

N311 Care Plan # 2

Lakeview College of Nursing

Kristy Geier

**Demographics (5 points)**

<b>Date of Admission</b> 3/6/2020	<b>Patient Initials</b> J.A.	<b>Age</b> 92	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired Housewife	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> DNR	<b>Height</b> 4'10" (1.473m)	<b>Weight</b> 111lb 5.3 oz (50.5kg)	

**Medical History (5 Points)**

**Past Medical History:** Age-related osteoporosis with current pathological fracture, right femur, and subsequent encounter for fracture with delayed healing.

**Past Surgical History:** Right hip repair 1/24/2020; Right hip revision repair 2/15/2020

**Family History:** 3 children, (2 sons and 1 daughter all living) daughter – type 1 diabetic, former smoker; 1 son healthy, other son in remission from throat cancer in 2009, both former smokers. 2 grandchildren, 1 step-grandchild. Mother passed away from CHF exacerbation. Father passed away from dissecting abdominal aortic aneurysm.

**Social History (tobacco/alcohol/drugs):** Never a smoker; husband was a smoker for 50+ years; all three children past smokers – patient exposed to second hand cigarette smoke.

**Admission Assessment**

**Chief Complaint (2 points):** Limited mobility related to hip fracture secondary to fall.

**History of present Illness (10 points): Onset:** On January 22, 2020, this 92 year old white female presented to Carle Foundation Hospital for increasing hip pain. **Location:** Right Hip.

**Duration:** Earlier that morning approximately 2:00 am, the patient was awakened because she had to use the restroom. The patient states her husband sleeps on the side of the bed closest to the bathroom and she must walk around the bed to get to the bathroom. She states that she got of bed not knowing her husband had earlier kicked the covers off the bed to the floor. The patient

### N311 Care Plan

states she started walking towards the bathroom and her feet quickly got tangled into the covers and she ended up falling onto the bedroom floor. She yelled for her husband who woke up and called 9-1-1. **Characteristics:** Sharp, extreme stabbing pain. **Aggravating:** moving the right leg in any position. **Relieving:** Keeping her leg in the same, stable position without any extra or excessive movement. **Treatment:** Ice helps dull the pain. After patient completed hip surgery on 1/24/2020, she came to Clark Lindsey Village for Rehabilitation of her right hip. Her son states she started therapy for a few weeks but noticed she was continually having pain in the right hip still. After 2 weeks at CLV, the patient's son urged for the patient to have another XR of the hip on 2/19/2020 which revealed a fracture located in the hip area still. Patient's family elected to have a 2<sup>nd</sup> hip revision with a different surgeon at Carle Foundation Hospital which was completed on February 22, 2020. She went back to CLV on March 6, 2020 for physical therapy before returning back home.

### Primary Diagnosis

**Primary Diagnosis on Admission (3 points):** Musculoskeletal disorder r/t right hip pain as evidenced by fall

**Secondary Diagnosis (if applicable):** None

**Pathophysiology of the Disease, APA format (20 points):** The skeleton contains two forms of bone: cortical, which is solid, dense bone; and trabecular, also called cancellous, which is nonsolid bone. The wrist, hip and vertebrae are composed primarily of trabecular bone. (Capriotti, 2015). Musculoskeletal trauma can involve bone fracture, soft tissue injury, skeletal muscle injury, and neurovascular damage. Bone and muscle injury can cause immobility, serious complications, and lasting disability if the healing process is hindered. With bone fracture, soft tissue, and skeletal muscle injury, there is a succession of distinct stages of healing. (Capriotti, 2015). In this case, this patient fell on her right hip causing the pain. It wasn't until she arrived at the emergency room did she know she actually fractured her hip which needed a

## N311 Care Plan

repair. Because musculoskeletal pain can have a variety of causes, a doctor will first take a detailed medical history and ask about your symptoms. Expect to answer questions like these: When did the pain start? What were you doing at the time (for example, working out or playing sports)? What does it feel like — stabbing, burning, aching, tingling? Where does it hurt? What other symptoms do you have (trouble sleeping, fatigue, etc.)? What makes it worse or better? Your doctor might press on or move the affected area into different positions to find the exact location of your pain. A number of tests can help pinpoint the cause of your pain, including: blood tests to look for signs of inflammation that might suggest arthritis, X-rays or CT scans to find problems with the bones, MRI scans to find problems with soft tissues such as muscles, ligaments, and tendons. (healthline).

