

# **A 75-year-old Client Had Surgery For A Left Hip Fracture Yesterday. When Completing The Plan Of Care,**

**A 75-year-old Client Had Surgery For A Left Hip Fracture Yesterday. When Completing The Plan Of Care,** healthcare professionals must develop a comprehensive, personalized approach to optimize recovery, prevent complications, and restore functional independence. Hip fractures in elderly patients are common and often result from falls or osteoporosis, making meticulous planning essential for successful rehabilitation. This article provides an in-depth overview of key considerations, interventions, and strategies involved in creating an effective plan of care for a senior patient post-hip fracture surgery.

## **Understanding Hip Fractures in the Elderly**

### **Prevalence and Causes**

Hip fractures are a significant health concern among older adults, with incidence rates increasing with age. Factors contributing to these fractures include:

- Osteoporosis leading to decreased bone density
- Falls due to balance issues, muscle weakness, or environmental hazards
- Comorbidities such as cardiovascular disease or neurological impairments

### **Types of Hip Fractures and Surgical Interventions**

Common types of hip fractures include:

- Intracapsular (femoral neck) fractures
- Intertrochanteric fractures
- Subtrochanteric fractures

Surgical options vary depending on the fracture type and patient health status:

- Hemiarthroplasty (partial hip replacement)
- Internal fixation with screws or rods

- Total hip replacement

## **Goals of Postoperative Care**

The primary objectives following hip fracture surgery include:

- Promoting wound healing and preventing infection
- Managing pain effectively
- Restoring mobility and function
- Preventing complications such as blood clots, pressure ulcers, and pneumonia
- Facilitating safe return to independence or assisted living

## **Initial Postoperative Assessment and Monitoring**

Immediately after surgery, a thorough assessment is crucial:

### **Vital Signs and Hemodynamic Stability**

Monitor blood pressure, heart rate, respiratory rate, and oxygen saturation regularly to detect early signs of bleeding or respiratory issues.

### **Pain Management**

Effective pain control enhances participation in rehabilitation. Use multimodal analgesia strategies, including:

- Opioids judiciously administered
- Non-steroidal anti-inflammatory drugs (NSAIDs), if appropriate
- Adjunct therapies like nerve blocks

### **Wound Care and Infection Prevention**

Inspect surgical incisions for signs of infection, hematoma, or dehiscence. Maintain sterile dressings and monitor for fever or elevated inflammatory markers.

# Developing a Comprehensive Plan of Care

Creating an individualized plan involves multidisciplinary collaboration, patient-centered goals, and evidence-based interventions.

## Pain Management Strategies

Effective pain control is fundamental:

- Implement scheduled analgesics to provide consistent pain relief
- Assess pain levels regularly using standardized scales
- Incorporate non-pharmacological methods such as ice application and relaxation techniques

## Early Mobilization and Physical Therapy

Mobilization should commence as soon as safely possible:

1. Begin with assisted sitting and dangling legs over the bed within the first 24 hours
2. Progress to weight-bearing as tolerated based on surgical and physician guidance
3. Implement physical therapy focusing on:
  - Range of motion exercises
  - Muscle strengthening
  - Gait training with assistive devices

Early mobility reduces risks of deep vein thrombosis (DVT), pneumonia, and muscle atrophy.

## Preventing Complications

Key preventive measures include:

- **DVT Prophylaxis:** Use of anticoagulants, compression stockings, and early ambulation
- **Pneumonia Prevention:** Encourage deep breathing exercises and incentive spirometry

- **Pressure Ulcer Prevention:** Regular repositioning and skin assessments
- **Urinary Management:** Monitoring for retention or infection, and maintaining hydration

## Nutritional Support

Adequate nutrition promotes healing:

- Ensure sufficient caloric and protein intake
- Address deficiencies in vitamin D and calcium
- Consult dietitians for tailored nutritional plans

## Addressing Comorbidities and Medications

Review and optimize management of chronic conditions:

- Control blood glucose in diabetics
- Adjust medications that may affect bone health or bleeding risk
- Manage osteoporosis with appropriate pharmacotherapy

## Rehabilitation and Long-Term Recovery

As the patient progresses, focus shifts to restoring functional independence:

### Physical Therapy Goals

- Improve strength, balance, and coordination
- Gait retraining with assistive devices
- Home exercise programs for continued improvement

### Occupational Therapy

- Adaptations for daily activities
- Home safety assessments to prevent falls
- Education on assistive devices and environmental modifications

