

# Adult/Geriatric Critical Thinking Worksheet

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## 1. Disease Process & Brief Pathophysiology

Pneumonia- is an infection which the air sacs/alveoli within the lung are filled with and surrounded by fluid which obstructs the oxygen transport process and causes hypoxia. Organisms which cause pneumonia enter the lungs via inspiration which causes inflammation. This response activates neutrophils set to engulf and kill said organisms. Which results in more activation of neutrophils and increased inflammation within the airways. Excess fluid and mucus production then leaks from surrounding capillaries and tissues into and around the alveolar sacs. Types of Pneumonia: Aspiration, Community Acquired, Hospital Acquired and Medical Acquired Pneumonia.

## 4. Diagnostic Tests pertinent or confirming of diagnosis

Chest Xray(P)/ CT of Chest(P)

Sputum Culture(P)

Complete Blood Count(P)/ White blood Count(P)

Pulse Oximetry(P)/Arterial Blood Gas

Blood Cultures

Thoracentesis

Bronchoscopy

C-Reactive Protein

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

-65 year or older (P)

-Impaired mucociliary mechanisms due to air pollution, cigarette smoking, Upper Resp. Tract infection, weak cough or absent gag reflex, normal aging changes (P), Immunosuppressive disease, seizures

-Chronic diseases: cancer(P), diabetes(P) and heart disease(P). Abdominal or thoracic surgery(P)

-Recent hospitalizations or health care treatments such as dialysis or wound care centers(P)

## 5. Lab Values that may be affected

Arterial Blood Gases

Pulse Oximetry(P)

Complete blood count

White Blood Count

Blood cultures

Sputum Gram stain and culture

## 3. Signs and Symptoms

Cough- Productive or dry(P) with Green/yellow/rust color sputum, Chest pain, Fatigue(P), Fever(P), Chills, Tachycardia, Tachypnea, Dyspnea, pleural pain, Malaise, Respiratory distress and decreased breathing sounds, lower than normal body temperature with adults older than 65 years of age(P), Nausea/Vomiting and/or Diarrhea, confusion or changes in mental awareness(P)

## 6. Current Treatment

Oxygen Therapy

Covid 19 Rx Regimen: NSAID, Adrenal Corticoid, Zinc, Vitamin D3 and Vitamin C

Fluid Replacement Therapy

Occupational Therapy/Physical Activity

Diabetic Wound Therapy

Diabetes Management

Drug Therapy: Anticoagulants, HMG-COA Reductase Inhibitor, Analgesic, AntiPyretic and Adrenal

Corticoid

**7. Focused Nursing Diagnosis:**

Activity Intolerance

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

Increased respiratory demand due to exertion and decreased gait stability when ambulating

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

Dyspnea and desaturation when engaging in physical activity such as standing and/or ambulating to bathroom and back to chair. Respirations increase and oxygen saturation levels drop to 90% on 2L O2 via nasal canula from 96% when at rest.

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

1. Monitor for range of motion with stretching exercises when patient is at rest or in a chair/bed.

**Evidenced Based Practice:**

Range of motion will allow nurse to know patients limit with extension and flexion. Stretching will assist in increasing blood flow to muscle groups in preparation for mobility. Cited: In Mrs. Thomas's Pneumonia Powerpoint slide #7 in regards to Pulmonary Rehabilitation. Also, my 7 years of working as an Exercise Physiologist for UMC's Cardiac and Pulmonary Rehab.

2. Provide a emotional support while using a gait belt when ambulating.

**Evidenced Based Practice:**

The gait belt is used to provide aid for safe transport of patients. Cited: CSON IM 1 Mobilization of patients instruction. CITED: IM 1 Mrs. Harrison's Powerpoint over Body Mechanics

**12. Patient Teaching:**

1. Instruct patient to clear pathways or avoid obstacles when ambulating for energy conservation.

2. When ambulating, be sure to set measurable goals for distance to assist with assurance that patient can make a safe return. Always have a place to rest if needed.

3. Carry a pulse oximeter on the patient's person at all times to monitor oxygen levels. If levels are below 90%, stop and perform pursed lip exercise.

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

1. Pulmonary Rehabilitation Program

2. Case Management: In case the patient may need a mobility device such as cane or walker.

3. Better Breathers Club Program: An organization for pulmonary patients within the region to provide education and support for patients

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suffering/recovering from pulmonary disorders

**10. Desired patient outcome:**

Patient to demonstrate ability to perform energy conservation with exertion from bed to bathroom. In the form of pursed lip breathing breathing exercises with exertion to arrive at destination. By: 12/8/20

**3.** Assess and monitor patients skill of pursed lip breathing and deep breathing. Provide education and assess teach back from the patient.

**Evidenced Based Practice:**

To allow longer expansion of the lungs and improve oxygenation. Pneumonia Powerpoint slide #7 in regards to Pulmonary Rehabilitation. Also, my 7 years of working experience as an Exercise Physiologist for UMC's Cardiac and Pulmonary Rehab.