

## Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Sydnee Cook

**Unit:** S10

**Pt. Initials:** J.F

**Date:** 2/24/2021

### 1. Disease Process & Brief Pathophysiology

End Stage Renal Disease is a disease that occurs when Chronic Kidney Disease reaches an advanced stage. The kidneys are no longer able to perform functions that are vital to living. The kidneys remove waste and excess water in the body, so when the kidneys are unable to function properly, ESRD develops. During the progressive decline of kidneys the glomeruli are adapted and experience an increase in pressure through hyperfiltration. This causes the glomeruli to suffer due to extreme demands on them. This leads to increased permeability and proteinuria. When protein increases in the proximal tube system, nephrotoxins are formed and further impair kidney function leading to End Stage Renal Disease.

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

Factors for the development of ESRD are Type 1 and Type 2 diabetes (P). High blood pressure, polycystic kidney disease, recurrent kidney infections (P), older age (P) high blood pressure, tobacco use, diabetes with poor blood sugar control (P).

### 3. Signs and Symptoms

Signs and symptoms of End Stage Renal Disease are nausea, vomiting, loss of appetite, fatigue(P) and weakness(P), increased or decreased urination, muscle twitching, chest pain, shortness of breath, high blood pressure (P), increase of fracturing to bones(P) hyperkalemia (P), anemia, cardiovascular disease (P). Pruritus (P).

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**4. Diagnostic Tests pertinent or confirming of diagnosis**

CMP(P)- looking for an increase of potassium (hyperkalemia). CBC (P) WBC (P), RBC (P), HGB(P), HCT(P), plt count (P) MCHC (P), Kidney Function (BUN)(P). UA (P). Electrolytes. Chronic Kidney Disease is diagnosed by testing kidney function (BUN, Creatinine),

**5. Lab Values that may be affected**

Vitamin D, Parathyroid hormone, bone density test.

**6. Current Treatment**

Dialysis (P), treatment of high blood pressure(P), treatment of diabetes mellitus type 2 (P), treating excess fluid around the heart, treatment of kidney infection with antibiotics(P), oxygen therapy(P).

**7. Focused Nursing Diagnosis:**

Activity Intolerance

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

1 .Increase mobility by performing ROM exercises while the pt is laying in bed.

**12. Patient Teaching:**

1. Teach the patient to ask for assistance when walking and to not bear too much weight on the affected leg.

**8. Related to (r/t):**

related to the fracture to the right tib-fib, and the increased total body weakness from ESRD

**Evidenced Based Practice:**

ROM increases blood flow to the affected area which promotes healing.

2. Teach the patient to wear the prescribed oxygen at all times to prevent over exertion when attempting to walk or get up

2. Track the progression of the pt being able to walk to the bathroom with assistance but more

3. Encourage the patient to comply with ROM exercises to increase healing and independence

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**9. As evidenced by (aeb):**

weak pedal pulse (+1) when palpated on the right lower extremity, expressed pain when assessing the site of fracture as well as visually assessing the swollen and reddened area. The patient also verbalized that she needs help when walking.

independently

**Evidenced Based Practice:**

Keeping track of a patient's activity progression allows the nurse and pt to set goals and encourages the patient to reach the set goals.

**3.** Inspect the injured area multiple times a day to assess for tenderness, bleeding, and swelling.

**Evidenced Based Practice:**

**13. Discharge Planning/Community Resources:**

**1.** Home health management for oxygen therapy

**2.** Physical therapy home management to continue ROM exercises at home

**3.** Transportation management to continue dialysis treatment at a renal clinic.

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**10. Desired patient outcome:**

Patient will be able to verbalize and demonstrate an increase of ROM as well as walking farther with assistance by 2/24/2021 at 1500.

Excessive bleeding and pain at the site may be a sign that either ROM or the assisted walking interventions are too much for the pt to handle. By assessing these factors I am able to keep the patient safe and reduce the risk of further injury

References:

1. Goldman L, et al., eds. Chronic kidney disease. In: Goldman-Cecil Medicine. 25th ed. Retrieved February 28, 2021 from Saunders Elsevier; 2016. <http://www.clinicalkey.com>.
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