

Osteomyelitis Nursing Care Plan

Patient information	
Patient name: David Harris	Age: 52
Gender: Male	Date of birth: February 12, 1972
Medical history	
Type 2 Diabetes Mellitus Previous foot ulcers Recent foot surgery (2 months ago) Hypertension Hyperlipidemia	
Assessment	
Subjective	Objective
Patient reports severe pain in the left foot, rating it as 8/10. Describes a sensation of throbbing and pressure at the site of previous surgery. Complains of fatigue and malaise. Reports difficulty bearing weight on the left leg.	Redness, swelling, and warmth observed in the left foot. Drainage present from the surgical site. Elevated temperature of 38.5°C. WBC count: 14,500 cells/ μ L, indicating infection. X-ray shows bone involvement consistent with osteomyelitis.
Nursing diagnosis	
Acute pain related to infection and inflammation of the bone as evidenced by the patient's pain rating and visible swelling. Risk for impaired mobility related to pain and inflammation in the affected foot. Risk for infection spread due to open wound and compromised immune response.	
Goals and outcomes	
Long-term	Short-term
The patient will have complete resolution of the infection as evidenced by normal laboratory values and no signs of inflammation within 6 weeks.	The patient will report a reduction in pain to 4/10 or lower within 24-48 hours of treatment initiation.

Long-term	Short-term
The patient will demonstrate improved mobility with minimal pain.	The patient will demonstrate wound healing without further complications within 1 week.
	The patient's WBC count will return to normal levels within 72 hours of antibiotic therapy.
	The patient will ambulate with assistance and maintain adequate circulation to the affected limb within 5 days.

Nursing interventions

Administer prescribed antibiotics as per physician's order to target the infection.
 Perform wound care and dressing changes to keep the surgical site clean and promote healing.
 Monitor and assess the patient's pain level regularly and administer pain relief as needed.
 Educate the patient on the importance of proper foot hygiene and keeping weight off the affected leg.
 Collaborate with physical therapy to improve mobility while protecting the affected limb.

Rationale

Early antibiotic intervention is crucial to prevent the spread of the infection and limit bone damage.
 Proper wound care minimizes the risk of further infection and promotes faster healing.
 Pain management improves the patient's comfort and willingness to participate in rehabilitation.
 Educating the patient helps reduce the likelihood of reinfection or delayed healing due to improper care.
 Physical therapy enhances mobility while preventing complications like muscle atrophy or further injury.

Evaluation

The patient reports a pain level of 3/10 after 48 hours of treatment.
 Wound shows signs of healing, with less drainage and redness by day 5.
 WBC count decreased to 10,000 cells/ μ L after 72 hours of antibiotic therapy.
 The patient is ambulating with a walker and demonstrates improved balance and strength.

Additional notes

Monitor for any signs of antibiotic side effects, such as nausea or rash.
Ensure the patient continues follow-up care for wound monitoring and antibiotic therapy.
Encourage the patient to maintain a low-sodium and low-fat diet to manage underlying conditions.

Nurse's information

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