

Adult/Geriatric Critical Thinking Worksheet

Student Name: Andrew James

Unit: Oncology

Pt. Initials: Wk 2

Date: 12/8/2020

1. Disease Process & Brief Pathophysiology

Hodgkin's disease is characterized by proliferation of a tumor in which only a small proportion of the cells are malignant and most are normal lymphocytes. The malignant cells - Reed-Sternberg cells - are most likely multinucleated, giant cell mutations of the T-lymphocyte. Infiltration of the nodes with eosinophils and plasma cells is associated with lymph node necrosis and fibrosis. This disease affects the immune system, and specifically it is a cancer of the immune cells.

Stage IV: Disseminated or multiple involvement of the extranodal organs - P

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

Unknown, however etiology suggests that Epstein-Barr (mononucleosis) virus is a leading candidate

3. Signs and Symptoms

Painless swelling in one of the lymph nodes - P (both lymph nodes were swollen), persistent fever, night sweats, fatigue - P, weight loss - P, Malaise - P, pruritis, extremity pain - P, nerve irritation, absence of pulse due to enlargement of lymph nodes - P, pericardial friction rub, pericardial effusion, neck vein engorgement, enlargement of retroperitoneal nodes, spleen, and liver.

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4. Diagnostic Tests pertinent or confirming of diagnosis

Lymph node biopsy confirms presence of Reed-Sternberg cells, nodular fibrosis, and necrosis

CXR, abdominal CT scan, lung scan, bone scan, and lymphangiography detect lymph and organ involvement

Hematologic test shows: mild to severe normocytic anemia; normochromic anemia; elevate, normal, or reduced white blood cell count

Differential with any combination of neutrophilia, lymphocytopenia, monocytosis, and eosinophilia

Elevated serum alkaline phosphatase indicates bone or liver involvement

7. Focused Nursing Diagnosis:

Deficient Knowledge

8. Related to (r/t):

Lack of exposure/recall

Information misinterpretation

Unfamiliarity with information resources

5. Lab Values that may be affected

WBC

Hemoglobin

Hematocrit

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

1 .Consider what is important to the patient

Evidenced Based Practice:

Allowing the patient to identify the most significant content to be presented first is the most effective.

2. Include the patient in creating the teaching plan,

6. Current Treatment

Homeopathic treatment. Patient sees homeopathic Doctor in Houston and is primarily treating her Hodgkins Lymphoma with Vitamin C. Patient and family continuously refuse getting chemo/treatment for the cancer.

12. Patient Teaching:

1. Emphasize need for ongoing medical follow up

2. Teach patient about the increased survival rates when treating the disease

3. Teach about possible complications of beginning chemotherapy such as the risk of infertility, cardiac disease, lung toxicity, and secondary cancers

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9. As evidenced by (aeb):

Inaccurate follow-through of instruction and development of preventable complications

10. Desired patient outcome:

Teach back understanding of condition, prognosis, potential complications, and treatment needed to sustain life by 12/9/2020 @ 4pm.

Identify relationship of signs/symptoms to disease process by 12/9/2020 @ 4pm.

beginning with establishing objectives and goals for learning at the beginning of the session

Evidenced Based Practice:

Goal setting allows the learner to know what will be discussed and expected during the session. Adults tend to focus on here-and-now, problem-centered education.

3. Give adequate time for integration that is in direct conflict with existing values or beliefs

Evidenced Based Practice:

Information that is in direct conflict with what is already held to be true forces a reevaluation of the old material and is thus integrated more slowly.

CITATIONS

Wayne, G. (2019, March 14). Deficient Knowledge – Nursing Diagnosis & Care Plan. Retrieved December 13, 2020, from <https://nurseslabs.com/deficient-knowledge/>

Bradley W Lash, M. (2020, December 05). Hodgkin Lymphoma. Retrieved December 13, 2020, from <https://emedicine.medscape.com/article/201886-overview>

Atlas of pathophysiology. (2010). Philadelphia, PA:

13. Discharge Planning/Community Resources:

1. Consultation with social workers, and psychiatrists for any psychosocial problems that may be relevant

2. Consult health coach to hold patient accountable regarding health habits that may help with the disease or other potential complications that originate

3. Find support group to encourage open communication about the disease

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Wolters Kluwer/Lippincott Williams & Wilkins
Health.