

**CSU, STANISLAUS B.S.N.
CLINICAL PLAN OF CARE
Patient Data**

Student: Kaleigh Balan Date of Care: Room Number Code Status: Full MD(s) Sohkan

Patient Initials: LM **Gender:** F **Age:** 48 **Height:** 5'2" **Weight:** 64.6kg **Spirituality:** n/a **Ethnicity:** Hispanic
Admitting Diagnosis: MVA Left acetabular fx and left femur fx
Vital Signs: T: 35.7 P: 75 R: 21 B/P: 90/48 O₂ Sat: 93% Pain Scale & Scale Type: 10/10
History related to this admission: none
Past Medical History: none
Admitting Date: 2-21-15
POD: 14
Surgical History & Date: ORIF L acetabular on 2-24-15

Diet: normal **Activity:** assist

Advance Directives: none

Isolation: **VS Freq:** 2-4hours

Vascular Access:

IV Site: LAC **Type of access and size:** 18g

IV Solution & Rate: heparin 900units/mL

Oxygen: Room air

Labs to be drawn day of care: none

Procedures done this admission: none

Foley: yes **NG/Feeding Tube:** none

Drains/ Tubes: none

Glucose Monitoring: none

DVT Prophylaxis: SCDs

PCA/Epidural: none **Telemetry:** yes

Safety Considerations: fall **Restraints:** rails

Dressing Changes & Frequency: IVC qd

Respiratory Treatments: none

Scheduled Procedures day of care: none

Notes on pathophysiology:

Lab and Diagnostic Test Data

LABS	Normal Range (Fill in Hospital Norms)	RESULT 1 (date & time)	RESULT 2 (date & time)	RESULT 3 (date & time)	Reason for abnormal lab values r/t diagnosis & nursing implications
CBC					
• WBC	4.5-11.0	12.4			Fighting infection
• RBC	4.40-5.90	3.5	3.23		Loss of blood from trauma/femur
Hemoglobin	13.3-17.7	10.5	9.9		Loss of blood from trauma/femur
Hematocrit	40.0-53.0	31.2	29.7		Loss of blood from trauma/femur
• MCV					
• MCH					
• MCHC					
• RDW	11.5-14.5	16.3	17.9		Loss of blood from trauma/femur
PLT COUNT	140-400		865		
WBC DIFF					
NEUTROPHIL %	40-74	78.1			Increased to fight infection
BANDS %					
LYMPHOCYTE%	19-48	9.4	15.3		Body is using them to fight infection
MONOCYTE %					
CHEMISTRY					
Sodium					
Potassium					
Chloride					
CO2(bicarb)venous					
Glucose	60-110	119	113		Stressed
Calcium					
Phosphorus					
Magnesium					
HDL					
LDL					
Cholesterol					
Triglycerides					
LIVER PANEL					
Total protein					
Albumin	3.5-5.0	2.8	3.1		Due to inflammation and shock

Bilirubin Total					
Alk phosphatase					
AST					
ALT					
Lipase					
Amylase					
Ammonia					
Lactate					
Serum Ketones					
CARDIAC PANEL					
CPK					
CPK-MB					
Troponin					
Myoglobin					
BNP					
COAGULATION					
PT					
INR ratio					
PTT					
Fibrin level					
Bleeding time					
D-Dimer					
UA collection type					
Urine color					
Urine appearance					
Specific gravity					
Urine Ph					
Urine glucose					
Urine bilirubin					
Urine blood					
Urine Ketones					
Urine Nitrites					
Urine Protein					
Urine Leukocytes					
URINE MICRO					
WBC HPF					
RBC HPF					

Nitrate HPF					
Epithelial					
Bacteria					
Mucous					
URINE CULTURE					
CSF					
• WBC					
• RBC					
• Glucose					
• Protein					
• Culture					
Blood Cultures					
Stool Cultures					
Nasal Cultures					
ABG(FIO ₂ + device)					
pH					
PO2					
PCO2					
Bicarbonate					
Oxygen Saturation					
Anion gap					
Lactate					
ECG					
X ray					
Angiography					
Lab					
BUN					
Creatinine					

NOTE: This outline of labs and diagnostics is to be organized by each student it is NOT all inclusive you must decide what labs are important. Not all labs on this list will be found on each patient.

