

Nursing Problem Worksheet

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Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
<p>Problem: Impaired Gas Exchange</p> <p>Reasoning: Evidenced by SpO₂ of <93% on RA, dyspnea, use of accessory muscles during ventilation, and HGB <13</p> <p>Goal: Adventitious lung sounds will be absent by the end of my care.</p> <p>Goal: Oxygen saturation of >93% on RA by the end of my care</p>	Auscultate breath sounds q2-4hrs or PRN.	Position the client for comfort (semi-fowler position) to promote diaphragmatic decent and maximize inhalation.
	Monitor pulse oximetry readings q2h or PRN. Monitor during and after time of activity or ambulation.	Facilitate coordination across the healthcare team to provide rest periods between activities and PRN. Allow 90 minutes of undisturbed rest throughout the day. Admin O ₂ therapy per protocol
	Monitor blood work (CBC, CMP, and CRP) and sputum cultures q6-8h.	Admin ceftriaxone 1g/ 100 mL as ordered after receiving blood work results & CX's have been obtained.
	Assess the temperature, color, and moistness of skin, lips, and mucus membranes q4h.	Encourage the client to perform 10, slow deep breaths every hour throughout the shift. Consider order for IS.
	Monitor VS q4h. Remain alert for fever, tachycardia, tachypnea, or hypotension	If fevered, admin acetaminophen PO as ordered (was not provided with dosage)

Anticipated Patient Problem and Goals	Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include frequencies	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
<p>Problem: Risk for falls</p> <p>Reasoning: Evidenced by SpO₂ <93%, fatigue, administration of albuterol via nebulizer, and continuous IV infusion</p> <p>Goal: Will not fall during my time of care</p> <p>Goal: Will demonstrate use of the call bell for ambulatory assistance or sudden SOB, CP, or dizziness by the end of my care.</p>	Assess gait and monitor weakness, difficulty with balance, or pain q2h or prior to ambulation.	Provide assistance during ambulation or implement an assistive device. Consider consultations/ referrals to OT/PT
	Determine if IVF are currently running and at what rate q2h or PRN for ambulatory regimens.	Provide assistance in securing lines during transportation and ambulating with the IV pole. Educate client on the importance and how to do it independently
	Monitor VS q4h. Remain alert for orthostatic hypotension and increased P with position change.	Encourage dangling prior to standing up or proper establishment of correct foot placement. Ensure non-skid footwear are applied.
	Identify personal belongings and necessary items. Assess appearance of room and medical devices. Perform at least once a shift.	Place personal belongings and frequently used items within easy reach. Maintain an uncluttered environment with unobstructed walkways and adequate lighting.
	Review significant and potential safety needs. Evaluate prior call bell knowledge/ hospital orientation at the beginning of a shift.	Orient to call bell system. Educate client on the importance of utilizing the call bell when in need of assistance. Have client demonstrate use of the call bell system.