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Implementation of nursing care plans: a review of three cases – Part 2

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ABSTRACT: This is the second in a series of three articles examining the use of different nursing care plans in a first-opinion practice – discussing how useful they are, and their advantages and disadvantages. The articles are all based on cases seen at the author's practice.

CASE 2

Non-elective surgery

'Kevin' was admitted to the surgery out of hours after being brought in by a member of the public who had found him lying comatose on a busy bypass. His owners were contacted using the details located on his microchip and his condition discussed with them.

Clinical examination revealed an unstable, open fracture of his left hind leg with hock mal-alignment, bleeding from his nose and mouth, several missing claws on his right hind leg and his chest sounded slightly 'wheezy'.

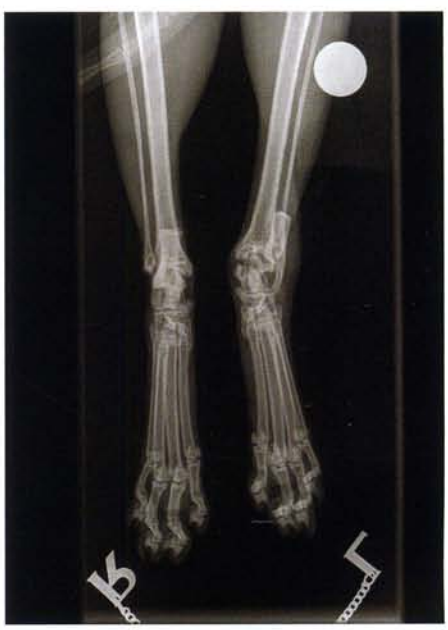
The vet obtained informed consent and written permission from the owners to stabilise him overnight and continue with further treatment the following morning.

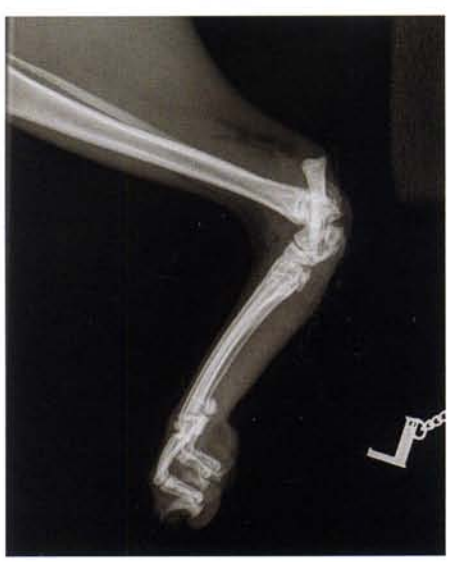
A nursing care plan (NCP) was drawn up alongside his hospitalisation sheet to ensure his condition was monitored and evaluated and that measures could be taken should he take a turn for the worse.

