**FOUNDATION OF PROFESSIONAL PLANNING 2**

**University of Canberra**

Word count-1555(excluding referencing)

**Please use the attached template to develop your care plan**

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| **Criteria** | **Description** | **Content** |
| **1** | **Summarize Max’s current circumstances**  Develop a succinct paragraph, highlighting the key issues (5 marks). | He was observed in pain during physical examination of the left arm but after medication, intranasal fentanyl 1.5mcg/kg which is a 46.5mcg dose were administered to decrease his pain level. The doctor had put the black slab on the left arm as he was grimacing in pain when mobilizing his hand. He complained of nausea while being taken to the radiology department for an x-ray. When mobilized to bed, he vomited. The drug Ondansetron was prescribed, but it was not administered. According to the X-ray result, he had displaced fracture radius and ulna in a left limb. A medical officer told to keep max nil by mouth in preparation for the theatre for open reduction and internal fixation of the fracture. The neurovascular assessment revealed that the skin color of the left hand is going from pink to pale. The body temperature is flocculating warm to cold and then again warm. According to the PEWS Chart Level of consciousness has been changed from alertness to voice to verbal and another vital sign seems normal. He is on oxygen therapy using a Hudson mask. He is waiting for getting surgery. |
| **2** | **Identify 3 person-centered (physical and non-physical) assessments** required during your shift to care holistically for Max. Develop succinct paragraphs and support your chosen assessments with evidence from the peer-reviewed literature (10 marks). | The three person-centered care (physical and nonphysical assessment) will be neurovascular assessment, vital signs, and therapeutic communication. In the case of Max, we can see that he has a circulation problem, which causes his left hand's skin to appear pale, which is concerning. Thermal homeostasis in humans is achieved by skin blood flow regulation (Vuksanović, Sheppard, and Stefanovska, 2008). The skin surface temperature and heat loss rate alter as a function of perfusion through the vessel, resulting in a decrease in arterial supply (Vuksanović, Sheppard and Stefanovska, 2008). As a result, it causes changes in skin, infection, and temperature.  The second assessment is observation of vital signs and pain assessment (faces pain scale scale-revised (FPS-R)). In Max's case, all of his vital signs, such as blood pressure, respiratory rate, oxygen saturation, heart rate, and blood pressure appeared normal, but he was on oxygen therapy under analgesia. It is critical to monitor vital signs often to avoid perioperative inflammatory response (Martin & Grocott, 2015) when the patient is in analgesia. According to the study, the cardiovascular and respiratory state of vital signs should be +?-20% baseline, airway patent, and oxygen saturation maintained or +?-2 percent baseline before surgery (Zastrow, 2009). I'll use the FPS-R pain assessment instrument to determine the maximum pain level and see the effect of analgesia and pain medication. I will perform a revised FPS-R pain assessment tool to identify the max pain level and effect of analgesia and pain medication.  The third is therapeutic communication. Max is undergoing surgery, so it's critical to have a detailed understanding of the patient and family, including consent expectations, stress levels, cultural values, religious beliefs, family support, health history, patient understanding verbal communication of procedure, and other significant nonverbal behavior (Zastrow, S. 2009). As a result, it will aid in the development of a proper treatment plan. |
| **3-5** | Identify **three focused clinical priorities** with a **goal** of care for each priority and **plan (interventions)** to address each priority. Use evidence to support your plan (20 Marks) | **Priority 1:** Maintain the pain level and vital signs evidenced by initially reported grimacing pain when brought to an emergency department and physical examination.  **The goal of care 1:**  Maintain the pain level below four and make sure that the left limb with the back slab is in a comfortable position and supports the affected area from tissue injuries (Vera, M. 2021).  Maintain Max's vital signs normal and measuring them every 1hour (Melbourne, 2021).  **Plan of Care 1:** When mobilizing his left hand, I will position, align, and support the affected area because suitable placement that is above the level heart promotes venous return, helps to minimize swelling, reduces tension on the affected area, and reduces pain (Vera, M. (2021). . Notify your doctor if the discomfort does not go away, since prolonged or increased pain could indicate serious fracture consequences and infection (Murphree, R. W. 2017). **.** I will use the faces pain scale scale-revised (FPS-R) pain measuring scale to determine the pain for the effectiveness of pain medication. I will monitor all vital signs such as blood pressure, respiration rate, pulse rate, pain, consciousness, body temperature in a vital chart every one hour because Max is under aesthetic and under oxygen therapy (Melbourne, 2021). If PEWS is four or higher, I will notify the doctor because any severe changes in vital signs can result in operation complications (Vera, M. (2021). |
