

Student Name: Madeline Naylor

Unit: SU

Pt. Initials: JE

Date: 3/23/21

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: PCN, Adhesive, Sulfamethoxazole, Trimethoprim

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>N/A</u>	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Alprazolam (Xanax)	Benzodiazepine (Short acting)	Anxiety/ Panic disorder	0.25mg PO daily	<input checked="" type="radio"/> N		-resp. depression, abuse, seizure, addiction, suicide, tachycardia, hypotension, syncope	1. Black box: using w/ opioids may result in resp. depression, coma, or death 2. Monitor LFTs if prolonged tx 3. Caution if CNS depression/ <del>history</del> seizure 4. Do not mix w/ alcohol or drugs
Pantoprazole (Protonix)	PPI's	GERD, GI bleed, H. Pylori infection	40mg PO QAC	<input checked="" type="radio"/> N		-renal impairment, pancreatitis, fx, hyponatremia, rhabdomyolysis, lupus erythematosus	1. Monitor Mg e baseline 2. Caution in long term use 3. Possibility of TOXICITY 4. Caution in Pt. 50y/o +
Docusate Sodium (Colace)	Stool Softener	Constipation	100mg PO BID	<input checked="" type="radio"/> N		- <del>etc</del> Adverse effects rare -may cause cramp rash, diarrhea	1. Teach s/s of fecal impaction 2. Caution if N/V 3. Teach s/s of appendicitis 4. Teach pt. to report BM
Celecoxib (Celebrex)	NSAID	OA, RA, pain, ankylosing spondylitis, dysmenorrhea	200mg PO BID	<input checked="" type="radio"/> N		GI bleed/ulcer, MI, stroke, HTN, CHF, renal necrosis, anemia, bronchospasm	1. Black Box: risk of CV thrombotic event 2. Black Box: risk GI adverse effects 3. Monitor Cr as baseline 4. Contraindicated: CrCl <30
Aspirin (Aspirin)	Antiplatelet	pain, fever, ACS, MI/TIA prevention	81mg PO BID	<input checked="" type="radio"/> N		-angioedema, bleeding, DIC, GI ulcer, Reye syndrome, thrombocytopenia	1. Toxic level: >300 mcg/mL 2. Monitor Cr as baseline 3. Contra: GI bleed, Coag. disorder, GFD dependency, CrCl <10 4. Caution: ICP, PUP, GERD, gout

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## Patient Physical Assessment Narrative

**PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS:** (Complete using assessment check list and reminders below).

**GENERAL INFORMATION** (Time of assessment, admit diagnosis, general appearance)

Pt assessed at 0952. Pt was admitted due to  $\textcircled{R}$  knee surgery r/t DJD in  $\textcircled{R}$  knee. Pt is cheerful and sitting up in chair having conversation on the phone.

**Neurological-sensory** (LOC, sensation, strength, coordination, speech, pupil assessment)

Pt is alert + oriented x3. Pupils R PEERL. Pt is able to move all extremities with limited mobility of  $\textcircled{R}$  leg r/t surgery. Pt responds to sharp/dull sensation. HGTW equal in upper extremities but  $\textcircled{R}$  leg unable to wiggle toe due to nerve block. Movements are purposeful.

Comfort level: Pain rates at 3 (0-10 scale) Location:  $\textcircled{R}$  knee

**Psychological/Social** (affect, interaction with family, friends, staff)

Pt is cheerful, oriented, and reacts appropriately w/ staff and family.

**EENT** (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Sclera white and w/o drainage. Ears symmetrical and w/o drainage. All mucosa is pink and moist, and intact.

Nasal septum is midline. Neck is aligned and nodes are palpable.

**Respiratory** (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest symmetrical bilaterally, trachea midline. Breath sounds clear to auscultation. Pt breathing RT and no cough is present.

**Cardiovascular** (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

Pt heart sounds (S1/S2) are clear to auscultation. Radial pulses are 2+ bilaterally. Pedal pulses are  $\textcircled{R}$  = 3+ and  $\textcircled{L}$  = 2+. Nailbeds pink w/ cap refill of  $\rightarrow$  3 sec  $\rightarrow$  3 sec.

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IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen flat and soft, and nontender. Active bowel sounds x 4 with good appetite.

Last BM 3/21 (not witnessed)

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Urinary voids clear, yellow urine, adequate amount. No pain, blood, or odor.

Urine output (last 24 hrs) N/A LMP (if applicable) \_\_\_\_\_

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Pt spine is midline w/ good posture. Able to move all extremities with limited mobility of R leg due to surgery. Pt is able to WBTT to get to bedside commode.

Skin (skin color, temp, texture, turgor, integrity) Skin warm, dry, intact. Color appropriate to race. Turgor elastic.

Wounds/Dressings Dressing over R knee. Staples, with Oform 4x4 and wrapped in ACE bandage. Dressing is dry and intact.

