

Nursing of Adults with Gerontology Needs

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Client Profile

M.M is an 88 year old female that fell and fractured her right trochanter. PT had a closed fracture that was repaired by surgery on 9/7/11. M.M was transferred to Altercare of Nobles Pond on 9/10/11 for rehab of the fracture of the right trochanter. PT has a history of Coronary atherosclerosis, Osteoarthritis, Osteoporosis, Hypothyroidism, hyperlipidemia, and anxiety with allergies to Augmentin, Cipro, Equanil, and Zthromax. M.M has a past surgical history of coronary artery bypass, removal of appendix, and a DNC. M.M was married and made her occupation as a homemaker and had two children.

Hip Fracture

A fracture is a break in the bone resulting from an overload or too much stress placed on bone than it can handle. The amount needed for a break depends completely on the person, lifestyle, calcium deposits, and certain disease that decrease calcium, stress, fatigue, age and gender. The severity of the fracture depends on the force applied that caused the fracture. This type of fracture was a closed fracture which means it did not break the skin of the PT. (Black & Hawks, 2009) (Esenyel, Ozen, Esenyel, Rezvani, Sariyildiz & Ergin, 2011)

Approximately 3-5% of elderly falls results in fracture, of those falls 90% involve the hip and has become one of the leading causes for morbidity and mortality in older individuals. This particular type of fracture a trochanter is often seen in men and is more vigorous adults and involves more of a traumatic break. After the break the PT will be unable to bear any weight on the effected hip most of the time but at times a PT can but weight on hip after a trauma or not even know there is a fracture if it is not a large break or fracture. The PT will experience pain at site of injury, shortened leg, and ecchymosis.

There are two main options of treatment for a PT with this injury, surgery and skeletal traction or hip spica for a PT who cannot tolerate or survive a surgery. The nonsurgical method will take about 8 to 12 weeks to heal with traction. A care plan for immobility and skincare are good ideas to include in a PT with this type of option. The surgical method involves using screws, pins, plates, which are used to hold bones in place during healing process after surgery. Blood loss is a concern during this type of surgery so consent for blood is many times signed or declined before surgery. After surgery hip precautions are taken along with routine labs to check on infection and blood loss during surgery. PT may or may per order have weight bearing on the affected hip. Immobility, skincare and pain are concerns after surgery. PT will then undergo some type of REHAB treatment to get PT mobile and using the affect hip again. (Esenyel, Ozen, Esenyel, Rezvani, Sariyildiz & Ergin, 2011)

Osteoporosis

Osteoporosis is a compromised bone strength which includes density and quality of the bone and this put a PT at a higher risk for fractures due to the decrease bone strength. This disorder affects majority of women and numbers increase after menopause. With many of these cases having osteopenia where it affects a certain part of the body's bone, for example hip area. The process of bone mass is available and calcium can be absorbed up to the age of 30 years old. Between the age of 30 and menopause for women bone mass will decrease slightly but when a women is nearing menopause or premenopausal the bone mass increase during the last 1.5 – 2 years before last menstrual cycle with rapid loss until 1.5 years after last cycle due to loss in estrogen. It can affect men as well if not a lot of calcium was absorbed during the peak absorption years. The body has less to use later on in life than someone who had more calcium stored as a younger adult. In many cases 60-80% of the disorders are inherited through family members. Some other conditions that can affect Osteoporosis are Hyperparathyroidism, Cushing's, Thyrotoxicosis, Anorexia Nervosa, smoking, and loss of body weight.