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

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

*Musculoskeletal Pain: Causes, Symptoms, Treatment*. (n.d.). Healthline. Retrieved March 16, 2020, from <https://www.healthline.com/health/tgct/musculoskeletal-pain#lifestyle>

**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	3.00	3.45	
Hgb	12.0-15.5	8.4	9.4	
Hct	35-45	26.1	31.3	dehydration d/t C-Diff infection
Platelets	140-400	Unable to obtain	*	
WBC	4.0-9.0	11.64	11.69	Infection area in fracture sight
Neutrophils	Unable to obtain	*	*	

## N311 Care Plan

<b>Lymphocytes</b>	<b>Unable to obtain</b>	*	*	
<b>Monocytes</b>	<b>Unable to obtain</b>	*	*	
<b>Eosinophils</b>	<b>Unable to obtain</b>	*	*	
<b>Bands</b>	<b>Unable to obtain</b>	*	*	

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	121	Dehydration d/t C-Diff infection
K+	3.5-5.1	5.0	3.8	
Cl-	98-107	94	79	
CO2	22-29	32.0	34.0	Electrolyte imbalance after surgery
Glucose	70-99	118	173	d/t regular diet, not watching carbs regularly.
BUN	6-20	42	27	d/t dehydration from C-Diff infection
Creatinine	0.50-1.00	0.83	0.76	
Albumin	3.5-5.2	2.1	2.3	
Calcium	8.4-10.5	9.8	10.7	Slightly high, could be age-related
Mag	Not listed in Lakeview Lab sheet	1.7	1.6	
Phosphate	Unable to obtain	*	*	
Bilirubin	Unable to obtain	*	*	

## N311 Care Plan

<b>Alk Phos</b>	<b>Unable to Obtain</b>	*	*	
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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
<b>Color &amp; Clarity</b>	Not listed in Lakeview Lab Sheet	Yellow/ Hazy	Yellow/ Cloudy	
<b>pH</b>	Not listed in Lakeview Lab Sheet	7.0	7.0	
<b>Specific Gravity</b>	Not listed in Lakeview Lab Sheet	1.009	1.010	
<b>Glucose</b>	Not listed in Lakeview Lab Sheet	Negative	Negative	
<b>Protein</b>	Not listed in Lakeview Lab Sheet	Negative	Negative	
<b>Ketones</b>	Not listed in Lakeview Lab Sheet	trace	Negative	
<b>WBC</b>	Not listed in Lakeview Lab Sheet	22	3	Due to infection of hip (1 <sup>st</sup> surgery)
<b>RBC</b>	Not listed in Lakeview Lab Sheet	12	2	d/t lower than normal lung capacity/oxygen levels after first surgery.
<b>Leukoesterase</b>	Not listed in Lakeview Lab Sheet	Moderate	Negative	

## N311 Care Plan

**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	Unable to obtain	*	*	
Blood Culture	Unable to obtain	Unable to obtain	Negative	Peripheral – No growth x 5 days
Sputum Culture	Unable to obtain	*	*	
Stool Culture	Unable to obtain	Unable to obtain	Positive	C-Diff Toxin detected in stool sample

### Lab Correlations Reference (APA):

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2019). *Mosby's diagnostic and laboratory test reference*. Elsevier.

Lakeview College of Nursing Laboratory Sheet (2020).

### Diagnostic Imaging

#### All Other Diagnostic Tests (10 points):

**CT abdomen/ pelvis w/ contrast completed on 2/25/2020.**

- 1. Distal small bowel obstruction with fluid in the mesentery and Morison's Pouch as well as parabolic gutters.**

**CT of Chest w/o Contrast completed on 3/3/2020.**

- 1. Interval progression/worsening of ascending thoracic aortic dissection and/or mural hematoma. Recommend emergent cardiovascular surgery consultation.**

**Lower Extremity Venous Duplex completed on 3/7/2020.**

- 1. Edematous pelvis and upper thigh subcutaneous fat and probable recent right total hip arthroplasty. Trace gas in fluid at the muscles of right hip.**