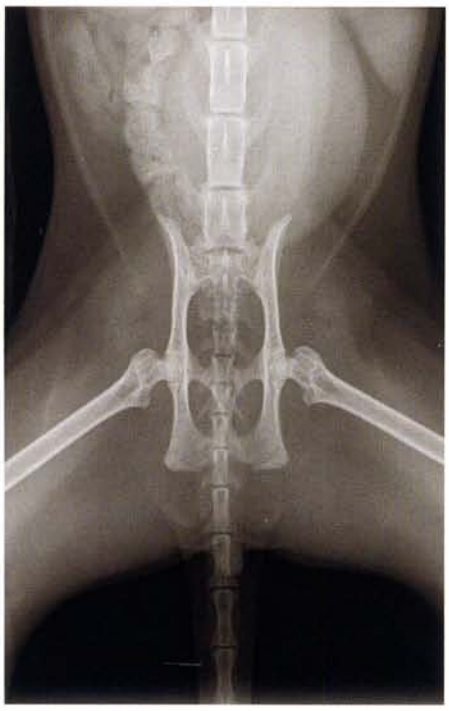
Treatment

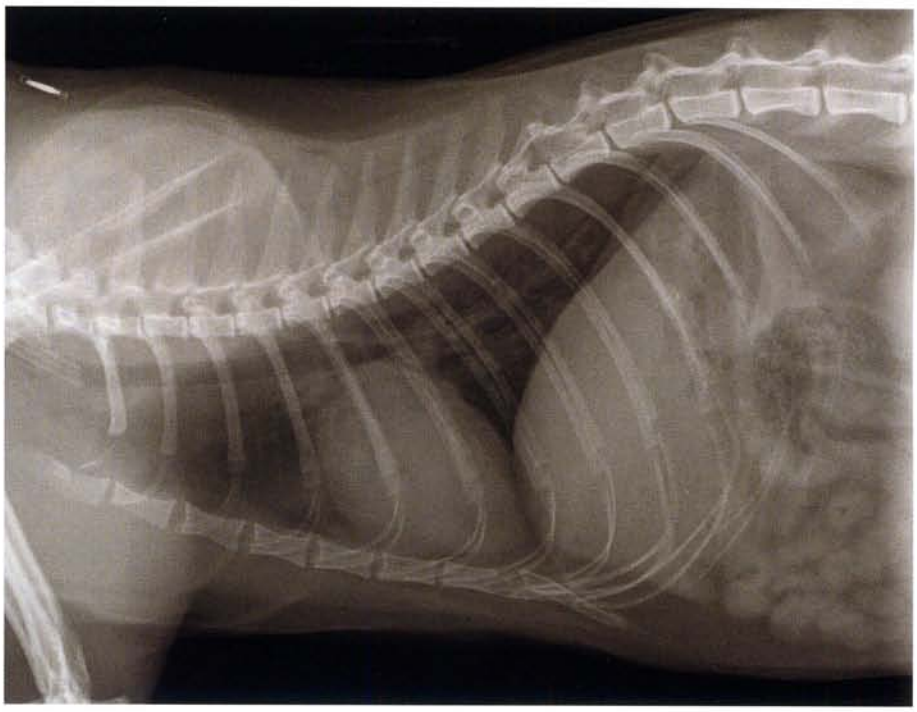
Kevin underwent surgery the following day to amputate his left hind leg as radiography had revealed an extensive fracture with marked disruption of the tibiotarsal joint (**Figures 1 & 2**). The owner had been presented with the options either to amputate the affected leg or try using an external fixator. After consideration, especially of the cat's well-being, the owner elected for amputation.

Figures 1 & 2. Radiography of the left hind leg revealed an extensive fracture with marked disruption of the tibiotarsal joint.









Figures 3-5. No other problems – such as a fractured pelvis or ruptured diaphragm or bladder – were revealed

No other problems – such as a fractured pelvis or ruptured diaphragm or bladder – were revealed **(Figures 3, 4 & 5)**.

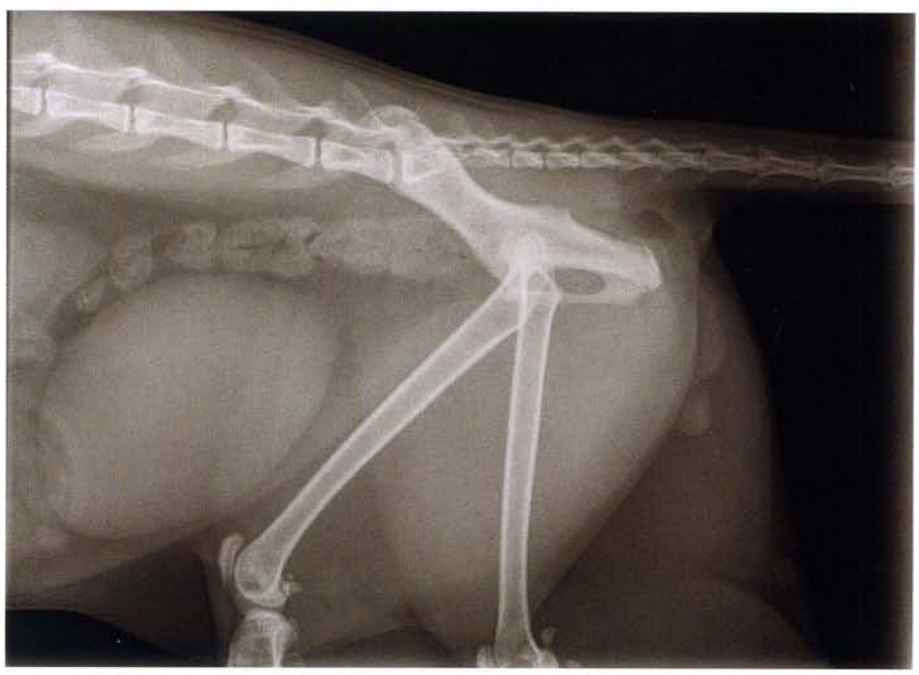
Hospitalisation sheets & nursing care plans – working together

Using the Ability Model (see Part 1 of article in August 2013 issue, *VNJ* **28**: 254 -256), Kevin's normal behaviour could be compared against his current condition, and steps taken to make him comfortable and able to carry out the 10 abilities that the nursing care plan requires.

Looking at the care plan that was devised for him, in consultation with his owner, there were a few key steps that needed addressing in order to make his stay more comfortable and facilitate his recovery.

