

Adult/Geriatric Critical Thinking Worksheet

Student Name: Stephanie Garza

Unit:

Pt. Initials:

Date: 10/13/2020

1. Disease Process & Brief Pathophysiology

Epilepsy is reoccurring seizures which are abnormal electrical activity in the brain.

A shift in balance between the inhibitory (γ-aminobutyric acid (GABA)) and the excitatory (glutamate) neurotransmission, in favor of the later. This shift occurs due to both selective loss of inhibitory GABA-ergic neurons after precipitating epileptogenic insults.

REFERENCE

Mazarati A., Encyclopedia of Neuroscience, 2009

4. Diagnostic Tests pertinent or confirming of diagnosis

EEG, high-density EEG, Neurological exam (P), CT (P), MRI (P), FMRI, pet, SPECT, Neuropsychological test, SPM, Curry analysis, Magnetoencephalography.

7. Focused Nursing Diagnosis:

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

Low oxygen during birth, head injuries, brain tumors, genetic conditions that result in brain injuries such as tuberous sclerosis, infections such as meningitis or encephalitis, stroke, abnormal levels of substances such as sodium or blood sugar, disorders such as autism and neurofibromatosis, injury before birth such as brain damage from infection in mother or poor nutrition or oxygen deficiencies from mother.

(P)atient: unknown

5. Lab Values that may be affected

CBC (P), glucose (P), CSF, Blood culture, prolactin measurement in blood,

11. Nursing Interventions related to the Nursing

3. Signs and Symptoms

Temporary confusion, a staring spell, uncontrollable jerking movement of the extremities, loss of consciousness or awareness (P), cognitive or emotional symptoms such as fear, anxiety or déjà vu,

6. Current Treatment

Medications called Anti-epileptic drugs (AEDs) (P), surgery to remove a small part of the brain that's causing seizures, a procedure to put a small electrical device inside the body that can help control seizures, a special diet (ketogenic diet) that can help control seizures, you may not need medication if you know your seizure triggers and avoid them,

12. Patient Teaching:

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unconsciousness

Diagnosis in #7:

1 .Neurological assessment- no response, Head to toe assessment

1. Teach patient to take Anti-seizure medication as directed by the dr. everyday without skipping

8. Related to (r/t):

epilepsy seizures

Evidenced Based Practice:

2. Talk to patient and have T.V. remote with sound next to her for the goal of auditory stimuli in brain hopeful of her coming to

2. Teach patient to avoid any known seizure triggers

9. As evidenced by (aeb):

Evidenced Based Practice:

3. assessing extremities and turning patient every 2 hours to prevent bed soars and to also hope for stemuli from touch.

3. Teach patient to check sugars and keep sugars under control as low sugar is a trigger for a seizure in most people suffering with epilepsy

13. Discharge Planning/Community Resources:

1. Case management to see if patient qualifies for home health

10. Desired patient outcome:

Patient will be able to open her eyes, move her extremities and say small words on 10/23/20

Evidenced Based Practice:

Helped with bathing and oral care to keep bacteria from growing in her mouth and using suctioning to prevent aspiration, this actually produced slight movement and response from her. My second day she opened her mouth for me to brush her teeth.

2. diet teaching to help control blood sugar increase issues with blood sugar equipment access

3. Community resources for Blood sugar monitoring and resources for epilepsy meds.

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