Adult/Geriatric Critical Thinking Worksheet

Student Name: Greg Kelley **Unit:** S9 **Pt. Initials:** F.G. **Date:** 3/3/2021

1. Disease Process & Brief Pathophysiology

Stroke- a stroke occurs when blood vessels that carry blood to the brain bursts or is blocked by a clot. This leads to improper transportation of oxygen and nutrients to the brain cells. This leads to cell death in the brain causing a stroke. An ischemic stroke is caused by a clot. A hemorrhagic stroke is caued by a vessel rupture. Lastly, a transient ischemic attack, which is also known as a mini stroke, is caused by a temporary clot.

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

-Hypertenion (P)

-Heart disease

-Diabetes

-Smoking

-Obesity

-Old Age (P)

-Gender

-High cholesterol

-High RBC

3. Signs and Symptoms

-Weakness or numbness in face, arms, or legs (usually on one side of the body) (P)

-Speaking or understanding problems

-vision problems

-mobility issues (P)

-fainting

-severe headaches

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4. Diagnostic Tests pertinent or confirming of diagnosis

-CT scan

-MRI

-CTA

-MRA

-Doppler sonography

-ECG (to diagnose heart issue that caused stroke)

5. Lab Values that may be affected

Stroke does not neccesarily effect lab values but the cause of the stroke could effect certain values such as

-CBC

-Blood glucose

-Lipid panel

6. Current Treatment

-Bed rest

-Physical therapy

-Hypertension medications and Aspirin

7. Focused Nursing Diagnosis:

Ambulation issues

8. Related to (r/t):

Stroka and continued imobility. Patient's dimentia mayalso play a role

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

1 . Reccomend patient start early motor rehabilitation

Evidenced Based Practice:

It is shown that patients who begin an early motor rehabilitation program have a shorter recovery time

12. Patient Teaching:

1. Teach patient to move lower extremities throughout the day

2. Teach patient to use call light whenever they want to get up

3. Encourage patient to try and get up and move with assistance as much as they can

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9. As evidenced by (aeb):

Patients inability to walk and get up. Uses bed side commode with assistance.

10. Desired patient outcome:

Move the patients location 4 times whether that be the bed side commode or the chair in the room by 3/3/2021.

Association, A. S. (2021). About Stroke. www.stroke.org. https://www.stroke.org/en/about-stroke#:~:text=A%20stroke%20occurs%20when%20a,percent%20of%20strokes%20are%20preventable.

2. Assess patient for skin breakdown or pressure ulcers due to prolonged bed rest

Evidenced Based Practice:

Prolonged immobility can cause skin breakdown and pressure ulcers. ensuring that the skin remains intact will help patient move more freely and reduce risk of infection

3. Assess risk for DVT which could cause further immobility and health complications

Evidenced Based Practice:

Prolonged immobility can lead to deep vein thrombosis. Assesing patient risk and implementing the use of Ted Hose or medication to prevent DVT will help prevent DVT which would further the issue of immobility

Medecine, J. H. (0AD). Risk Factors for Stroke. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/conditions-and-diseases/stroke/risk-factors-for-stroke.

13. Discharge Planning/Community Resources:

1. Case Management to assess need for home health due to imobility

2. Diet teaching to adress hypertension

3. Continued physical therapy to improve ambulation

-, -. (0AD). Stroke Rehabilitation: Evidence Based Practice. https://ce4less.com/Tests/Materials/E115Materials.pdf.

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