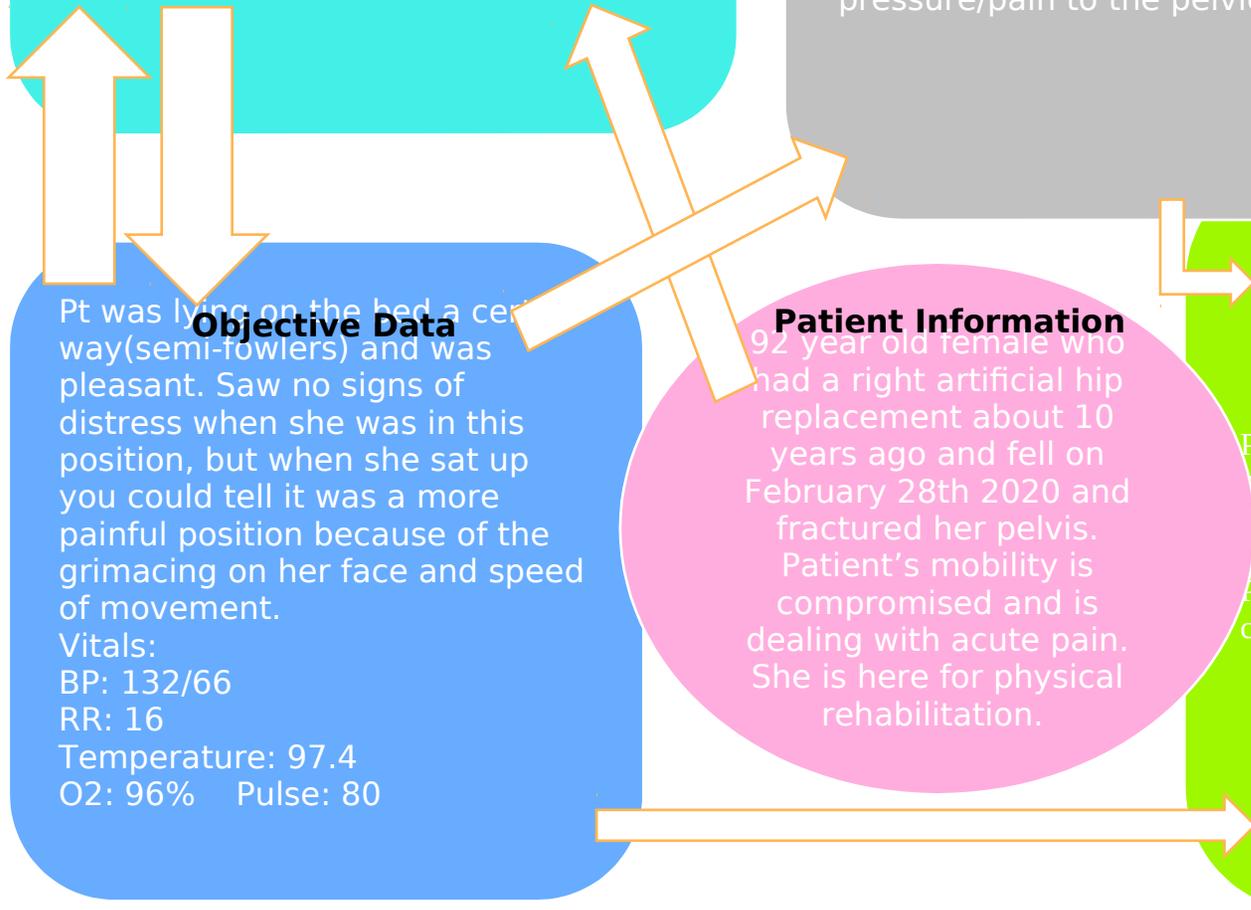
Vitals:  
BP: 132/66  
RR: 16  
Temperature: 97.4  
O2: 96% Pulse: 80

### Patient Information

92 year old female who had a right artificial hip replacement about 10 years ago and fell on February 28th 2020 and fractured her pelvis. Patient's mobility is compromised and is dealing with acute pain. She is here for physical rehabilitation.

### Nursing Interventions

Pt will perform ROM exercises to work on her lower body strength/mobility  
Make sure walker is within the Pt's reach at all times.  
Administer pain medication PRN  
Position lower half (pelvic region) to where it's comfortable for the patient



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