

### Adult/Geriatric Critical Thinking Worksheet

<p><b>1. Disease Process &amp; Brief Pathophysiology-</b> Acute renal failure (AKI) is the sudden interruption of renal function. It can be caused by obstruction, poor circulation, or underlying kidney disease. It may be prerenal (decrease blood flow to the kidneys leading to hypoperfusion), intrarenal ( damage to the filtering structures of kidneys), or postrenal (in bladder: stones, blood clots, bladder tumor) in origin: it usually passes through three distinct phases: oliguric, diuretic, and recovery. Hypoperfusion leads to hypoxemia, which can rapidly damage kidney. The impaired blood flow results in decreased glomerular filtration rate and increased tubular reabsorption of sodium and water.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness-</b></p> <ul style="list-style-type: none"> <li>• Arrhythmias</li> <li>• Heart failure</li> <li>• Myocardial infarction</li> <li>• Prolonged hypotension</li> <li>• Dehydration <b>P</b></li> <li>• Hemorrhage</li> <li>• Venous thrombosis</li> <li>• Poorly treated prerenal failure <b>P</b></li> <li>• Myopathy</li> <li>• Sickle cell disease</li> <li>• Nephrotoxins</li> <li>• Bladder, ureteral, or urethral obstruction</li> <li>• Eclampsia</li> <li>• Malignant hyperthymia</li> </ul>	<p><b>3. Signs and Symptoms-</b></p> <ul style="list-style-type: none"> <li>• Oliguria <b>P</b>                    - Hyperkalemia</li> <li>• Tachycardia <b>P</b>                -Hypertensive <b>P</b></li> <li>• Hypotension</li> <li>• Dry mucous membranes and flat neck veins</li> <li>• Lethargy                        -Infection <b>P</b></li> <li>• Cool, clammy skin</li> <li>• Edema <b>P</b></li> <li>• Confusion <b>P</b></li> <li>• GI symptoms</li> <li>• Crackles</li> <li>• Infection <b>P</b></li> </ul>
<p><b>4. Diagnostic Tests pertinent or confirming of diagnosis-</b></p> <ul style="list-style-type: none"> <li>• Ultrasonography radiology</li> <li>• Excretory urography</li> <li>• Renal scan</li> <li>• Retrograde</li> <li>• Pyelography</li> <li>• Computed tomography scans</li> <li>• Echotomography</li> <li>• ECG</li> </ul> <p style="color: red;">Patient also had:</p> <ul style="list-style-type: none"> <li>• Chest XRAY</li> <li>• Cervical MRI</li> <li>• Stress test</li> <li>• MRI spine</li> </ul>	<p><b>• Lab Values that may be affected-</b></p> <ul style="list-style-type: none"> <li>• Elevated blood urea nitrogen (BUN) <b>P</b></li> <li>• Elevated serum creatinine <b>P</b></li> <li>• Elevated potassium level</li> <li>• Low bicarbonate level</li> <li>• Low Hematocrit <b>P</b></li> <li>• Low Hemoglobin level <b>P</b></li> <li>• Low pH</li> <li>• Creatine <b>P (high)</b></li> <li>• Urine sodium levels</li> <li>• Proteinuria <b>P &gt;300</b></li> </ul> <p style="color: red;">Patient also had:</p> <ul style="list-style-type: none"> <li>• Low RBC's: 3.38</li> <li>• Low EST GFR: 12</li> <li>• Low total protein: 6.0</li> <li>• High globulin: 4.3</li> <li>• High troponin: 113</li> <li>• Urine blood: moderately high.</li> <li>• High UR squamous epithileal cells: 6-10</li> </ul>	<p><b>5. Current Treatment-</b></p> <ul style="list-style-type: none"> <li>• High calorie diet low in protein, sodium, and potassium. <b>P</b></li> <li>• Electrolyte imbalance <b>P</b></li> <li>• Hemodialysis</li> <li>• Fluid restriction</li> <li>• Diuretics <b>P</b></li> </ul> <p style="color: red;">Also:</p> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Health promotion: pt. does not have much appetite, trying boost.</li> </ul>