Prevention or slowing down of Osteoporosis would be aimed at a balanced diet, exercise, and supplements. The PT would want to eat food that has calcium and vitamin D in it to help absorption of Vitamin C, some foods include broccoli, milk, yogurt and cheese products. Exercise has to be weight bearing exercise to keep bone mass wear it currently is and basically if body feels it don't need that much bone mass it will get rid of it, use it or lose it theory. (Black & Hawks, 2009)

Hypothyroidism

Hypothyroidism is a deficiency in the Thyroid hormone produced by the thyroid. It has effects on the body as decreased metabolism, decreased heart rate, decreased oxygen consumption from tissues and increased cholesterol levels. Medical management would involve taking a medication aimed at increasing the TH level in the body an example would be levothyroxine. (Black & Hawks, 2009)

Hyperlipidemia

Hyperlipidemia is a cholesterol level that is too high which can increase your chances of heart disease, stroke, and high blood pressure. The high amounts of cholesterol can deposit in your blood vessels causing blockages which makes it difficult for blood to get through the vessels. Being overweight, taking birth control, steroids, beta blockers, antidepressants, smoking and alcohol use can have a negative impact and increase the risk of having hyperlipidemia. Treatment would involve medication that would lower levels of cholesterol, exercise, and diet changes.

- LDL: 70-130 mg/dL (lower numbers are better)
- HDL: more than 40-60 mg/dL (high numbers are better)
- Total cholesterol: less than 200 mg/dL (lower numbers are better)
- Triglycerides: 10-150 mg/dL (lower numbers are better) (Black & Hawks, 2009)

Gordon's Functional Health Assessment				
Area of Health	Subjective Data	Objective Data	Indirect Data	Interpretation
<p>Health Perception and Health Management</p>	<p>" I feel I have taken care of myself over the years"</p> <p>" I didn't smoke or drink much alcohol"</p> <p>" I have always had big ankles with some swelling"</p> <p>"I don't like not being able to move around by myself"</p>	<p>*PT has a medical history and surgical history</p> <p>Coronary atherosclerosis, Osteoarthritis, Osteoporosis, Hypothyroidism, hyperlipidemia, and anxiety.</p> <p>* H&H was low 9.0 and 28</p> <p>Calcium low 8.2</p> <p>* PT on Keflex for UTI</p> <p>* PT's lung are clear but decrease</p>	<p>*prior to nursing home PT lived an active life at her home where she lived by herself prior to fall.</p> <p>*Up to date on flu and phenomena vaccines</p> <p>*Lab work had a few areas that were low but much was WNL. See Chart for more details</p> <p>*Vitals were WNL</p>	<p>It seems like PT did take care of herself from the information I collect from the PT. This recovery from the surgery in my opinion is weighing on her mind about ability to get back to where she was before. PT does have low H&H and CA Levels. Which the CA is being managed by medication. There is a Multivitamin that is helping the H&H as well. PT is having no s/s of UTI</p>

		<ul style="list-style-type: none">* Dose have swelling in ankles +2 edema noted * PT does not get up by self needs help going to bathroom and moving from bed to wheelchair * Braden scale done with a result of 14 *Risk for falls assessment done with Get up and go test was a 4 * Allergies to Augmentin, Cipro, Equanil, and Zthromax		<p>at present monument. PT at higher risk for osteoporosis which she already has per medical history.</p>
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		*Dressing to affected Hip		
Nutritional/Metabolic	“ I don’t eat a whole lot but I am full when I am done”	<p>*PT did eat when The PT was in the dining room.</p> <p>* Ate around 50% of tray.</p> <p>* Independently ate her own tray</p>	<p>*Current diet was regular</p> <p>*PT getting Health shakes and treat cup to help with nutrition.</p> <p>*Current weight 131 pounds</p> <p>*Appetite was fair</p> <p>* No difficulty swallowing</p> <p>*Eats in Dining room with</p>	<p>*PT seemed like she was full when she was done eating and did drink the health shake. The health shake has a lot of calories and protein needed in the PT case to help with rebuilding the tissue from the surgery. Also for increasing the CA level that was currently low.</p>