## **Psychosocial Support and Patient Education**

- Address emotional well-being and prevent depression
- Educate patient and family about:

- Signs of complications
- Medication adherence
- Fall prevention strategies

## **Discharge Planning and Follow-Up Care**

Effective discharge planning ensures continuity of care:

- Coordinate with rehabilitation facilities or home health services
- Arrange for outpatient physical and occupational therapy
- Schedule follow-up appointments for wound assessment and functional evaluation
- Reinforce education on fall prevention and medication management

## **Conclusion**

In summary, the successful recovery of an elderly patient post-hip fracture surgery hinges on a carefully crafted, multidisciplinary plan of care. It must address immediate postoperative needs while also facilitating long-term rehabilitation and prevention strategies. By focusing on pain management, early mobilization, complication prevention, nutritional support, and psychosocial considerations, healthcare teams can significantly improve outcomes, restore independence, and enhance quality of life for the patient. Continuous assessment, patient education, and coordinated care are the pillars of effective management in this vulnerable population.

## **Frequently Asked Questions**

### **What are the key considerations when developing a postoperative plan of care for a 75-year-old patient after left hip fracture surgery?**

The plan should focus on pain management, preventing complications such as deep vein thrombosis and infection, promoting mobility and weight-bearing as tolerated, ensuring

proper wound care, and supporting the patient's psychological well-being and independence.

## **How can healthcare providers assess and promote early mobility in a 75-year-old post-hip fracture surgery patient?**

Assessment involves evaluating pain levels, neurological status, and surgical site stability. Promoting early mobility includes implementing physical therapy, encouraging gradual weight-bearing exercises, and using assistive devices while monitoring for signs of discomfort or complications.

## **What are common complications to monitor for in the postoperative care of an elderly hip fracture patient?**

Common complications include infection, deep vein thrombosis, pulmonary embolism, impaired wound healing, dislocation of the prosthesis or fixation device, and delirium or cognitive decline.

## **How can nutritional support be optimized in the care plan for a 75-year-old recovering from hip fracture surgery?**

Nutrition should focus on adequate protein intake to promote healing, ensuring sufficient calories, vitamins such as Vitamin D and C, and hydration. Collaborating with dietitians can help tailor a diet that supports tissue repair and overall recovery.

## **What family or caregiver education is essential when completing the care plan for a patient post-hip fracture surgery?**

Education should include wound care instructions, signs of complications to watch for, medication management, assistance with mobility and activities of daily living, and strategies to prevent future falls and fractures.

## **Additional Resources**

A 75-year-old Client Had Surgery For A Left Hip Fracture Yesterday. When Completing The Plan Of Care,

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### **Introduction**

Hip fractures among the elderly represent a significant public health concern, with

repercussions that extend beyond the immediate surgical intervention. In this case study, we examine the comprehensive plan of care for a 75-year-old client who underwent surgery for a left hip fracture yesterday. As healthcare professionals, it is imperative to develop an individualized, multidisciplinary approach that addresses not only the surgical recovery but also the patient's functional, psychological, and social needs. This article delves into the critical components of postoperative management, evidence-based practices, and considerations unique to this age group, providing a detailed, investigative perspective on optimal care strategies.

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## Background and Clinical Context

### Epidemiology of Hip Fractures in the Elderly

Hip fractures are among the most common fractures in older adults, with an incidence that increases exponentially with age. According to the World Health Organization, approximately 1.6 million hip fractures occur globally each year, and this number is projected to rise with aging populations. The typical demographic involves women over 75, but men are also significantly affected.

### Pathophysiology and Risk Factors

The etiology of hip fractures in the elderly is multifactorial, often involving osteoporosis, decreased balance, muscle weakness, and environmental hazards. In this case, the fracture resulted from a low-energy fall, a common scenario in this age group.

### Surgical Intervention Overview

The preferred treatment for intracapsular and extracapsular hip fractures in elderly patients is surgical stabilization, which may involve:

- Internal fixation (e.g., screws, plates)
- Hemiarthroplasty (partial hip replacement)
- Total hip arthroplasty (total hip replacement)

The choice depends on fracture type, patient health status, and pre-injury functional level. In this case, the client underwent a hemiarthroplasty, given the nature of the fracture and comorbidities.

