



Activity & Exercise: A Case Study

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Stockfish

(Group 5)



Meet The Patient



Patient Demographics



77 Year Old Female
Widowed with no children
Full Code
Allergies: Amoxicillin, Ampicillin, Codeine, Penicillin
Date of admission: 4/25/25
Date of treatment: 5/31/25


Medical History

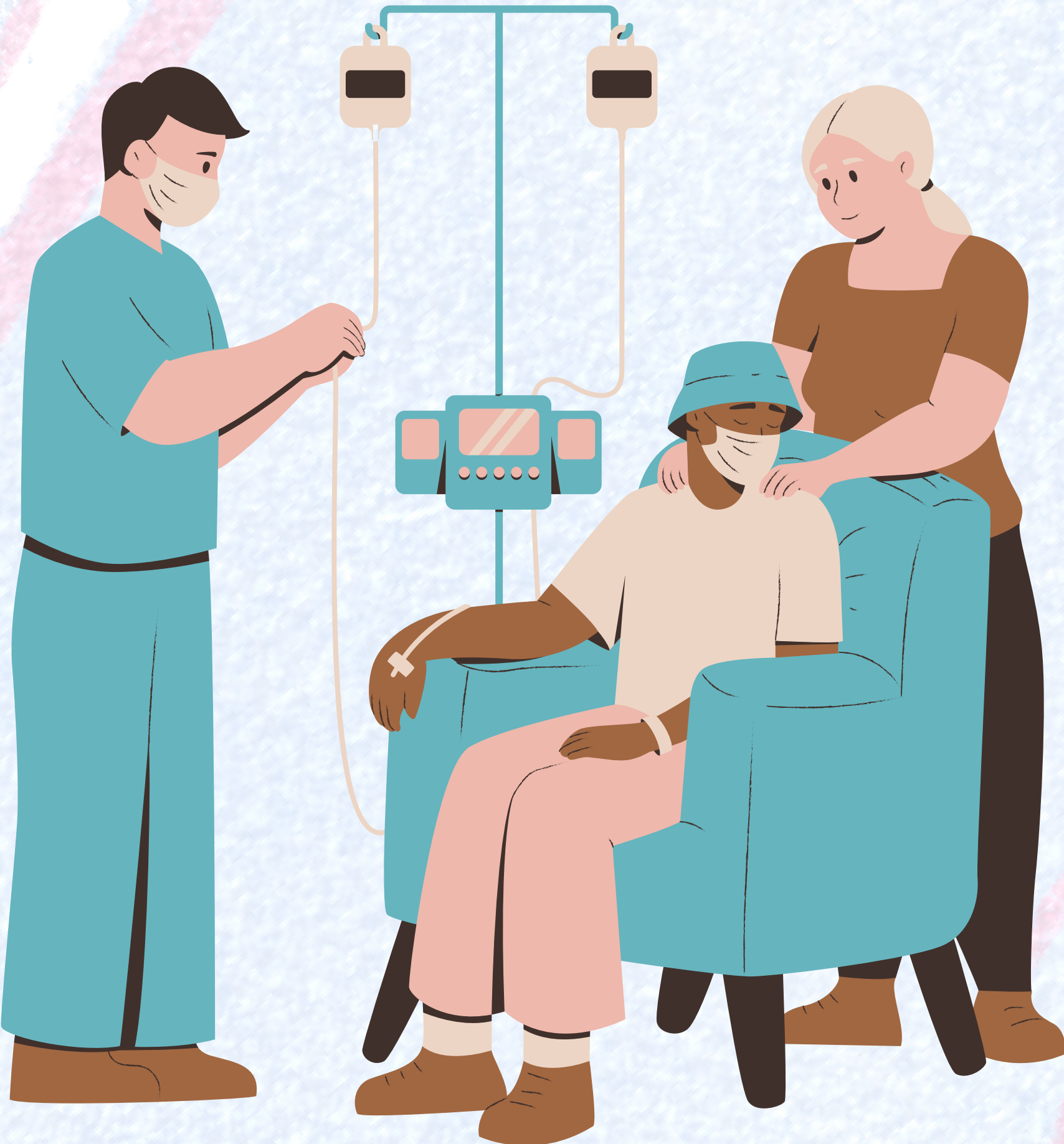
Tobacco Abuse, COPD (always on 2L NC), Pleural effusion of right lung, TIA, DVT of axillary vein of upper left extremity, bilateral coronary artery stenosis, aortic atherosclerosis, acute sigmoid diverticulosis, and B-12 deficiency.