			rest of PT's	Risk for malnutrition r/t not eating much of try only 50%
Elimination	<p>"I usually have a bowel movement every day or I did before the surgery"</p> <p>"It has not been every day since the Surgery"</p> <p>"I have to wait for someone to help me into the bathroom and have to use the call light, sometimes it takes a while if the girls are busy"</p>	<p>*PT has bowel sounds X4 and belly no distended and not firm.</p> <p>*Last BM per PT was the day before our visit.</p> <p>* I did help the PT into the bathroom to void on my visit.</p>	<p>*PT does take stool softens to help her have a BM</p> <p>*PT was getting treated for a UTI</p> <p>*UA reveled cloudy urine with many bacteria, leukocytes +3, and mucus present.</p> <p>* Taking pain medication</p>	<p>The PT did not seem like they were any pain from not having a bm yet today.</p> <p>PT did not have any real urgency or frequency to urinate which leaves me to believe the UTI has or is clearly up at time of visit.</p> <p>Risk for constipation due to pain medication.</p>
Activity and Exercise	<p>"I only do the exercises they make me do here and</p>	<p>*PT has to have assistance moving around from bed</p>	<p>* PT is currently receiving</p>	<p>*PT does not participate in many activities that she</p>

	<p>I don't go to bingo and I like it when my family is here to visit"</p>	<p>to wheelchair</p> <p>* Ask for assistance to go to the bathroom</p> <p>*Uses a wheelchair to get from place to place with someone pushing</p> <p>* Fall Risk</p> <p>* Temp 98.7 oral</p> <p>Heart Rate 75</p> <p>BP 122/72</p> <p>RR 20</p> <p>O2 sat 94% on RA</p>	<p>PT/OT therapy</p> <p>*PT can feed herself with no setup</p> <p>*Has not had no falls per date of checking chart</p>	<p>does not have to unless the family is there.</p> <p>*I feel the PT would be more active if she could move around on her own without the assistance of help</p> <p>*PT likes to do things with the family when they visit this should improve her activity level when they are there.</p> <p>*Risk for immobility r/t not doing much activity</p>
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		<p>*Legs are weak during transfer of pivot to bed.</p> <p>* Assistance of 1-2 depending on weakness of PT at that time</p>		
Sexuality/Reproduction	<p>"I don't want to talk about my sexuality"</p> <p>"I had to daughters with my husband"</p> <p>"My husband has passed on"</p>	<p>*PT did not look like she wanted to talk about her sexuality so I change the subject to children</p> <p>*Gave an odd look at me about sexuality question</p> <p>*Was very happy to talk about her two girls and grandson</p>	<p>*chart and PT confirmed it that husband has passed away</p>	<p>*sexuality was a touchy subject with the PT and tried to stay away from it per her request. Was more than willing to talk about her kids.</p> <p>* no sexual partners at this time</p>
Sleep/Rest	<p>" I sleep from 9pm-9am</p>	<p>*I did not see the PT take a</p>	<p>* PT does have therapy in</p>	<p>* PT does not seem to</p>

	<p>and only get up for the bathroom”</p> <p>“I do take naps on occasion”</p> <p>“I have had no problems sleeping in the past just wish I didn’t need to get up to go to the bathroom in the middle of the night”</p>	<p>nap on my visits.</p>	<p>the morning so I would think she would be up before 9am as stated by PT. May have meant at home</p> <p>* Does have trazodone order for relaxing and sleep</p>	<p>have any problems sleeping or resting at this time</p>
<p>Cognitive and Perceptual</p>	<p>Was able to tell me year date where she was and situation that she fell no deficits</p>	<p>*was able to talk in complete sentences with no word search or slow to respond</p> <p>*Short and Long term memory seem to be intact</p>	<p>* chart did not mention any problems and PT did not have glasses on or hearing aids on the visit</p>	<p>Has no deficits that are noticeable at this time</p>

		<p>* Pupils 3mm and brisk</p> <p>*Pleasant mood at times</p> <p>*Normal grasps</p> <p>*Did have occasional pain in hip no N/T noted</p>		
<p>Self-Perception and Self Concept</p>	<p>“I miss my family and I can’t get around like I use to before the fall”</p>	<p>*PT was dressed nicely with no odors.</p> <p>*Had no real anxiety at this time</p> <p>*Answered question appropriately</p>	<p>*chart did not mention any problems in this area did say does ask about family</p>	<p>* PT clearly want to be with family and does take care of herself the best that she can per PT wishes she could get around better like before the fall</p>
<p>Role and relationships</p>	<p>PT was a homemaker and her husband was the one</p>	<p>*Was willing to talk about her children and staying</p>	<p>*Likes it when family and grandchildren come to</p>	<p>* Family is important to this PT and likes it when</p>