N311 Care Plan

2. Mild periopital edema, possibly reactive.
3. Consolidation and fluid in lung bases.

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

**Medications (5 required)**

<b>Brand/Generic</b>	<b>Acetaminophen Tablet</b>	<b>Torsemide Tablet</b>	<b>Vancomycin HCL capsule</b>	<b>Sodium Chloride Solution 0.65% (Saline)</b>	<b>Thermotabs Tablet (oral electrolytes)</b>
<b>Dose</b>	650 mg	20mg	250mg	2 sprays in nasal area	1 Tablet by mouth
<b>Frequency</b>	4 times a day	2 times a day	4 times a day	4 times a day	Every 6 hours for 7 days
<b>Route</b>	Oral	Oral	Oral	Nostrils	Oral
<b>Classification</b>	Antipyretic, nonopioid analgesic	Diuretic, antihypertensive	Antibiotic	Helps reduce nasal swelling	Minerals and electrolytes
<b>Mechanism of Action</b>	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus	Blocks active chloride and sodium reabsorption in the ascending loop of the Henle by promoting rapid excretion of chloride, sodium, and water. Torsemide also increases	Inhibits bacterial RNA and cell wall synthesis; alters permeability of bacterial membrane, causing cell wall lysis and cell death.	For dry nasal membranes including rhinitis medicamentosa, rhinitis sicca and atrophic rhinitis.	Potassium is a mineral that is found in many foods and is needed for several functions of your body, especially the beating of your heart. Sodium Chloride is the chemical name for salt.

## N311 Care Plan

	<p><b>by inhibiting synthesis or prostaglandin.</b></p>	<p><b>the production of renal prostaglandins, increasing the plasma renin level and renal pressure falls, reducing preload and afterload.</b></p>		<p><b>Sodium is an electrolyte that regulates the amount of water in your body. Sodium also plays a part in nerve impulses and muscle contractions.</b></p> <p><b>Thermotabs is a combination mineral supplement that may be helpful in reducing tiredness, muscle cramps, or heat prostration that can occur when you sweat more than usual. This product is often used for outdoor recreational activities performed in high heat, or indoors anywhere high temperature.</b></p>
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## N311 Care Plan

					es can cause you to become overheated.
<b>Reason Client Taking</b>	<b>For Pain</b>	<b>To reduce extra fluid in the body</b>	<b>Treat C-Difficile infection</b>	<b>Keeps nasal passages clear, moist</b>	<b>Dietary Supplement</b>
<b>Contraindications (2)</b>	<b>Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease.</b>	<b>Hypersensitivity to torsemide, povidone, sulfonamides or their component .</b>	<b>Hypersensitivity to corn or corn products when given dextrose solution. Hypersensitivity to vancomycin or its components</b>	<b>Hypersensitivity to preservatives or buffers, Use by more than 1 person may spread infection</b>	<b>High blood pressure; heart disease; or an ulcer or other problem in your stomach or esophagus.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Agitation, anxiety, hypotension</b>	<b>Confusion, Chest pain, Dry mouth</b>	<b>Chills, hypotension</b>	<b>None</b>	<b>Dehydration; difficulty breathing</b>

**Medications Reference (APA):**

*2020 Nurse's drug handbook.* (2020). Jones & Bartlett Learning.

*Ocean, Ayr Saline (sodium chloride, intranasal) dosing, indications, interactions, adverse effects, and more.* (n.d.). Reference.Medscape.Com. Retrieved March 17, 2020, from <https://reference.medscape.com/drug/ocean-ayr-saline-sodium-chloride-intranasal-999833#5>

*Thermotabs - Side Effects, Dosage, Interactions - Drugs - Everyday Health. (n.d.).*

EverydayHealth.Com. Retrieved March 17, 2020, from <https://www.everydayhealth.com/drugs/thermotabs>

### Assessment

#### Physical Exam (18 points)

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and oriented to time, place person, current events x 3</b> <b>No distress</b> <b>Well-groomed and appropriately dressed</b>
<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: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>Type:</b>	<b>Pink</b> <b>Dry/Normal</b> <b>Warm</b> <b>Normal turgor +2</b> <b>None</b> <b>Bruise on Rt hip</b> <b>Surgical wound/staples on Rt hip</b> <b>20</b> <b>No</b> <b>None</b>
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Head and neck symmetrical, normal cephalic</b> <b>Patient's ears are free of discharge, difficulty hearing: hearing aids in both ears, eyes symmetrical EOM, nose symmetry, no deviation, teeth clean, excellent dentition</b>
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <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: Y <input type="checkbox"/> N <input type="checkbox"/></b> <b>Edema Y <input type="checkbox"/> N <input type="checkbox"/></b>	<b>Heart sounds normal in S1 and S2. There were extra beats heard with clinical instructor but unable to detect if it was S3 or S4.</b> <b>Capillary refill is less than 3 seconds.</b> <b>Peripheral pulses 2+ symmetric. No neck vein distention. No sign of edema.</b>

