UCLA School of Nursing

Geriatric Nursing

Care Plan for Osteomyelitis of right fifth toe
(insert priority condition)

Student NameJennifer W **Current Date: 4/12/13**
Patient: Patient 1 **Age: 65** **Sex: M** **Dates Care Given: 4/8/13**
Allergies: Penicillin (reaction= unknown) **CODE Status: Full**

ADMISSION DIAGNOSIS	
Medical	**Nursing (NANDA)**
Type 2 Diabetes Mellitus (DM)	Acute pain r/t verbal communication of 5th toe on right foot
Neuropathy	Peripheral altered tissue. perfusion r/t tenderness over bony prominence
Hypertension (HTN)	Peripheral neurovascular dysfunction, risk for amputations of lower BLE
Hyperlipidemia	Health maintenance, altered r/t non-compliant w/ medication and diet regimen
	Risk of infection r/t exposure to environmental pathogens

ASSESSMENT DATA	
Objective Data	**Subjective Data**
•BP=141/73mmHg •HR=104 •RR=20 bpm •T=98.96°F •SpO_2%=98% right index finger at (RA) •BMI=25.4 •Glucose=219 @ 0750 •Visual acuity with PERRLA	•Pain: 10/10 on pain scale •**O**nset=2 days •**L**ocation=lower extremities •**D**uration 72hrs •**C**haracteristics= sharp and constant •**A**ggravating factors= movement of right fifth toe •**R**elieving factors=Rx for pain •**T**reatment= oxycodone 10mg prn •Patient c/o pain in lower extremities and IV right hand

Height: 181.6cm **Weight:** 84kg

Integumentary: Skin is warm, dry, intact, color consistent with African American ethnic background Throughout, mucous membranes are pink, moist and intact, dry cracks in corner of mouth. IV site swollen, infusing Vancomycin 1.25g in dextrose 5% @250ml/hr.

Neuro- AAOx4, speech is clear, PERRLA, sensation intact in BUE AND BLE, ROM present in BUE and limited in BLE, unable to ambulate due to severe pain in right fifth toe.

Cardio-BP 141/73mmHg, HR 104bpm, RRR 20bpm, S1/S2, radial/pedal pulse at +2 bilateral, cap refill<3, no edema in lower extremities.

Pulmonary- RR 20bpm, SpO_2= 98%, auscultation is clear bilateral

GI- BS active non-distended, last BM 0800 4/7/13. Regular diet with salt and lipid restrictions.

GU- Voids, no urinary infection, bladder control

Past Medical History—Diabetes treatment for hyperglycemia with glyburide and metformin, does not know A1c- in progress. HTN History of CVA in 2002. Peripheral neuropathy secondary to diabetes. Hyperlipidemia, and History of 3 prior diabetic foot ulcers requiring removal of 3 toes on left foot and 1 on right foot.

Social History- Currently homeless and out of work. Recovering heroin attic since the past 2 years. Highest education is high school. Pt states he used to be a member in the Navy. Grandson visited patient 4/10/13 @ 1600. Pt states he has two daughters, which are currently in nursing school and could not recall institution.

Lab & Diagnostic Test

Glucose =219 @ 0750 high level from DMII (70-120) rationale- patients dx of type 2 diabetes. Creatinine=0.9 (0.8-1.4mg/dl) Urea Nitrogen = not available (8-24mg/dl) GRF= not available (60-90mls/mins/1.73m^2)
Chemicals Ca= 9.0 mg/dL Na=130 mEq/L. Cl=96mEq/L CO_2= not available Blood Hemoglobin=11.6 Hematocrit 34.4 % RBC= 3.71 x10E6/ul WBC=6.74

Diagnostic

ECG- normal sinus rhythm, and no previous ECG available. X-ray rt foot lateral oblique. Indicate a soft tissue swelling of 5th toe to the distal phalanx, which is suspicious of osteomyelitis and mild foot osteoarthritis and vascular calcification

