

019

DRUG ORDERED  Enoxaparin Sodium	MECHANISM OF ACTION SIGNIFICANT INTERACTIONS (Write in your own words-not copy out of resource)	UNIQUE NURSING CONSIDERATIONS (Before administration)	UNIQUE NURSING CONSIDERATIONS (After administration)	MEDICATION CALCULATION:												
<p><b>Drug classification:</b> Anticoagulants</p> <p><b>Generic name:</b> Enoxaparin Sodium</p> <p><b>Trade name:</b> Lovenox</p> <p><b>All routes available:</b> Subcutaneously</p> <p><b>Frequency:</b> Daily/24hrs</p> <p><b>Dosage range:</b> 30mg - 40mg subcutaneously.</p> <table border="1" data-bbox="230 1018 566 1209"> <thead> <tr> <th></th> <th>Onset</th> <th>Peak</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>IV / SQ</td> <td></td> <td>4hr</td> <td></td> </tr> </tbody> </table>		Onset	Peak	Duration	PO				IV / SQ		4hr		<p><b>How does the drug work in the body?</b> Accelerates formation of antithrombin III-thrombin complex and deactivates thrombin, preventing conversion of fibrinogen to fibrin.</p> <p><b>Does this drug interact with other drugs that the client is currently taking?</b> (If yes, which drugs and what needs to be done?) Yes, NSAIDs, monitor patient for bleeding</p> <p><b>Could this drug interact with foods/herbal supplements that the client might eat/take?</b> (If yes, which supplements and what needs to be done?) Yes, Alfalfa, anise, bilberry: may increase risk of bleeding. So, discourage using it together.</p>	<p><b>Why is this client taking this drug?</b> To prevent their blood from clotting (pulmonary embolism or DVT)</p> <p><b>What is the therapeutic effect?</b> No signs of embolism or DVT.</p> <p><b>What is your assessment before administration?</b> draw blood to establish baseline coagulation parameters before therapy.</p> <p><b>What are your ongoing assessments and interventions?</b> Monitor platelets count regularly Inspect patient for bleeding gums, bruises on arms or legs, nosebleeds, hematuria, and hematemesis.</p> <p><b>What are you going to teach?</b> Teach patient to watch for signs of bleeding Teach patient to avoid OTC medications with aspirin. Show patient how to properly administer subcutaneous injection. Inform patient that a longer than usual time may be needed to stop bleeding and that bruising, or bleeding may occur more easily.</p>	<p><b>Most significant side/adverse effects:</b> Dyspnea, confusion, fever, nausea, diarrhea, hemorrhage, erythema, urticaria.</p> <p><b>What is the goal for THIS client?</b> Prevent client from pulmonary embolism.</p> <p><b>What is your evaluation of the effectiveness of this drug?</b> (What is the client assessment?) Patient will have normal platelet count.</p> <p><b>Did you meet the goal for this client?</b> Yes / No N/A</p> <p><b>If NO:</b> (What will you do about it?)</p>	<p><b>Order as written:</b> 40mg subcutaneously daily.</p> <p><b>Drug "on hand"</b> (ex: 250mg/5ml ) :</p> <p><b>Calculations for determining client's safe dose (mg/kg/day):</b></p> <p><b>Calculations for determining client's dosage:</b></p> <p><b>Is your client's dose within safe and therapeutic range? (if not, please explain):</b></p>
	Onset	Peak	Duration													
PO																
IV / SQ		4hr														

