

Nursing Care Plan

A Client with a Hip Fracture



Stella Carbolito is a 74-year-old Italian American with a history of osteoporosis. She is a widow and lives alone in a two-story row home. Mrs. Carbolito is retired and depends on a pension check and social security for her income. She takes pride in making all her own food from scratch.

While walking to the market one day, Mrs. Carbolito falls and fractures her left hip. She is transported by ambulance to the nearest hospital emergency department.

ASSESSMENT

During the initial assessment at the ED, abnormal findings are that Mrs. Carbolito's left leg is shorter than her right leg and is externally rotated. Distal pulses are present and bilaterally strong; both legs are warm. Mrs. Carbolito complains of severe pain but states that no numbness or burning is present. She is able to wiggle the toes on her left leg and has full movement of her right leg. Initial vital signs are as follows: T 98.0°F (36.6°C), P 100, R 18, BP 120/58. Diagnostic tests include CBC, blood chemistry, and X-ray studies of the left hip and pelvis. The CBC reveals a hemoglobin of 11.0 g/dL and a normal WBC count. Blood chemistry findings are within normal limits. The X-ray reveals a fracture of the left femoral neck. Mrs. Carbolito is admitted to the hospital with an order for 10 lb of straight leg traction. An open reduction and internal fixation (ORIF) is planned for the following day.

DIAGNOSIS

- *Acute pain*, related to fractured left femoral neck and muscle spasms
- *Impaired physical mobility*, related to bed rest and fractured left femoral neck
- *Risk for ineffective tissue perfusion*, related to unstable bones and swelling
- *Risk for disturbed sensory perception: Tactile*, related to the risk of nerve impairment

EXPECTED OUTCOMES

- Verbalize a decrease in pain.
- Verbalize the purpose of traction and surgery
- Maintain normal neurovascular assessments.
- Demonstrate postoperative exercises.

PLANNING AND IMPLEMENTATION

- Assess pain on a scale of 0 to 10 before and after implementing measures to reduce pain.
- Administer narcotics per the physician's order.
- Perform neurovascular assessment every 2 to 4 hours, and document findings.
- Apply straight leg traction per physician's order.
- Encourage deep breathing and relaxation techniques.
- Teach the purpose of traction and surgery.
- Teach the purpose of and the procedure for performing isometric and flexion/extension exercises.

EVALUATION

Three days after surgery, Mrs. Carbolito is out of bed and in a chair. She verbalizes a decrease in pain. There have been no abnormal neurovascular assessments. She is able to independently perform isometric and flexion/extension exercises in both lower extremities. Discharge planning included referrals for home care. A home health nurse will visit, and the social worker at the hospital has ordered a trapeze for her bed, an elevated toilet seat, an elevated cushion for her chair, and a walker.

Critical Thinking in the Nursing Process

1. What factors placed Mrs. Carbolito at risk for a hip fracture?
2. Mrs. Carbolito says, "I don't understand why they had to put that heavy thing on my leg before I went to surgery to get my hip fixed." What would you tell her? What preoperative factors might have decreased teaching effectiveness?
3. Describe how each of the following, if manifested by Mrs. Carbolito, would increase her risk for postoperative complications: urinary incontinence, weight more than 20% under normal for her height, chronic constipation. What nursing diagnoses and interventions would you include in her plan of care to decrease the risk?

See Critical Thinking in the Nursing Process in Appendix C.