Adult/Geriatric Critical Thinking Worksheet

Student Name: Nikole Lucero **Unit:** **Pt. Initials:** **Date:** 10/14/2020

1. Disease Process & Brief Pathophysiology

Acute Renal Failure is a sudden loss of renal function that happens when the kidneys lose their ability to maintain biochemical homeostasis. This eventually causes urinary retention and alterations in fluid, electrolyte, and acid-base balances. This condition is usually reversable.

Acute Renal Failure 26. (2019). In All-in-one nursing care planning resource: Medical-surgical, pediatric,maternity, and psychiatric- (pp.199). PHILADELPHIA: ELSEVIER HEALTH SCIENCES.

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

Being hospitalised

Advanced Age (P)

Blockages in blood vessels in arms & legs

Diabetes

High BP

Heart failure

Kidney disease

Liver disease

3. Signs and Symptoms

Decreased Urine output (P)

Fluid retention (P)

SOB

Fatigue

Confusion

Nausea

Weakness

Irregular HR

Chest pain

4. Diagnostic Tests pertinent or confirming of diagnosis

Urine output measurments (P)

Urine tests (P)

Blood tests (P)

Imaging tests (P)

Removing a sample of kidney

5. Lab Values that may be affected

Creatinine (P)

BUN (P)

Urinalisis (P)

Urinary Osmolality (P)

6. Current Treatment

Balance fluids in blood (P)

Meds to control blood potassium

Meds to restore blood calcium

Dialysis to remove toxins from the blood (P)

Student Name: Nikole Lucero **Unit:** **Pt. Initials:** **Date:** 10/14/2020

7. Focused Nursing Diagnosis:

Excess fluid volume

8. Related to (r/t):

Compromised regulatory mechanism (renal failure)

9. As evidenced by (aeb):

Intake greater than output; Oliguria

10. Desired patient outcome:

Pt will display appropriate urinary output with specific gravity/laboratory studies near normal; stable weight, vital signs within patient's normal range; and absence of edema by 10/14/20 @ 1900

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

1 . Weigh daily at same time of day, on same scale, with same equipment and clothing.

Evidenced Based Practice:

Daily body weight is best monitor of fluid status. A weight gain of more than 0.5 kg/day suggests fluid retention.

2. Auscultate lung and heart sounds.

Evidenced Based Practice:

Fluid overload may lead to pulmonary edema and HF evidenced by development of adventitious breath sounds, extra heart sounds.

3. Scatter desired beverages throughout the 24-hour period and give various offering (hot, cold, frozen).

Evidenced Based Practice:

Helps avoid periods without fluids, minimizes boredom of limited choices, and reduces sense of deprivation and thirst.

12. Patient Teaching:

1. Teach the impotance of follow-up of renal function

2. Educate on the signs & symptoms to look out for potential complications

3. Teach about the medications the Pt will be taking & discuss drug interactions.

13. Discharge Planning/Community Resources:

1. Give the pt fact sheets about food restrictions related to dx

2. Give pt phone numbers to call incase of questions

3. Give pt a list of websites that give more information on kidney disease

Student Name: Nikole Lucero **Unit:** **Pt. Initials:** **Date:** 10/14/2020