	<p>who worked.</p> <p>“I stayed home with the children”</p> <p>Had two daughters and was married husband is passed</p>	<p>home with them</p> <p>* Did get sad for a second when she mentions her husband and how he had passed on.</p>	<p>visit her.</p>	<p>they come to visit did put a smile on her face when they came in the room on the visit.</p>
<p>Coping and stress tolerance</p>	<p>“ I am good I just wish I wasn’t in here and was with my family”</p>	<p>*PT was crying once before her family came in she thought they weren’t coming one day because they were running late I later found out</p> <p>* was in pleasant mood once family was there</p>	<p>*Is not on no medication related to depression or anything in chart that indicates depression,</p>	<p>PT is in pleasant mood most of time from what I can gather except when family not there when they were supposed to or when she misses them.</p>

<p>Values and Beliefs</p>	<p>“ I am Catholic” “Used to go to church a lot when I was younger”</p>		<p>Just saw in chart PT catholic</p>	<p>PT did not talk too much about this topic Didn’t have anything else really to say.</p>

Nursing Diagnosis, Interventions, Evaluation and goals

Primary Nursing Diagnosis	Acute Pain R/T to muscle spasms, surgery soft tissue, edema/swelling ,movement of extremity, stress, and anxiety as evidence by pain, facial expression of pain, moaning of pain
Short Term Goal	PT will get pain relief of at least a 4 or less by end of the shift when I report off to the nurse
Interventions with Rationales	<ol style="list-style-type: none"> 1. Maintain Hip precautions rational to reduce/relieve pain and prevent bone displacement and any further injury or re-injury to area repaired 2. Provide alternative comfort measures such as massage, back rub, position changes rational too reduces pain and pressure and fatigue. 3. Provide pain medication as needed as order as requested rational to relive pain and enhance participation I rehab. 4. Encourage PT to discuss problems related to injury and surgery rational relive any anxiety about the surgery 5. Investigate any unusual sudden reports of pain rational could be infection, dvt or hematoma forming.
Evaluation of Short Term Goal	PT pain was better after scheduled pain medication was received as ordered and family came into the visit.
Long Term Goal	M.M pain will remain less than a 4 on a follow up checkup. (Doenges & Moorhouse, 2010)

Nursing Diagnosis	Risk for falls related to Impaired mobility R/T surgery, weakness, and medications.
Short Term Goal	PT will not have a fall on my shift
Interventions and Rationales	<ol style="list-style-type: none"> 1. Keep call light within reach Rational to keep PT from getting up on their own and unassisted and prevent a fall 2. Keep side rails up x2 Rational to get PT from falling out of bed preventing a fall 3. Keep room tidy and clutter free Rational to keep the PT from slipping or falling on something in the room preventing a fall 4. Keep the bed in low position Rational if bed in low position if PT gets up unassisted PT has a less chance of falling 5. Create a toileting program q3 hours Rational to reduce the chance the PT has to get up on their own to go to the bathroom
Evaluation of Short Term goal	PT did not fall on my shift
Long Term Goal	PT will remain fall free for at least 6 months after discharge from nursing home

(Doenges & Moorhouse, 2010)

