

Adult/Geriatric Critical Thinking Worksheet

Student Name: Marisol Espinosa

Unit: HC5

Pt. Initials:

Date: 1/13/2021

1. Disease Process & Brief Pathophysiology

A migraine is a recurring headache by unilateral throbbing pain. People who have migraines have a state of neuronal hyperexcitability in the cerebral cortex, especially in the occipital cortex. The exact etiology is not known. Migraines are thought to be a neurovascular pain syndrome with altered central neuronal processing such as activation of brain stem nuclei, and spreading cortical depression.

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

Family history

Seizure disorders

Depression

Head/Spine injuries (p)

Smoking (P)

Gender women (P)

Too much or too little sleep (P)

3. Signs and Symptoms

Irritability(p)

Restlessness (p)

Weakness(p)

Pain usually on one side of your head, but often on both sides(p)

Pain that throbs or pulses(p)

Sensitivity to light, sound, and sometimes smell (p)

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4. Diagnostic Tests pertinent or confirming of diagnosis

Neck CTA (p)

Head CTA (p)

Chest X ray (p)

Head CT (p)

EKG (p)

Radiology scanned (p)

5. Lab Values that may be affected

WBC

HGB

HCT

RBC

PLT

U/A

Sodium, Potassium, BUN (P), Creatinine, Chloride, Calcium

6. Current Treatment

Acetaminophen

Iohexol

Naproxen

Zolpidem Tartrate

7. Focused Nursing Diagnosis:

Acute Pain

8. Related to (r/t):

Headache

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

1 .Every four hours, I will go into the patients room and visit with her about pain management approaches that have been ordered, including therapies, medication administration, side effects, and complications.

Evidenced Based Practice:

One of the most important steps toward improved control of pain is a better patient understanding of the nature of pain, its treatment, and the role

12. Patient Teaching:

1. I will teach the patient to keep a diary or calendar of headaches and possible precipitating events
2. I will teach the patient to participate in regular exercises and have them do a repeat of exercises that are appropriate for them
3. I will teach the patient to avoid smoking and exposure to triggers

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9. As evidenced by (aeb):

Pt stated pain at, "8 , I have a strong headache."

10. Desired patient outcome:

The patient will have reduced or no pain on the scale from 0-10 by mid day

patient needs to play in pain control

2. Every two hours, I will go into the patients room and provide techniques for relaxation, guided imagery, and music therapy

Evidenced Based Practice:

These pain management methods are centrally acting that works through reducing muscle tension and stress. The patient may feel an increased sense of control over their pain

3. Every four hours, I will take the patient a moist hot pack for them to apply to their neck and head.

Evidenced Based Practice:

Heat application lessens pain through vasodilation that causes enhanced blood flow to the area and through reduction of pain reflexes

13. Discharge Planning/Community Resources:

1. Advise the patient to attend support groups (can give them a list of local support groups who have experienced the same situation as your patient)

2. I will get in contact with case management to get an occupational therapist set up for the patient at home to help assist with activities relaxation and meditation

3. I will get in contact with meals on wheels to deliver groceries to the patient, also hand out a pamphlet with foods that trigger a headache. Dietary counseling will be done by discharge.