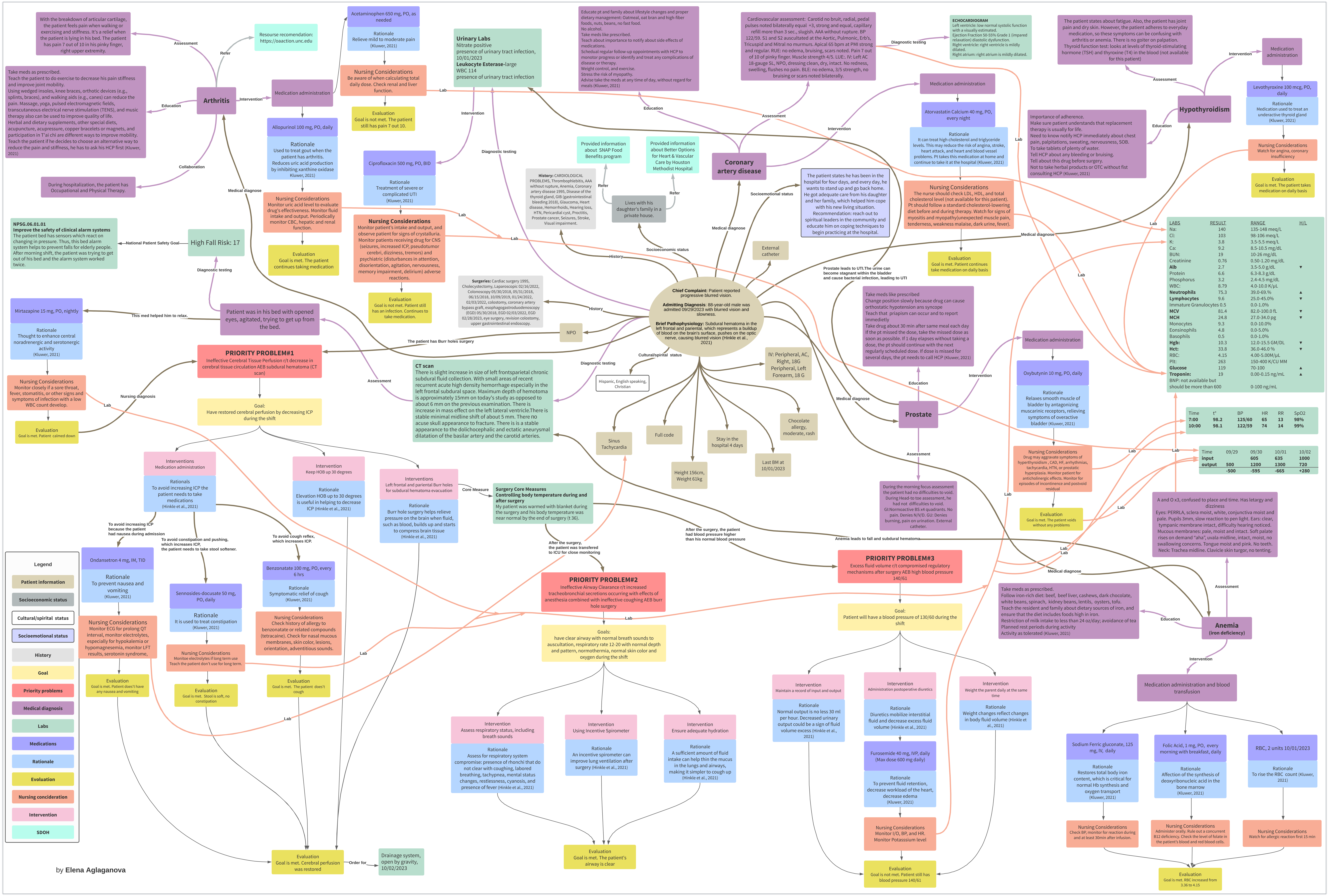

With the breakdown of articular cartilage, the patient feels pain when walking or exercising and stiffness. It's a relief when the patient is lying in his bed. The patient has pain 7 out of 10 in his pinky finger, right upper extremity.
Assessment
Refer
Resourse recomendation: https://oaaction.unc.edu
Acetaminophen 650 mg, PO, as needed
Rationale
Relieve mild to moderate pain (Kluwer, 2021)
Nursing Considerations
Be aware of when calculating total daily dose. Check renal and liver function.
Evaluation
Goal is not met. The patient still has pain 7 out 10.
Take meds as prescribed.
Teach the patient to do exercise to decrease his pain stiffness and improve joint mobility.
