

Student Name: Lindsay Lambert

Date: 1/13/21

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

Allergies: piperacillin / tazobactam
↳ zosyn (new - hives)

give po w/ small sip of water
oral care

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
LR 100ml/hr	Isotonic / Hypotonic / Hypertonic	electrolyte fluid replacement		CHF, Renal Failure

2344
 15/04/01
 bp 117/59
 (78)
 max w/ pain

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Flagyl				(Y) N			
Metronidazole	Antibiotic	treat infection	500mg IVPB q8hr	(Y) N	D5W / NS / LR 100ml/hr	loss of appetite N/V/D	1. might active against gram-negative, positive aerobic bacteria 2. do not drink 3. contraindicated in kidney/liver function 4. Active CNS disease
Ramipril	ACE inhibitor	treats ↑ bp antihypertensive	10mg PO daily	(Y) N	/	dizziness cough	1. cautious in kidney/liver function 2. dont use if hx of angioedema 3. 2 hr onset 4. 6-8 hr peak
Aspirin	NSAID	lower chance of heart attack	81mg PO daily	(Y) N	/	rash gi ulcers heartburn	1. DO NOT crush, split, chew 2. be cautious in pt w/ GI disorder 3. avoid alcohol 4. assess for bleeding (risk)
Metoprolol	Beta blocker	treats ↑ bp Antihypertensive	50mg PO BID	(Y) N	/	dry mouth hypoglycemia dizziness	1. take apical pulse before 2. take bp before 3. may ↑ BUN & serum creatinine 4. expect max effecton bp after 1-2 weeks
amlodipine	calcium channel blocker	treats ↑ bp Antihypertensive	2.5mg PO daily	(Y) N	/	palpitations, abd pain ↑ frequency of micturition	1. be cautious in pt w/ liver disease 2. monitor bp 3. monitor S/S of facial/peripheral edema 4. monitor rate

Adopted: August 2016, revised October 2018

Reference: lexi-compass, Medscape

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

Allergies: _____

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platelets
4/13/21
r/w

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
enoxaparin enoxaparin	anticoagulant LMW heparin	↓	40mg subq daily	Y N	/	edema fatigue hypoglycemia	1. Do not expell air 2. do not rub site 3. monitor document platelets 4. use prefilled syringe
levofloxacin	Antibiotic	bacterial infection	750mg IVPB q8hs	Y N	NS, LR 160ml/hr	tendon rupture arthralgia neuropathy	1. Report change in senses 2. monitor blood sugar 3. will not treat c-diff 4. broad spectrum (+/- gram bact)
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.

Reference: Lexi-Comp, Medscape

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)		Covenant Normal Values	Dates		Mark high / low values with (↑ or ↓)		Covenant Normal Values	Dates	
		<small>*Diagnostic values vary from laboratory to laboratory.</small>	Admit day	Most Recent			<small>*Diagnostic values vary from laboratory to laboratory.</small>	Admit day	Most Recent
CBC	WBC	3.6-10.8 k/uL	11.8 ↑	7.22	UA	Sp Gravity	1.005 - 1.030	1.015	/12/21
	HGB	14-18 g/dL	15	13.2 ↓		Protein	neg	—	
	HCT	42% - 52%	44.4	38.0 ↓		Glucose	neg	—	
	RBC	4.7-6.1 m/uL	6.0 ↑	4.48 ↓		Ketone	neg	—	
	PLT	150 - 400 k/uL	183	176		Nitrite	neg	—	
CMP	Glucose	70-110 mg/dL	170 ↑	109	Leukocytes	neg	—		
	Sodium	134 - 145 mmol/L	139	140	Bilirubin	neg	—		
	Potassium	3.5 - 5.3 mmol/L	4.0	3.7	Blood	neg	—		
	BUN	9-21 mg/dL	13	12	pH	7.0 - 7.5	6.0		
	Creatinine	0.8-1.5 mg/dL	1.0	1.0	Other Labs				
	Chloride	98 - 108 mmol/L	105	108	Date	Culture	Site	Result	
	Calcium	8.4 - 11.0 mg/dL	9.3	9.4		Blood			
	Mg++	1.6 - 2.3 mg/dL				Urine			
	Total Protein	5.5 - 7.8 g/dL	7.7	4.3		Wound			
	Albumin	3.4 - 5 g/dL	3.6	3.1 ↓		Wound			
	Total Bilirubin	0.1 - 1.3	1.4 ↑	3.7 ↑	Other Diagnostic / Procedures				
	AST (SGOT)	5 - 45 u/L	370 ↑	150 ↑	<small>Examples: CT/Xray/MRI/Paracentesis</small>				
	ALT (SGPT)	7-72 u/L	291 ↑	321 ↑	Date	Type	Result		
Alk Phos (ALP)	38 - 126 u/L	242 ↑	226 ↑	1/12/21	abd/pelvic CT	cholecystitis w/ cholelithiasis pancreatitis			
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	80	80	Point of Care Glucose Results				
	TSH	0.35 - 5.5 ULU/L			Date	Time	Result		
	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	0.010						

Student Name: Wendsey Lambert

Date: 1/13

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)

Assessment took place at 0832 on 88. Patient was resting in bed, admitted last night for pancreatitis & cholelithiasis/cholecystitis. General appearance is healthy & in good spirits.

