Adult/Geriatric Critical Thinking Worksheet

Student Name: Stephanie Garza **Unit:** **Pt. Initials:** **Date:** 10/7/2020

1. Disease Process & Brief Pathophysiology

Pneumonia arises when the normal flora in the lungs are altered due to failed resistance to the causig factor. An inflamation reaction may happen in the aveoli, producing exudates that interfere with the defussion of oxygen and carbon dioxide. White blood cells begin to navigate to the aveoli in hopes to fight the infection and take up the space that the oxygen ususally occupies causing a decrease in gas exchange of oxygen and carbon dioxide. Also due to the secreations and mucosal edema there are parts of the lungs that aren't adequately ventilated and cause partial occlusion of the aveoli or bronchi.

References

Belleza, M. (2019, March 20). Pneumonia. Medical surgical nursing.

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

Conditions that interfere with gag reflex such as: stroke, multiple sclerosis, ALS, head injury, senile dementia, or alzheimer's disease.

Conditions that weaken the immune system: AIDS, history of organ transplant, cancer, chemotherapy drugs, immunosurpressant drugs including steriods.

COPD, Diabetes, Kidney disease (P), Sleep apnea, Heart failure, Poor nutrition (P), Generally debilitated state, Allergies (P) Asthma, Liver disease, Mechanical ventilation, chemical fumes and/or smoke can weaken the lungs defenses increasing the vulnerability of getting pneumonia

Pneumonia is more common in certain age groups: infants, young children, and older adults (P)

Genetic disorders can predispose a person to pneumonia: Sickle cell, Cystic fibrosis

3. Signs and Symptoms

Flu-like symptoms, coughing up greenish, yellow,or bloody phlegm, Nausea (P), Vomitting, High fever up to 105 F, being unable to catch ones breath,Muscule aches (P), Diarrhea, Chest pain when coughing or taking a deep breath, Chills or excessive swetting, Low apetite(P), Accelerated or shallow breathing, Fast heart rate, Extreme tiredness, confusion in older people, Lips or fingernails turning blue

4. Diagnostic Tests pertinent or confirming of diagnosis

Chest X-Ray (P), CBC blood test (P), Pulse oxemetry (P), Sputum test, Blood culture, Polymerase chain reaction test, Bronchoscopy, CT, Pleural fluid culture

5. Lab Values that may be affected

CBC (Leucocytosis) (P), BMP for sodium, potassium,and other chemistries to help determin severity, Blood gases test to measure the pH and the amount of oxygen and carbon dioxide

6. Current Treatment

Antibiotics if causing factor is baterial and if Viral may get antiviral medication, control fever with medication prescribed, rest (P) and drink plenty of water to break up and thin out phlegm, Drink hot beverages, take steamy bath and use humidifier to open airways, stay away from smoking of any sort, get lots of rest, if hospitalized may need IV fluids

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7. Focused Nursing Diagnosis:

acute pain on left posterior side

8. Related to (r/t):

Pneumonia

9. As evidenced by (aeb):

Patient verbalized having sharp radiating pain on left posterior side while frustrated with getting the hot pack to heat up and work, all while fidgetting to get in the area of pain for relief

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

1 . Hot pack, repositioning, moving from bed to sitting up in chair, gave glass of ice water

Evidenced Based Practice:

Stay with patient when moving from bed to chair or Vice Versa for safety

2. Helped with breaking up hot pack to initiate the heating process when the patient was unable to get it to work to help allieviate pain

Evidenced Based Practice:

assess pain and source of pain such as position or laying/sitting too long to help with any movent or position desired

3.

and oxygen therapy and possibly other breathing treatments. walking and moving around to help with phlegm movement (P)

12. Patient Teaching:

1. Cough and take deep breaths 3 times per hour to break up phlegm and cough it up to spit out

2. Avoid smoking of any kind such as second hand or wood smoke at all times possible

3. Wash your hands with soap and water or use an alcohol based hand rub every time after blowing your nose, using the restroom, and before eating

13. Discharge Planning/Community Resources:

1. If you were prescrbed Antibiotics or anti viral medication makes sure to take all of them as prescribed and don't stop early or you risk a relapse or you contribute to the dangerous arise of antibiotic-resistant bacteria

2. A list of Pulmonary therapist in the patients local area that except their insurance as well as a list of resouces to help with these therapies for those wihtout medical insutance

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10. Desired patient outcome:

Patient will no longer have cough, phlegm, pain in left posterior side, back to patients regular energy and activities without any difficulty breathing by 10/14/2020

Evidenced Based Practice:

3. Follow up appointment with Provider in 4 to 6 weeks and make sure you do not miss the appontment so they can make sure to do further testing in order to make sure itls gone.