Other

Diagnostic Worksheet

Madelaine Naylor  
3/23/21

Mark high / low values with (↑ or ↓)	Covenant Normal Values	3/17/21		Admit day	Most Recent	↑
		Dates	3/17/21			
<b>CBC</b>						
WBC	3.6-10.8 K/uL				14.15	↑
HGB	14-18 g/dL				10.2	↓
HCT	42% - 52%				32.4	↓
RBC	4.7-6.1 m/uL				3.75	↓
PLT	150 - 400 K/uL				310	✓
<b>CMP</b>						
Glucose	70-110 mg/dL				124	↑
Sodium	134 - 145 mmol/L				135	✓
Potassium	3.5 - 5.3 mmol/L				4.1	✓
BUN	9-21 mg/dL				21	✓
Creatinine	0.8-1.5 mg/dL				1.00	✓
Chloride	98 - 108 mmol/L				99	✓
Calcium	8.4 - 11.0 mg/dL				8.6	✓
Mgt+	1.6 - 2.3 mg/dL					
Total Protein	5.5 - 7.8 g/dL					
Albumin	3.4 - 5 g/dL					
Total Bilirubin	0.1 - 1.3					
AST (SGOT)	5 - 45 u/L					
ALT (SGPT)	7-72 u/L					
Alk Phos (ALP)	38 - 126 u/L					
<b>Lipid Panel</b>						
Cholesterol	200mg/dL					
TRIG	0-150 mb/dL					
HDL	>60mg/dL					
LDL	0-100 mg/dL					
<b>Common</b>						
GFR	Refer to lab specific data				59	
TSH	0.35 - 5.5 ULU/L					
Digoxin	0.8 - 2 ng/dL					
PT	10.0 - 12.9 secs					
INR	Therapeutic 2 - 3					
PIT	25.3 - 36.9 secs					
BNP	5 - 100 pg/dL					
CKMB	0 - 5 ng/dL					
Troponin	neg = < 0.07 ng/mL			LO.015	LO.015	

  

Mark high / low values with (↑ or ↓)	Covenant Normal Values	Admit day	Most Recent	↑
<b>Sp Gravity</b>				
<b>Protein</b>				
<b>Glucose</b>				
<b>Ketone</b>				
<b>Nitrite</b>				
<b>Leukocytes</b>				
<b>Bilirubin</b>				
<b>Blood</b>				
<b>pH</b>				
<b>Other Labs</b>				
<b>Culture</b>				
<b>Blood</b>				
<b>Urine</b>				
<b>Wound</b>				
<b>Wound</b>				

  

Other Diagnostic / Procedures			
Date	Type	Result	
3/19	COVID-19	Negative	

  

Point of Care Glucose Results					
Date	Time	Result	Date	Time	Result

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Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process &amp; Brief Pathophysiology- Degenerative Joint Disease (DJD) aka Osteoarthritis: most common form of arthritis. Chronic condition caused by deterioration of joint cartilage, especially weight-bearing joints. It occurs in synovial joints as the cartilage deteriorates due to damage to chondrocytes. This ending along w/ cartilage softening and mechanical ending leaves the underlying bone unprotected. This causes sclerosis and hardening of bone.</p>	<p>2. Factors for the Development of the Disease/Acute Illness- <del>Age</del></p> <ul style="list-style-type: none"><li>- Older age (P)</li><li>- Woman (P)</li><li>- Obesity (P)</li><li>- Joint Injury</li><li>- Stress on Joint (P)</li><li>- Genetic</li><li>- Bone density</li></ul>	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"><li>- Pain (P)</li><li>- Stiffness (P)</li><li>- Tenderness</li><li>- Loss of flexibility (P)</li><li>- grating sensation (P)</li><li>- bone spurs</li><li>- swelling</li><li>- inflammation (P)</li><li>- decreased ROM (P)</li><li>- Heberden's nodes</li></ul>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <ul style="list-style-type: none"><li>- X-Ray</li><li>- MRI</li><li>- Blood Test (ESR)</li><li>- Joint fluid analysis</li><li>- Arthroscopy</li></ul>	<p>5. Lab Values that may be affected-</p> <ul style="list-style-type: none"><li>- Erythrocyte sedimentation rate (ESR)</li><li>- HCT/Hgb</li></ul>	<p>6. Current Treatment-</p> <ul style="list-style-type: none"><li>- Weight loss to reduce stress on the joint</li><li>- Physical Therapy</li><li>- Balance vest + exercise</li><li>- Meds: Aspirin, NSAIDs, acetaminophen, glucosamine, celecoxib</li><li>- Support, unloading, and stabilizing of joint</li><li>- intra-articular injection of corticosteroid (only woman) to delay node formation</li></ul>

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<p>7. Focused Nursing Diagnosis: <b>Impaired Mobility</b></p>	<p>11. Nursing Interventions related to the Nursing Diagnosis In #7: 1. Eat small frequent, low carb. meals.</p>	<p>12. Patient Teaching: 1. Teach Pt to use ambulating devices 2. Maintain a healthy weight and exercise as threshold. 3. Balance activity w/ rest</p>
<p>8. Related to (r/t): Surgery on @ knee due to osteoarthritis</p>	<p>Evidenced Based Practice: Helps Prevents postprandial hypotension</p> <p>2. Walk pt. frequently</p>	<p>13. Discharge Planning/Community Resources: 1. <del>Teach Pt to use ambulation devices and check weekly for exact energy/loss etc</del> Ensure home is free of clutter and fall proof. 2. Call doctor if severe joint pain, immobility in joint, fever, or red/tender joint 3. Go to P.T. and appointments as scheduled.</p>
<p>9. As evidenced by (aeb): <del>Pt will ambulate the 10 feet in her room three times w/in a 12 hr shift.</del> Pt inability to walk w/o assistive device.</p>	<p>Evidenced Based Practice: standing/weight bearing benefits gait mobility, spasticity, and promote muscle stretching</p> <p>3. Apply TED hoses, raise HOB slowly and stand slowly</p>	<p>Evidenced Based Practice: <del>Prevent</del> reduces fall risk and enhances venous return. Improves cardiac output.</p>
<p>10. Desired patient outcome: Pt will ambulate the 10ft. w/in her room four times within a 12hr period.</p>		