

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Brooke Carroll

**Unit:** S10

**Pt. Initials:** WW

**Date:** 3/28/2021

## 1. Disease Process & Brief Pathophysiology

The term Pneumoperitoneum refers to the presence of "free" air within the peritoneal cavity, due to perforated viscus. Tumors in the GI tract may cause hollow viscus perforation proximal to site of obstruction due to increased intraluminal pressures. In the case of bowel obstruction, the physical distention of the bowel wall results in decreased perfusion. Bowel perforation results from a violation of the mucosal layers of the intestinal tract resulting in the spilling of air and digestive contents into the peritoneal cavity. This ultimately leads to full thickness wall necrosis and subsequent perforation causing Pneumoperitoneum. (Makki, 2016), (Hafner, 2021), (Jones, 2021)

## 4. Diagnostic Tests pertinent or confirming of diagnosis

Upright Chest X-Ray (P)

Ultrasound of abdomen (P)

CT of abdomen with oral contrast (P)

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

Recent or prior abdominal surgery

Perforated peptic ulcer

Bowel obstruction (P)

History of multiple medical problems (P)

Trauma to the abdomen

History of inflammatory bowel disease

Colon Cancer

## 5. Lab Values that may be affected

Complete Blood Count (P)

Basic Metabolic Profile (P)

Creatnine (P)

Hemaglobin & Hematocrit (P)

Lipase & Amylase

## 3. Signs and Symptoms

Abdominal pain (P)

Severe abdominal cramping (P)

Abdominal distention (P)

Bloating (P)

Nausea and vomiting

Fever

Chills

## 6. Current Treatment

Urgent Laparotomy (P)

Ileostomy bag (P)

Hemodialysis (P)

Midline Wound Vacuum (P)

**7. Focused Nursing Diagnosis:**

Activity Intolerance

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

Pneumoperitoneum due to bowel perforation

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

**1** .Assist patient in sitting up to dangle legs on the side of the bed for 10 minutes in preparation for moving to and sitting in the Barton chair.

**Evidenced Based Practice:**

Dangling, which is often an intermediary stage of assisting people into the sitting position with their legs hanging over the side of the bed, before moving them into the standing position, is therefore used to ensure that patients are moved safely. This can help to prevent notable reductions in blood pressure which may lead to orthostatic intolerance (dizziness and/or fainting). (Dingle, 2003)  
Orthostatic hypotension can occur as a result of

**12. Patient Teaching:**

- 1.** Educate the patient on the risks of muscle atrophy and how it occurs. Emphasize the importance of maintaining and increasing muscle strength through exercise and daily movement.
- 2.** Explain the need to participate in self-care as tolerated to help maintain muscle strength and promote a sense of control while having physical limitations.
- 3.** Teach the patient the importance of adequate rest between exercises and activities to prevent overexertion and to allow energy levels to replenish.

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

Abdominal pain that occurs with movement

**10. Desired patient outcome:**

Patient will demonstrate behaviors to tolerably move to and sit in the Barton chair for 30 minutes, 3 times daily by 1500 on 3/24/21.

decreased plasma volume and difficulty in adjusting immediately to postural change. (Swearingen & Wright, pg. 84)

2. Demonstrate simple passive range of motion exercises for the patient and have them give return demonstrations. Instruct them to perform the ROM exercises on each extremity during each commercial break while they are watching TV in the Barton chair to help improve physical tolerance.

**Evidenced Based Practice:**

Range of Motion exercises build stamina by increasing muscle strength and endurance. (Swearingen & Wright, pg. 84) Starting with minimal duration and progressing to greater duration enables gradual tolerance. (Swearingen & Wright, pg. 85)

3. Place the patient in a position in bed that achieves proper standing by using positioning aids, such as pillows and towels, that will promote gradual tolerance of moving to the Barton chair.

**Evidenced Based Practice:**

A position in which the head is neutral or slightly flexed on the neck, hips are extended, knees are extended, and feet are at right angles to the legs

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

1. Provide the patient with a handout that includes illustrations of ROM exercises and repetitions for each.

2. Connect the patient with a case manager to help patient receive home healthcare to assist in the completion of physical activities of daily living.

3. Provide the patient with a chart to document their progress of activity tolerance at home, and explain the importance of encouragement/positive reinforcement to their significant other.

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achieves proper standing alignment, which helps promote ambulation when the patient is ready to do so. (Swearingen & Wright, pg. 87)

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