019

DRUG ORDERED	MECHANISM OF ACTION SIGNIFICANT INTERACTIONS (Write in your own words-not copy out of resource)	UNIQUE NURSING CONSIDERATIONS (Before administration)	UNIQUE NURSING CONSIDERATIONS (After administration)	MEDICATION CALCULATION:												
<p><b>Drug classification:</b> Laxative</p> <p><b>Generic name:</b> Docusate sodium</p> <p><b>Trade name:</b> Colace</p> <p><b>All routes available:</b> PO</p> <p><b>Frequency:</b> Daily</p> <p><b>Dosage range:</b></p> <table border="1" data-bbox="237 927 580 1150"> <thead> <tr> <th></th> <th>Onset</th> <th>Peak</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PO</td> <td>12-72 hours</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>IV / SQ</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Onset	Peak	Duration	PO	12-72 hours	N/A	N/A	IV / SQ				<p><b>How does the drug work in the body?</b> stool softener, reduces surface tension or liquid contents of the bowels.</p> <p><b>Does this drug interact with other drugs that the client is currently taking?</b> (If yes, which drugs and what needs to be done?) NO</p> <p><b>Could this drug interact with foods/herbal supplements that the client might eat/take?</b> (If yes, which supplements and what needs to be done?) YES, it can be given in milk, fruit juices, fruit juices, or infant formula to prevent throat irritation.</p>	<p><b>Why is this client taking this drug?</b> to prevent client from getting constipated</p> <p><b>What is the therapeutic effect?</b> Patient needs to have a soft, formed stool, cylindrical in shape, and with foul odor.</p> <p><b>What is your assessment before administration?</b> bowel sounds inspect for ascites or distention</p> <p><b>What are your ongoing assessments and interventions?</b> Patient's intake and output Bowel sounds Stool chart</p> <p><b>What are you going to teach?</b> to increase intake of fiber and fluids, fruits and vegetables. If severe cramping occurs patient needs to stop using the drug and notify the provider. Use drug occasionally and not more than one week.</p>	<p><b>Most significant side/adverse effects:</b> Diarrhea, cramping, throat irritation</p> <p><b>What is the goal for THIS client?</b> Patient gets a normal bowel movement.</p> <p><b>What is your evaluation of the effectiveness of this drug?</b> (What is the client assessment?) Assessing patient's stool using the stool chart.</p> <p><b>Did you meet the goal for this client?</b> Yes / No N/A</p> <p><b>If NO:</b> (What will you do about it?)</p>	<p><b>Order as written:</b> Docusate sodium 100mg orally daily</p> <p><b>Drug "on hand"</b> (ex: 250mg/5ml): 100mg/1 tab</p> <p><b>Calculations for determining client's safe dose (mg/kg/day):</b></p> <p><b>Calculations for determining client's dosage:</b></p> <p><b>Is your client's dose within safe and therapeutic range?</b> (If not, please explain)</p>
	Onset	Peak	Duration													
PO	12-72 hours	N/A	N/A													
IV / SQ																

01a

DRUG ORDERED	MECHANISM OF ACTION SIGNIFICANT INTERACTIONS (Write in your own words-not copy out of resource)	UNIQUE NURSING CONSIDERATIONS (Before administration)	UNIQUE NURSING CONSIDERATIONS (After administration)	MEDICATION CALCULATION:												
<p><b>Drug classification:</b> Opioid analgesics</p> <p><b>Generic name:</b> Morphine sulfate</p> <p><b>Trade name:</b> Doloral</p> <p><b>All routes available:</b> IV</p> <p><b>Frequency:</b> q 4 hours prn for pain</p> <p><b>Dosage range:</b> 4 mg</p> <table border="1" data-bbox="257 997 600 1212"> <thead> <tr> <th></th> <th>Onset</th> <th>Peak</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PO</td> <td>30 min</td> <td>1-2 hr</td> <td>3-5 hr</td> </tr> <tr> <td>IV / SQ</td> <td>5-10 min</td> <td>20 min</td> <td>4-5 hr</td> </tr> </tbody> </table>		Onset	Peak	Duration	PO	30 min	1-2 hr	3-5 hr	IV / SQ	5-10 min	20 min	4-5 hr	<p><b>How does the drug work in the body?</b> Binds with opioid receptors in the CNS, altering perception of and emotional response to pain</p> <p><b>Does this drug interact with other drugs that the client is currently taking?</b> (If yes, which drugs and what needs to be done?) Yes, Alvimopan: may enhance adverse /toxic effects of alvimopan.</p> <p><b>Could this drug interact with foods/herbal supplements that the client might eat/take?</b> (If yes, which supplements and what needs to be done?) Yes, St. John's Wort, may increase risk of serotonin syndrome. If used together monitor patient for serotonin syndrome.</p>	<p><b>Why is this client taking this drug?</b> To treat pain.</p> <p><b>What is the therapeutic effect?</b> Patient needs to be relieved from pain.</p> <p><b>What is your assessment before administration?</b> Assess their pain level using the pain scale.</p> <p><b>What are your ongoing assessments and interventions?</b> I will monitor client's vital signs, pain level atleast 15 to 30 minutes, respiratory status, and sedation level</p> <p><b>What are you going to teach?</b> To increase intake of dietary fiber and fluids to prevent constipation. Not to take other narcotic medications with morphine.</p>	<p><b>Most significant side/adverse effects:</b> Sedation, nausea, constipation, bradycardia, cardiac arrest, chest pain.</p> <p><b>What is the goal for THIS client?</b> Get rid of the pain they are feeling.</p> <p><b>What is your evaluation of the effectiveness of this drug?</b> (What is the client assessment?) Assess if the client's pain has reduced and assess how they feel after taking the medication.</p> <p><b>Did you meet the goal for this client?</b> Yes / No</p> <p><b>If NO:</b> (What will you do about it?)</p>	<p><b>Order as written:</b> 4mg IV every 4 hrs. prn for pain</p> <p><b>Drug "on hand"</b> (ex. 250mg/5ml)</p> <p><b>Calculations for determining client's safe dose (mg/kg/day):</b></p> <p><b>Calculations for determining client's dosage:</b></p> <p><b>Is your client's dose within safe and therapeutic range?</b> (If not, please explain)</p>
	Onset	Peak	Duration													
PO	30 min	1-2 hr	3-5 hr													
IV / SQ	5-10 min	20 min	4-5 hr													

