

02/03/98 Nursing note LN @ 0030
S' she's wearing in pain, can she have some morphine, she was like this for an hour last night before she fell asleep, I hope it's not like that again tonight:-
as per mother.

0: U.S.S. Afekile. @ leg casted & cast bivalved wrapped in elastoplast. Moves toes well within confines of cast & no evidence of pain expressed, no facial grimacing, crying, moaning. 1st & 2nd digits sensitive to touch only when able to see hand touching toes, other digits not sensitive. Delayed "pain" response when unable to see toes being touched. NO discomfort expressed when 4th & 3rd toes moved laterally, pushing against 2nd & 1st toes. Pt moaning in bed @ 0010 h & mother sitting at bedside. Pt told distraction techniques for pain management, then mother interrupted following statement: "Oh that's what they tell pregnant women, but it doesn't work". Explained to mother her statement was not helpful.

02/03/02 (note cont)

Earlier in shift mother expressed ~~concern~~ concerns that disc may have a urinary tract infection, & requested specimen for. Basis of concern was urinary frequency of small amounts. Explained to mother that I would look at urine but there were no obvious signs of UTI at this time. At 2220h mother came to nursing station asking if something could be wrong w/ her daughters bowels as she was "complaining of abdominal pain". Explained to mother that long term narcotic use, lack of mobility & diet could all be causes of abdominal pain, as in unexpelled gas & feces moving through bowel. Mother satisfied w/ this & ongoing observation.

A: Unrelieved pain from # of fibra. & Anxiety in mother R/t daughters pain; hospitalization.

P: Continue to monitor pain level & tolerance. Suggest conference & strategy including family. SO consistent info & approach is maintained between m.o. nursing other medical personal & family.

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