Using wedged insoles, knee braces, orthotic devices (e.g., splints, braces), and walking aids (e.g., canes) can reduce the pain. Massage, yoga, pulsed electromagnetic fields, transcutaneous electrical nerve stimulation (TENS), and music therapy also can be used to improve quality of life.
Herbal and dietary supplements, other special diets, acupuncture, acupressure, copper bracelets or magnets, and participation in T'ai chi are different ways to improve mobility.
Teach the patient if he decides to choose an alternative way to reduce the pain and stiffness, he has to ask his HCP first (Kluwer, 2021)
Education
Arthritis
Intervention
Medication administration
Allopurinol 100 mg, PO, daily
Rationale
Used to treat gout when the patient has arthritis. Reduces uric acid production by inhibiting xanthine oxidase Kluwer, 2021)
Collaboration
During hospitalization, the patient has Occupational and Physical Therapy.
Medical diagnose
Nursing Considerations
Monitor uric acid level to evaluate drug's effectiveness. Monitor fluid intake and output. Periodically monitor CBC, hepatic and renal function.
Evaluation
Goal is met. The patient continues taking medication
Urinary Labs
Nitrate positive
presence of urinary tract infection, 10/01/2023
Leukocyte Esterase-large
WBC 114
presence of urinary tract infection
Lab
Intervention
Diagnostic testing
Ciprofloxacin 500 mg, PO, BID
Rationale
Treatment of severe or complicated UTI (Kluwer, 2021)
Nursing Considerations
Monitor patient's intake and output, and observe patient for signs of crystalluria. Monitor patients receiving drug for CNS (seizures, increased ICP, pseudotumor cerebri, dizziness, tremors) and psychiatric (disturbances in attention, disorientation, agitation, nervousness, memory impairment, delirium) adverse reactions.
Evaluation
Goal is not met. Patient still has an infection. Continues to take medication.
Educate pt and family about lifestyle changes and proper dietary management: Oatmeal, oat bran and high-fiber foods, nuts, beans, no fast food.
No alcohol.
Take meds like prescribed.
Teach about importance to notify about side effects of medications.
Schedual regular follow-up oppointments with HCP to monotor progress or identify and treat any complications of disease or therapy.
Weight control, and exercise.
Stress the risk of myopathy.
Advise take the meds at any time of day, without regard for meals (Kluwer, 2021)
Education
Cardiovascular assessment: Carotid no bruit, radial, pedal pulses noted bilaterally equal +3, strong and equal, capillary refill more than 3 sec., slugish. AAA without rupture. BP 122/59. S1 and S2 auscultated at the Aortic, Pulmonic, Erb's, Tricuspid and Mitral no murmurs. Apical 65 bpm at PMI strong and regular. RUE: no edema, bruising, scars noted. Pain 7 out of 10 of pinky finger. Muscle strength 4/5. LUE:. IV: Left AC 18-gauge SL, NPO, dressing clean, dry, intact. No redness, swelling, flushes no pain. BLE: no edema, 3/5 strength, no bruising or scars noted bilaterally.
Assessment
Diagnostic testing
ECHOCARDIOGRAM
Left ventricle: low normal systolic function with a visually estimated.
Ejection Fraction 50-55% Grade 1 (impared relaxation) diastolic dysfunction.
Right ventricle: right ventricle is mildly dilated.
Right atrium: right atrium is mildly dilated.
Intervention
Medication administration
Atorvastatin Calcium 40 mg, PO, every night
Rationale
It can treat high cholesterol and triglyceride levels. This may reduce the risk of angina, stroke, heart attack, and heart and blood vessel problems. Pt takes this medication at home and continue to take it at the hospital (Kluwer, 2021)
Nursing Considerations
The nurse should check LDL, HDL, and total cholesterol level (not available for this patient). Pt should follow a standard cholesterol-lowering diet before and during therapy. Watch for signs of myositis and myopathy(unexpected muscle pain, tenderness, weakness malaise, dark urine, fever).
Evaluation
Goal is met. Patient continues take medication on daily basis
The patient states about fatigue. Also, the patient has joint pain and dry skin. However, the patient adheres to everyday medication, so these symptoms can be confusing with arthritis or anemia. There is no goiter on palpation. Thyroid function test: looks at levels of thyroid-stimulating hormone (TSH) and thyroxine (T4) in the blood (not available for this patient)
Assessment
Intervention
Medication administration
Hypothyroidism
Education
Importance of adherence.
Make sure patient understands that replacement therapy is usually for life.
