

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- Uncal Herniation is a life-threatening neurological emergency that occurs when rising intracranial pressure causes portions of the brain to flow from one compartment to another. The three compartments that are part of the intracranial compartment are the brain tissue, arterial or venous blood, and CSF. The Monro-Kellie principle states that any increase in these components will come at the expense of another compartment. The causes include any situations which will cause a significant rise in intracranial pressure such as an expanding space-occupying lesion within the cranium or following a severe head trauma which may lead to a rapidly expanding subdural or epidural hematoma.</p>	<p>2. Factors for the Development of the Disease/Acute Illness- Head Injury Stroke Brain Hemorrhage (P) Brain Tumor Abscess from bacterial/fungal infection Hydrocephalus (P) Brain Injury Chiari Malformation Viral infections Carbon monoxide poisoning Low blood sodium</p>	<p>3. Signs and Symptoms- HA Nausea Vomiting Dizziness Altered consciousness (P) Cushing's triad Bradycardia Irregular respirations (P) Coma (P) Apnea Incontinence (P)</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis- CT Scan (P) MRI X-Ray</p>	<p>5. Lab Values that may be affected- CBC (P) Coagulation profile Serum electrolytes Liver function test Renal function test Blood sugar levels ABG (P) UA Carbon monoxide levels in the blood</p>	<p>6. Current Treatment- Surgery Osmotic therapy Corticosteroids (P) Elevating HOB at 30-45 degrees (P) Keep head midline (P) Hyperventilation Hyperosmolar therapy Ventriculostomy</p>

<p>7. Focused Nursing Diagnosis:</p> <p>Grieving</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <ol style="list-style-type: none"> Facilitate trusting relationship with family (son and husband). E/B trust is vital so family can feel open to communication with the health care team and address any sensitive information. <p>Evidenced Based Practice:</p> <ol style="list-style-type: none"> Encourage verbal thoughts/concerns from family and accept feelings of sadness or anger without taking offense. E/B family will feel supported in being able to express their feelings and conflicting emotions during the difficult situation. <p>Evidenced Based Practice:</p> <ol style="list-style-type: none"> Determine way that family understands and responds to death. Determine cultural beliefs, behaviors, beliefs about life after death and faith. E/B it is important to understand beliefs because it will factor how family faces death and how they will respond and interact. 	<p>12. Patient Teaching:</p> <ol style="list-style-type: none"> Teach family to express their pain and talk to family, friends, or a counselor. Teach family to take care of physical and emotional health. Encourage them to take time for themselves, rest, and engage in a hobby they could enjoy. Encourage family to practice letting go such a saying goodbye to their loved one and tell her it's okay to let go. Encourage family to talk about good memories, concerns, fun moments before they have to say their goodbyes.
<p>8. Related to (r/t):</p> <p>Patient in grave state with life expectancy between 24-72 hours.</p>		<p>13. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> Grief support group
<p>9. As evidenced by (aeb):</p> <p>Patient currently in comfort care. Patient is in comatose state.</p>		

<p>10. Desired patient outcome:</p> <p>Patient remain free of discomfort and complications by 12/09/20 at 1800.</p>	
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- 2. Spiritual counseling

- 3. Social Worker

REFERENCES

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