

Adult/Geriatric Medication Worksheet -- Current Medications & PRN for Last 24 Hours

Contraindications/Complications

| | | | | |
|--|-----------------|-------------------|-------------------------------------|---------------------------------|
| Primary IV Fluid and Infusion Rate (mL/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
| NS | 80ml/hr | isotonic | flushing | electrolytes pain, redness |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route, & Schedule | Correct Dose? | IVP- List diluent solution, volume, and rate IVPB- List concentration and rate | Allergies: | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications) |
|---------------------|------------------------------|----------------------------|-------------------------|---------------|---|-------------------------------|--|
| Kelsy CARVEDILOL | SS | alpha + beta blocker | 25mg PO BID | | | codeine, hydrocodone, lactose | 1. Take with food to minimize orthostatic effects. 2. Do not stop taking without consultation. 3. Get medical help right away if you have chest pain. 4. Take with food to avoid upset. |
| BIBIDOBACTERIUM | probiotic | improve digestion | 4MG PO BID | | | bloating, stomach gas | 1. Take 2-3 hours before any antibiotics. 2. Be sure to swallow whole. 3. Report any fever or chills immediately. 4. Before any dentist procedure, be sure to notify about this med. |

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|-----------------|------------------------------|---------------------------|-------------------------|---------------|---|--|--|
| DOLUSATE SODIUM | Stool Softener | treat constipation | 100MG PO BID | | | Stomach pain, diarrhea, cramping, irritated throat | <ol style="list-style-type: none"> 1. Tell your doctor of any rectal bleeding. 2. Report any nausea or vomiting. 3. Do not share this drug with others. 4. If dose is missed, do not "double up" next. |
| LOSARTAN | ARB(S) | treat high blood pressure | 100MG PO BID | | | dizziness, lightheaded, fainting, high potassium | <ol style="list-style-type: none"> 1. Report any changes in urine frequency. 2. Limit alcohol while taking this med. 3. Talk to your doctor if you are using canals. 4. may be taken with or without food. |
| FAMOTIDINE | H2 blockers | treat ulcers | 20MG PO BID | | | headache, constipation, diarrhea | <ol style="list-style-type: none"> 1. Report easy bruising or bleeding. 2. Get medical help right away if heartbeat is irregular. 3. Take with or without food. 4. Take at the same time each day. |

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|--|----------------|------------------|-------------------------------------|---------------------------------|
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| | | | | |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route, & Schedule | Correct Dose? | IVP- List diluent solution, volume, and rate IVPB- list concentration and rate | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications) |
|----------------|------------------------------|---------------------------------|-----------------------------|---------------|---|---|--|
| CEFTRIAXONE | Cephalosporin | treats bacteria | 1g IVP DAILY | | NS 10mL | Swelling, redness, pain at site, | 1. Do not inject if color changes or particles are present. 2. Inject slowly. 3. Do not skip doses- this could increase risk infection.. 4. Mix with diluent & give ASAP. |
| SPIRONOLACTONE | potassium sparing diuretic | Heart high blood pressure or HF | 12.5 25mg HALF PO BID | | | drowsy, dizzy, diarrhea, nausea, vomiting, headache | 1. Use with caution with high levels of Kt. 2. Do not take if urination decreases. 3. Do not shave. 4. Store at room temp. away from heat, light, and moisture. |

Student Name:

Unit:

Patient Initials:

Date

Allergies:

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|---------------|------------------------------|------------------------|-------------------------|---------------|---|---|--|
| PRAVASTATIN | Statin | lower cholesterol | 40mg PO QHS | | | confusion, muscle spasms | <ol style="list-style-type: none"> 1. Limit alcohol beverages. 2. Can also treat stroke and heart attacks 3. Report any muscle pain. 4. Take at the same time everyday. |
| LEVOTHYROXINE | hormone | treats hypo-thyroidism | 88mcg PO DAILY @ 0600 | | | chest pain, decreased urine, labored breathing, difficulty swallowing | <ol style="list-style-type: none"> 1. Report any signs of heart attack. 2. Swallow tablet whole with full glass of water. 3. Tablet dissolves quickly & could swell. 4. Keep taking even if you feel well. |
| ENDOXAPARIN | anticoagulant | prevent blood clots | 40mg SUBQ DAILY @ 0800 | | | mild irritation, pain, bruising, redness | <ol style="list-style-type: none"> 1. Report any fever or fatigue. 2. Rotate injection sites. 3. Check platelet counts. 4. Do not rub after injection. |

Student Name: Kelsey de la Rosa

Date: 1-13-21

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

Patient was admitted at 1:05 for small R hemothorax.
Assessment taken at 0900. Patient was sitting in
side chair talking on her cell phone.

