

Adult/Geriatric Critical Thinking Worksheet

Student Name: Thomas Pilip

Unit: HC5

Pt. Initials: JB

Date: 3/30/2021

1. Disease Process & Brief Pathophysiology

A subdural hematoma (SDH) is a type of bleeding in which a collection of blood—usually associated with a traumatic brain injury—gathers between the inner layer of the dura mater and the arachnoid mater of the meninges surrounding the brain. It usually results from tears in bridging veins that cross the subdural space.

4. Diagnostic Tests pertinent or confirming of diagnosis

Head CT (P)

MRI

Lab work

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

Older adult (P)

Athletes that play sports

People that take blood thinners (P)

Alcohol abuse

5. Lab Values that may be affected

RBC (P)

HGB (P)

PLT (P)

HCT (P)

3. Signs and Symptoms

Headache that doesn't go away. (Headache is usually severe in the case of acute subdural hematoma.)

Confusion and drowsiness.

Nausea and vomiting.

Slurred speech and changes in vision.

Dizziness, loss of balance, difficulty walking. (P)

Weakness on one side of the body. (P)

6. Current Treatment

Decompression surgery on the R side of the head. (P)

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7. Focused Nursing Diagnosis:

Impaired peripheral tissue perfusion

8. Related to (r/t):

Decrease in blood circulation to the periphery

9. As evidenced by (aeb):

Alteration of motor function

10. Desired patient outcome:

Demonstrate adequate tissue perfusion as evidence by palpable peripheral pulses.

The Pt will not have any skin breakdown by discharge date.

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

1 .Check brachial, radial, and pedal pulses bilaterally.

Evidenced Based Practice:

Audible handheld doppler ultrasound proved to be a reliable, simple, rapid, and inexpensive bedside test.

2. Elevate edematous legs as ordered and ensure no pressure under the knees and heels to prevent pressure ulcers.

Evidenced Based Practice:

Pt's who are inactive for long periods may have leg edema because the calf muscle pump is underused or ineffective.

3. If the Pt is mostly immobile consult with the health care provider regarding use of a calf-high pneumatic compression device.

Evidenced Based Practice:

Below the knee devices have demonstrated the

12. Patient Teaching:

1. Explain the importance of good foot care.

2. Stress the importance on not smoking.

3. Teach the Pt and family S/S of skin break down.

13. Discharge Planning/Community Resources:

1. Contact physical therapy to help Pt with ROM.

2. Contact family and possibly nursing home for discharge instructions.

3. Contact dietary for Pt before discharge.

most efficacy.

References

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