

Adult/Geriatric Critical Thinking Worksheet

Student Name: Holly Clarke

Unit: E7

Pt. Initials:

Date: 10/9/20

1. Disease Process & Brief Pathophysiology

The patient has left acoustic neuroma which is also known as vestibular schwannoma. Acoustic neuroma is a rare noncancerous tumor. The tumor usually arises from an overproduction of schwann cells covering the vestibular nerve and grows slowly or sometimes not at all. Rarely, it may grow rapidly and become large enough to press against the brain and interfere with vital functions. The tumor then presses on the hearing and balance nerves in the inner ear. Schwann cells normally wrap around and support nerve fibers.

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

- Neurofibromatosis type 2
- Neck or face radiation (P)
- Nerve damage caused by environmental factors

3. Signs and Symptoms

- Hearing loss, usually gradual (P)
- Ringing in the affected ear
- Unsteadiness, loss of balance (P)
- Dizziness
- Facial numbness
- Weakness (P)
- Loss of muscle movement (P)

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4. Diagnostic Tests pertinent or confirming of diagnosis

- Brain MRI (P)
- CT
- Hearing test
- Brainstem auditory evoked response (BAER)

5. Lab Values that may be affected

- NA: 141 (P)
- CL: 105 (P)
- WBC: 12.08 (P)
- RBC: 4.33 (P)
- HGB: 13.6 (P)
- HCT: 41.6 (P)
- PLT: 176 (P)
- GLUC: 105 (P)

6. Current Treatment

- Keyhole brain surgery
- Translabyrinthine craniotomy
- Radiation therapy
- Observation
- Supportive therapy

7. Focused Nursing Diagnosis:

- Impaired hearing

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

- 1 . Face the patient directly and at the same level, with good lighting while maintaining eye contact.

12. Patient Teaching:

1. Explain how to use assistive devices such as hearing aides.

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8. Related to (r/t):

- The tumor presses on the hearing and balance nerves

Evidenced Based Practice: This can assure the patient is able to lip read and hear as much as possible, making it easier for them to understand what is being said to them. Eye contact shows respect and can mean that you are in a conversation. Not cited.

2. Speaking clearly, distinctly, and slowly, at a volume that is appropriate for the patient

2. Teach the patient how to prevent and protect their hearing by limiting loud sounds, not smoking, wearing hearing protection, and to remove earwax properly.

3. Instruct them on how to maximize understanding when people are talking to them such as being in a well lit room, telling the speaker to talk louder and slower, and to talk directly to them.

9. As evidenced by (aeb):

- Patient doesn't respond to the usual level of volume when being talked to

Evidenced Based Practice: Speaking in this manner can reduce the patient from misinterpreting words. Not cited.

3. Decrease amount of noise as much as possible in the patient's room while assessing, talking to, and giving the patient medications.

13. Discharge Planning/Community Resources:

1. Consider getting cochlear implants or hearing aids. If patient has them, encourage to wear them regularly.

2. Consider assistive listening devices to help hear the TV, phone, and doorbell. Can also use ALD's in places like a movie theatre.

10. Desired patient outcome:

- Patient can respond more readily to questions and statements made towards him/her

Evidenced Based Practice: Background noise can drown out what the person speaking is saying making it difficult to understand speech. Not cited.

3. Follow up with an audiologist within 2 weeks

Citations:

Acoustic Neuroma (Vestibular Schwannoma). (n.d.). Retrieved October 09, 2020, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/brain-tumor/vestibular-schwannoma>

Acoustic neuroma. (2018, August 10). Retrieved October 09, 2020, from <https://www.mayoclinic.org/diseases-conditions/acoustic-neuroma/symptoms-causes/syc-20356127>