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Patient was quiet but alert and oriented.
Patient sensation was intact, but weak with
slow steady gait. Speech was short and slow.
Pupil assessment 3mm to 1mm.

Comfort level: Pain rates at 2 (0-10 scale) Location: body aches

Psychological/Social (affect, interaction with family, friends, staff)

No family present at bedside. Patient
friendly with responsive facial expressions.

HEENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

Patient face symmetric, but she was slouched
on right shoulder. No drainage in eyes, ears. Runny
nose, itchy throat, dry mouth. Teeth clean.
Nodes not swollen. No difficulty swallowing.

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

No distention in chest. Breath sounds were
clear and slow with rate of 10. Consistent
pattern & depth.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S1 & S2 audible. heart rate was 74 and
rhythm were 2+ on radial, post. tib. and
pedal pulses. Radial rate was 10. Cap refill
< 3 seconds. Blood pressure 128/72

Student Name: _____

Date: _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) last bowel was brown and soft. Abdomen soft with hypo bowel sounds. No tenderness.

Last BM 1-13-21

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Patients void with BRP. Urine is clear and cloudy. No odor, bleeding, or discharge.

Urine output (last 24 hrs) 800ml LMP (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Alignment even and posture straight. Patient walks with walker. She is slow but steady. Patient can move all extremities with no deformities.

Skin (skin color, temp, texture, turgor, integrity) skin was warm and intact. Color was normal for caucasian. Texture was dry with braden scale of 20. Turgor elastic.

Wounds/Dressings Dressing on LV on hand. Dressing clean and ~~intact~~ intact - changed after shower.

Other N/A

Diagnostic Worksheet

| Mark high / low values with (↑ or ↓) | Covenant Normal Values | Dates | | Mark high / low values with (↑ or ↓) | Covenant Normal Values | Dates | |
|--------------------------------------|----------------------------|-------------------------|-------------|--------------------------------------|------------------------|-----------|-------------|
| | | Admit day | Most Recent | | | Admit day | Most Recent |
| CBC | | | | | | | |
| WBC | 3.6-10.8 k/uL | 17.4 | 9.72 | | | | |
| HGB | 14-18 g/dL | 9.0 | | | | | |
| HCT | 42% - 52% | 28.1 | | | | | |
| RBC | 4.7-6.1 m/uL | 2.99 | 3.28 | | | | |
| PLT | 150 - 400 k/uL | 435 | | | | | |
| CMP | | | | | | | |
| Glucose | 70-110 mg/dL | | 93 | | | | |
| Sodium | 134 - 145 mmol/L | 138 | 143 | | | | |
| Potassium | 3.5 - 5.3 mmol/L | 3.0 | 2.4 | | | | |
| BUN | 9-21 mg/dL | 11 | 7 | | | | |
| Creatinine | 0.8-1.5 mg/dL | 0.70 | 0.50 | | | | |
| Chloride | 98 - 108 mmol/L | 105 | 104 | | | | |
| Calcium | 8.4 - 11.0 mg/dL | 8.2 | 8.5 | | | | |
| Mg++ | 1.6 - 2.3 mg/dL | | | | | | |
| Total Protein | 5.5 - 7.8 g/dL | 6.0 | | | | | |
| Albumin | 3.4 - 5 g/dL | 2.9 | | | | | |
| Total Bilirubin | 0.1 - 1.3 | 1.5 | | | | | |
| AST (SGOT) | 5 - 45 u/L | 24 | | | | | |
| ALT (SGPT) | 7-72 u/L | 30 | | | | | |
| Alk Phos (ALP) | 38 - 126 u/L | 72 | | | | | |
| Lipid Panel | | | | | | | |
| Cholesterol | 200mg/dL | | | | | | |
| TRIG | 0-150 mb/dL | | | | | | |
| HDL | >60mg/dL | | | | | | |
| LDL | 0-100 mg/dL | | | | | | |
| Common | | | | | | | |
| GFR | Refer to lab specific data | 79 | 89 | | | | |
| TSH | 0.35 - 5.5 U/LU/L | | | | | | |
| Digoxin | 0.8 - 2 ng/dL | | | | | | |
| PT | 10.0 - 12.9 secs | | | | | | |
| INR | Therapeutic 2 - 3 | | | | | | |
| PTT | 25.3 - 36.9 secs | | | | | | |
| BNP | 5 - 100 pg/dL | | | | | | |
| CKMB | 0 - 5 ng/dL | | | | | | |
| Troponin | neg = < 0.07 ng/mL | | | | | | |
| US | | | | | | | |
| Sp Gravity | | | | | | | |
| Protein | | | | | | | |
| Glucose | | | | | | | |
| Ketone | | | | | | | |
| Nitrite | | | | | | | |
| Leukocytes | | | | | | | |
| Bilirubin | | | | | | | |
| Blood pH | | | | | | | |
| Other Labs | | | | | | | |
| Date | Culture | Site | Result | Date | Site | Result | |
| 1-10-21 | Blood | PERIPHERAL | NO GROWTH | | | | |
| 1-10-21 | Urine | CENTRIFUGED | NO GROWTH | | | | |
| | Wound | | | | | | |
| | Wound | | | | | | |
| Other Diagnostic / Procedures | | | | | | | |
| Examples: CT/Xray/MRI/Paracentesis | | | | | | | |
| Date | Type | Result | | Date | Result | | |
| 1-10-21 | CHEST X-RAY | effusion w/ atelectasis | | | | | |
| 1-7-21 | CAVOTD. ARTERY VS | atherosclerotic plaque. | | | | | |
| 1-12-21 | CHEST X-RAY | pleural effusion | | | | | |
| Point of Care Glucose Results | | | | | | | |
| Date | Time | Result | Date | Time | Result | | |