Student Name: Ola

Etiologies/Precipitating Factors: Blunt trauma, osteoporosis, obesity, falls, skeletal disease.  
Falling, Hip fracture, Age above 65 years, dizzy spells

Disorder: Hip Fracture  
Definition: A break in the upper portion of the femur (thighbone) near the hip joint

List common clinical manifestations (signs/symptoms/abnormal lab and test findings) and highlight those that the client is experiencing.

- Inability to walk, change position
- Bruising, Swelling
- Shorter leg on side of injured hip
- visible deformity of lower extremity
- Severe pain after a fall
- X ray shows injured bone

Explain the pathophysiology which causes the clinical manifestations (signs/symptoms/abnormal lab and test findings)

- Decreased bone strength, bone tissue dies
- Severe impact, falls and Osteoporosis
- Clot formation occurs within medullary canal between fractured bone ends
- Periosteum and blood vessels in the marrow, cortex surrounding soft tissue are disrupted.
- Bleeding from damaged ends of the bone can occur.

Integrate this disorder with the client's additional health problems, including complications of this disorder, giving an overall picture of the client during this admission. Be sure to include appropriate nursing diagnoses on the Nursing Diagnoses Form.

Client was admitted following a hip fracture with history of Osteoporosis. Patient also has a past history of hysterectomy. Vital signs such as, RR, pulse, BP, HR, SpO<sub>2</sub>, RR and temperature were stable on admission. Patient skin intact, ECG shows normal sinus rhythm without ischemia. Patient is scheduled for hip surgery. Repositioning every 2 hours, due to impaired mobility, musculoskeletal safety reinforcement and provision of fall risk education will be advised for recovery and improvement.

Ola

COLUMNAR CARE PLAN

Code for Client's Room 433 Date 11/17/2021 Week \_\_\_\_\_

First Initial of Client's Last Name Edlth Jacobson Current Med Dx/Surgeries Hip Fracture Student Name Ola