<p><b>6. Focused Nursing Diagnosis:</b></p> <p>Restlessness</p>	<p><b>11. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <ol style="list-style-type: none"> <li>1. Give patient medicine for pain and restlessness. E/B the patient will be able to sleep and rest without having to worry about the pain. Not cited.</li> </ol> <p><b>Evidenced Based Practice:</b></p> <ol style="list-style-type: none"> <li>2. Communicate with patient. E/B the patient's mind will be off of the memory from falling at home and of injury due to it. Or just them to know that I do care and understand she is in pain and I will do all I can do make her feel better. Not cited.</li> </ol>	<p><b>12. Patient Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Look after yourself: eat a healthy diet to get better and stronger.</li> <li>2. Before getting out of bed, always have the TLSO brace on before standing up.</li> <li>3. Instruct exercise to the arms and legs, due to weakness on the left side of body.</li> <li>4. Do not try repositioning yourself in the bed, call for help, do not want to make the fracture pain worse.</li> </ol>
<p><b>7. Related to (r/t):</b></p> <p>Pain on upper back up to neck due to T2, T3, T7 compression factor.</p>	<p><b>Evidenced Based Practice:</b></p> <ol style="list-style-type: none"> <li>3 Reposition patient in bed every 2 hours. E/B the patient will get some relieve off of back and be able to rest. Or sit patient up in chair.</li> </ol>	<p><b>13. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"> <li>1. case management for rehab.</li> <li>3. Teaching about diabetic diet</li> <li>4. Oxygen therapy for home</li> </ol>
<p><b>8. As evidenced by (aeb):</b></p> <p>Patient states her pain at 8, behind her neck. Patient moving around constantly in the bed trying to reposition head to a more comfortable position.</p>	<p>Not cited.</p>	
<p><b>9. Desired patient outcome:</b></p> <p>The goal is to get the patient to be less anxious and calm by Wednesday 1/24/21 at 1500 without her pain leveling reaching to a 8 and be able to give pain med Before it reaches to that level.</p>		

<p><b>6. Focused Nursing Diagnosis:</b> Activity intolerance</p>	<p><b>11. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p><b>Evidenced Based Practice:</b></p> <p>1 . Consult physical therapy. E/B physical therapy will be able to determine how well the strength of the patient it. Not cited.</p>	<p><b>12. Patient Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Teaching the importance of physical activity</li> <li>2. Fluid restriction due to edema</li> <li>3. Importance of dialysis</li> <li>4. Importance of Q2 turning, to not develop any pressure sores.</li> </ol>
<p><b>8. Related to (r/t):</b></p> <p>Pain on upper back up to neck due to T2, T3, T7 compression factor, edema on lower extremities, and left side weakness.</p>	<p><b>Evidenced Based Practice:</b></p> <p>2. Do range on motion in the bed. E/B helping the patient move the extremities so she will not get any weaker and maintain the strength. Not cited.</p>	<p><b>13. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"> <li>1. Consult case management for rehab and oxygen.</li> <li>2. Teaching on how to put on TLSO brace on, need for ambulating.</li> <li>3- See if patient is interested in a home alert necklace, since she is living alone.</li> <li>4- Home health for activities of daily living.</li> </ol>
<p><b>9. As evidenced by (aeb):</b></p> <p>Patient states she is scared to fall again due to the pain she is having. Also is on a lot of medications and it makes her very drowsy.</p>	<p><b>Evidenced Based Practice:</b></p> <p>3 . Apply SCD pump. E/B patient is not moving legs around much in bed, this will help maintain the blood flow in the lower extremities.</p>	
<p><b>10. Desired patient outcome:</b></p> <p>The goal is to assist the patient to the chair for every meal by 1500 on Wednesday without the pain level increasing to 8 or more.</p>	<p>Not cited.</p>	

References: Stewart, J. (2017). *Anatomical Chart Company Atlas of Pathophysiology* (4th ed.). LWW.

