Student Name
Chamberlain College of
Nursing- Tinley Park
Professor Davies
NR 226 RUA concept
map

Patient Initials:
D.B.
Age: 92
Gender: Female

Past Medical History:

Spinal Stenosis, hypertensive encephalopathy, sciatica, hyperlipidemia, muscle atrophy, major depressive disorder

Pathophysiology

Frequent falls resulting in narrowing of the vertebral spinal canal causing delayed or defective nerve conduction and impulses and neural ischemia (Lee, 2020).

ASSESSMENT

- **NEURO**: A&O x4, Speech is clear, mood is pleasant which matches her affect. Head is normo-cephalic, no lesion, infestations, lumps or masses present upon palpation and inspection. Eyes, eyebrows, & eyelashes are evenly distributed. Facial features are symmetrical. PERRLA intact. Cranial nerves intact.
- **RESP:** Lung sounds clear to auscultation anteriorly & posteriorly. No wheezing, rattles, or rhonchi present. No accessory muscle usage, no signs of distress. Speech is clear.
- **CV:** Palpated Carotids- 2+ equal bilaterally, no JVD, carotids clear to auscultation- no bruits heard. S1, S2 present, no S3 or S4, no murmurs. Radial pulses 2+ equal bilaterally.
- **GI**: Abdomen symmetrical bilaterally, flat, and non-tender. Umbilicus is inverted, midline, with no discoloration or herniation. Active, gurgling bowel sounds in all four quadrants upon auscultation. No bruits noted, no masses or distention.
- **GU**: Client is continent of B/B with occasional periods of incontinence at night. Denies burning, irritation, discharge, or frequency. Previous hx of UTIs. Client wears attends throughout the day/overnight. Reports urine clear, pale yellow, non-odorous.
- **Skin**: Clear, warm, free of lesions, rashes, edema, & ecchymosis. Color appropriate for ethnicity, no tinting present. Skin turgor has appropriate elasticity, nail beds pink, no clubbing, cap refill < 2 secs.
- **M/S:** Pedial and post tibial pulses 2+ equal bilaterally. There is slight spinal curvature. No swelling, bruising, or tenderness over lower muscles and joints. Mild tenderness of upper muscles. Passive ROM appropriate for age. 4/5 strength of bilaterally of upper and lower muscles.

NURSING DIAGNOSIS:
Impaired physical mobility related to degenerative spinal disease associated with aging, as evidenced by a decline in muscle strength and reliance on assistive devices gait imbalances.

NURSING DIAGNOSIS:

Alteration of comfort related to pain, as evidence by moderate discomfort upon waking after bed.

NURSING DIAGNOSIS (PSYCHO-SOCIAL):

Impaired social interaction related to self isolation, as evidenced by withdrawal from social activities.

STG: Resident to be able to tolerate ambulating 3x a day with PT within 24 hours.

LTG: Ambulate 60ft w/ rolling walker 2x/daily

Interventions (with rationales)

- Consult PT/OT for participation daily for 30 days to maintain functionality of joints and muscles.
- Passive and Active ROM exercises to decrease risk of developing muscle atrophy and contracture of joints (Hall, Perry, & Potter, 2021).
- Chest expansion eexercises to prevent pneumonia

Evaluation

Resident able to ambulate with rolling walker and decrease use of wheelchair for movement.

STG: Resident pain level 2/10 within the next 48 hours

LTG: No longer need opioid medication treatment for pain

Interventions (with rationales)

- Alternate warm and cold compresses for discomfort.
- Encourage position changes every 2 hours
- Therapeutic comfort distractions like music, audio readings, etc.

Evaluation

Resident request opioid medication less frequently in response to muscle pain. Tries other alternatives which alleviates pain.

STG: Resident will have 2 meals in dining area with other residents

LTG: Participate in communicable activities, social engagement activities.

Interventions (with rationales)

- Get behavior therapist on board- behavior therapist can assist teaching social and communication skills.
- Encourage support groups- Physical impairments often make individuals embarrassed or feel lonely causing them to isolate themselves (Warren, 2022).

Evaluation

Resident engages in activities with others that spark their interest and that is appropriate for their mental/physical capability.

Safety	Communication	Infection Control
• Always ensure bed/chair alarm is on. • Call light within reach • Environment free of clutter • Soft padding on floor next to bed in case of falls • Bed always locked and in the lowest position • Assistance with ambulation	• Therapeutic communication • Ask open ended questions • Be a resource and provide information about support groups	

REFERENCES

Le,B.H.,Moon,S.H.,Suk,K.S.,Kim,H.S.,Yang,J.H.,&Le,H.M.(2020).LumbarSpinalStenosis:Pathophysiology andTreatmentPrinciple:ANarativeReview.*Asianspinejournal*,*14*(5),682–693. https://doi.org/10.31616/asj.2020.0472

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