

Adult/Geriatric Critical Thinking Worksheet

Student Name: Chris Rivera IM4

Unit: S9

Pt. Initials: PA

Date: 6/15/2020

1. Disease Process & Brief Pathophysiology

Pneumonia- An acute infection of the lung parenchyma that impairs gas exchange. Can involve distal airways and the aveoli. Classified by causitive agent. Infection initially triggers aveolar inflammation and edema causing a low ventilation with normal perfusion. The aveolocapillary membrane breakdown, the aveoli fills with blood and exudate resulting in atelectasis

Stewart, J. G. (2018). Anatomical chart company atlas of pathophysiology (4th ed.). Philadelphia: Wolters Kluwer.

4. Diagnostic Tests pertinent or confirming of diagnosis

CXR(P)

Gram stain(P)

C&S(P)

CBC(P)

blood cultures(P)

2. Factors for the Development of the Disease/Acute Illness

Cigarette smoking

Recent viral respiratory infection(P)

Chronic lung disease

diabetes mellitus(P)

Recent surgery or trauma

Immune system problem

Sleep apnea(P)

Generally debilitated state(P)

Risk Factors for Pneumonia. (n.d.). Retrieved June 16, 2020, from <https://www.winchesterhospital.org/health-library/article?id=20036>

5. Lab Values that may be affected

CBC(P): WBC-5.03, HGB-13.2, HCT-45.2%

Metabolic panel(P): Glucose-118, BUN-31, creatinine-2.3,

ABG

3. Signs and Symptoms

Coughing(P)

sputum production(P)

pleuritic chest pain(P)

Fever(P)

Dyspnea(P)

Tachypnea(P)

malaise(P)

decreased breath sounds(P)

Risk Factors for Pneumonia. (n.d.). Retrieved June 16, 2020, from <https://www.winchesterhospital.org/health-library/article?id=20036>

6. Current Treatment

Antibiotic therapy(P)

Humidified oxygen(P)

Mechanical ventilation(P)

bed rest (P)

Analgesics(P)

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high calorie diet and adequate fluid intake(P)

Bronchoscopy

7. Focused Nursing Diagnosis:

Impaired Gas Exchange

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1 .Monitor the patients behavior and mental status for the onset of restlessness, agitation, confusion, and lethargy.

12. Patient Teaching:

1. Instruct patient on the proper use of incentive spirometer. Set initial goal as 1200 and increase as tolerated by the patient to maximize the patients inspiratory volume.

8. Related to (r/t):

aveolar-capillary damage

Evidenced Based Practice:

Changes in behavior and mental status can be early signs of impaired gas exchange

2. Educate the patient on the importance of receiving a yearly flu vaccine

3. Educate patient of the importance of continuing the use of the patients CPAP machine at night to prevent sleep apnea.

9. As evidenced by (aeb):

Pt unable to ambulate short distances without supplemental O2.

Pt requires oxygen at rest to maintain O2 saturation >92%

Pt states an increase of shortness of breath upon exertion.

Pt was in ICU prior to admission to floor with bilateral pneumonia.

2. Help the patient deep breath and cperform controlled coughing

Evidenced Based Practice:

Controlled coughing uses diaphragmatic muscles, which makes the cough for more forceful and effective

3. Monitor respiratory rate, depth, and ease of respiration. Watch for use of accessory muscles and nasal flaring.

13. Discharge Planning/Community Resources:

1. Provide patient and family with home health aide services as necessary to aide in the patients ADLs

2. Educate patient and family regarding home oxygen therapy including delivery system,liter flow, and safety precautions

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Evidenced Based Practice:

Normal respirations are 12 to 16 breaths per min in the adult. When the respiratory rate exceeds 30 breaths per min, along with other physiological measures, a significant cardiovascular or respiratory alteration exists.

3. Instruct the patient and family in the complications of the disease and the importance of maintaining the medical regimen, including when to call the HCP.

10. Desired patient outcome:

Patient will be able to perform ADLs within patients normal parameters without the respiratory distress. Patient will increase ambulation as tolerated keeping O2 saturation >92% with minimal supplemental oxygen.

Ackley, B. J. R. N. (2011). Nursing diagnosis handbook (12th ed.). Place of publication not identified: Elsevier Mosby.

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