

Adult/Geriatric Critical Thinking Worksheet

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Unit: S9

Pt. Initials: Ag

Date: 3/2/2021

1. Disease Process & Brief Pathophysiology

(Sepsis) is defined by dysfunction of one of the major organ systems or unexplained metabolic acidosis. The inflammatory reaction is mediated by the release of cytokines, including tumor necrosis factor-alpha, interleukins, and prostaglandins, from neutrophils and macrophages. The cytokines activate the extrinsic coagulation cascade and inhibit fibrinolysis. These overlapping processes result in microvascular thrombosis; thrombosis is one potential factor producing organ dysfunction. Activation of the coagulation system leads to consumption of endogenous anticoagulants (e.g., protein C and antithrombin); this may be an important factor in the development of microvascular coagulation. Antiinflammatory mediators as well as inflammatory mediators have a role in sepsis, and an excess of either can result in poor patient outcomes. Sepsis is a complex syndrome involving activation of a variety of systems.

4. Diagnostic Tests pertinent or confirming of diagnosis

Creatinine clearance

BUN and serum (P)

Urinalysis (P)

Urinary osmolality and Na levels

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

Pre existing dz such as diabetes (P)

chronic liver disease

older age (P)

infancy

prolonged hospital stays

previous use of antibiotics

cancer

IV catheter (P)

Urinary catheter (P)

5. Lab Values that may be affected

WBC

Na levels (P)

BUN (P)

Creatinine

3. Signs and Symptoms

Change in mental status (P)

Systolic BP <100 (P)

resp rate >22

High fever

tachycardia

Extreme weakness (P)

Low platelet count

6. Current Treatment

Anti fungal medication (P)

Urinary Catheter (Foley) (P)

Diuretic Medications (P)

Analgelsic Medications (P)

Renal ultra sound

Renal scan

CT scan

Retrograde Urography

7. Focused Nursing Diagnosis:

Decrease risk for local and systemic infection

8. Related to (r/t):

Due to uremia

9. As evidenced by (aeb):

pt verbalized urinary discomfort and minimal urination

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

1 .I will look for possible source of infection (e.g., burning urination, localized abdominal pain, burns, open wounds or cellulitis, presence of invasive catheters, or lines).

Evidenced Based Practice:

The most common causes of sepsis are respiratory tract and urinary tract infection, followed by abdominal and soft tissue infections. Other causes of hospital-acquired sepsis are the use of intravascular devices.

2. I will teach proper hand washing using antibacterial soap before and after each care activity.

Evidenced Based Practice:

12. Patient Teaching:

1. Encourage client to cover mouth and nose with a tissue when coughing or sneezing. Place in a private room if indicated. Wear mask when providing direct as appropriate.

2. Encourage or provide frequent position changes, deep breathing, and coughing exercises.

3. Teach pt to use "emollients" = gentle soaps to avoid drying/cracking of skin.

13. Discharge Planning/Community Resources:

1. Case management for at home required medications

2. Follow up appointments (if needed)

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Hand washing and hand hygiene lessen the risk of cross-contamination

3. Confirm the need for vaccines to prevent risk of infection

10. Desired patient outcome:

The pt is free of infection as evidence by normothermia : WBC count of 11,000mm³ or less, urine is clear and normal odor, normal breath sounds: absent eupnea and absence of erythema at IV access site and Catheter by 03/03/2021.

3. I will make sure to maintain sterile technique when changing dressings, suctioning, and providing site care, such as an invasive line or a urinary catheter.

Evidenced Based Practice:

Medical asepsis inhibits the introduction of bacteria and reduces the risk of nosocomial infection.