

**1 Patient Information****1 PATIENT DETAILS**

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|---|---|
| <b>Name</b><br>Beverly A. Thornton  | <b>Date of Care Plan</b><br>05/06/2026  |
| <b>DOB</b><br>06/04/1950  | <b>Unit / Room</b><br>Orthopedic Surgery Unit — Room 318A                           |
| <b>Age / Sex</b><br>75 / Female   | <b>MRN</b><br>NCP-2026-0344   |
| <b>Nurse / Provider</b><br>RN James L. Okafor, BSN, ONC   | <b>Primary Diagnosis</b><br>Status post right total knee arthroplasty (TKA) — POD 2 |
| <b>Reason for NCP</b><br>Post-operative care planning for pain management, fall prevention, DVT prophylaxis, mobility progression, wound care, and patient education following elective right TKA |   |

**CS Clinical Summary****2 CLINICAL OVERVIEW**

Mrs. Beverly Thornton is a 75-year-old female admitted electively on 05/04/2026 for right total knee arthroplasty (TKA) for end-stage right medial compartment osteoarthritis. Surgery was performed on 05/04/2026 (Dr. Nathan Brooks, MD) under spinal anesthesia without complications; estimated blood loss 180 mL. She is currently on POD 2. Relevant comorbidities: hypertension (lisinopril 10 mg), hypothyroidism (levothyroxine 75 mcg), mild CKD stage 2 (creatinine 1.2), and obesity (BMI 32.8). She lives alone in a single-story home and has a daughter who will stay with her for 2 weeks post-discharge. Anticipated discharge POD 3 (05/07/2026). Priority nursing concerns: acute pain control limiting mobility and participation in PT, fall risk (age, post-op, opioid analgesics, modified mobility), DVT prophylaxis compliance, right knee wound assessment, and patient education regarding home care.

**AD Assessment Data****3 SUBJECTIVE & OBJECTIVE FINDINGS****3a SUBJECTIVE DATA**

Patient reports: (1) Right knee pain at rest 5/10, with movement 8/10 — 'It's a throbbing pain and it really hurts when they make me do the exercises.' (2) Nausea 3/10 (post-opioid) — helped somewhat with ondansetron. (3) Difficulty sleeping — woke 4 times last night from pain and difficulty positioning right leg comfortably. (4) Anxiety about getting up: 'I'm scared I'm going to fall.' She reports prior fall x1 at home 6 months ago (no injury). (5) States: 'I want to get home as soon as possible but I need to know I can do the exercises safely.' (6) Constipation: no bowel movement since surgery. (7) Understanding of discharge instructions: 'The therapist showed me the exercises but I'm not sure I remember all of them.'

**3b OBJECTIVE DATA**

Vitals (07:00): T 37.4°C, BP 138/82 mmHg, HR 78, RR 16, SpO2 96% on RA. Pain score 5/10 at rest, 8/10 with movement. BMI 32.8. RIGHT KNEE: Surgical dressing intact — minimal serosanguineous drainage (approximately 3 cm spot on outer dressing layer), no purulence, no warmth or erythema beyond expected post-surgical changes. Surgical drain: removed yesterday (POD 1). Knee: moderate swelling and ecchymosis consistent with post-operative day. Range of motion: PT documented right knee flexion 72° and full extension on today's AM assessment — below 90° flexion goal. MOBILITY: Ambulated 30 feet in hallway this AM with PT and front-wheeled walker (FWW) — partial weight bearing right, required significant verbal cueing and one person stand-by assist. Fall risk: MORSE FALL SCALE score 55 (HIGH RISK) — factors: history of fall, secondary diagnosis, IV/heparin lines, impaired gait, and mental status age-related. LAB (this AM): CBC: WBC 9.4, Hgb 9.2 (post-op anemia, stable), Plt 228. INR 1.1. Potassium 3.8. Creatinine 1.4 (slightly up from baseline 1.2 — monitoring for contrast/anesthesia-related AKI). BMP otherwise WNL. Urinalysis: clear — Foley removed yesterday.

## ND Nursing Diagnosis

### 4 NURSING PROBLEM STATEMENTS

1. ACUTE PAIN related to tissue injury from surgical incision and joint replacement as evidenced by patient-reported pain 8/10 with movement and guarding behaviors during physical therapy exercises. 2. RISK FOR FALLS related to advanced age (75), post-operative impaired mobility, opioid analgesic use, history of prior fall, and use of assistive device (FWW) in a new environment. 3. IMPAIRED PHYSICAL MOBILITY related to post-operative pain, joint replacement, and restricted weight-bearing as evidenced by requirement for 1-person stand-by assist and ability to ambulate only 30 feet with FWW. 4. RISK FOR VENOUS THROMBOEMBOLISM (DVT/PE) related to post-operative immobility, lower extremity surgical procedure, advanced age, and obesity. 5. DEFICIENT KNOWLEDGE related to new surgical procedure, home exercise program, wound care, activity restrictions, and warning signs as evidenced by patient statement of uncertainty regarding discharge exercises.

