

Adult/Geriatric Critical Thinking Worksheet

Student Name: Abigail Lara

Unit: S-10

Pt. Initials: N/A

Date: 1/19/2021

1. Disease Process & Brief Pathophysiology

Congestive Heart Failure

CHF occurs when the heart is unable to pump an adequate amount of blood to meet the body's metabolic demands. It is caused by cardiac disease that impairs either the right or left ventricle's ability to fill with or eject blood. Pump failure results in hypoperfusion of tissues, followed by pulmonary and systemic venous congestion.

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

CHF is caused by a variety of cardiovascular conditions such as chronic hypertension, coronary artery disease and valvular disease.

3. Signs and Symptoms

Dyspnea on exertion P*

Pulmonary congestion, pulmonary crackles P*

Cough that is initially dry and nonproductive

Frothy sputum that is sometimes blood tinged

Inadequate tissue perfusion P*

Weak, thready pulse P*

Tachycardia

Oliguria, Nocturia

Fatigue P*

4. Diagnostic Tests pertinent or confirming of diagnosis

EKG

ECG P*

CT scan

5. Lab Values that may be affected

BNP P*

pro-BNP

6. Current Treatment

ACE inhibitor

Beta Blocker P*

Angiotensin-receptor blocker

Diuretic P*

Digoxin

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7. Focused Nursing Diagnosis:

Ineffective Tissue Perfusion

8. Related to (r/t):

Decreased Cardiac Output

9. As evidenced by (aeb):

Generalized weakness

Pale conjunctiva, nail beds, and buccal mucosa

Difficulty of breathing

Altered BP readings

10. Desired patient outcome:

Patient will teach back the differences between

Adopted: August 2016

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

1 .Elevate the head of the bed

Evidenced Based Practice:

Elevation improves chest expansion and oxygenation

2. Provide oxygen and monitor oxygen saturation via pulse oximetry, as ordered

Evidenced Based Practice:

Oxygenation increases the amount of oxygen circulating in the blood and, therefore, increases the amount of available oxygen to the myocardium, decreasing myocardial ischemia and pain

3. Reposition the patient every two hours

Evidenced Based Practice:

Repositioning the patient every two hours helps to promote circulation to other tissues and helps take pressure off tissues that might not be getting as much circulation, therefore preventing bedsores

12. Patient Teaching:

1. Teach patient how to distinguish between angina pain and s+s of MI in order to seek emergency care in a timely fashion if needed.

2. Instruct patient on eating small frequent meals to help prevent heartburn and indigestion

3. Teach patient relaxation techniques in order to reduce stress that may be attributing to anginal pain.

13. Discharge Planning/Community Resources:

1. Help patient understand the importance of smoking cessation and recommend the usage of a patch or different support groups that might help him quit as smoking increases the chances of having a heart attack

2. Help patient put a medication list and schedule together in order to avoid missed dosages of medications

3. Help patient schedule follow up care and stress the importance of it.

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angina pain and s+s of MI by the end of the shift
today 1/19/2021