Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology- Coronary artery disease (CAD) is a type of blood vessel disorder that is included in the general category of atherosclerosis. Begins as soft deposits of fat that harden with age. AKA hardening of the arteries. The endothelium is normally nonreactive to platelets and leukocytes, as well as coagulation, fibrinolytic, and complement factors. The endothelial lining can be injured as result of tobacco use, hyperlipidemia, HTN, toxins, diabetes, and infection. CAD is a progressive dz that develops over many years. The stages of development in atherosclerosis are 1. Fatty streak 2. Fibrous plaque 3. Complicated lesion	**2. Factors for the Development of the Disease/Acute Illness-** Nonmodifiable Risk Factors • Increasing age (P) • Gender (more common in men than women until 65 years of age) • Ethnicity (more common in in whites than in African Americans) • Genetic predisposition and family history of heart disease (P) Modifiable Risk Factors • Sermun Lipids (P) • Blood pressure > or = to 140/90(P) • Diabetes mellitus (P) • Tobacco use(P) • Physical inactivity(P) • Obesity waist circumference > or = 40in in men and 35in in women (P)	**3. Signs and Symptoms-** • Angina(P) • Dyspnea (P) • Anxiety (P) • Nausea/Vomiting (P) • Dizziness • Pallor • Tachycardia/heart palpitations • Diaphoresis (P) • Decreased LOC(P)
4. Diagnostic Tests pertinent or confirming of diagnosis- • Chest X-Ray (P) • History and Physical (P) • 12- lead EKG(P) • Echocardiogram(P) • Exercise stress test • Pharmacologic nuclear imaging (P) • Cardia Catheterization	**5. Lab Values that may be affected-** Lipid profile, CK-MB, Myoglobin, CBC, CRP ALL TREATMENT, SIGNS AND SYMPTOMS, RISK FACTORS, LABS, DIAGNOSTIC PROCEDURES MUST BE INCLUDED AND A "P" PLACED BESIDE WHAT THE PATIENT HAS.	**6. Current Treatment-** • Health Promotion/education • Physical Activity • Cardiac Catheterization –coronary revascularization • Drug therapy – antiplatelet therapy, Nitroglycerin, ACE inhibitors, B-adrenergic blockers, calcium channel blockers, lipid-lowering drugs • Weight management • Diabetes management • Flu vaccination

7. **Focused Nursing Diagnosis:** Fear	11. **Nursing Interventions related to the Nursing Diagnosis in #7:** 1. Assess for history of anxiety. E/B pts experiencing stress disorder often fear the uncertainty. **Evidenced Based Practice:**	12. **Patient Teaching:** 1. Teach the client the difference between warranted and excessive fear. 2. Teach clients to use guided imagery when they Are fearful have them use all senses to visualize a place that is comfortable and safe for them.
8. **Related to (r/t):** Unknown prognosis	2. Stay with pt when he expresses fear. E/B exploring Underlying feeling may help the pt confront unresolved conflicts and develop coping abilities.	3. Encourage use of appropriate community resources in nonemergency situations. Ie family , friends, church, neighbors
9. **As evidenced by (aeb):** Patient verbalizes fear of having a heart attack. Patient teary and pacing the floor.	**Evidenced Based Practice:** 3. Assess source of fear with pt. E/B the capacity to experience fear is adaptive, enabling rapid and energetic respone to imminnet threat or danger.	13. **Discharge Planning/Community Resources:** 1. Case management to see if patient needs or qualifies for home health. 2. Diet teaching.
10. **Desired patient outcome:** Patient will be able to identify, verbalize, and demonstrate those coping behaviors that reduce patients own fear by 2/21/2019	**Evidenced Based Practice:**	3. Community resources list.

7. Focused Nursing Diagnosis: Decreased cardiac output	11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Monitor I/O. <mark>E/B clinical practice guidelines state that monitoring I /O is useful for monitoring effects of treatment.</mark> **Evidenced Based Practice:**	12. Patient Teaching: 1. Teach the importance of physical activity as tolerated. 2.Educate regarding low sodium diet.
8. Related to (r/t): Altered contractility	2. Serve small frequent sodium restricted low Sodium restricted low saturated fat meals. <mark>E/B low sodium diets effect outcomes</mark>	4. Teach stress reduction.
9. As evidenced by (aeb): Changes to vessels/arties of the heart.	**Evidenced Based Practice:** 5. Monitor vital signs before administering cardiac medication . <mark>E/B how well is pt tolerating medication.</mark>	**13. Discharge Planning/Community Resources:** 1. Case manager to assess home support system and the need for community or home health services. 2. cardiac rehabilitation
11. Desired patient outcome: The patient will demonstrate adequate cardiac output as evidence by blood pressure, pulse rate and rhythm within normal parameters for the patient; strong peripheral pulses, maintained level of mentation, lack of chest discomfort or dyspnea, and adequate urinary output; an ability to tolerate activity without symptoms of dyspnea, syncope, or chest pain by 2/21/19.	**Evidenced Based Practice:**	4. Need for equipment at home ? O2, walking assistance.