## N311 Care Plan

<b>Location of Edema:</b>	
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Breath Sounds: Location, character</b>	<b>Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles noted.</b>
<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 type="checkbox"/> <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Size:</b> <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b>	<b>Regular diet, regular fluids</b>  <b>4'10"</b> <b>111 lbs.</b> <b>Bowel sounds are normoactive in all 4 quadrants. Did not palpate d/t patient having an underlying AAA.</b>  <b>No abnormalities found upon inspection for distention, incision, scars, drains or wounds.</b>  <b>None</b> <b>None</b>  <b>None</b>
<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 type="checkbox"/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b> <b>Size:</b>	<b>Yellow</b> <b>Not cloudy, but clear</b> <b>Voided 1 x this morning</b> <b>None</b> <b>None</b>  <b>None</b>
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <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>Normal ROM</b> <b>Strength in both upper and lower extremities</b> <b>Uses walker, gait belt to transfer</b> <b>Strength in both arms and legs</b> <b>Yes</b> <b>No</b> <b>Low</b>

## N311 Care Plan

<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"/>	<b>Uses call light, gait belt, walker to walk/transfer</b> <b>Yes – GB/Walker with UAP</b> <b>No</b>
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	<b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Both</b> <b>Strong arms and legs</b> <b>Cognitive of space, time, location</b> <b>Articulative speech</b> <b>Mature and cognitive</b> <b>Alert</b> <b>No gross focal neurological deficits</b>
<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>	<b>Husband, 2 sons and 1 daughter</b> <b>Mature</b> <b>Methodist</b> <b>Lives at home independently with husband, has husband, sons and daughter who visit daily.</b>

## Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	105 BPM	122/73 mmHg	14	98.6F	94%

## Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1030	Numeric 0-10	Right Hip	1/10	Dull, throbbing	Changing position, having patient sit instead of walking or standing – it exacerbates

## N311 Care Plan

					<b>pain to walk/stand</b>
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**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>120 mL Whole Milk</b>  <b>120 mL Whole Milk with Cheerios</b>  <b>1 piece of bacon</b>	<b>Voided: 1 x – 250mL</b>  <b>BM: 1 x (mushy consistency – patient is on isolation for C-Diff)</b>

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>● Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>● Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>● How did the patient/family respond to the nurse’s actions?</li> <li>● Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<b>1.</b> Musculoskeletal disorder r/t right hip pain as evidenced by fall	Patient fell on her right hip immediately causing pain “I immediately noticed pain in my right hip”	1. Administer Pain medication around the clock.  2. Change positions when patient is stationary. When patient is up moving with therapy, administer pain medication prior to therapy to help with combatting pain early on.	Goal met. Meds are given by nurse.  Goal met. Patient changes positions frequently and when she is with therapy, the PT works with the nurse to make sure meds are given before therapy begins to help combat pain.
<b>2.</b>		<b>1.</b>	

N311 Care Plan

		2.	
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**Other References (APA):**

**Concept Map (20 Points):**

N311 Care Plan

**Subjective Data**

Patient states "I fell on my right hip after tripping over the covers my husband kicked down off the bed. After my hip surgery, I noticed some pain still so my doctor ordered more X-Rays. It showed that my hip was still fractured. Once I had my second surgery, my hip is finally healing and it doesn't hurt as bad".

**Nursing Diagnosis/Outcomes**

Musculoskeletal disorder r/t right hip pain as evidenced by fall  
Patient fell on her right hip immediately causing pain "I immediately noticed pain in my right hip"  
Goal met. Meds are given by nurse.  
  
Goal met. Patient changes positions frequently and when she is with therapy, the PT works with the nurse to make sure meds are given before therapy begins to help combat pain.

**Nursing Interventions**

1. Administer Pain medication around the clock.
2. Change positions when patient is stationary. When patient is up moving with therapy, administer pain medication prior to therapy to help with combatting pain early on.
3. Make sure patient has all tools she needs while in her room: remote to her tv, her cell phone, call light, water, Kleenex.

**Objective Data**

Client's Chief Complaint is Limited mobility related to hip fracture secondary to fall.  
Vitals:  
BP: 122/73  
RR: 14  
Temp: 98.6 F  
SpO2%: 94%  
Pulse: 105

**Patient Information**

Lower Extremity Venous Duplex completed on 3/7/2020.  
Edematous pelvis and upper thigh subcutaneous fat and probable recent right total hip arthroplasty.





