

Beebe Healthcare

Margaret H. Rollins School of Nursing

Nursing 101 - Foundations of Nursing

Nursing Process-Day 2 Class Preparation (CP)

The nurse is caring for a patient on the medical-surgical unit. The following data have been collected:

“Why do I need surgery?”

“What are they going to do?”

99.4-92-20 138/88

pacing floor

alert and oriented to time, place, and person

skin warm and dry

turgor elastic

mucous membranes moist

capillary refill < 3 seconds

HR regular

palpable peripheral pulses

active bowel sounds x 4 quadrants

abdomen tender RUQ

facial grimacing with RUQ palpation

“Ouch, it hurts when you press there!”

RUQ pain rated 7 on 0-10 scale

c/o nausea and vomiting

“I throw up every time I eat something.”

voided 600 mL clear yellow urine

sensation intact

history of gallstones

Utilizing the nursing process:

Identify the subjective & objective data.

Objective: 99.4-92-20 138/88; alert and oriented to time, place, and person; skin warm and dry; turgor elastic; mucous membranes moist; capillary refill <3 seconds; HR regular; palpable peripheral pulse; active bowel sounds x4 quadrants; abdomen tender RUQ; facial grimacing with RUQ palpation; voided 600 mL clear yellow urine; sensation intact; history of gallstones

Subjective: "Why do I need surgery?"; "What are they going to do?"; pacing floor; "Ouch, it hurts when you press there!"; RUQ pain rated 7 on a 0-10 scale; c/o nausea and vomiting; "I throw up every time I eat something."

2. Identify problem-focused (ACTUAL) nursing diagnoses using the NANDA list. (cluster the data to help determine problems)

Readiness for Enhanced Knowledge:

"Why do I need surgery?"; "What are they going to do?"

Acute Pain:

abdomen tender RUQ; facial grimacing with RUQ palpation; "Ouch, it hurts when you press there!"; RUQ pain rated 7 on a 0-10 scale

Nausea:

"I throw up every time I eat something."; c/o nausea and vomiting

3. Identify risk nursing diagnoses using the NANDA list.

Risk for unstable blood pressure:

99.4-92-20 138/88

Risk for Surgical Site Infection:

"Why do I need surgery?"; "What are they going to do?" abdomen tender RUQ; history of gallstones; facial grimacing with RUQ palpation

Risk for Deficient Fluid Volume:

c/o nausea and vomiting; "I throw up every time I eat something."; voided 600 mL clear yellow urine

4. Write your clinical reasoning for each. (why?)

Readiness for Enhanced Knowledge: The patient is asking questions and is trying to gather information about the procedure.

Acute Pain: The patient had multiple complaints and his 0-10 pain scale was rated a 7.

Nausea: The patient specifically complained of nausea and vomiting.

Risk for Unstable Blood Pressure: The patient's blood pressure was slightly elevated.

Risk for a Surgical Site Infection: The patient is going into surgery and is having a procedure done, so there is always a risk of a surgical site infection.

Risk for Deficient Fluid Volume: The patient is complaining of nausea, which could contribute to possible dehydration. If the patient is continuing to void without maintaining fluids, dehydration will happen very quickly.

5. Write one expected outcome (goal) for each nursing diagnosis.

Readiness for Enhanced Knowledge: The patient will verbalize their understanding of the procedure prior to going into surgery.

Acute Pain: The patient verbalizes their pain level is now at a 2-3 on the 0-10 pain scale before being discharged.

Nausea: The patient states they no longer feel nauseous within an hour after surgery.

Risk for Unstable Blood Pressure: The patient has a decreased blood pressure before going into surgery.

Risk for a Surgical Site Infection: The patient performs good hygiene to ensure there is no surgical site infection after surgery.

Risk for Deficient Fluid Volume: The patient demonstrates an increase in fluid intake before going into surgery.