

Adult/Geriatric Critical Thinking Worksheet

Student Name: Jordan Gегelman

Unit: South 10 West

Pt Initials: M

Date: 01/13/2021

<p>1. Disease process and brief pathophysiology:</p> <p>Sepsis occurs when a bacteria or fungus enters into the body, usually for an injury or invasive device. The body’s immune system as an initial innate immune response causing the body to attack the pathogen that caused the initial reaction. In doing this, the blood vessels dilate near the site of the reaction, causing white blood cells to flood the area. This also causes the release of other inflammation regulators to dilate the vessels more, which in turn can cause hypotension. This causes the tissues of the area to become more permeable allowing near WBC access to the site as well. If the infection continues to grow, homeostasis is broke and anti-inflammatory and pro-inflammatory responses become difficult for the body to control. If the infection has the ability to grow, it also has the ability to become systemic by traveling through the blood stream.</p>	<p>2. Factors for the development of the disease/acute illness:</p> <p>Modifiable risk factors:</p> <ul style="list-style-type: none"> • UTI • Pneumonia • Pregnancy • Burns • Cuts • Surgery <p>Non-modifiable risk factors:</p> <ul style="list-style-type: none"> • Increasing age • Weakness immune system due to HIV, cancer, or autoimmune dz. • Amputations (P) • Invasive devices (ex. Trialysis) (P) 	<p>3. Signs and symptoms:</p> <ul style="list-style-type: none"> • Body temp too low (P) • Body temp too high • Fatigue (P) • Pain • Confusion (P) • Sleepy (P) • Difficultly to arouse (P) • Low blood pressure (P) • Shortness of breath • Discomfort (P) • Pus • Chest pain • Discolored skin (P) • Diarrhea • N/V • Arterial hypoxemia
<p>4. Diagnostic test pertinent or confirming of diagnosis:</p> <ul style="list-style-type: none"> • CBC (P) • WBC count (P) • X-ray (P) • CT • Ultrasound • Total platelet count (P) • BUN and creatinine • Lactate lab (P) • Endotoxin lab • UA (P) (ordered but pending due to pts inability to pee) • Procalcitonin (PCT) • Lumbar puncture • Blood culture (P) • Catheter tip culture(P) 	<p>5. Lab values that may be affected:</p> <ul style="list-style-type: none"> • WBC: Immature WBC increased in blood stream (P) • Increased mature WBC (P) • Endotoxin + in blood (P) • Electrolyte levels (P) • BUN (P) • Creatinine (P) • CO₂ (P) • Electrolyte levels (P) 	<p>6. Current treatment:</p> <ul style="list-style-type: none"> • Antibiotics (P) • Removal of invasive devices that may be the causative factor (P) • IV Fluids • Corticosteroids • Vasopressors (P) • Kidney dialysis • Oxygen therapy (P)

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<p>7. Focused nursing diagnosis:</p> <p>Deficient knowledge.</p>	<p>11. Nursing interventions related to the nursing diagnosis in #7:</p> <p>1. Intervention: Use a teach back method to determine pts understanding.</p> <p>Evidence Based Practice: Teach-back uses a repetitive way of learning that given the nurse an understanding of what a pt is and is not understanding.</p> <p>2. Intervention: Provide an atmosphere of trust and respect to carry out learning.</p> <p>Evidence Based Practice: Conveying respect help a patient entrust you with worries and doubts about their medication diagnosis, help you understand how to better help them.</p> <p>3. Intervention: Keep sessions short to ensure pt has an opportunity to process what they are learning.</p> <p>Evidence Based Practice: Short sessions help to ensure pt does not become fatigued or discouraged by all that they are learning.</p>	<p>12. Patient teaching:</p> <p>1. Teach pt the importance of taking medication while sick to prevent them from feeling more unwell. (Not taking antibiotics can cause the infection to get worse. Not taking vasopressors can cause pts blood pressure to reach dangerously low levels.)</p> <p>2. Teach pt how the medications benefit their condition or illness.</p> <p>3. Teach pt how to prevent sepsis in the future. (Hand washing, better hygiene, cessation of tobacco use...)</p> <p>4. Teach patient the importance of being active in their healing process.</p>
<p>8. Related to (r/t):</p> <p>Pt stating, "I do not feel well enough to take my medications today."</p>		<p>13. Discharge planning/community resources:</p> <p>1. Ensure patient keeps follow up appointment and confirm date and time for the patient. Also, provide patient with information on when and if they need to notify the HCP sooner.</p> <p>2. Provide patient pamphlets on outpatient rehabilitation centers that can help patient return to their normal or help them reach their new normal.</p> <p>3. Ensure patient has appropriate medical equipment arranged before discharge, may need to contact case management.</p>
<p>9. As evidenced by (aeb):</p> <p>Patient refusing to take all medications.</p>		
<p>10. Desired patient outcome:</p> <p>Patient will understand the importance of taking meds even while sick.</p>		

References

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