Nursing Diagnosis	Risk for Constipation R/T Insufficient physical activity; decreased mobility, weakness Insufficient fiber or fluid intake; dehydration, poor eating habits Decreased gastrointestinal (GI) motility, effects of medications—anesthesia, opiate analgesics, Environmental changes, inadequate toileting
Short Term Goal	PT will have a bowel movement on this shift
Interventions and Rationales	<ol style="list-style-type: none"> 1. Auscultate for bowel sounds on the abdomen Rational to check for bowel sounds and GI Movement 2. Promote increased fluid intake, including water and high-fiber fruit juices; offer warm stimulating fluids, such as coffee, tea, and hot water Rational Prevents dehydration and decreases reabsorption of water from the bowel, promoting softer stool and facilitating passage of stool 3. Encourage activity and exercise Rational to stimulate GI track function 4. Start a Bowel program Rational body will get used to this cycle 5. Give bowel softeners, laxatives as needed/ ordered prn/Rational to help the PT have a bowel movement
Evaluation of Short Term goal	PT did not have a bowel movement on my shift
Long Term Goal	PT will be encouraged to use a bowel program at home and have a bowel movement everyday

(Doenges & Moorhouse, 2010)

Drug Name	Drug Action	Normal Dose	Major Side Effects	Teaching
Tylenol PT dose 1000mg	Used for reduction of pain and fever	4000mg dose a day limit in 24 hours Normal dose 625-1000mg ROUTE PO/SUPP/LIQUID	Hepatic Liver failure, Pneumonitis, agitation, h/a, constipation	Don't exceed max increase risk of k for reduction of side
Levothyroxine PT dose 75mcg	Used to treat hypothyroidism	1.7mcg/kg/day Can be PO, IM, IV	Myocardial Infarction, liver failure, osteopenia, seizure	Monitor labs for TSH, watch for hyper
Aspirin PT dose 81mg	Used as a blood thinner for the PT at this dose	81mg aspirin PO Other uses dose can be 325-650mg	Gastrointestinal ulcer, bleeding, tinnitus, bronchospasm, angioedema,	Monitor INR for side effects to signs/symptoms distress,
Multivitamin 1 tab	Take to get daily values of nutrients body needs	1 tab	Risk For overdose	Take every da
Omeprazole PT dose 20mg	Helps decrease gastric	20mg daily or Bid per order PO	Pancreatitis, liver failure, fracture of bones, cdiff, interstitial	Teach can have fractures taking

	secretions		nephritis	cause N/V, diarrhea effects, take one be drug interaction
Vasotec PT dose 5mg bid	Used to lower blood pressure	2.5mg-20mg PO BID	Hypotension, hyperkalemia, dizziness, intestinal angioedema, liver failure, angioedema,	Take time get dizziness, teach potassium
Docusate Sodium PT dose 100mg HS	Used to soften up stools	50-200mg PO 2-4 times a day	Hepatotoxicity, N/V, diarrhea,	Teach not to take teach side effect deh
Trazodone PT dose 50mg HS	Is considered an antidepressant and used as relaxer and for sleep	150mg/day PO for depression	Cardiac dysrhythmia, hypotension, seizure, fatigue, insomnia, N/V,	Don't Drive after rise slo
Oxycodone PT dose 5mg	Used to relive pain	5-15mg dosing for severe pain PO	Cardiac arrest, bowel obstruction, apnea, Resp arrest, Resp depression, insomnia, dizziness,	Should avoid dr medication, only risk fo
Keflex 250mg Q8 hours	Antimicrobial antibiotic	250mg Q6-8 hours	Renal failure, angioedema, Steven johns syndrome	Can cause

(Epocrates 2009) All drug information taken from Epocrates

Lab Test	Result	Normal Range	Interpretation
Creat	1.41	0.0-1.3	Just barley over could be due to old age
Calcium	8.2	9-11	PT has osteoporosis, takes medications that lower calcium level, hypothyroidism
RBC	2.95	4.0-6.6	PT just had surgery loss of blood was expected needs to build back up by body
HGB	9.0	13-16	PT just had surgery loss of blood was expected needs to build back up by body
HCT	28	41-53	PT just had surgery loss of blood was expected needs to build back up by body

(All lab values taken from mercy medical centers lab value protocol)

(rest of labs were WNL can see rest on concept map)

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Mercy Medical Center Lab Results and Ranges

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