NURSING CARE PLAN FOR AN ORTHOPEDIC PATIENT

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
Subjective Data: - Patient reports severe pain in the right leg after a fall. Objective Data: - Patient's leg is swollen, bruised, and movement is limited.	Acute Pain related to tissue injury from a fall as evidenced by patient's pain score of 8/10 and limited mobility.	Short-Term: - Within 2 hours, pain will decrease to 4/10. Long-Term: - Within one week, patient will move independently with minimal pain.	Plan to administer pain medications and apply ice packs. Schedule physiotherapy for gradual mobility improvement.	Administer prescribed analgesics; apply ice packs to reduce swelling; initiate gentle range-of-motion exercises with physical therapy support.	Pain management improves comfort and allows the patient to participate in rehabilitation, while ice reduces inflammation and swelling.	Patient's pain score reduces; improved mobility observed; patient reports feeling more comfortable.
Subjective Data: - Patient says, "I feel weak and can't move my leg easily." Objective Data: - Limited range of motion; difficulty bearing weight	Impaired Physical Mobility related to injury and pain as evidenced by difficulty moving and decreased strength in the affected leg.	Short-Term: - Within 48 hours, the patient will perform passive range-of-motion exercises with assistance. Long-Term: - Within one week, the patient will gradually progress to independent	Develop a mobility plan including passive and active range-of-motion exercises. Coordinate with a physical therapist.	Assist with passive exercises initially; transition to active exercises as pain decreases; provide a walker or cane when ambulation begins.	Early mobility exercises help maintain muscle strength and prevent joint stiffness. Gradual progression reduces the risk of re-injury.	Improved range- of-motion noted; patient begins to ambulate with an assistive device; mobility and strength improve over time.

on the injured leg.		ambulation with an assistive device.				
Subjective Data: - Patient expresses worry about infection from the injury. Objective Data: - Incision site (if post- surgical) shows redness and mild discharge; vital signs are slightly elevated.	Risk for Infection related to open wound and tissue injury as evidenced by redness and discharge at the injury site.	Short-Term: - Within 24 hours, the wound will show no signs of worsening infection. Long-Term: - Within one week, the patient's wound will heal without complications.	Plan wound care with proper cleaning, dressing changes, and monitoring for signs of infection. Educate patient on hand hygiene and wound care at home.	Clean the wound as per protocol; change dressings regularly; monitor temperature and signs of infection; provide instructions for home care.	Proper wound care reduces the risk of infection, promotes healing, and prevents complications.	Wound shows signs of healing; no fever or worsening discharge; patient and family report adherence to wound care instructions.

10. Patient and Family Education