Need to know notify HCP immediately about chest pain, palpitations, sweating, nervousness, SOB.
To take tablets of plenty of water.
Tell HCP about any bleeding or bruising.
Tell about this drug before surgery.
Not to take herbal products or OTC without fist consulting HCP (Kluwer, 2021)
Levothyroxine 100 mcg, PO, daily
Rationale
Medication used to treat an underactive thyroid gland (Kluwer, 2021)
Nursing Considerations
Watch for angina, coronary insufficiency
Evaluation
Goal is met. The patient takes medication on daily basis
Provided information about SNAP Food Benefits program
Provided information about Better Options for Heart & Vascular Care by Houston Methodist Hospital
Refer
Lives with his daughter's family in a private house.
Refer
History: CARDIOLOGICAL PROBLEMS, Thrombophlebitis, AAA without rupture, Anemia, Coronary artery disease 1995, Disease of the thyroid gland, GIB (gastrointestinal bleeding 2018), Glaucoma, Heart disease, Hemorrhoids, Hearing loss, HTN, Pericardial cyst, Proctitis, Prostate cancer, Seizures, Stroke, Visual impairment.
Coronary artery disease
Medical diagnose
Socioemotional status
The patient states he has been in the hospital for four days, and every day, he wants to stand up and go back home. He got adequate care from his daughter and her family, which helped him cope with his new living situation. Recommendation: reach out to spiritual leaders in the community and educate him on coping techniques to begin practicing at the hospital.
Socioeconomic status
History
External catheter
NPSG.06.01.01
Improve the safety of clinical alarm systems
The patient bed has sensors which react on changing in pressure. Thus, this bed alarm system helps to prevent falls for elderly people. After morning shift, the patient was trying to get out of his bed and the alarm system worked twice.
National Patient Safety Goal
High Fall Risk: 17
Diagnostic testing
Surgeries: Cardiac surgery 1995, Cholecystectomy, Laparoscopic 02/16/2022, Colonoscopy 05/30/2018, 05/31/2018, 06/15/2018, 10/09/2019, 01/24/2022, 02/03/2022, colostomy, coronary artery bypass graft, esophagogastroduodenoscopy (EGD) 05/30/2018, EGD 02/03/2022, EGD 02/28/2023, eye surgery, revision colostomy, upper gastrointestinal endoscopy.
History
Chief Complaint: Patient reported progressive blurred vision.
Admitting Diagnosis: 88-year-old male was admitted 09/29/2023 with blurred vision and slowness.
Brief Pathophysiology: Subdural hematoma in the left frontal and pariental, which represents a buildup of blood on the brain's surface, pushes on the optic nerve, causing blurred vision (Hinkle et al., 2021)
Prostate leads to UTI.The urine can become stagnant within the bladder and cause bacterial infection, leading to UTI
Take meds like prescribed
Change position slowly because drug can cause orthostatic hypotension ans syncope
Teach that priapism can occur and to report immediatly
Take drug about 30 min after same meal each day
If the pt missed the dose, take the missed dose as soon as possible. If 1 day elapses without taking a dose, the pt should continue with the next regularly scheduled dose. If dose is missed for several days, the pt needs to call HCP (Kluwer, 2021)
Education
Mirtazapine 15 mg, PO, nightly
This med helped him to relax.
Patient was in his bed with opened eyes, agitated, trying to get up from the bed.
Rationale
Thought to enhance central noradrenergic and serotonergic activity (Kluwer, 2021)
NPO
The patient has Burr holes surgery
PRIORITY PROBLEM#1
Ineffective Cerebral Tissue Perfusion r/t decrease in cerebral tissue circulation AEB subdural hematoma (CT scan)
Assessment
CT scan
There is slight increase in size of left frontsparietal chronic subdural fluid collection. With small areas of recent recurrent acute high density hemorrhage especially in the left frontal subdural space. Maximum depth of hemotoma is approximately 15mm on today's study as opposed to about 6 mm on the previous examination. There is increase in mass effect on the left lateral ventricle.There is stable minimal midline shift of about 5 mm. There no acuse skull appearance to fracture. There is is a stable appearance to the dolichocephalic and ectatic aneurysmal dilatation of the basilar artery and the carotid arteries.
