

## Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Brooke Tucker

**Unit:** 3

**Pt. Initials:**

**Date:** 12/17/2020

### 1. Disease Process & Brief Pathophysiology

Skin breakdown

My patient had severe edema which means her capillaries were leaking fluid which built up in her surrounding tissue. This causes swelling that effects blood circulation and caused impeded blood flow to her right arm which interfered with wound healing.

### 4. Diagnostic Tests pertinent or confirming of diagnosis

Patch testing

Biopsy

Scrapings

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

Skin breakdown can be caused by individual factor or multiple factors combined. These include, excessive moisture, friction and pressure.

### 5. Lab Values that may be affected

-Albumin: decreased Albumin can mean the patient has a greater risk for edema, which contributes to skin breakdown

-Prealbumin: can be diminished in patient's with tissue damage

### 3. Signs and Symptoms

Blistering

Swelling (P)

Blue discoloration in the affected area (p)

Red patches (p)

change in color or texture (p)

pus-like drainage

### 6. Current Treatment

- Limit amount of complete baths and perform partial bed baths instead because excessive bathing can deplete aging skin of moisture, causing more dryness.

-Use lotions and moisturizers so the skin doesn't dry out. My patient was prescribed a Benedryl cream to help keep the area from drying out as well as helping relieve some of the pain (P)

-Increase fluid intake helps keep the skin from drying out (P)

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**7. Focused Nursing Diagnosis:**

My patient is in a lot of pain under her right arm. There is a lot of swelling going on in her body which has made her skin super tight. This has caused her to have poor circulation in her right arm. I want to try to decrease her pain by giving her adequate fluids, making sure she's eating enough calories, and also applying medicated cream onto broken down skin.

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

Breast Cancer that spread to the lymphatic system

--> Lymphedema that has lead to fluid retention

----->The edema contributed to the skin breaking down

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

+3 edema

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

1 .Perform assessment on the impaired skin and identify the cause of the breakdown

**Evidenced Based Practice:**

An assessment needs to be done first in order to come up with a plan for care

2. Monitor the pt.'s skin integrity at least once a day and look for any changes. Look for reddness, change in color, and increase in pain.

**Evidenced Based Practice:**

Inspecting the impaired skin at least once a day means the nurse is more likely to catch impending problems early.

3. Assess the pt.'s nutritional status

**Evidenced Based Practice:**

**12. Patient Teaching:**

1. Educate patient on proper nutrition in order to promote wound healing

2. Educate patient on the signs and symptoms of infection so she knows when to call her physician

3. Educate patient on proper wound care. How to clean the wound and how to apply medicated creams/lotions

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

1. Educate pt's spouse on the signs/symptoms of infection

2. Nutriion counciler/consolutant

3. Discuss the option of an in home care nurse because patient has difficulty ambulating and may

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**10. Desired patient outcome:**

Wound healing can be promoted by optimizing nutritional health

need help with wound care

I want my patient to have less pain in her right arm. I would measure her pain on a numerical scale of 1-10, 0 being no pain and 10 being the worst pain she's ever felt. Her pain was a 6/10 and I want to get her pain down to a 4/10. I can obtain this goal by giving the patient adequate fluids, applying topical medicated lotion to affected area, and by teaching the patient the importance of eating more calories than she had been when I was with her. These things will help prevent the skin from getting dry and getting worse as well as help decrease her pain. If these 3 interventions are correctly implemented then I believe her pain can decrease to a 4/10 in one-two days.

**Resources:**

Clinical Order Sets: Defining Laboratory Tests for Pressure Ulcers. (n.d.). Retrieved from [https://www.nursingcenter.com/journalarticle?Article\\_ID=2782815](https://www.nursingcenter.com/journalarticle?Article_ID=2782815)

Severe Edema: A Detriment to Wound Healing. (2018, August 21). Retrieved from <https://advancedtissue.com/2015/06/severe-edema-a-detriment-to-wound-healing/>