## GO Goals / Expected Outcomes

### 5 PATIENT-CENTERED GOALS

#### 5a SHORT-TERM GOALS (BY DISCHARGE POD 3)

1. PAIN: Patient will report pain controlled at <5/10 at rest and <6/10 with movement within 2 hours of scheduled analgesic administration by discharge. 2. MOBILITY: Patient will ambulate 100 feet with FWW and 1-person stand-by assist without fall event by end of POD 3. Patient will achieve 90° right knee flexion by discharge (current 72°). 3. SAFETY: No fall events will occur during hospitalization. Patient will demonstrate correct use of FWW and call light use before discharge. 4. DVT PROPHYLAXIS: Patient will verbalize purpose of enoxaparin injections and compression stockings; will demonstrate correct stocking application before discharge. 5. WOUND CARE: Right knee incision remains free of signs of infection (no increased redness, warmth, drainage, or fever) through discharge.

#### 5b LONG-TERM GOALS (6 WEEKS POST-DISCHARGE)

Patient will achieve right knee flexion >120° and full extension within 6 weeks per post-op PT goals. Patient will return to independent ambulation without assistive device or with single cane at 6-week follow-up. Patient will complete home enoxaparin injections for prescribed duration (14 days) without missed doses. Patient will demonstrate wound assessment technique and report any early infection signs to provider promptly.

## CP NCP 4-Column Care Plan

### 6 CARE PLAN

| Nursing Diagnosis  | Goals / Outcomes  | Nursing Interventions  | Rationale / Evaluation  |
|--|---|--|---|
| <b>Acute Pain</b> r/t surgical tissue injury<br>AEB pain 8/10 with movement, guarding, sleep disruption                                | Pain ≤5/10 at rest and ≤6/10 with movement within 2h of analgesia. Tolerates PT session with manageable pain by POD 3.        | Administer oxycodone-acetaminophen PO Q4h ATC (not PRN). Celecoxib 200 mg Q12h. Ice pack to right knee 20 min Q2h. Elevate right leg above heart level. Pre-medicate 30 min before PT. Reassess pain Q2h and after interventions.                              | EVALUATION: Pain 5/10 at rest at 10:00 after 08:30 dose. Reported 7/10 during PM PT session — improved from 9/10 yesterday. Goal partially met. Continue multi-modal regimen. Ice therapy helpful per patient report. |
| <b>Risk for Falls</b> r/t age 75, post-op mobility impairment, opioid use, prior fall history  | No fall events during hospitalization. Patient demonstrates safe FWW technique and call light use before discharge.           | Bed in lowest position, 4 side rails up, call light within reach at all times. Non-slip footwear applied. Fall precautions sign at door. Hourly rounding. 1-person stand-by for all transfers. PT ambulation with supervision. Opioid sedation monitoring Q2h. | EVALUATION: No fall events today. Patient consistently using call light before attempting to get up — behavioral change noted after morning education. Goal MET for today.  |
| <b>Impaired Physical Mobility</b> r/t post-op pain and surgical restriction<br>AEB ambulation of 30 feet with assist, knee flexion 72° | Ambulate 100 feet with FWW and SBA. Achieve right knee flexion 90° by POD 3. Perform ankle pumps and quad sets independently. | Coordinate PT sessions twice daily. Pre-medicate 30 min before sessions. Encourage ankle pumps and quad sets Q1h while awake. Position right leg elevated. Reinforce PT home exercise instructions Q shift.  | EVALUATION: PM PT session — ambulated 55 feet (up from 30 AM) — improvement. Knee flexion 79° at PM session (up from 72° AM). Goal partially met — trajectory positive. Continue current plan.                        |

