

Nurse Dx: Risk for Falls

Etiology: related to impaired ADL (assistance with ambulation)

S/S: weak muscles, poor balance, pain

Expected Outcome: Patient will maintain stabilization and alignment of fracture(s) throughout their hospitalization.

Interventions:

- Provide support of joints above and below the fracture site, especially when moving and turning.
- Maintain a neutral position of the affected part with sandbags, splints, trochanter roll, footboard.
- Maintain position or integrity of traction.
- Review restrictions imposed by therapy such as not bending at the waist.

Evaluations: Goal was met. Patient maintained stabilization and alignment of fractures during hospitalization.

Nurse Dx: Impaired Skin Integrity

Etiology: related to compound fractures and surgical repairs.

S/S: itching, pain, pressure in affected areas

Expected Outcome: Patient will achieve wound/lesion healing within 10 weeks.

Interventions:

- Place protective padding under the leg and over bony prominences
- Reposition frequently (every 2 hours).
- Teach parents on how to provide frequent perineal care.
- Reassess skin for pressure ulcers daily.

Evaluation: Goal unmet. Patient did not achieve wound/lesion healing in 10

Nurse Dx: Acute Pain

Etiology: related to movement of affected bones.

S/S: facial grimace, altered muscle, swelling

Expected Outcome: Patient will demonstrate ability to participate in activities with minimal complaints of discomfort during their hospitalization.

Interventions:

- Maintain immobilization of affected part using bed rest, cast, splint, traction.
- Elevate and support injured extremities.
- Perform and supervise active and passive ROM exercises.
- Administer pain medications as ordered.

Evaluation: Goal was met. Patient demonstrated ability to participate in activities with minimal complaints of discomfort.

Nurse Dx: Risk for Infection

Etiology: related to break in skin integrity

S/S: redness, swelling, and pain

Expected Outcome: Patient will be free from MRSA infection throughout hospitalization.

Interventions:

- Ensure isolation and contact transmission precautions
- Perform hand hygiene.
- Decontamination of patient's equipment.
- Administer Rifampin as ordered.

Evaluation:

- Goal unmet. Patient was not free from MRSA infection during his hospitalization.

Past Medical History/Surgical History

- Anemia
- BPPV
- Compression fracture L1-L3
- Impaired ADL
- Pubic Bone Fracture
- Sacral Fracture
- Constipation
- MRSA

Medical Dx: Fracture of Lumbosacral Spine & Pelvis. Displaced Fracture of tuberosity of R. calcaneus, Displaced fracture of neck of right talus.

Dx Tests: Vital Signs, CBC panel, BMP panel
Results: HR (63), BP (110/58), T (97.87), o2 (100%), Hgb (12.8), ESR (31), Creatinine (0.7), Total Bilirubin (0.2)

Medications:

- Rifampin
- Gabapentin
- Methylphenidate
- Ferrous Sulfate
- Docusate Sodium
- Cholecalciferol
- Ascorbic Acid
- Cubicin