

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Jennifer Griffith

**Unit:**

**Pt. Initials:** E. W.

**Date:** 11/3/2020

## 1. Disease Process & Brief Pathophysiology

In Alzheimer's Disease, certain areas of the brain are affected negatively from certain plaques and tangles. These alterations cause the loss of connections of neurons. In Alzheimer's, amyloid plaques develop in the memory part of the brain as well as cognitive ability. Eventually this plaque affects the cerebral cortex, which is the area responsible for language and reasoning. Neurofibrillary tangles, or Tau proteins are altered and the microtubules twist together into a helix formation. These certain changes occur more so in AD patients and cause the affected areas to shrink or atrophy.

Lewis, S.L., Dirksen, S.R., Heitkemper, M.M., Bucher, L., & Harding, M.M. (2017). *Medical-Surgical Nursing: Assessment and Management of Clinical Problems* (10th ed.). St. Louis: Elsevier.

## 4. Diagnostic Tests pertinent or confirming of diagnosis

Some of the tests and ways Alzheimer's Disease is confirmed include:

A complete, comprehensive health history, as well as physical exam, neurological and mental status assessment, and laboratory testing (P)

Brain imaging tests including CT scans, MRI scan, and PET scans

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

Risk Factors for Alzheimer's Disease include: High Blood Pressure (P) , Type 2 Diabetes, High cholesterol, Obesity, Poor Diet, Depression (P)

Alzheimer's Association. (2020). "Causes and Risk Factors for Alzheimer's Disease." Retrieved November 3, 2020, from <https://www.alz.org/alzheimers-dementia/what-is-alzheimers/causes-and-risk-factors>

## 5. Lab Values that may be affected

Nurses should assess patient WBC count to observe if any elevation occurs indicating a possible UTI or other infection. The nurses should also be aware of the patient's electrolyte levels, as she is on IV fluid of Lactated Ringers. Finally the patient is taking medications that all have a possible side effect of constipation, so it is important to keep a close eye on patient potassium levels.

## 3. Signs and Symptoms

Patient may complain of: Memory loss (P) , Mild disorientation to time and place (P) , Trouble with saying words and/or numbers, Difficulty in performing familiar tasks (P) , Poor or decreased judgment (P)

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## 6. Current Treatment

While AD has no cure and no treatment to stop brain deterioration, there is treatment to manage the undesirable behaviors that arise from the disease. These treatments include various drugs including: cholinesterase inhibitors, memantine, and antipsychotic drugs for behavioral management (P) , especially the depression related to the diagnosis of AD.

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Autopsy findings of neurofibrillary tangles and neuritic plaques

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Surgical Nursing: Assessment and Management of Clinical Problems (10th ed.). St. Louis: Elsevier.

**7. Focused Nursing Diagnosis:**

As the nurse, I would focus on Ertha's ability to cope and deal with her chronic confusion. The patient is suffering from emotional distress, as she knows her family tends to become agitated when she becomes confused or forgetful. The patient was also disoriented while gathering history and was unable to be fully oriented.

**8. Related to (r/t):**

Her chronic confusion is related to her diagnosis of Alzheimer's Disease, or minor neurocognitive disorders.

**9. As evidenced by (aeb):**

The patient's confusion was measured through her rapidly increasing behavioral changes with her family. Her husband stated that within the last three days she became more combative to where he couldn't help her. Her confusion was also measured through her disorientation, as she was

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

1. Provide patient time to reminisce about positive life events or positive hobbies she participated in.

**Evidenced Based Practice:**

This intervention will allow patient to remember pleasant events or times. Patient will be reliving events of the past and the nurse will need to show respect for patient.

2. Maintaining a consistent assessment schedule with allowances for patient needs and avoiding any frustrating situations.

**Evidenced Based Practice:**

This practice helps in preventing the patient from becoming agitated and combative to family and

**12. Patient Teaching:**

1. To prevent aggression, maintain a daily routine with the patient, keeping a regular and repeated schedule for sleep, eating, and other enjoyable activities.

2. Keep the patient comfortable by checking to make sure they aren't experiencing discomfort, pain, hunger or thirst.

3. Patient should be involved in daily exercise to aid in healthy body maintenance as well as in pain, which causes agitation.

**13. Discharge Planning/Community Resources:**

1. Family will know how to positively distract patient from stressful situations and stimuli through use of photos, reminiscing positive memories, music, etc.

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unaware of what was going on upon nursing assessment.

staff. If needed, rescheduling may occur to provide the patient with a sense of worth.

3. Teach the patient's husband and family to use soothing music, walks, and photo albums as distraction techniques.

2. Patient and family will be able to formulate a schedule for day to day life to help reduce stress and agitation.

3. Through the use of the behavioral managing medications, the patient and patient's family will know why she is prescribed each med and when to take each medication.

**10. Desired patient outcome:**

Desired outcome is to be able to distract Ertha using other techniques to avoid stressful stimuli causing aggressive and hostile behaviors by the end of nursing shift on October 30. I will be able to perform neurological assessments every hour as well as getting vitals every four hours without causing overstimulation to Ertha. This decrease in overstimulation will provide a consistent schedule for the patient, making her more aware of her environment.

**Evidenced Based Practice:**

This intervention may have effectiveness in calming an Alzheimer's patient from stressful situations that may occur.