

Student Name: Crystal Fabila

Date: 4/1/2021

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

Allergies: NKDA Allergy: PEANUTS

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Amlodipine	Anti-hypertensive Agent	Atrial Fibrillation	200mg PO Q12HR	<input checked="" type="radio"/> Y <input type="radio"/> N	IVPB - 150mg/100mL premixed in dextrose and infused over 10min (15mg/min)	Hypotension, Dizziness, Headache, Fatigue	1. Many cause of worsen pulmonary function that may develop days after therapy 2. Instruct patient to report abnormal bleeding or bruising 3. Use an in-line filter during I.V administration 4. Stress importance of informing all prescribers of taking this medication
Enoxacin	Macrolide	Antibiotic	200mg PO Q12HR	<input checked="" type="radio"/> Y <input type="radio"/> N	NOT GIVEN IV	Hypoglycemia, Anemia, Dyspnea, Dysphagia	1. Patient to notify prescriber if symptoms worsen or don't improve 2. Take all antibiotic as prescribed 3. Monitor patient for hypersensitivity reactions that may include anjogiam, dyspnea 4.
Metoprolol Succinate	Beta-Adrenergic	Hypertension	25mg PO daily	<input checked="" type="radio"/> Y <input type="radio"/> N	NP - 1mg/mL	Anxiety, Bronchospasm, Constipation, Drowsiness	1. Notify prescriber if pulse rate falls below 60 beats/minute 2. Caution patient not to stop drug abruptly 3. Monitor patient with hyperuricoidism closely because beta-adrenergic blocker may heart failure symptoms & inotropic bradycardia 4. Monitor for symptoms of hypotension
Tamsulosin	Alpha-Adrenergic Blocking Agent	Benign Prostatic Hyperplasia	0.4mg PO QHS	<input checked="" type="radio"/> Y <input type="radio"/> N	NOT GIVEN IV	Headache, Chest pain, Constipation, Dyspnea, Angioedema	1. Give drug about 30 minutes after the same meal 2. Notify prescriber if patient misses several days and caution against resuming previous dosage 3. Advise patient to avoid potentially hazardous activities until CNS's effects are known 4. Monitor for adverse reactions due to patient diarrhea
Allopurinol	Hypoxanthine derivative	Antigout	100mg PO Daily	<input checked="" type="radio"/> Y <input type="radio"/> N	200 to 400mg/m ² daily as a single infusion or in equally divided infusions every 12 or 24 hrs	Fever, Dysphagia, Renal Failure, Headache	1. Obtain CBC and uric acid level as ordered 2. Maintain a fluid intake to produce a daily urinary output of 2L daily 3. Advise patient that acute gout attacks may occur more often in treatment 4. Advise to take medication after meals and to drink enough water

Student Name: Crystal Fabila

Date: 4/1/2021

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)

07:25 AM, Colitis, Melena, awake, answered questions

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

awake and oriented, cough reflex normal, followed commands, grips; right-strong left-strong, response to question; slowly, calm/relaxed, friendly, facial expressions - flat, ROM - intact

Comfort level: Pain rates at 0 (0-10 scale) Location: N/A

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

Friendly, calm, no family present

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

Sclera - clear and white, symmetrical canals without drainage, nasal septum - septum midline, minimal drainage

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

chest symmetrical, trachea midline, breath sounds clear to auscultation (TA) bilaterally, breathing room air

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

S₁ and S₂ heard in all 4 locations, no extra sounds or murmurs auscultated, radial pulses: 2+ bilaterally and equal, pedal pulses: 2+ bilaterally and equal

Student Name: Crystal Fabila

Date: 4/1/2021

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen flat, bowel sounds hypoactive, no bruits, no tenderness, masses, guarding

Last BM 3/31/2021

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) not observed

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

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Normal flexion extension, lateral rotation and tilting, muscles: normal size, joints: normal ROM

Skin (skin color, temp, texture, turgor, integrity) skin warm, dry and intact, no cyanosis, clubbing, upper or lower extremities

Wounds/Dressings 1 dressing to (L) hand, no drainage or pain, 1 dressing to (R) forearm, no drainage or pain

Other vital signs: T-98.2, B/P-135/77, P-73, R-16, O₂-98 room air, pain 0

Adult/Geriatric Critical Thinking Worksheet

Student Name: Crystal Fabila

Unit: S9

Pt. Initials:

Date: Click here to enter a date.

04/01/2021

1. Disease Process & Brief Pathophysiology

Inflammation of the mucosa of the stomach and small intestine.

There is a release of toxins that bind to specific enterocyte receptors and cause the release of chloride ions into the intestinal lumen, leading to secretory diarrhea.

-Gastroenteritis

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

- Infectious Agents (P)
- Contaminated food
- unsanitary water and environment
- antibiotic therapy

3. Signs and Symptoms

- diarrhea (P)
- vomiting
- dysuria
- abdominal pain (P)
- infection

4. Diagnostic Tests pertinent or confirming of diagnosis

- Abdominal CT (P)
- Abdominal MRI
- EGD
- Colonoscopy
- abdominal x-ray (P)

5. Lab Values that may be affected

- CMP
- CBC (P)

6. Current Treatment

- Oral Rehydration Solution
- NG Feeding
- IV Rehydration (P)
- Diet (P)
- Antibiotics (P)

Student Name: Crystal Fabila

Unit: SQ

Pt. Initials:

Date: Click here to enter a date.

04/01/2021

7. Focused Nursing Diagnosis:

Diarrhea

11. Nursing Interventions related to the Nursing

Diagnosis in #7:

1. I will teach patient to avoid foods and drugs that cause diarrhea.

Evidenced Based Practice:

Lewis, S., Bucher, L., Hiltkemper, M., Harding, M., King, J., Roberts, D. (2017). Medical-Surgical Nursing Assessment and Management of Clinical Problems. Elsevier Inc.

8. Related to (r/t):

- Gastroenteritis
- Abdominal pain

2. I will teach patient to drink 1.5 to 2 L/hr plus 200 ml for each loose stool in adults unless contraindicated.

Evidenced Based Practice:

Diarrhea Nursing Care Plan. (2010). NURSELABS.WWW.NURSELABS.COM/DIARRHEA/#NURSING-INTERVENTIONS

9. As evidenced by (aeb):

Patient states that he had 2 watery bowel movements.

10. Desired patient outcome:

- Patient will maintain a rectal area free from irritates by noon of Thursday.
- Patient will state relief from abdominal pain and cramping by noon on Thursday.
- Patient will eat a Cto diet by noon on Thursday.

12. Patient Teaching:

1. Educate patient or caregiver the proper use of antidiarrheal medications as ordered.
2. Discuss the importance of fluid replacement during diarrheal episodes.
3. Avoidance of stimulants (e.g., caffeine, carbonated beverages)

13. Discharge Planning/Community Resources:

1. Patient will follow up if new or worsening symptoms.
2. Patient will continue and complete antidiarrheal medication.
3. Patient will record number and consistency of stools per day.

Evidenced Based Practice:

Diarrhea Nursing Care Plan. (2010). NURSE LABS. WWW.NURSELABS.COM/DIARRHEA/#NURSING-INTERVENTIONS

3. I will teach patient to provide perianal care after each bowel movement.