Previously, for example, he had experienced no problems moving around and in his owner's words 'getting up to mischief'; but now, owing to the combined effects of the initial trauma and then the amputation, he was understandably very sore and reluctant to move.

The nursing care plan identified this as a problem and allowed the nursing team to assess his condition, ensure he had adequate pain relief and also utilise postoperative care techniques, such as physiotherapy, to encourage movement and minimise loss to muscle mass and prevent body weight loss.



The NCP indicated that this needed to be evaluated daily and action taken should he not show any signs of improvement.

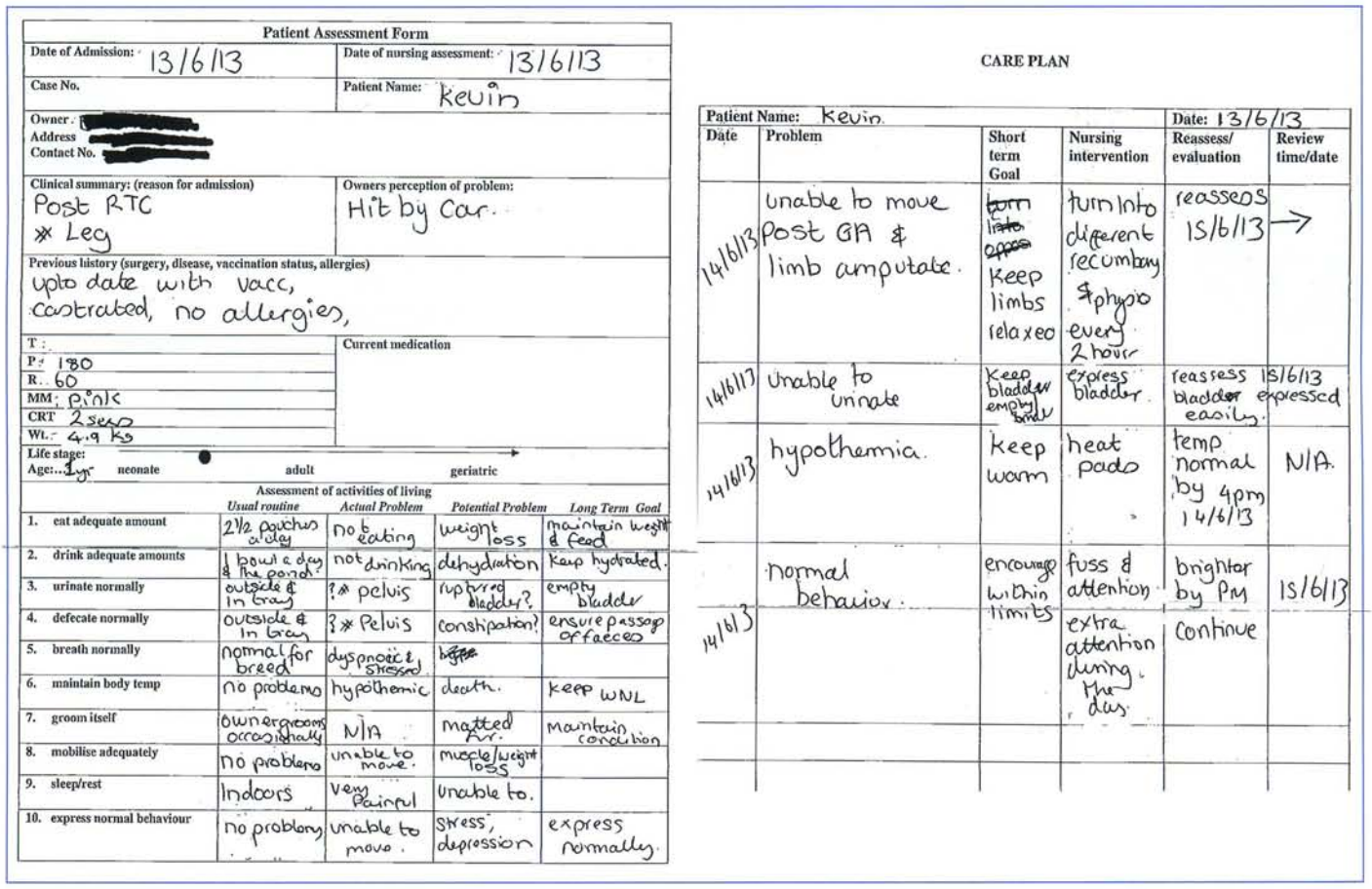
Perhaps the most significant area that needed addressing – and one where the care plan was invaluable – was the fact that Kevin was unable to urinate by himself.

