

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- Chronic Lymphocytic Leukemia (CLL) is a progressive malignant disorder of the blood and blood forming tissues of the bone marrow, lymph and spleen. The loss of cell division regulation results in the accumulation of dysfunctional cells. With CLL, there is production and accumulation of inactive lymphocytes that invade the bone marrow, lymph and liver. B cells are also involved. As the disease progresses, less normal blood cells are produced and abnormal WBCs accumulate due to not undergoing apoptosis. This can result in chloromas, and the high leukemic white count in peripheral blood may lead to thickening and blockage of circulatory pathways. Leukemia is caused by genetic and environmental factors such as: abnormal genes, immunological deficiencies, chemicals, viruses, and radiation. Rome, S. (2017) Assessment of Hematologic System. J. Kwong (Ed.), D. Roberts (Ed.). <i>Medical Surgical Nursing</i> (10th ed., pp635-637) St. Louis,</p>	<p>2. Factors for the Development of the Disease/Acute Illness- Nonmodifiable Risk Factors</p> <ul style="list-style-type: none"> • Increasing age, after 65 y/o P • Gender (more common in men) P • Ethnicity (more common in whites) P • Family history of blood and bone marrow cancers <p>Modifiable Risk Factors</p> <ul style="list-style-type: none"> • Exposure to chemicals (certain herbicides, insecticides, including Agent Orange) 	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"> • Frequently no symptoms P • Enlarged, painless lymph nodes P • Fatigue • Fever • Pain in ULQ of abd, (may be caused by enlarged spleen) • Night sweats • Weight loss • Frequent infections • Mild anemia • Thrombocytopenia • Hemolytic anemia P • Idiopathic thrombocytopenic purpura • hypogammaglobulinemia
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <ul style="list-style-type: none"> • Peripheral blood evaluation • Bone marrow examination • Lumbar puncture • CT scan P 	<p>5. Lab Values that may be affected- Total WBC count, hematocrit, hemoglobin</p>	<p>6. Current Treatment-</p> <ul style="list-style-type: none"> • Induction, post induction and maintenance chemo Drug therapy –cytarabine, antitumor antibiotic, alkylating agents, antimetabolites, BCL-2 inhibitors, IMiDs, kinase inhibitors, monoclonal antibody, phosphatidylinositol 3-kinase inhibitor • Corticoid steroids • Radiation therapy (full body, or specific) • Bone marrow transplant

<p>7. Focused Nursing Diagnosis: Decreased calorie consumption</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Consult with hospital dietician to find ways to supplement the patient's diet with calorie dense foods.</p>	<p>12. Patient Teaching: 1. Teach the patient the importance of proper nutrition for improved ADLs.</p>
<p>8. Related to (r/t): Decreased appetite</p>	<p>Evidenced Based Practice: 2. Discuss with the patient what his favorite foods are, and what is more palatable to him, and have dietary provide small between meal supplements accordingly.</p>	<p>2. Teach patient the need to focus on high calorie, small meals to increase calorie intake 3. Teach patient to choose foods that are easy to eat and digest to encourage consumption.</p>
<p>9. As evidenced by (aeb): Patient reports not being hungry, only finished 10% of breakfast.</p>	<p>Evidenced Based Practice: 3. Help the patient with hand hygiene, and offer the patient oral hygiene and assist him into a comfortable position, while keeping mealtime free of unnecessary interruptions for an environment conducive to eating.</p>	<p>13. Discharge Planning/Community Resources: 1. Case management to see if patient needs or qualifies for home health.</p>
<p>10. Desired patient outcome: Patient will consume 25 % meal by 02/25/2021</p>	<p>Evidenced Based Practice:</p>	<p>2. Family caregiver teaching on community meal services 3. Counseling/grief resources for patient and family for 3-6 month life expectancy prognosis</p>