NURSING DIAGNOSIS	GOAL & OUTCOME CRITERIA	INTERVENTIONS	RATIONALES	EVALUATION												
<p>Priority # Acute Pain r/t muscle skeletal impairment</p> <p>AEB</p> <ul style="list-style-type: none"> <li>• Patient states a pain level of 8</li> <li>• Patient's crying and moaning</li> <li>• Guarding and protective behavior on affected part of the body.</li> </ul>	<p>Decrease c/o by end of the week</p> <ul style="list-style-type: none"> <li>• Pain rated less than 3</li> <li>• Less crying and moaning of pain</li> <li>• Decreased guarding and protective behavior on affected part</li> </ul>	<p>Assess: Every 4 hours</p> <ul style="list-style-type: none"> <li>• Pain with a 0-10 pain scale</li> <li>• Assess vitals sign (BP, RR, Pulse, HR)</li> <li>• Assess guarding and protective behavior on affective</li> </ul> <p>Do:</p> <ul style="list-style-type: none"> <li>• Reposition patient every 2 hours</li> <li>• Medicate with morphine every 4 hours as needed.</li> <li>• Apply ice packs for 20-30mins every 1-2 hours</li> </ul> <p>TEACH:</p> <ul style="list-style-type: none"> <li>• Inform patient pain is best controlled when medicated prior to activity</li> <li>• Reposition helps to reduce blood cloth</li> <li>• Teach relaxation techniques</li> </ul>	<p>Assess:</p> <ul style="list-style-type: none"> <li>• Determine baseline for pain management</li> <li>• Monitor signs of pain including elevated BP, RR, HR and pulse</li> <li>• Assess guarding and protective behavior</li> </ul> <p>DO:</p> <ul style="list-style-type: none"> <li>• Reduces risk for skin breakdown</li> <li>• Decrease pain level due to injury</li> <li>• Ice decreases pain and reduces swelling.</li> </ul> <p>TEACH:</p> <ul style="list-style-type: none"> <li>• Pain decreases patient's ability to move and perform ROM exercise</li> <li>• Reinforce safety and provide education on risk for fall</li> <li>• Pain relief strategies can be modified to promote more comfort levels</li> </ul>	<p><u>Outcome Criteria:</u></p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Day1</u></td> <td style="text-align: center;"><u>Day2</u></td> </tr> <tr> <td>Met</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Partially Met</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> <tr> <td>Not Met</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> </tr> </table> <p>AEB</p> <p>Appropriate</p> <p>•<u>Msg Dx:</u></p> <p><u>Day 1</u> yes ___ no ___ <u>Day 2</u> yes ___ no ___</p> <p>•<u>Goal:</u></p> <p><u>Day 1</u> yes ___ no ___ <u>Day 2</u> yes ___ no ___</p> <p>•<u>Outcome Criteria:</u></p> <p><u>Day 1</u> yes ___ no ___ <u>Day 2</u> yes ___ no ___</p> <p><u>Evaluation?:</u> no change _____ modifications _____ _____ _____</p>		<u>Day1</u>	<u>Day2</u>	Met	___	___	Partially Met	___	___	Not Met	___	___
	<u>Day1</u>	<u>Day2</u>														
Met	___	___														
Partially Met	___	___														
Not Met	___	___														

Top Three Priority Nursing Diagnoses

Nursing Diagnosis	Explain your rationale for the order of Nursing Diagnosis
<p>#1 Acute pain r/t muscle skeletal impairment</p> <p>AEB</p> <ul style="list-style-type: none"> <li>• Patient states level pain of 8</li> <li>• Patient crying and moaning</li> <li>• Guarding and protective behaviour on affected part</li> </ul>	<p>Ms J. has left fractured leg which resulted to so much pain and discomfort on the affected part of the body.</p>
<p>#2 Impaired physical mobility r/t to injury on left hip.</p> <p>AEB</p> <ul style="list-style-type: none"> <li>• Inability to transfer and ambulate</li> <li>• Limited range of motion</li> <li>• Reduced muscle strength</li> </ul>	<p>Ms J. is unable to ambulate and reposition due to her hip fracture resulting to immobility.</p>
<p>#3 Risk for impaired skin integrity r/t to physical immobility</p>	<p>Ms J. has restricted movement due to hip fracture which has resulted into bed bound which makes her at risk for skin breakdown.</p>

### Lab/Diagnostics Form Worksheet

Student name ola  
Dates 11/17/20

Clients' Room 433  
First Initial of client's Last name Edith Jackson  
Med. Dx hip fracture

Dx Test Procedure System	Normal Results	Date/ Results	Date/ Results	Rationale for Tests	Nursing Responsibilities specific to Test Results	Describe the Relevance of these Results To Current Client Status Or Effectiveness Of Therapies
I. Hematology RBC  MCH MCHC Reticulocytes  Gas Transport	Male: 4.6-6.2 x 10 <sup>12</sup> /L Female: 4.2-5.4 x 10 <sup>12</sup> /L 27-31 pg 32-36 g/dL 0.5%-2%	4.3		provide data for circulating mch and reveal RBC size. -Diagnosing anemia or polycythemia		For complete blood count and O <sub>2</sub> transport
Hgb  Gas Transport	Male: 13-18 gm/dL Female: 12-16 gm/dL	14		Measure amount of Hgb.		
Hct  Gas Transport	Male: 42% - 52% Female: 35% - 47%	42		Baseline for surgery	measure % of packed RBCs	
WBC  Differential -Neutrophils -Basophils -Eosinophils -Lymphocytes -Monoocytes  Protective	5000 - 10,000/mm <sup>3</sup>  55-70% 0.5-1.0% 1-4% 20-40% 2-8%	8		• To check for infection and inflammation • Identify need for WBC differential and bone marrow biopsy		For immunity