This could have been a consequence of the trauma and physical impact that he sustained – bruising of the bladder was inevitable and urination would, therefore, be very painful.

Steps to combat this were outlined on his NCP and included the following:

- use of anti-inflammatory pain relief prescribed by the vet at the designated times (indicated on his hospital sheet)
- frequent observations to ensure that his bladder was not 'over filling', with the consequent potential to become blocked
- manually expressing the bladder, if necessary
- ensuring that no urine was left on his leg, in order to avoid urine scalding.

The use of a care plan in this situation was very useful as it helped to indicate the presence of – or potential for – a problem and provided the framework for assessment and evaluation.



Patient Assessment Form

Date of Admission: 13/6/13	Date of nursing assessment: 13/6/13
Case No.	Patient Name: Kevin

Owner: [redacted]
Address [redacted]
Contact No. [redacted]

Clinical summary: (reason for admission)	Owners perception of problem:
Post RTC * Leg	Hit by car.

Previous history (surgery, disease, vaccination status, allergies)
upto date with vacc, castrated, no allergies,

T:	Current medication
P: 180	
R: 60	
MM: pink	
CRT 2 secs	
Wt.: 4.9 kg	

Life stage: Age: 1yr neonate adult geriatric

Assessment of activities of living

	Usual routine	Actual Problem	Potential Problem	Long Term Goal
1. eat adequate amount	2½ pouches a day	no b eating	weight loss	maintain weight & feed
2. drink adequate amounts	1 bowl a day & the pond	not drinking	dehydration	keep hydrated.
3. urinate normally	outside & in tray	?* pelvis	ruptured bladder?	empty bladder
4. defecate normally	outside & in tray	?* Pelvis	constipation?	ensure passage of faeces
5. breath normally	normal for breed	dyspnoeic & stressed		
6. maintain body temp	no problems	hypothermic	death.	keep WNL
7. groom itself	owner grooms occasionally	N/A	matted fur.	maintain condition
8. mobilise adequately	no problems	unable to move.	muscle/weight loss	
9. sleep/rest	Indoors	Very Painful	Unable to.	
10. express normal behaviour	no problem	unable to move.	stress, depression	express normally.

CARE PLAN

Patient Name: Kevin. Date: 13/6/13

Date	Problem	Short term Goal	Nursing intervention	Reassess/ evaluation	Review time/date
14/6/13	unable to move post GA & limb amputate.	~~turn into opposite~~ keep limbs relaxed	turn into different recumbancy & physio every 2 hour	reassess 15/6/13 →	
14/6/13	Unable to urinate	Keep bladder empty	express bladder.	reassess 15/6/13 bladder expressed easily.	
14/6/13	hypothermia.	keep warm	heat pads	temp normal by 4pm 14/6/13	N/A.
14/6/13	normal behaviour.	encourage within limits	fuss & attention	brighter by PM	15/6/13
			extra attention during the day.	continue	

Figure 6. Kev's hospital sheet.

"Using nursing care plans and hospital sheets in conjunction with each other provides a comprehensive way of caring and nursing the patient. In Kevin's case, it made sure he received the best possible care and meant he recovered more quickly, with less stress – and that he retained as much of a 'normal' life as possible"

Just using a hospital sheet may mean this area of care is missed because all the nurse is required to do is tick a box to indicate whether or not the patient has passed urine (**Figure 6**).

The potential pitfall with this approach is that different nurses may just tick the box and it may go unnoticed on a busy day that he hasn't passed any urine!

The nursing care plan ensures that an evaluation takes place and eliminates the possibility that this may be overlooked.

As Kevin was a young adult and very friendly, he was used to – and enjoyed – lots of cuddles and attention. Owing to his age and demeanour, he was likely to have become depressed and withdrawn if he had not received enough attention and fuss. The NCP ensured that he was checked on a frequent basis and sufficient TLC given to keep him contented and relaxed.

The NCP was also an excellent way of 'pain scoring' him and making sure his pain management programme was adequate; as well as providing an opportunity to carry out physiotherapy to have him mobilised and walking again.

Conclusion

Using nursing care plans and hospital sheets in conjunction with each other provides a comprehensive way of caring and nursing the patient. In Kevin's case, it made sure he received the best possible care and meant he recovered more quickly, with less stress – and that he retained as much of a 'normal' life as possible.

Conversations with the owners to gain the information required also made them feel part of the nursing process and kept them informed, up to date and part of the care he received. It is important to involve clients during this process as, ultimately, they are the ones who make the choice of what treatment option the patient receives.

Using medical care plans such as Orem or the Roper Logan and Tierney model will still provide excellent care, but these are not as tailored to suit our canine and feline patients as the veterinary specific 'Ability' Model. vnj

Related references

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