## IN Interventions

### 7 NURSING INTERVENTIONS

PAIN: Multi-modal regimen — oxycodone-acetaminophen 5/325 mg PO Q4h scheduled (not PRN), celecoxib 200 mg Q12h, ice Q2h x20 min, leg elevation. Pre-medicate 30 min before PT. FALL PREVENTION: Hourly rounding, bed lowest, side rails up x4, call light within reach, non-slip footwear, fall sign at door, 1-person SBA for all transfers and ambulation, opioid sedation monitoring Q2h. MOBILITY: Ankle pumps and quad sets Q1h while awake — coached and demonstrated. Coordinate 2x daily PT sessions. DVT PROPHYLAXIS: Enoxaparin 40 mg SC Q24h (last dose 08:00 today). Bilateral TED hose in place — check fit Q shift. Bilateral SCDs in place when in bed. WOUND: Assess right knee dressing Q shift — change PRN or per

surgeon protocol (next scheduled change is today's PM per Dr. Brooks order). Observe for redness, warmth, increased drainage, odor. NUTRITION: House diet ordered — patient eating approximately 60% of meals. High-protein dietary counseling provided. CONSTIPATION: Senna 2 tabs PO at bedtime + docusate 100 mg BID — patient has not had BM since surgery; adding MiraLax 17g PO QD per protocol. PATIENT EDUCATION: Discharge teaching ongoing — home exercise program, wound care, enoxaparin self-injection technique (daughter to be included), activity restrictions, warning signs requiring immediate medical attention.

## RT Rationale

### 8 CLINICAL REASONING

Multi-modal analgesia (NSAID + opioid + non-pharmacologic) is evidence-based for post-TKA pain and reduces total opioid consumption, decreasing opioid-related adverse effects. Pre-medication before PT maximizes therapeutic window for mobility. Ice and elevation reduce post-operative edema and inflammatory pain. Fall prevention interventions are essential — this patient's Morse score 55 (high risk), advanced age 75, and opioid use significantly elevate fall risk in the post-operative period; one fall can result in catastrophic complications including periprosthetic fracture. Progressive early mobility with PT twice daily promotes functional recovery, prevents DVT, reduces stiffness, and improves discharge readiness. Enoxaparin plus mechanical DVT prophylaxis (TED hose + SCDs) addresses the high DVT risk inherent to lower extremity orthopedic surgery in a 75-year-old obese patient. Bowel regimen is essential on opioid therapy. Patient and family education is critical for safe discharge to home.

## EV Evaluation

### 9 PATIENT RESPONSE & GOAL PROGRESS

#### Goal Status

Pain: Partially met (5/10 rest; 7/10 PT — improvement from yesterday). Fall: Met today. Mobility: Partially met — improving (55 feet, 79° flexion at PM session). DVT: Met — enoxaparin given, TEDs in place. Wound: Met — incision clean, no infection signs. Education: In progress.

#### Patient Tolerance

Cooperative and motivated. Daughter present for PM visit — included in education. Patient states 'I'm going to do those exercises all night if I need to' — highly motivated.

#### Care Plan Revision

No major revisions needed. Add MiraLax per protocol. Continue current plan with focus on mobility gains and discharge education.

#### Objective Changes

Pain improved from 9/10 to 7/10 with PT since yesterday. Ambulation improved from 30 to 55 feet. Knee flexion 72° to 79°. No falls. No wound complications.

#### Ongoing Barriers

Pain remains primary barrier to mobility. Constipation needs resolution. Home exercise memory not yet solid — needs repeat demonstration.

## PU Plan / Care Plan Updates

### 10 UPDATED PLAN

Care plan CONTINUED with the following additions: (1) Add MiraLax 17g PO QD for constipation (physician order received 10:15 AM). (2) Schedule daughter for discharge education session at 15:00 PM — enoxaparin injection technique and home exercise program review. (3) Discharge teaching checklist to be completed by 18:00 today in preparation for POD 3 discharge. (4) Contact PT to confirm PM session timing for 14:00 and request home exercise program handout for patient.

## FU Follow-Up / Reassessment

### 11 REASSESSMENT PLAN

#### Reassessment

Full reassessment at 14:00 (after PM PT session). Monitor: pain pre- and post-PT, ambulation distance and knee flexion achieved, fall risk, wound dressing at PM wound assessment (Dr. Brooks order), enoxaparin given at 20:00 tonight, constipation response to MiraLax, and patient/daughter discharge education progress.

## TIME DOCUMENTATION & BILLING

#### Total Time

N/A — nursing care plan

#### Counseling / Coordination Time

N/A

#### E/M / Billing Code

Nursing care plan — not separately billed (facility charge)

#### Basis for Billing

Nursing — orthopedic inpatient nursing care plan

**Primary ICD-10 Code**

Z96.641 — Presence of right artificial knee joint (POD 2 TKA)

**Secondary ICD-10 Code(s)**

M17.11 — Primary osteoarthritis, right knee; I10 — Hypertension; E03.9 — Hypothyroidism; N18.2 — CKD stage 2

**NURSE / PROVIDER**

James L. Okafor, BSN, ONC

**CREDENTIALS**

RN — Orthopedic Certified Nurse

**DATE**

05/06/2026

**TIME**

10:30 AM