c:\users\simbe\downloads\lab diagnostics form (1).docx

Dx Test Procedure System	Normal Results	Date/ Results	Date/ Results	Rationale for Tests	Nursing Responsibilities specific to Test Results	Describe the Relevance of these Results To Current Client Status Or Effectiveness Of Therapies
ESR	Male: 1-15 mm/hr Female: 1-20mm/hr					
Coagulation Profile Platelets -PT -INR -APTT -PTT -Fibrinogen	150,000-450,000/cu mm 9.5-12 sec 1.0 30-40 sec 60-70 sec 200-400 mg/dL	195			Test for ability of blood clotting when bleeding happens	Patient is on anticoagulant medication
Protective II. Urine U/A -Color -Odor -Appearance -pH -Protein -Glucose -Ketones -Nitrites -WBC -RBC -Spec. Gravity	Amber yellow Aromatic Clear 4.0-8.0 0 0 0 0-4 ≤ 2 1.005-1.030					
Elimination III. Chemistry Glucose/Fingerstick	70-105 mg/dL	102		Test for diabetes.	Fingers should be placed down consistently	Normal glucose level, patient not at risk for diabetes
Nutrition/Regulatory Na+	135-145 mEq/L	142				
Nutrition/Regulatory K+	3.5-5.0 mEq/L	3.8		Monitor renal function signs of hyperkalemia		

c:\users\simbe\downloads\lab diagnostics form (1).docx

Dx Test Procedure System	Normal Results	Date/ Results	Date/ Results	Rationale for Tests	Nursing Responsibilities specific to Test Results	Describe the Relevance of these Results To Current Client Status Or Effectiveness Of Therapies
Ca++ Total	8.6-10.2 mg/dL	8.6				
Nutrition/Regulatory						
Phosphorus	0.97-1.45mmol/L					
Nutrition/Regulatory						
Mg+	1.3-2.3 mg/dL					
Nutrition/Regulatory						
Cl	97-107 mmol/L	101				
Nutrition/Regulatory						
BUN	10-20 mg/dL	20				
Elimination						
Creatinine	Male: 0.6-1.2 mg/dL Female: 0.5-1.1 mg/dL	0.8		Test for kidney function	Collect urine sample with clean catch	To ensure kidney function
Elimination						
Serum albumin	3.5-5.5 g/dL					
Nutrition/Regulatory						
Total Protein	6.4-8.3 g/dL					
Nutrition/Regulatory						
ABG's -pH -pCO2 -HCO3 -pO2 O2 Sat	7.35-7.45 35-45 mm/Hg 22-26 mEq/L 80-100 95-100%	24		Measure for CO2 level in the blood		To ensure patient has sufficient supply of O2 in blood.
Gas Transport						
IV. Therapeutic Levels Examples :digoxin, phenytoin, theophylline,vancomycin etc.						
Gas Transport						

c:\users\simbe\downloads\lab diagnostics form (1).docx

Dx Test Procedure System	Normal Results	Date/ Results	Date/ Results	Rationale for Tests	Nursing Responsibilities specific to Test Results	Describe the Relevance of these Results To Current Client Status Or Effectiveness Of Therapies
V. Bacteriology/ Microbiology Cultures/Sensitivities Source of Specimen  Protective						
VI. Radiology Examples: x-ray, CT scan, MRI etc						
VII. Other Tests Examples: stool for OB, liver, pancreatic, cardiac enzymes, D-dimer, BNP, Vit. D, troponin, cholesterol (HDL, LDL) etc.	Vitamin D (20-50ng/ml)	30		- evaluate skeletal disease - diagnose hypercalcemia		helps in Ca <sup>2+</sup> absorption for proper bone health

Pagana & Pagana, Manual of Diagnostic and Laboratory Test, 4<sup>th</sup> ed.