

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology-</p> <p>Ulcerative colitis: non specific, chronic inflammatory disease of the mucosa and submucosa of the colon. Generally it begins in the rectum and sigmoid colon, but it can extend proximally and uninterrupted as far as the cecum. UC initially affects mucosal layer as that layer abscesses it penetrates the submucosa, spreading horizontally allowing the sloughing of the mucosa creating ulcerative lesions.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <p>Genetics/family hx P</p> <p>Lifestyle factors P</p> <p>Smoking</p> <p>NSAID/antibiotics</p> <p>Autoimmune reaction</p> <p>Contraceptive pill</p>	<p>3. Signs and Symptoms-</p> <p>Diarrhea- blood in stool P</p> <p>Abd pain and cramping P</p> <p>Rectal pain P Weight loss</p> <p>Rectal bleeding Vomiting</p> <p>Fatigue P Dehydration P</p> <p>Fever Polyarthritis</p> <p> Liver impairment</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>P</p> <p>Lab tests: blood tests (anemia/infection), stool study</p> <p>Endoscopic procedures: colonoscopy, flexible sigmoidoscopy</p> <p>Imaging: X-ray, CT scan, P P</p> <p>Rectal biopsy</p>	<p>5. Lab Values that may be affected-</p> <p>Platelet count P</p> <p>Leukocyte count P</p> <p>Serum albumin P</p> <p>WBC P</p> <p>H&H P</p> <p>GFR P</p>	<p>6. Current Treatment-</p> <p>Antibiotic treatment</p> <p>Rest</p> <p>Surgery: section of intestine removed and ileostomy placed 12/13.</p>

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

<p>7. Focused Nursing Diagnosis:</p> <p>Dehydration/ Fluid volume deficient</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <ol style="list-style-type: none"> Restart oral fluid intake gradually. Offering ice chips/ water hourly. (Approved by surgery to begin) <p>Evidenced Based Practice: Provides colon rest by omitting or decreasing the stimulus of foods and fluids.</p> <ol style="list-style-type: none"> Provide a bland, high protein, high calorie, low residue diet once pt is taking food by mouth (diet to start tonight 12/16). 	<p>12. Patient Teaching:</p> <ol style="list-style-type: none"> Teach the patient the importance of 3-4L of water a day. <p>Patient wound will most likely not heal by discharge, meeting with wound care and patient wife (main caregiver) set up to make sure she is comfortable with changing the dressing/repacking the large incision.</p> <ol style="list-style-type: none"> Teach the patient how to change out the ileostomy bag and proper ileostomy care.
<p>8. Related to (r/t):</p> <p>Active loss occurring with gastrointestinal bleeding, diarrhea. Hyper metabolic state, inflammation, fever, Restricted intake, NPO.</p>	<p>Evidenced Based Practice: Low residue diet provides good nutrition with low fecal volume to allow intestines to rest.</p> <ol style="list-style-type: none"> Increase amount of water patient drinking when giving PO meds, 	<p>13. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> After assessing patient and his wives capability of taking care of the ileostomy, a home health nurse would be a good resource, even if he/she visited just twice a week Consult case management for finical resources. Patient will need ileostomy supplies and additional medication.
<p>9. As evidenced by (aeb):</p> <p>Dry mucous membrane, tight skin turgor, high blood pressure, imbalanced I & O. Hyperactive bowel sounds, abd pain.</p>	<p>Evidenced Based Practice: Patient is already having to drink to swallow the medication. This is a good time to bring a full fresh glass of water and encourage the patient to drink the entire thing instead of a sip.</p>	<ol style="list-style-type: none"> Consult case management for finical resources. Patient will need ileostomy supplies and additional medication. Patient home will need to be checked for safety. This all started cause he tripped and fell at night time (one of many falls recently) and went into VTAC. Later during Xrays, the obstruction was found.
<p>10. Desired patient outcome:</p> <p>Patient decreased output, tight skin turgor, and dry mucous membranes will be resolved by day 2 of reintroducing diet.</p>		