Timeline of injury & treatment



- 
- 12/31/2024 - Patient fell and fractured right hip
 - 1/1/2025 - Hemiarthroplasty procedure
 - Exposed to Candida Auris Vancomycin-Resistant Enterococci
 - Developed necrotizing fasciitis
 - 1/27/2025 - Debridement
 - 1/31/2025 - Full right leg amputation at right hip
 - Developed colovesical fistula
 - 2/24/2025 - Loop colostomy placed
 - 4/25/2025 - Admitted for possible sepsis & wound infection



Medical DX: Cellulitis & Abscess of Lower Extremity

- ***Surgical Sites***

- Redness & necrotic tissue on skin graft site
- Granular tissue and redness on amputation site
- Abscess with purulent drainage in LLQ under colostomy site

- ***Complications of immobility***

Developed foot drop of left foot
Stage 3 pressure ulcer on coccyx
Stage 2 pressure ulcer on left heel
Stage 1 pressure ulcer on left ear
Stage 1 pressure ulcer on bony prominence on lower back

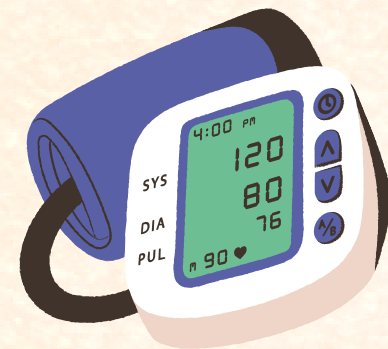


Assessment & Rx



• *General Assessment*

- HR: 75
- BP: 118/58
- RR: 16
- SPO2: 95% (2L NC)
- Temp: 36.2
- Pain: 6-7 in left foot & left thigh
- Pt. AOx4
- Pupils pinpoint
- Sleepy
- Foley Catheter
- Fistula Discharge
- Braden score: 10
- Fall risk score: 10
- Avoids weight on right side
- Resists physical therapy efforts & moving left leg
- Contact precautions: VRE



• *Pertinent Meds*

- Oxycodone
- Dilaudid
- Micafungin IV
- Meropenem
- Bacitracin & Polymyxin B
- Mupirocin 2%
- Cholecalciferol
- Apixaban (Elequis)



Nursing diagnoses

Pathology of Immediate Need? Let's Review!

Roy Mode: Physiological

Roy Component: Activity and Exercise

DX: Impaired Physical Mobility

Roy Mode: Psychological

Roy Component: Role Mode

DX: Noncompliance



Impaired Physical Mobility - 1st and 2nd Level Assessments



First level



- Insufficient balance, impaired muscle strength & vision
- Avoids lying on right side
- Pain (6-7/10) and impaired mobility
- Sedation and pinpoint pupils
- High fall risk score of 10
- Braden score of 10 with four pressure injuries
- Continuous use of 2L nasal cannula