| **Priority 2:** Perform the neurovascular assessment and try to maintain the change in color and risk for ineffective peripheral tissue perfusion, arterial occlusion (vasoconstriction), and skin integrity.  **The goal of care 2:** Try to reduce the skin color change that causes the change in temperature of the body and capillary refill changes.  **Plan of Care 2**:  Assess the neurovascular status every 2 hours (Melbourne, 2021) because this checking help determines the presence of peripheral neurovascular dysfunction in the injured limb would be evidence by darker or lighter color their opposite extremity, skin cool to the touch, and changed in swelling in left limb in the injury. Encourage max to move in digits because moving toes or finger in the affected limb improve circulation thereby increasing tissue perfusion. I will check the edge of the immobilization device above and below the fracture site because ongoing assessment results in early detection and treatment thereby decreasing the risk of a break-in skin integrity. I'll examine the edges of the immobilization device by inserting my finger between the back slabs for tightness/looseness because the skin color changes from max pink to pale after applying the back slab, which could be due to the pressure (Vera, M. (2021). Encourage position changes of the back slab as appropriate because this improves circulation by preventing prolonged pressure on the same area (Vera, M. (2021). Check whether the Hudson mask is properly placed in the face or not. |
| **Priority 3:** Stress management, educating them, and nil by mouth  The goal of care 3: family and patient have the proper knowledge about the surgery and procedure. Try to reduce the stress of max and his family and make sure Max is not eating anything.  **Plan of Care 3**: Provide emotional support and courage by stress management technique (progressive, relaxation, deep breathing, visualization) because refocus attention promotes the sense of control and may enhance coping abilities in managing the stress (Varvogli, L., & Darviri, C. 2011). like fear of surgery or any other thing that is bothering Max. Inform his family with all details regarding the procedure, including the outcome and condition of his max. If the family needs or wants to talk, be there for them. I'm going to observe that he's not taking anything orally. |
| **6** | Explain how you will **evaluate the plan** of care and the effectiveness of the interventions. Develop succinct paragraphs and support your answer with peer-reviewed evidence. (5 Marks) | The evaluation of the care plan that will be maxed will demonstrate to participate in the activity with a minimal complaint of discomfort. Max will demonstrate the use of relaxation skills. Max will verbalize understanding of the condition, surgery, and potential complication. Max will correctly perform the necessary procedure and explain the reason for action. Max affected area will remain pink and warm. Max will report the presence of sensation, warm skin color and can move the affected area. Max will have relief of pain. All the vital will maintain normal. Max will achieve the correct position for the back slab to maintain blood circulation and tissue injury. |
| **7** | Using Borton’s model of reflection, briefly outline approaches/considerations relevant to the assessment/care of a hospitalized child and their family. Develop succinct paragraphs supported by peer-reviewed evidence (5 Marks). | What?  The case study of 9-year-old Max was brought to an emergency department for the fall from the trampoline. He was in grimacing pain while moving the left limb. He was administered pain relief medication, a back slab, and medication for nausea. However, nausea medication was not administered later on after bringing from the radiology for the x-ray of his limb he has large vomit. After assessing his X-ray report he was asked to keep nil by mouth for the open reduction and internal fixation of fracture in a left limb. Max neurovascular assessment shows the flocculation on the body temperature, changing skin color from pink to pale. His vital sign seemed normal. He was in oxygen therapy using a Hudson mask.  So what?  Max has a severe fracture in the radius and ulna of the left limb. However, he was kept nil by mouth in preparation for theatre for open reduction and internal fixation of his fracture. Thus, lack of proper care to the max can cause arterial damage, compartment syndrome, infection in the extremity because of immobility device that is back the slab and severe effect to his health condition like a failure of an organ (Bone fractures - Better Health Channel, 2021). It is crucial to know the severity of the situation for the patient and family for planning a quality care plan.  Now what?  The healing process necessitates both physical and psychosocial assistance (Barberi S., Mielli L. 2018). As a nurse, a patient's mental and physical health must be in good working order. I will provide information and instruction to the patient and their families like fractures, surgery, surgery effects, immobilization devices, and care plans to Max and his family. I’ll see if the family has any questions or concerns about the procedure. |

Reference

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