Student Name: Kelsey de la Rosa

Unit: 58

Pt. Initials: SW

Date: 1-13-21

Adult/Geriatric Critical Thinking Worksheet

| | | |
|---|---|--|
| <p>1. Disease Process & Brief Pathophysiology- Hemothorax: bleeding into the pleural space. This occurs with any disruption of the tissues of the chest wall a pleura of the intrathoracic structures. The physiologic response to the development is manifested in two major areas: hemodynamic and respiratory. The degree is determined by the amount and rapidity of blood loss.</p> | <p>2. Factors for the Development of the Disease/Acute Illness- chest trauma (P) lung cancer TB Fear in blood vessel pulmonary infarction heart surgery</p> | <p>3. Signs and Symptoms- chest pain (P) anxiety (P) dyspnea (P) abnormal heartbeat (P) cold sweats pale skin high fever restlessness (P) hypoxia (P)</p> |
| <p>4. Diagnostic Tests pertinent or confirming of diagnosis- chest Xray (P) CT scan</p> | <p>5. Lab Values that may be affected- WBC (P) PLT (P) RBC (P) ABG (P)</p> | <p>6. Current Treatment- thoracentesis (scheduled) thoracotomy cephalosporin (P) pain therapy (P)</p> |

| | | |
|---|--|---|
| <p>1. Focused Nursing Diagnosis: Ineffective breathing pattern</p> | <p>1.1. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Note chest excursion and position of trachea.</p> | <p>1.2. Patient Teaching: 1. Teach diaphragmatic pursed lip breathing. 2. Demonstrate maximum lung expansion and with adequate expansion quality.</p> |
| <p>2. Related to (r/t): decreased lung expansion musculoskeletal impairment pain anxiety</p> | <p>Evidenced Based Practice: chest excursion is unequal until lung expands. Trachea deviates away from affected side.</p> <p>2. Maintain a position of comfort.</p> | <p>3. Teach "turn, cough" method to loosen any secretions.</p> |
| <p>3. As evidenced by (a/e/b): dyspnea abnormal ABGs changes in depths of respirations</p> | <p>Evidenced Based Practice: With the HOB elevated this promotes maximal inspirations & enhances lung expansion</p> <p>3. Provide calming environment to release anxiety and encourage slower and deeper respirations.</p> | <p>13. Discharge Planning/Community Resources: 1. Utilize PT and move to chair or walk short distance to strengthen lungs. 2. Consult dietitian for easier meals to consume & digest. 3. Involve family to help with breathing exercises at home.</p> |
| <p>4. Desired patient outcome: Patient will establish an effective breathing pattern with controlled symptoms and normal respiratory values</p> | <p>Evidenced Based Practice: This helps patients deal with physiological effects of hypoxia which may be manifested as anxiety, restlessness, or fear.</p> | |