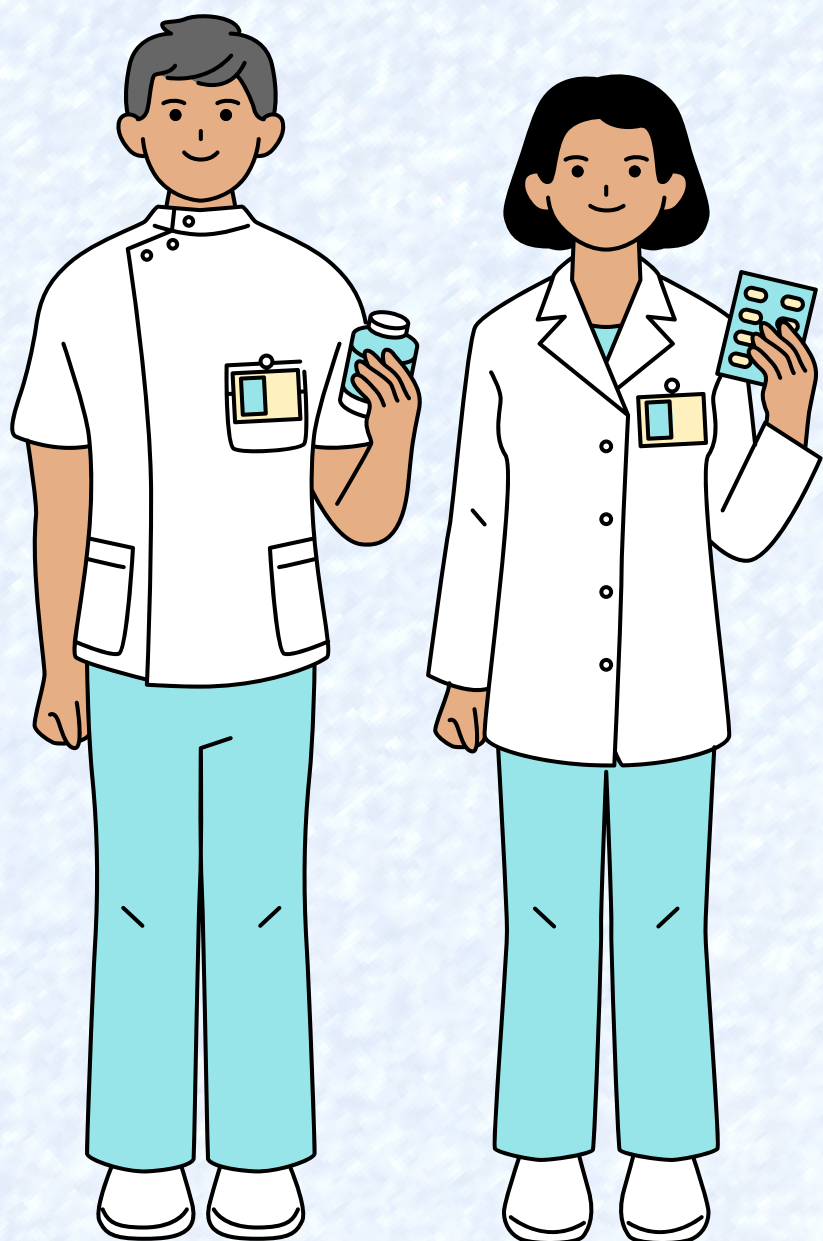


Second level

- Insufficient balance, impaired muscle strength, & vision → **Advanced Age (77) and amputation**
- Avoids lying on right side → **Right leg amputation**
- Pain (6-7/10) and impaired mobility → **Right hip fracture, right leg amputation, & bacterial infection**
- Sedation and pinpoint pupils → **Opioid use (Oxycodone and Dilaudid)**
- High fall risk score of 10 & Braden score of 10 → **Left foot drop & amputation**
- Continuous use of 2L nasal cannula → **Hx of Tobacco use disorder, COPD, & poor circulation**



Noncompliance - 1st and 2nd Level Assessments



First Level

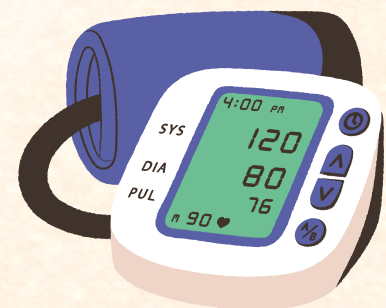


- Pt. Refuses to lie on right side
- States she does not want to do physical therapy
- Complains of pain when trying to move her left leg
- Pressure Injuries (x4)
- Left foot drop



Second Level

- 6-7/10 Pain at site of right leg amputation, skin graft on left leg, and left ankle.
- Sedation and lethargy from opioid use
- Does not have family (is widow with no children) to support and encourage her in recovery



SMART Goals



- By the end of shift, patient will be free from falls.
- By the end of shift, patient will reposition self in bed with minimal assistance at least every 2 hours.
- By the end of shift, patient will report a decrease in pain during movement after pain management interventions.
- Within 72 hours, patient will actively participate in physical therapy sessions for at least 20 minutes daily.
- Throughout her hospitalization, patient will maintain range of motion through assisted range-of-motion exercises daily.

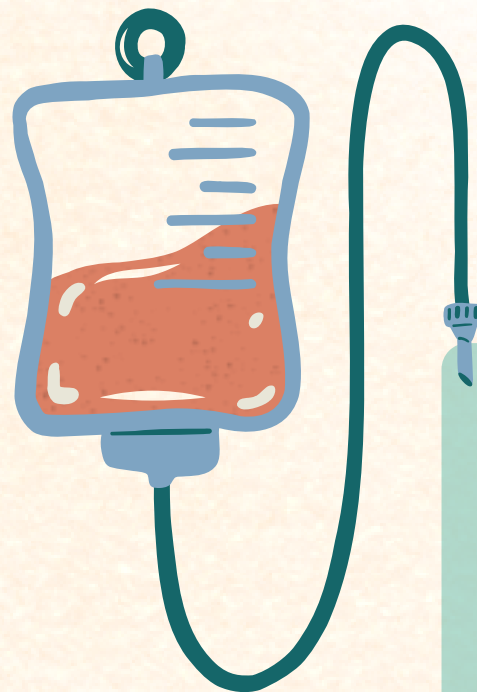




Interventions



- Bed in lowest position and 3 side-rails up
- Call light and personal belongings within reach
- Lighting adjusted in the room
- Use proper techniques when assisting with transfer and mobility
- Make frequent rounds to ensure patient's safety
- Educate patient on the importance of repositioning every 2 hours. Assist with repositioning as necessary.
- Administer pain medication per doctors orders
- Encourage patient to complete physical therapy sessions



Evaluation



MET: By the end of shift, patient will be free from falls.

- **Pt did not fall**

MET: By the end of shift, patient will report a decrease in pain during movement after pain management interventions.

- **Pt reported reduced pain after opioid administration**

PARTIALLY MET: By the end of shift, patient will reposition self in bed with minimal assistance at least every 2 hours.

- **Pt repositioned herself with the assistance from staff**

NOT MET: Within 72 hours, patient will actively participate in physical therapy sessions for at least 20 minutes daily.

- **Pt complained of pain and resisted movement on left leg**

NOT MET: Throughout her hospitalization, patient will maintain range of motion through assisted range-of-motion exercises daily.

- **Pt did not comply with therapies, suffering skin breakdown, foot drop, and other complications compounded by lack of movement. Plan on 5/31 was to discharge her to hospice pending full code status change.**





Thank You

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