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

Patient is alert & oriented x3. Patient receptive to dull & sharp pain, strong HWT. Patient is strong & coordinated. Fully independent. Speech not slurred. Pupils PERRLA.

Comfort level: Pain rates at 2 (0-10 scale) Location: RUQ-abd

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

patient was friendly upon all visits to & each time I entered the room. No family present but his wife was on the way.

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

patient has no drainage of eyes, ears, or nose. Trachea midline. Patient is able to swallow - proof by PO adult during morning med pass. No dentures or glasses.

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

Respiratory rate 16. chest configuration is bilaterally symmetrical, breath sounds clear in all lobes. Patient on Room air, O_2SAT 96%.

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

apical & radial rate 77. radial & pedal pulse 2+ bilaterally. capillary refill < 3 sec. S₁ & S₂ normal & audible. Patient has normal heart sounds.

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IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) pt has active bowel sounds in all 4 quadrants.
abd is rounded & firm. Pain noted in RUQ upon
palpation. Patient has regular habits.

Last BM 1/12/21

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) patient has BRP, ~~decreased frequency~~
urine is ^{yellow} without sediment/discharge. No odor,
or bleeding present. Patient states normal urgency &
no changes from normal at home frequency/amount.

✓ **Urine output** (last 24 hrs) not documented LMP (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)
patient can move all four extremities. Patient
is independent w/ steady gait. No deformities or disruptions
in alignment ^{with}

Skin (skin color, temp, texture, turgor, integrity)

pt skin color appropriate for race, extremities warm,
skin turgor WNL: no tenting present, braden scale score
18-20. No edema or reddening of extremities

Wounds/Dressings

Other

Student Name: Lindsay Lambert Unit: _____ Pt. Initials: _____ Date: 1/13/21

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- <u>Cholelithiasis</u> disturbance of metabolism of calcium: bile secreted by the liver is supersaturated w/ cholesterol & bile in gall bladder also. when supersaturated, precipitation forms</p>	<p>2. Factors for the Development of the Disease/Acute Illness- women (more common) oral contraceptives sedentary lifestyle family hx obesity native american ethnicity</p>	<p>3. Signs and Symptoms- ^{bilium colic} severe pain P fever P chills jaundice indigestion N/V RUQ pain/tenderness P abdominal P heart burn flatulence dark urine P</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis- H&P P-dominant Ultrasound ERCP P-scheduled for 1/13 late afternoon liver function test WBC CT P</p>	<p>5. Lab Values that may be affected- WBC PA Serum bilirubin PA ALP PA (very high) ALT PA AST PA ↓</p>	<p>6. Current Treatment- conservative approach IV fluid NPO Analgesics Antibiotics ERCP</p>

Adopted: August 2016

Reference: Medical-Surgical Nursing: Assessment & Management of Clinical Problems - Lewis & Boker

Student Name: Andrey Lambera

Unit: _____

Pt. Initials: _____

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<p>7. Focused Nursing Diagnosis:</p> <p>pain mgmt</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. music therapy</p>	<p>12. Patient Teaching:</p> <p>1. After ERCP, a low fat diet should be followed initially & then fatty foods may be introduced gradually based on pt tolerance</p>
<p>8. Related to (r/t):</p> <p>inflammation on pancreas & gall bladder. inflammation of bladder stones/obstruction</p>	<p>Evidenced Based Practice: Music provides a sensory stimulation that evokes a response from pt promotes relaxation, rhythmic breathing & rest</p> <p>positioning</p>	<p>2. preparing pt for ERCP - explain pre & post procedure. scope will be inserted & stones removed if able, if not further than surgeon, NPO, consent signed</p> <p>3. Teach pt to maintain his weight encourage healthy weight increase ^{30min/week}</p>
<p>9. As evidenced by (aeb):</p> <p>tender upon palpation, the grimace, rating pain 7/10 autonomic response (bp & pulse), grinning</p>	<p>Evidenced Based Practice: low Fowler's will minimize discomfort by ↓ abd tension on components</p> <p>3. family involvement</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. casemgmt to aid in financial help - pt had papers for work</p>
<p>10. Desired patient outcome:</p> <p>patient will display improved well-being such as baseline bp, pulse, respirations & relaxed muscle tone/posture posture before discharge.</p>	<p>Evidenced Based Practice: pt can actively participate in their own care but having family is emotionally comforting but also assessing disposition & can distract pt from pain.</p>	<p>2. patient will be d/c'd on new medication, consult HHA ^{antibiotic} pain pharmacist if needed</p> <p>3. Nutritionist: to follow up on dietary needs/restrictions. Will help set up meal plans</p>

Adopted: August 2016

reference: all-in-one nursing care planning resource - Smearingen / Wright