

Adult Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology- Pneumonia is an acute bacterial or viral infection that causes inflammation of the lung parenchyma. Lung tissue becomes edematous and air spaces fill with exudate, which leads to impaired gas exchange and nonoxygenated blood being shunted into the vascular system causing hypoxemia. Bacterial pneumonia effects all or part of a lobe, while viral pneumonias diffuse throughout the lungs. There are 2- types of pneumonia classifications, hospital acquired (nosocomial) and community acquired. Hospital acquired pneumonia occurs after aspiration of oropharyngeal flora or stomach contents in an individual whose resistance is altered or whose coughing mechanism is impaired. Community acquired is the most common and occurs from an infection of the pulmonary parenchyma that is associated with at least some symptoms of acute infection, typically seen in hospital or long-term care facility.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <ul style="list-style-type: none"> • chronic illness debilitation • cancer • abdominal or thoracic surgery • atelectasis • colds/viral respiratory infections • COPD • smoking • sickle cell disease • immunosuppressive therapy • aspiration • exposure to noxious gases • influenza • Age > 65 (P) • altered consciousness (P) 	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"> • fever • chills • malaise • pleural pain • dyspnea • hemoptysis • productive or dry cough- green/yellow in color • adventitious lung sounds- diminished or crackles • confusion (P) • nausea, vomiting, abdominal pain • headaches (P) • decreased breath sounds
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <ul style="list-style-type: none"> • Chest X-Ray (P) • History and Physical (P) • CT scan (P) • Sputum culture (P) • CBC (P) • Pulse oximetry, ABG's • Blood cultures (P) • Thoracentesis • Bronchoscopy • CRP 	<p>5. Lab Values that may be affected- WBC (P), BUN.ABG's (P), platelet count, Na+ levels, CRP, PCR</p>	<p>6. Current Treatment-</p> <ul style="list-style-type: none"> • antibiotic therapy • repeat chest x-ray in 4-6 weeks • sputum test to find causative agent (P) • humidified O2 for comfort • mechanical ventilation • measure pulse oximetry constantly • high calorie diet & adequate fluids (P) • bronchodilators • antitussives • splint chest with pillow while coughing

<p>7. Focused Nursing Diagnosis: Anxiousness and confusion</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Monitor pulse oximetry. E/B monitoring O2 sat levels can be an indication of hypoxemia, which can should a s/s of confusion or restlessness</p> <p>Evidenced Based Practice:</p>	<p>12. Patient Teaching:</p> <p>1. Teach patient the importance of finishing complete course of antibiotics.</p> <p>2. Make appointment and follow-up with patient to ensure they get a chest x-ray 4-6week after discharge</p>
<p>8. Related to (r/t): Confusion of time and place</p>	<p>2. Provide social support by talking to patient and reassuring where she is and why she is there. E/B Universal competencies, nurses should maintain and provide both physical and emotional safety</p>	<p>1. Call HCP if symptoms get worse</p>
<p>9. As evidenced by (aeb): Patient constantly picking at her hands, bracelets, and IV site. She was notified about being discharged on 2/24/2021 and kept asking when her daughters were coming to pick her up. Kept trying to get up out of the bed and chair to leave the room.</p>	<p>Evidenced Based Practice:</p> <p>3. Give patient a task to do to distract from anxiety. E/B: In nursing homes, patients are given fake tasks to do, like folding towels, to distract them from whatever may be bothering them at the time. (Not cited, Nurse on floor explained this to me)</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. Pulmonary rehab program</p> <p>2. Case manager- for medications, need for oxygen, or home health</p> <p>3. Importance of flu and pneumonia vaccines every year</p>

10. Desired patient outcome:

Reduce anxiousness by 2/24/2021 at 1500

Citations:

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.