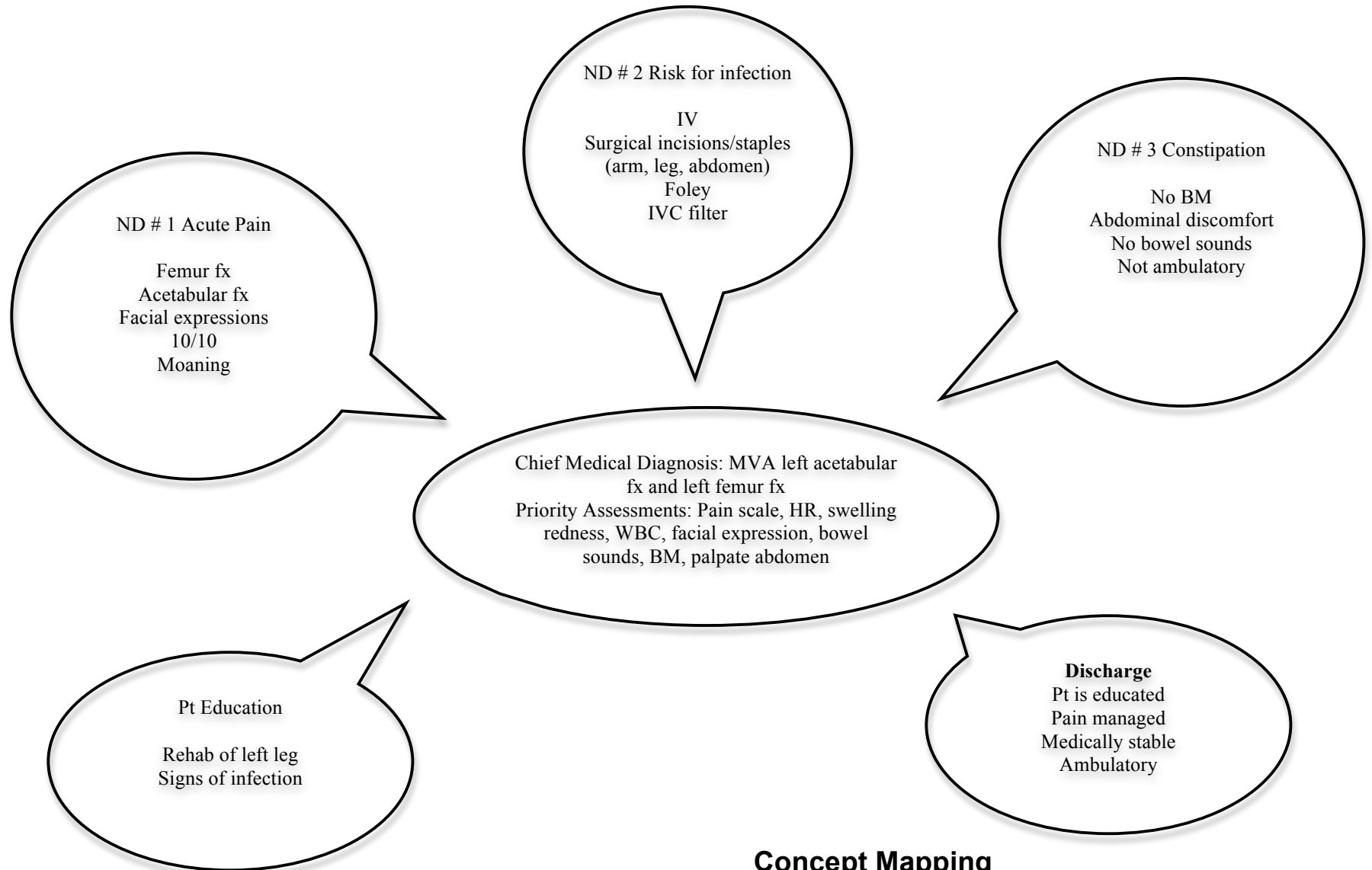
Medication Allergies: _____

Medications

Generic & Trade Name Drug classification (Therapeutic & Pharmacologic)	Dose/Route Frequency Rate of Administration(if needed)	Action of Drug Rationale (specific to Pt)	Significant Side Effects	Nursing Considerations related to patient care and teaching (what to assess, when to hold, what to teach, etc.)
Docosate/Colace Laxative/Stool softener	100mg cap PO bid	Relieve constipation	Throat irritation, cramps, rashes	Abdominal distention, color & consistency of stool
Sennosides Laxatives/stim. laxatives	8.6mg tab PO bid	Relieve constipation	Cramping and diarrhea	Abdominal distention, color & consistency of stool
Warfarin/Coumadin Anticoagulants/coumarins	5mg tab PO qhs	Blood thinner, decrease chance of clotting	Cramps, nausea, bleeding	Assess for signs of bleeding
Diphenhydramine Allergy/cold	25 mg cap PO qhs prn	Relieve itching	Drowsiness, dizziness	Assess for itching
Ondansetron/Zofran Antemetics/5-HT3 antag.	4mg/2mL IV q4h prn	Prevents nausea	Headache, constipation, diarrhea	Abdominal distention, nausea, vomiting
Morphine Analgesic/agonist	2mg/.25mL-6mg/.75mL IV q2h prn	Pain killer Alters response to pain	Respiratory depression, dizziness, sedation, n/v	LOC, BP, pulse, respirations, if respiratory rate >10 assess sedation
Clindamycin Anti-infectives	900mg/6mL 50mL over 30min IV q8h	Kill bacteria, bactericidal	Colitis, dizziness, n/v	Monitor bowel, assess for infection
Heparin Anticoagulants/antithrombotics	18mL/hr 900units/hr IV	Prevent clotting	Bleeding, anemia	Assess for signs of bleeding, antidote protamine
KCl Mineral & electrolye supplement	20mEq/1000ml 100mL/hr IV	Dietary supplement/electrolyte balance	Hyperkalemia, weakness, n/v, GI ulceration	Avoid sodium, pulse, BP, ECG

Concept Mapping

Step 2. List clinical manifestations under each nursing diagnosis and other relevant data to support each diagnosis, including lab data, medications, interventions, and assessment findings. All medical & nursing interventions should be found in one or more of the boxes.



Concept Mapping

Evaluate Effects of Nursing Actions- Patient Outcomes, Documentation (Done During Clinical)

1. ND/Nursing Care: Acute Pain

Response

Nursing Actions (NIC)

Morphine
Changed positioning
Elevated left leg
Talk pt through pain

6mg decrease pain
Pt says "ahh that's better"
Pt feels less pressure
Helped get her mind off it

2. ND/Nursing Care: Risk for infection

Nursing Actions (NIC)

Cleaned and dressed IVC site
Assessed sutures and staples
Admin clindamycin
Sterile technique with straight cath
Monitor WBC

No swelling or pain
No swelling, redness or exudate
Antibiotic
Obtained sterility
Elevated, fighting infection

3. ND/Nursing Care: Constipation

Nursing Actions (NIC)

Changed positioning
Laxatives
Enema
Used bedside commode

Relieved abdominal discomfort
Still no BM
Pt happy, BM, relieved discomfort
Pt seemed more comfortable