Diagnostic testing
Cultural/spiritual status
Hispanic, English speaking, Christian
IV: Peripheral, AC, Right, 18G Peripheral, Left Forearm, 18 G
Chocolate allergy, moderate, rash
Sinus Tachycardia
Full code
Stay in the hospital 4 days
Height 156cm, Weight 61kg
Last BM at 10/01/2023
Medical diagnose
Prostate
Intervention
Medication administration
Oxybutynin 10 mg, PO, daily
Rationale
Relaxes smooth muscle of bladder by antagonizing muscarinic receptors, relieving symptoms of overactive bladder (Kluwer, 2021)
Nursing Considerations
Drug may aggravate symptoms of hyperthyroidism , CAD, HF, arrhythmias, tachycardia, HTN, or prostatic hyperplasia. Monitor patient for anticholinergic effects. Monitor for episodes of incontinence and postvoid residual
Evaluation
Goal is met. The patient voids without any problems
Assessment
During the morning focus assessment the patient had no difficulties to void. During Head-to toe assessment, he had not difficulties to void. GI:Normoactive BS x4 quadrants. No pain. Denies N/V/D. GU: Denies burning, pain on urination. External catheter.
Medical diagnose
LABS RESULT RANGE H/L
Na: 140 135-148 meq/L
Cl: 103 98-106 meq/L
K: 3.8 3.5-5.5 meq/L
Ca: 9.2 8.5-10.5 mg/dL
BUN: 19 10-26 mg/dL
Creatinine 0.76 0.50-1.20 mg/dL
Alb 2.7 3.5-5.0 g/dL ▼
Protein 6.6 6.3-8.3 g/dL
Phosphorus 3.2 2.4-4.5 mg/dL
WBC: 8.79 4.0-10.0 K/µL
Neutrophils 75.3 39.0-69.% ▲
Lymphocytes 9.6 25.0-45.0% ▼
Immature Granulocytes 0.5 0.0-1.0%
MCV 81.4 82.0-100.0 fL ▼
MCH 24.8 27.0-34.0 pg ▼
Monocytes 9.3 0.0-10.0%
Eonsinophils 4.8 0.0-5.0%
Basophils 0.5 0.0-1.0%
Hgb: 10.3 12.0-15.5 GM/DL ▼
Hct: 33.8 36.0-46.0 % ▼
RBC: 4.15 4.00-5.00M/µL
Plt: 263 150-400 K/CU MM
Glucose 119 70-100 ▲
Troponin: 19 0.00-0.15 ng/mL ▲
BNP: not available but should be more than 600 0-100 ng/mL
Time t° BP HR RR SpO2
7:00 98.2 125/60 65 13 98%
10:00 98.1 122/59 74 14 99%
Time 09/29 09/30 10/01 10/02
input 605 635 1000
output 500 1200 1300 720
-500 -595 -665 +280
A and O x3, confused to place and time. Has letargy and dizziness
Eyes: PERRLA, sclera moist, white, conjunctiva moist and pale. Pupils 3mm, slow reaction to pen light. Ears: clear, tympanic membrane intact, difficulty hearing noticed. Mucous membranes: pale, moist and intact. Soft palate rises on demand "aha", uvala midline, intact, moist, no swallowing concerns. Tongue moist and pink. No teeth. Neck: Trachea midline. Clavicle skin turgor, no tenting.
Assessment
Nursing diagnosis
Lab
Nursing Considerations
Monitor closely if a sore throat, fever, stomatitis, or other signs and symptoms of infection with a low WBC count develop.
Evaluation
Goal is met. Patient calmed down
Goal:
Have restored cerebral perfusion by decreasing ICP during the shift
Interventions
Medication administration
Rationals
To avoid increasing ICP the patient needs to take medications (Hinkle et al., 2021)
Intervention
Keep HOB up 30 degrees
Rationale
Elevation HOB up to 30 degrees is useful in helping to decrease ICP (Hinkle et al., 2021)
Interventions
Left frontal and pariental Burr holes for subdural hematoma evacuation
Rationale
Burr hole surgery helps relieve pressure on the brain when fluid, such as blood, builds up and starts to compress brain tissue (Hinkle et al., 2021)
Core Measure
Surgery Core Measures
Controlling body temperature during and after surgery
My patient was warmed with blanket during the surgery and his body temperature was near normal by the end of surgery (t 36).
After the surgery, the patient was transfered to ICU for close monitoring
After the surgery, the patient had blood pressure higher than his normal blood pressure
Anemia leads to fall and subdural hematoma
To avoid increasing ICP because the patient had nausea during admission
To avoid constipation and pushing, which increases ICP, the patient needs to take stool softener.
To avoid cough reflex, which increases ICP.
