Adult/Geriatric Critical Thinking Worksheet

Student Name: Stephanie Pigg **Unit:** S10 **Pt. Initials:** MCR **Date:** 3/3/2021

1. Disease Process & Brief Pathophysiology

Pneumonia is an inflammatory repsonse in the lung where vascular reaction occurs, characterized by an increase in blood flow and vascular permeability. Neutrophils are activated to engulf and kill the offending orangisms. The neutrophils, the offending organism, and fluid from surrounding blood vessls fill the alveoli and interrupt normal oxygen transportation leading to clinical manifestation of hypoxia, increased mucus production.

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

Cigarette smoking

Old age (P)

Recent influenza infection

Indoor air pollution

Abdominal or thoracic surgery (P)

Pre-existing lung disease

Immunosuppresive therapy (P)

Recent upper respiratory tract infection

Alcohol

3. Signs and Symptoms

Fever

Chills

Malaise (P)

Pleural pain (P)

Dyspnea (P)

Hemoptysis

Productive or dry cough - Green/yellow/rush in color

Coughing (P)

Adventitious lung sounds - diminished or crackles (P)

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4. Diagnostic Tests pertinent or confirming of diagnosis

Chest x-ray (P)

History and physical examination (P)

Echocardiogram (P)

CT scan

Pulse oximetry (P)

5. Lab Values that may be affected

CBC, WBC differential, and routine blood chemistries (P)

Gram stain of sputum (P)

ABGs (P)

6. Current Treatment

Appropriate antibiotic therapy (P)

Increased fluid intake

Limited activity and rest

Antipyretics

Analgesics (P)

O2 therapy (P)

7. Focused Nursing Diagnosis:

Impaired gas exchange

8. Related to (r/t):

Related to fluid and exudate accumulation within the alveoli and surrounding lung tissue

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

1 . Auscultate breath sounds at least every 2-4 hours or as indicated by the patients condition and report significant findings

Evidenced Based Practice:

1. E/B Decreased or adventitious sounds (ex: crackles) can signal potential respiratory failure that would further aggravate hypoxia and necessitate prompt intervention

12. Patient Teaching:

1. Teach the patient the importance of using the incentive spirometer multiple times throughout the day.

2. Teach patient about the importance of completely finishing course of antibiotics

3. Teach patient to practice good health habits, such as frequent hand washing, proper nutrition, adequate rest, regular exercise, and coughing/sneezing into elbow rather than hands.

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9. As evidenced by (aeb):

Dyspnea, O2 sat 95% with 2L via nasal cannula while sitting on side of bed

10. Desired patient outcome:

Patient going to be able to sit in chair without nasal cannula and keep O2 stat from dropping below 95% by 1500 3/3/21

2. Administer oxygen as prescribed

Evidenced Based Practice:

2. E/B Oxygen is administered when O2 saturation or ABG results demonstarte hypoxemia. Significant increases in oxygen requirements to maintain O2 saturations greater than 92% should be reported promptly

3. Position the patient for comfort (usually semi-fowler position)

Evidenced Based Practice:

3. E/B This position provides comfort, promotes diaphragmatic descent, maximizes inhalations, and decreases work of breathing.

13. Discharge Planning/Community Resources:

1. Case management - in case of need for home oxygen

2. Pulmonary rehabilitation program

3. Resources about proper techniques that promote gas exchange and minimizestasis of secretions