

# Adult/Geriatric Critical Thinking Worksheet

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**Unit:** S10

**Pt. Initials:** M.H

**Date:** 2/28/2021

## 1. Disease Process & Brief Pathophysiology

Chronic Kidney Disease is defined as either the presence of kidney damage or a decreased GFR less than 60 mL/min/1.73m<sup>2</sup> for longer than 3 months. There are six stages of Chronic Kidney Disease, with the last stage known as End Stage Renal Disease occurring when GFR is less than 15 mL/min/1.73m<sup>2</sup> or when dialysis is needed to sustain life (P). The decline of kidney function is gradual and initially may present asymptotically. The history of renal failure depends on the etiology of the disease, but ultimately involves early homeostatic mechanisms involving hyperfiltration of the nephrons. As the nephrons become damaged, the kidney increases the rate of filtration in the residual normal ones. As a result, the patient with mild renal impairment can show normal creatinine values, and the disease can go undetected for some time. This adaptive mechanism will run its course and eventually cause damage to the glomeruli of the remaining nephrons. (Benjamin & Lappin, 2021)

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

- Age > 60 years (P)
- Diabetes (P)
- Cardiovascular disease
- Exposure to nephrotoxic drugs
- Hypertension
- High blood pressure (P)
- Family history of CKD

## 3. Signs and Symptoms

- Nausea (P)
- Vomitting (P)
- Loss of Appetite (P)
- Sleep disturbance (P)
- Peripheral edema (P)
- Dyspnea (P)
- Skin rash/Itching
- Dizziness

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

- Urinalysis (P)
- Renal Ultrasound (P)
- Kidney Biopsy
- CT scan
- GFR (Glomerular Filtration Rate) (P)

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

- Serum electrolytes (P)
- BUN (P)
- Serum Creatine and Creatine clearance levels (P)
- Hematocrit and Hemaglobin levels
- Lipid profile

**6. Current Treatment**

- Peritoneal Dialysis (P)
- Weight management (P)
- Drug therapy (P)
- Diabetes management (P)

**7. Focused Nursing Diagnosis:**

Excess Fluid Volume

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

End Stage Renal Disease- failure of kidneys to eliminate excess body fluid

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

- 1 .Elevate patient's legs and feet

**Evidenced Based Practice:**

Elevating the affected extremity above the level of the heart reduces the edema at the inflammatory site by increasing venous and lymphatic return.  
(Harding, p. 161)

**12. Patient Teaching:**

1. Educate patient on the benefits of following a low sodium diet to decrease excess fluid retention.
2. Teach patient importance of managing diabetes in relation to End Stage Renal Disease and fluid overload.
3. Teach patient importance and benefits of ambulating to decrease edema in legs and feet.

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

Progressive loss of renal function causes reduced sodium filtration and inappropriate suppression of tubular reabsorption that ultimately leads to volume expansion. (Kahn, 2016)

**10. Desired patient outcome:**

Patient will demonstrate behaviors to reduce edema in ankles and feet from 2+ to 1+ by 1500 on 2/24/21.

**2. Help patient manage low sodium diet**

**Evidenced Based Practice:**

Sodium in the form of salt, causes your body to hold on to water. Too much salt in your diet will increase your chances of fluid overload and make it more difficult to remove fluid during dialysis. Reducing sodium intake can reduce fluid retention/imbalance throughout the body.(National Kidney Foundation, 2018)

**3. Assist patient with ambulation**

**Evidenced Based Practice:**

Moving and using the muscles in the part of your body affected by the edema, especially your legs/ankles/feet, can help pump the excess fluid back toward your heart and reduce excess fluid retention by gravity. (Swearingen, p. 223)

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

**1.** Provide patient with a list of simple exercises to help encourage movement and increase ambulation at home.

**2.** Provide patient with sample menu with examples of how low sodium food may be incorporated into daily meals.

**3.** Connect patient with a case manager to help patient receive home health services to assist in managing Diabetes and End Stage Renal Disease.

References:

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