

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 Falls

Etiology: related to impaired ADL and endurance

S/S: weak muscles, poor balance, pain

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

Past Medical History/Surgical History

- Impaired mobility, ADL, and endurance
- Fracture of Sacrum
- Laceration of Liver
- Bilateral clavicular fractures
- Bilateral Pulmonary Contusion
- Right Femur Fracture
- Tracheostomy

Medical Dx: Chronic Respiratory Failure

Dx Tests: Vital Signs, CBC panel, BMP panel
Results: HR (91), BP (109/66), T (97.4), o2 (98%).

Assessment: I&O, Neurological, Pain, OT, PT, and Speech Therapy.

Interventions:

- Provide support of joints above and below the fracture site, especially when moving and turning.
- Maintain a neutral position of the right leg 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 Gas Exchange

Etiology: related to dependance on ventilator

S/S: hypoxemia, dyspnea, coughing

Expected Outcome: Patient will maintain adequate respiratory function throughout hospitalization.

Interventions:

- Monitor respiratory rate and effort. Note stridor, use of accessory muscles, retractions, development of central cyanosis.
- Teach parents to look for signs of confusion, lethargy, or stupor.
- Handle injured tissues and bones gently
- Monitor labs such as ABG's and ESR

Evaluation:

- Goal met. Patient maintained adequate respiratory function during hospitalization.

Nurse Dx: Impaired Skin Integrity

Etiology: related to compound fractures and physical immobilization.

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

Expected Outcome: Patient will be free from skin breakdown during hospitalization.

Medications:

- Clonidine
- Keppra
- Miralax
- Ferrous Sulfate
- Acetaminophen

Interventions:

- Place protective padding under the right 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 met. Patient remained free from skin breakdown during hospitalization.