MEDICATIONS	
Medication	**. Rationale**
Atorvastatin 20mg PO q night at bedtime	Anticholesteremic Agents -used for high LDL
Clopidogrel 75mg PO daily	ADP receptor antagonist-reduce atherosclerotic events
Docusate 100mg PO 2 times daily	anti-muscarinic – helps to prevent nausea
Enalapril 100 mg PO 2 times daily	ACE inhibitor- Tx hypertension
Enoxaparin inj 30 mg SubQ q 24hrs	Low molecular weight hep-at risk for DVT
Glyburide 2.5 mg PO 2 times daily w/ meals	Antidiabetic- type 2 DM
Folic Acid 1mg PO daily	Vitamin supplement-nutrient deficiency in anemia
Metorporol 25mg PO 3 times daily	Selective BB- Tx hypertension
Vancomycin 1.25g intravenous q 12 hrs	Antibiotic-life threatening bacteria strains

NURSING PLAN			
	GOAL	**OBJECTIVE (Measureable)**	
1	Patient will have pain relief AEB of self-report and decreased physiologic indications of pain	Pt will have decreased physiological and behavioral indications of pain and report 0-2/10 pain level upon discharge.	
2	Pt will understand the changes in foot appearance after amputation.	Pt will state that he accepts body change and will continue with ADL's upon discharge	
3	Patient will understand the cause of diabetes ulcer	Pt will inform nurse on precautions to take to keep BLE from skin breakdown and bacterial exposure upon discharge	
4	Patient will maintain appropriate glucose levels	Pt will decrease blood sugars and maintain b/w 120-140 over the next 48hrs	
5	Patient will understand the importance of low sodium and lipid diet	Pt will be able to inform nurse of 4-5 low sodium and lipid meals and snacks upon discharge	

NURSING INTERVENTIONS	
Interventions	**Rationale**
Nurse will teach patient about medications	Help patients understand the indications and benefits
Nurse will monitor glucose levels before and after every meal	Maintain appropriate levels 70-120 and prevent secondary complications
Nurse will assess pain level q 2 hrs before and after medication	Help to identify if medication is working
Nurse will show patient appropriate foot care to prevent or care for diabetic foot ulcers	Understand the importance of reporting signs and symptoms to physician
Nurse will encourage patient to ambulate mid-morning and mid-evening	Promotes circulation throughout peripheral

Geriatric Specific Interventions (Age >65)	
***Gerontological Competency**	**Intervention**
Communication	Assess pt understanding of medical terms r/t dx
Cognitive or psychological age changes	Check to see if pt is AAOx4 throughout shift
Functional Status (activity, hearing, sight, taste)	When speaking be clear, direct and avoid speaking loudly unless requested
Skin integrity	Assess signs of dehydration and pressure ulcers
Safety Needs (precautions, restraints, sitter…)	Keep call light in reach and lower bed and raise upper rails
Pain Management	Assess mood changes
Elder Abuse	Assess if non-compliant w/ plan
Discharge Planning	Provide instructions to pt and caregiver and contact info.
Advanced Directive	Locate DNR order with power of attorney contact info

***See http://consultgerirn.org/ http://hartfordign.org/practice/hi_hospital_compet**

EVALUATION	
Intervention	**Outcome**
Nurses will teach patient about medications	Met
Nurse will monitor glucose levels before and after every	In progress
Nurse will assess pain level q 2 hrs. before and after medication	In progress
Nurse will show patient appropriate foot care	Not met
Nurse will encourage patient to ambulate mid-morning and mid-evening	In progress waiting until after amputation of 5th right toe and pt will demonstrated independence of ADL

Student Jennifer Williams NS Signature____Signed_____
Date__4/13/13_____

References

NANDA List of Diagnosis 12th conference (1996) retrieved 4/13/13 hardcopy
Sample care plan provided from preceptor retrieved 4/10/13 hardcopy
Sparks and Taylor Nursing Diagnosis Manual retrieved 4/13/13 online