Legend
Patient information
Socioeconomic status
Cultural/spiritual status
Socioemotional status
History
Goal
Priority problems
Medical diagnosis
Labs
Medications
Rationale
Evoluation
Nursing concideration
Intervention
SDOH
Ondansetron 4 mg, IM, TID
Rationale
To prevent nausea and vomiting (Kluwer, 2021)
Nursing Considerations
Monitor ECG for prolong QT interval, monitor electrolytes, especially for hypokalemia or hypomagnesemia, monitor LFT results, serotonin syndrome,
Evaluation
Goal is met. Patient does't have any nausea and vomiting
Sennosides-docusate 50 mg, PO, daily
Rationale
It is used to treat constipation (Kluwer, 2021)
Nursing Considerations
Monitoe electrolytes if long term use
Teach the patient don't use for long term.
Evaluation
Goal is met. Stool is soft, no constipation
Benzonatate 100 mg, PO, every 6 hrs
Rationale
Symptomatic relief of cough (Kluwer, 2021)
Nursing Considerations
Check history of allergy to benzonatate or related compounds (tetracaine). Check for nasal mucous membranes, skin color, lesions, orientation, adventitious sounds.
Evaluation
Goal is met. The patient does't cough
Lab
Evaluation
Goal is met. Cerebral perfusion was restored
Order for
Drainage system, open by gravity, 10/02/2023
by Elena Aglaganova
PRIORITY PROBLEM#2
Ineffective Airway Clearance r/t increased tracheobronchial secretions occurring with effects of anesthesia combined with ineffective coughing AEB burr hole surgery
Lab
Goals:
have clear airway with normal breath sounds to auscultation, respiratory rate 12-20 with normal depth and pattern, normothermia, normal skin color and oxygen during the shift
Intervention
Assess respiratory status, including breath sounds
Rationale
Assess for respiratory system compromise: presence of rhonchi that do not clear with coughing, labored breathing, tachypnea, mental status changes, restlessness, cyanosis, and presence of fever (Hinkle et al., 2021)
Intervention
Using Incentive Spirometer
Rationale
An incentive spirometer can improve lung ventilation after surgery (Hinkle et al., 2021)
Intervention
Ensure adequate hydration
Rationale
A sufficient amount of fluid intake can help thin the mucus in the lungs and airways, making it simpler to cough up (Hinkle et al., 2021)
Evaluation
Goal is met. The patient's airway is clear
PRIORITY PROBLEM#3
Excess fluid volume r/t compromised regulatory mechanisms after surgery AEB high blood pressure 140/61
Goal:
Patient will have a blood pressure of 130/60 during the shift
Intervention
Maintain a record of input and output
Rationale
Normal output is no less 30 ml per hour. Decreased urinary output could be a sign of fluid volume excess (Hinkle et al., 2021)
Intervention
Administration postoperative diuretics
Rationale
Diuretics mobilize interstitial fluid and decrease excess fluid volume (Hinkle et al., 2021)
Furosemide 40 mg, IVP, daily (Max dose 600 mg daily)
Rationale
To prevent fluid retention, decrease workload of the heart, decrease edema (Kluwer, 2021)
Nursing Considerations
Monitor I/O, BP, and HR. Monitor Potasssium level
Evaluation
Goal is not met. Patient still has blood pressure 140/61
Intervention
Weight the parent daily at the same time
Rationale
Weight changes reflect changes in body fluid volume (Hinkle et al., 2021)
Take meds as prescribed.
Follow iron-rich diet: beef, beef liver, cashews, dark chocolate, white beans, spinach, kidney beans, lentils, oysters, tofu.
Teach the resident and family about dietary sources of iron, and ensure that the diet includes foods high in iron.
Restriction of milk intake to less than 24 oz/day; avoidance of tea
Planned rest periods during activity
Activity as tolerated (Kluwer, 2021)
Education
Anemia
(iron deficiency)
Intervention
Medication administration and blood transfusion
Sodium Ferric gluconate, 125 mg, IV, daily
Rationale
Restores total body iron content, which is critical for normal Hb synthesis and oxygen transport (Kluwer, 2021)
Nursing Considerations
Check BP, monitor for reaction during and at least 30min after infusion.
Folic Acid, 1 mg, PO, every morning with breakfast, daily
Rationale
Affection of the synthesis of deoxyribonucleic acid in the bone marrow (Kluwer, 2021)
Nursing Considerations
Administer orally. Rule out a concurrent B12 deficiency. Check the level of folate in the patient's blood and red blood cells.
RBC, 2 units 10/01/2023
Rationale
To rise the RBC count (Kluwer, 2021)
Nursing Considerations
Watch for allergic reaction first 15 min
Evaluation
Goal is met. RBC increased from 3.36 to 4.15