

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Marissa Hernandez

**Unit:**

**Pt. Initials:**

**Date:** 12/8/2020

## 1. Disease Process & Brief Pathophysiology

Left Proximal Humerus Fracture (shoulder fracture) is when an injury occurs from a "fall or accident." During this type of fracture, the proximal humerus bone of the left arm (shoulder) was "cracked," resulting in the fracture.

Humerus Fracture (Upper Arm Fracture). (n.d.). Retrieved December 13, 2020, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/humerus-fracture-upper-arm-fracture>

## 4. Diagnostic Tests pertinent or confirming of diagnosis

Some tests used to confirm the diagnosis of the Left Proximal Humerus Fracture include:

-X-ray of the shoulder (P)

-Bone scan

-CT scan

-MRI

Bone Fractures Diagnosis and Tests. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/15241-bone-fractures/diagnosis-and-tests>.

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

Risk factors for this injury include: Poor Bone health, ETOH level 91 upon admission (P), "Trauma from a fall" (P), "Trauma from an accident"

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## 5. Lab Values that may be affected

Some tests that can be done to see if any lab values were affected include: Complete Blood Count (CBC), Test for blood clots, compartment syndrome, and hemarthrosis due to possible effects from the fracture

Mark A Frankle, M. D. (2019, November 9).

Proximal Humerus Fractures Workup: Laboratory Studies, Imaging Studies.

<https://emedicine.medscape.com/article/1261320-workup>

## 3. Signs and Symptoms

Signs and symptoms include: Pain, especially when moving arm (P,) Bruising and swelling (P), Not able to move shoulder (P), "Grinding sensation when shoulder is moved", Deformity/Swollen, Occasional bleeding (open fracture), "Loss of normal use of the arm if a nerve injury occurs"

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## 6. Current Treatment

Treatment for Left Humerus Fracture (shoulder fracture) include: without surgery, surgery (P), sling/shoulder immobilizer (P), and/or physical therapy.

Bone Fractures Diagnosis and Tests. Cleveland Clinic.

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**7. Focused Nursing Diagnosis:**

When I was taking care of my patient, my main focus was on keeping him comfortable and with as little of pain as possible, because he was in a lot of pain before he was taken into surgery. Even when he would barely move his body, he would almost scream from a sharp and radiating pain that would be in his injured shoulder with any little movement. His pain rating before we administered pain meds was at an 8 on a scale from zero to ten.

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

The patient's sharp/radiating pain of his shoulder was related to the fracture in the the proximal left humerus along with bruising that occurred around the injury as well.

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

The patient's pain was measured when myself or the RN on duty would ask his pain scale hourly. The patient only ever reported sharp pain of the shoulder, no other extremities that I knew about were in pain. I also measured the patient's pain with his facial expressions or behaviors when he would try and make a movement and show pain.

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

1 .Provide my patient with pillows or anything else possible for comfort to cushion around his arm or shoulder.

**Evidenced Based Practice:**

This intervention will help relieve some of his pain and give him more comfort in order to be able to rest.

2. Teach patient upper body exercises for muscles not effected, to keep upper body moble and strong.

**Evidenced Based Practice:**

This intervention helps the patient have other activities to help distract him of his pain as well as keeping the strength of his other muscles active.

3. Monitor the patient's nonverbal as well as verbal actions while in the patient's room as well as monitoring patient's vital signs when applicable per hospital/floor policy.

**12. Patient Teaching:**

1. Report any pain of a 7 or greater to the nurse so we can administer medication if applicable or find any other solutions to help relieve his pain.

2. Teach the patient that his pain will automatically go away right after surgery. He will feel soreness and still some pain from the procedure, but with time and movement, the pain should greatly decrease.

3. Pain medication can't be given all the time, there are certain schedules/times we are allowed to give it, but there still are other interventions that can be implemented if the patient is in a lot of pain.

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

1. Make sure patient and family (if any) know how to perform each at home physical therapy exercises that are needing to be performed to help healing.

2. Make sure the patient knows the signs/symptoms that come with each medication that he's taking home with him, and if sent home with antibiotics, stress the importance of finishing

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**10. Desired patient outcome:**

Desired patient outcomes for my patient included to get him some relief from his pain and to be able to be in a comfortable position without having to wince in pain with each movement. I wanted him to be with the least pain possible and to be comfortable. I (the nursing student) will measure his pain through a pain assessment hourly, and if pain is present, I will assess the location and severity of the pain. If the patient still met the criteria for pain medicine and was in a great deal of pain I would then inform the nurse in charge and then if applicable administer pain medication (with supervision) if it was time for him to get some again. If he didn't meet the criteria or if it wasn't time for pain medicine, I would inform the nurse in charge and come up with a plan for another sort of pain relief.

**Evidenced Based Practice:**

This intervention helps me (the student nurse) assess the patient and to see if the patient has any comments to tell me about how he's feeling, and through the vital signs I can compare them to previous ones to make sure he is either improving or staying stable rather than going downhill.

the entire antibiotic prescription even if he feels better before finishing the prescription.

**3.** Make sure the patient's pain level is very low (if not at 0) before discharging, don't want to discharge a patient with a pain level around 5 or higher, especially without pain medications if he needs them.