

Arthroplasty

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Deficient knowledge: Preoperative Related factors: Unfamiliarity with disease and treatment Unfamiliarity with information resources Symptoms / Risk factors: Verbalized lack of knowledge Increase in anxiety level Outcome / Goal: Patient verbalize understanding of procedure</p>		<p>Teaching: Preoperative Determine the patient's expectations of the surgery Describe the preoperative routines Describe any preoperative medications, the effects these will have on the patient Provide time for the patient to ask questions and discuss concerns</p>	
	<p>Acute pain Related factors: incision Result from surgery Symptoms / Risk factors: Discomfort in surgical areas Facial mask Verbal or coded report Outcome / Goal: Patient verbalizes relief of pain</p>		<p>Circulatory Precautions Check wound dressing and output from drain Maintain adequate hydration to prevent increased blood viscosity Monitor affected extremities for pulse, skin color and temperature Pain Management Optimize the patient's comfort in bed Administer medication as prescribed Obs vital signs _____ Obs. pain (effectiveness of medication)</p>	
	<p>Impaired physical mobility Related factors: Discomfort, pain Surgical procedure Symptoms / Risk factors: Reluctance to attempt movement Limited ability to ambulate or move in bed Verbal or coded report of pain Outcome / Goal: Patient maintains optimal mobility within limitations Ability to move within prescribed limits (while in bed) Ability to maintain ADL</p>		<p>Positioning Maintain affected joint in prescribed position and body in alignment when in bed Encourage use of analgesic before position change Demonstrate and assist with transfer techniques Use trapeze in bed to assist in mobility Have the patient sit on the side of the bed for several min. before out of bed Determine upper body strength and need for equipment to assist with ADLs Inspect skin; observe for reddened areas. Protect operative heel, elevating whole length of leg with pillow Exercise Therapy: Joint Mobility Encourage ROM in bed with all unaffected extremities Encourage exercise as prescribed to affected joint Observe appropriate limitations based on specific joint Investigate sudden increase in pain and shortening of limb Obs. changes in skin color, temperature, and sensation. Encourage participation in ADLs. Provide positive reinforcement for efforts.</p>	
	<p>Risk for peripheral neurovascular dysfunction Related factors: Immobilization Orthopedic surgery Symptoms / Risk factors: Vascular obstruction Neuropathia Outcome / Goal: Color of skin normal peripheral pulses palpable Patient will not exhibit symptoms of neurovascular compromise</p>		<p>Circulatory Care: Arterial Insufficiency Palpate peripheral pulses noting strength and equality Periodic assessments: sensation, movement, pulse, skin color, and temp. Elevate affected extremities, as appropriate Encourage and assist with early ambulation Inspect dressings and drainage device Ensure that stabilizing devices such as abduction pillow are in correct position Monitor vital signs Monitor lab. Hgb/Hct and Coagulation studies Administer intravenous (IV) fluids and blood if needed</p>	
	<p>Risk for infection Related factors: Surgical wound Wound drains Symptoms / Risk factors: Body temp. higher than _____ Outcome / Goal: Be free of signs of infection</p>		<p>Infection Protection Promote good hand washing by staff and client. Use strict aseptic or clean technique to reinforce or change dressing Monitor surgical wound for color, edema and abscess Observe for signs of infection: fever, increased pain Monitor client's vital signs and signs _____ Administer antibiotics as ordered</p>	

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Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Risk for constipation</p> <p>Related factors: Insufficient physical activity Emotional stress, lack of privacy</p> <p>Symptoms / Risk factors: Decreased motility of gastrointestinal tract</p> <p>Outcome / Goal: Reestablish normal patterns of bowel functioning</p>		<p>Constipation/Impaction Management</p> <p>Determine usual elimination pattern or frequency, Note abdominal distention and auscultate bowel sounds Encourage early ambulation Administer laxatives or stool softeners, as indicated Use fracture or child-size bedpan until allowed out of bed Provide privacy</p>	
	<p>Deficient knowledge: Discharge</p> <p>Related factors: Lack of exposure or unfamiliarity with resources</p> <p>Symptoms / Risk factors: Questions Inability to follow mobility instructions</p> <p>Outcome / Goal: Patient express understanding of discharge instructions</p>		<p>Discharge Planning</p> <p>Ascertain that patient has follow-up care arranged at discharge Assess understanding of discharge instructions and follow-up regimen Instruct patient to keep legs externally or neutral rotated Instruct patient to avoid crossing legs Discuss with physician the discharge plan and obtain orders if needed Discharge planned _____</p>	