

Adult/Geriatric Critical Thinking Worksheet

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Unit: S9

Pt. Initials: Cook

Date: 3/31/2021

1. Disease Process & Brief Pathophysiology

CVA- The primary pathophysiology of stroke is an underlying heart or blood vessel disease. The two types of stroke that result from these disease states are ischemic and hemorrhagic strokes. This occurs when fatty deposits such as Ca build up along the artery walls causing blockage of RBCs to travel via vessels. This may stop RBCs from carrying O₂ to other parts of the body, when cells are deprived of O₂ they simply die. A stroke occurs when a blockage in an artery prevents blood from reaching cells in the brain or an artery ruptures inside/outside the brain, causing a hemorrhage.

4. Diagnostic Tests pertinent or confirming of diagnosis

CT Scan (P)

PET Scan (P)

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

Nonmodifiable

- Advanced age (older than 55 years) (P)
- Gender (Male) (P)
- Race (African American)

Modifiable

- Hypertension (P)
- Atrial fibrillation
- Hyperlipidemia
- Obesity (P)
- Smoking (P)
- Diabetes (P)
- Asymptomatic carotid stenosis and valvular heart disease (eg, endocarditis, prosthetic heart valves)
- Periodontal disease

5. Lab Values that may be affected

CBC

Platelet Counts (P) = 83

WBC / RBC (screening cyanotic)

3. Signs and Symptoms

Dizziness (P)

Blurred Vision

One side face dropping (P)

Arm/Leg weakness (P)

Speech issues (P)

Ataxia

Sudden numbness/ tingling (P)

Rapid/ involuntary muscle movement

6. Current Treatment

Diuretic Medications (P)

Insulin (P)

HTN medications (P)

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MRI (P)

ESR (erythrocyte sedimentation rate)

Artery Medications (P)

Cerebral angiography

Glucose (P)= 286

Multi vitamins (P)

Lumbar puncture

Sodium

Transcranial Doppler ultrasonography

EEG (P)

Skull X- ray

ECG and echocardiography (P)

7. Focused Nursing Diagnosis:

Decrease risk for injury

8. Related to (r/t):

Due to acute stroke

9. As evidenced by (aeb):

pt verbalized extreme dizziness and weakness of arms/legs.

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

1 .Encourage patients with nondominant (right) hemisphere injury to slow down and check each step or task as it is completed.

Evidenced Based Practice:

Patients with nondominant (right) hemisphere injury also may have decreased pain sensation and pain sense and visual field deficit but typically are unconcerned or unaware of or deny deficits or lost abilities. They tend to be impulsive and too quick with movements. Typically, they have impaired judgment about what they can and cannot

do and often overestimate their abilities. These individuals are at risk for burns, bruises, cuts, and

12. Patient Teaching:

1. Encourage pt to not get up fast

2. encourage pt to always call RN if needs to get up to use bathroom/ use assistant devices as needed

3. Encourage everyone to approach the patient with a supportive and optimistic attitude, focusing on abilities that remain; explain to the family that emotional lability usually improves with time.

13. Discharge Planning/Community Resources:

1. Local super stores that offer free nutritional advisors = help them eat more healthier foods

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falls and may need to be restrained from attempting unsafe activities. They also are more likely to have

unilateral neglect than individuals with dominant (left) hemisphere injury.

2. Local stroke therapy / counselling/ speech therapy

3. Anti depressant therapy

10. Desired patient outcome:

Patient will interact appropriately with his or her environment and does not exhibit evidence of injury caused by sensory/perceptual deficit.

2. Encourage making a conscious effort to scan the rest of the environment by turning head from side to side.

Evidenced Based Practice:

Patients may have visual field deficits in which they can physically see only a portion (usually left or right side) of the normal visual field (homonymous hemianopsia).

3. Assist patients with eating. Monitor the environment for safety hazards, and remove unsafe objects such as scissors from the bedside.

Evidenced Based Practice:

Difficulty recognizing and associating familiar objects: Patients may not know the purpose of silverware. These patients may not recognize dangerous or hazardous objects because they do not know the

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purpose of the object or may not recognize subtle distinctions between objects (e.g., the difference between a fork and spoon may

become too subtle to detect).