Medications

Ascorbic Acid 500 mg PO TID
(THA - prevent vitamin C deficiency)

Atenolol 50 mg PO daily
(prevent MI)

Docusate Calcium 240 mg PO BID
(THA - stool softener)

Cymbalta 60 mg PO daily
(THA pain)

Ferrous Sulfate 325 mg PO TID
(THA bleeding – prevent anemia)

Multivitamin 1 tab PO daily
(THA - prevent vitamin deficiency)

Protonix 40 mg PO daily
(antiacid or antiulcer)

Vicodin 5/500 2 tabs PO q4h prn
(THA pain)

IV Sites/Fluids/Rate

No IV access

Past Medical /Surgical History

Breast Cancer
Hypercholesterolemia
Arthritis
Appendectomy
Hysterectomy
Bilateral TKR
Left Rotator Cuff repair
Left THA
High risk for falls

N20030 Concept Map

Student Name Courtney Wiener Client Initials R.G. Date 2/26/10

Age 83 Gender F Room # 94 Admit Date 2/21/10

CODE Status FULL Allergies NKDA

Diet Regular Activity FWBAT Braden Score 20

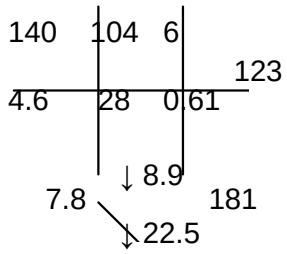
Admitting Diagnoses/Chief Complaint

Left Total Hip Arthroplasty (THA)

Assessment Data

76, 12, 90/52, 97.8 F, POX 92% RA
weight- 158 lbs. height- 60”
A & O x 3, PERRLA, Ø pain. Cap refill < 2, skin turgor < 2.
Patient stated pain is 8/10 when left leg is being moved or lifted.
Skin is warm, dry, and intact except two small bruised areas on LA and a large bruised area on LH and on LLQ.
Facial expression WNL & symmetrical. Temporal pulse +2 bilateral.
Carotid +2 bilateral. Speech Clear. Wears glasses. Trachea intact. Ø JVD.
Tongue & mucous membranes pink without lesions or pain.
Throat without tenderness. ROM WNL except refusal of movement to left leg due to fear of pain.
Chest shape WNL & symmetrical. Apical pulse 75 with regular rhythm.
Lungs clear anteriorly & posteriorly bilateral. No cough.
BS x 4. Abdomen slightly firm without tenderness
MAE except left leg D/T pain with movement. Hand grasps equally strong.
Has abduction pillow between legs. Left hip drsg. clean, dry, and intact.
Bilateral TED’s and SCD’s on lower extremities with boots bilateral on feet.
Leg strength WNL on right leg. Dorsal pedis +2 bilateral. Posterior Tibial +2 bilateral.
Assistance x 1 with bath. Patient tolerated well with no pain.
Patient refused to lift leg at all because of pain.
Patient stated, “The only time I had pain is when the other nurses were being too rough with my leg. Please be careful with my hip and leg.”

Lab Values/Diagnostic Test Results



PT- 10.5
PTT – 26.5
INR – 1.0

HMG – 8.9↓ (12-16 g/dL)
D/T THA bleeding
HCT – 22.5↓ (34-47%)
D/T THA bleeding

Treatments

TEDs, SCDs
PT/OT
Bilateral boots
Abduction Pillow

Primary Nursing Diagnosis

Acute pain R/T postoperative status AEB…

Supporting Data

-Pt. states pain level 8/10 when left leg is being moved or lifted.
-MAE except left leg due to pain with movement
-Needs abduction pillow between legs.
-Pt. refused to lift left leg because of pain.
-Pt. stated the only time she had pain was when the nurses were being rough and moving her leg.

STG

The client will report no new pain sites and consistent decrease in pain within 48 hours.

Interventions with Rationale

-Assess location, quality, temporal pattern, and level of pain q2h.
(provides data about patients pain intensity and helps determine effectiveness of therapy p. 1207)
-Use cold packs on surgical incision site for 20 minutes q4h.
(decreases inflammatory response, blood flow, edema, and pain p.1195)
-Provide optimal pain relief with prescribed analgesics prn.
(decreases anxiety and fear, both of which can increase pain p. 1207)
-Allow rest periods during day and periods of uninterrupted sleep at night prn.
(reduces stress, relieves muscle tension, and increases relaxation. Fatigue can enhance pain by lowering pain tolerance p. 1207)

EBP Citation

Craven, R. & Hirnle, C. (2009). Fundamentals of Nursing, 6th Ed.

Evaluation

The client reported decreased levels of pain within 48 hours.

Nursing Diagnosis #2

Risk for Injury R/T limited movement and hip surgery AEB…

Supporting Data

-BP: 90/52
-Age: 83
-ROM WNL except refusal of movement of left leg
-MAE except left leg & Leg strength WNL on right leg (not the left)
-PMH indicates high risk for falls

STG

The client will remain free of any injury by the end of clinical shift.

Interventions with Rationale

-Position bed in lowest position every time before leaving patients room.
(minimizes distance to floor if pt. falls OOB p. 675)
-Perform visual checks on client every 30 minutes
(Client may attempt to get OOB or chair without calling for assistance p.675)
-Evaluate the client's ability to use toilet on admission
(Clients with hip muscle weakness may be unable to rise from a low toilet seat. Grab bars may help to move more slowly and safely.P. 675)
-Explain safety modifications of the clients room PRN: remove clutter, use of a night light, installing brakes on beds and chairs, call light in reach
(Client and family will feel safer if they are aware of safety promotion strategies p. 675)

EBP Citation

Craven, R. & Hirnle, C. (2009). Fundamentals of Nursing, 6th Ed.

Evaluation

The client stayed free of any new injuries by the end of clinical shift.

Nursing Diagnosis #3

Risk for Impaired Skin Integrity R/T decreased physical mobility AEB…

Supporting Data

-Skin is intact except two small bruised areas on LA
-Large bruised area on LH and on LLQ.
-Has abduction pillow between legs.
-Patient refused to lift leg at all because of pain.
-FWBAT

STG

The client's skin will remain absent of pressure ulcers by end of clinical shift.

Interventions with Rationale

-Reposition client q2h
(relieves pressure, which can include capillary blood flow leading to tissue damage and ulcer formation p. 1019)
-Encourage protein and vitamin-rich diet and assess dietary intake prn
(Adequate nutrition is necessary for wound healing p. 1019)
-Assess skin and bony prominences TID
(Inspection helps to detect any evidence of skin abnormality p. 1019)
-Discuss with client factors that increase incidence of pressure ulcer formation prn.
(Specific knowledge allows client to be aware of interventions that help prevent ulcers p.1019)
-Keep skin clean and dry at all time, especially after episodes of incontinence.
(Moisture promotes maceration of tissues and delays healing p.1019)

EBP Citation

Craven, R. & Hirnle, C. (2009). Fundamentals of Nursing, 6th Ed.

Evaluation

The client remained free from pressure ulcers at end of clinical shift.