Student Name: Samantha Gonzalez Unit:HC5. Initials: JB Date:03/30/2021

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology- A subdural hematoma occurs from bleeding between the dura mater and arachnoid layer of the meninges. A subdural hematoma usually results from injury to brain tissue and its blood vessels. The veins that drain from the surface of the brain into the sagittal sinus are the source of most subdural hematomas. Because it is usually venous in origin, the hematoma may be slower to develop. However, a subdural hematoma may be caused by arterial hemorrhage, in which case it develops more rapidly. Subdural hematomas may be acute, subacute, or chronic.	**2. Factors for the Development of the Disease/Acute Illness-** • Chronic alcoholism • Epilepsy • Coagulopathy • Arachnoid cysts • Anticoagulant therapy (including aspirin) (P) • Cardiovascular disease (P) • Thrombocytopenia • Diabetes mellitus • Head injury (i.e., accidents or violence) • Increasing age (over 60) (P) • CSF Leakage	**3. Signs and Symptoms-** • Balance/walking problems (P) • Confusion (P) • Dizziness • Headache • N/V • Passing out (losing consciousness) (P) • Seizures • Sleepiness • Speech problems (P) • Vision problems • Weakness (P) • Numbness
4. Diagnostic Tests pertinent or confirming of diagnosis- • CT Scan (P) • MRI	**5. Lab Values that may be affected-** • CBC • Hemoglobin/Hematocrit • Coagulation profile • BMP • Type and screen/cross-match	**6. Current Treatment-** • Will continue Lovenox and SCD's for DVT prophylaxis, continue working with PT/OT, and case management is working on placement for patient

7. Focused Nursing Diagnosis: Impaired tissue integrity	**11. Nursing Interventions related to the Nursing** **Diagnosis in #7:** I will inspect skin around surgical site every shift for changes such as color changes, redness, swelling, warmth, or pain and provide mirror for patient to watch **Evidenced Based Practice: Serial assessments are more reliable when performed by a caregiver with the client observing to show what needs to be watched for**	**12. Patient Teaching:** 1) I will teach patient about lifestyle modifications and diet changes related to high blood pressure 2) I educate patient on the importance of calling his health care provider if any changes or signs of infection occur on the surgical site 3) I will educate the patient on the importance of hand hygiene before and after handling care of incision site
8. Related to (r/t): Patient is bedridden	I will facilitate proper care of surgical site cleaning including hand washing, dressing changes, application of medications and provide a mirror for patient to watch **Evidence Based Practice: Accurate information and visual observation increases patient's ability to manage therapy independently and reduce the risk for infection**	
9. As evidenced by (aeb): Patient has a right craniotomy surgical site	. I will encourage a diet that will meet nutritional needs to promote tissue healing **Evidenced Based Practice: A high-protein diet, high-calorie diet promotes healing**	**13. Discharge Planning/Community Resources:** • Case management • Follow up in 2 weeks with HCP • Physical Therapy/Occupational Therapy
10. Desired patient outcome: Patient will describe measures to protect and heal tissue and prevent infection by 04/01/2021 @1400		