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## Immediate Postoperative Care: Focus and Challenges

### Postoperative Assessment and Monitoring

The first 24-48 hours post-surgery are critical. Key assessments include:

- Hemodynamic stability
- Pain management
- Neurological status

- Surgical site inspection
- Monitoring for signs of complications such as bleeding, infection, or thromboembolic events

### Pain Management Strategies

Effective pain control is vital for early mobilization. A multimodal approach is recommended, including:

- Opioids (e.g., morphine, hydromorphone)
- Non-steroidal anti-inflammatory drugs (NSAIDs), cautiously used
- Regional anesthesia techniques (e.g., nerve blocks)

Careful titration is necessary to balance analgesia with side effects such as respiratory depression, constipation, and delirium.

### Prevention of Postoperative Complications

Common complications include:

- Deep vein thrombosis (DVT) and pulmonary embolism (PE)
- Pneumonia
- Urinary tract infections
- Pressure ulcers
- Delirium

Prophylactic measures involve anticoagulation, incentive spirometry, early mobilization, and skin care.

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### Developing the Plan of Care: A Multidisciplinary Approach

#### Goals of Postoperative Management

The overarching aims are:

- Achieving pain control
- Preventing complications
- Promoting early mobilization
- Restoring functional independence
- Facilitating psychological well-being

#### Core Components of the Plan of Care

##### 1. Pain Management

- Regular pain assessments using validated scales (e.g., Numeric Rating Scale)
- Scheduled analgesics with rescue medication as needed
- Non-pharmacological methods (e.g., ice, positioning)



## 2. Early Mobilization and Physical Therapy

- Initiate within 24 hours post-surgery if stable
- Focus on bed mobility, sitting, transferring, and ambulation
- Use assistive devices (walker, cane)
- Gradually increase activity levels based on tolerance

## 3. Nutritional Support

- Ensure adequate caloric and protein intake to promote healing
- Address any swallowing or appetite issues
- Consider supplements if deficiencies are identified

## 4. Skin Care and Pressure Ulcer Prevention

- Regular repositioning
- Use of pressure-relieving mattresses
- Inspection of surgical and non-surgical areas

## 5. Thromboprophylaxis

- Continued anticoagulation as per protocol
- Compression devices
- Encouraging leg exercises

## 6. Cognitive and Psychosocial Support

- Monitor for delirium or depression
- Engage family and caregivers
- Provide orientation and reassurance

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## Long-term Goals and Rehabilitation

### Functional Recovery and Independence

Rehabilitation aims to restore pre-fracture mobility and independence, considering factors such as:

- Pre-fracture functional status
- Cognitive function
- Comorbidities

### Customized Rehabilitation Plans

- Outpatient or inpatient physical therapy
- Home modifications
- Assistive devices training
- Fall prevention education

## Addressing Osteoporosis and Fall Risk

Postoperative care must include osteoporosis management, possibly with medications like bisphosphonates, calcium, and vitamin D. Fall risk assessments should inform environmental and behavioral modifications.

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## Special Considerations for Elderly Patients

### Polypharmacy and Drug Interactions

Elderly patients often take multiple medications, increasing the risk of adverse interactions. Regular medication review is essential.

### Delirium Management

Postoperative delirium can impair recovery. Strategies include:

- Adequate pain control
- Sleep hygiene
- Environmental orientation
- Avoiding unnecessary medications

### Psychological Impact

Depression and fear of falling can hinder rehabilitation. Counseling and social support are critical.

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## Evidence-Based Recommendations and Guidelines

- The American Academy of Orthopaedic Surgeons (AAOS) recommends early mobilization within 24 hours.
- The National Institute for Health and Care Excellence (NICE) emphasizes multidisciplinary care, early physiotherapy, and osteoporosis management.
- Studies show that comprehensive, individualized plans reduce mortality, improve functional outcomes, and decrease complications.

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## Challenges and Future Directions

Despite established protocols, challenges remain:

- Variability in resource availability
- Patient-specific factors such as comorbidities
- Ensuring adherence to rehabilitation

Emerging trends include:

- Use of tele-rehabilitation
- Enhanced recovery after surgery (ERAS) protocols
- Integration of geriatric co-management teams

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## Conclusion

The care of a 75-year-old client following surgery for a left hip fracture demands a meticulous, multidisciplinary, and patient-centered approach. From immediate postoperative management to long-term rehabilitation, every aspect must be carefully orchestrated to optimize recovery, prevent complications, and restore quality of life. As the population ages, understanding and implementing evidence-based, comprehensive care plans becomes increasingly vital to meet the complex needs of elderly patients with hip fractures.

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## References

(Note: In an actual publication, this section would include detailed citations of guidelines, studies, and authoritative sources referenced in the article.)

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