Adult/Geriatric Critical Thinking Worksheet

Student Name: Greg kelley **Unit:** S9 **Pt. Initials:** V.S. **Date:** 3/30/2021

1. Disease Process & Brief Pathophysiology

Cellulitus in RLE. Cellulitus is an acute inflamatory disease that affects the dermis and Sub-Q tissue. Cellulitus occurs when bacteria enters via wound, insect bite, burns, surgical incisions, and IV catheters, and other potential ways. The disease can progress differently based on the type of bacteria that causes the disease. For example, S. Pyogenes spreads rapidly and is associated with lymphangitis while Staphyloccocal spreads more slowly and is associated with drug abuse.

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

-injury (cut, burn, scrape, etc) (P)

-weakened immune system

-skin conditions that cause breaks in skin

-lymphedema (P)

-history of cellulitis

-obesity

3. Signs and Symptoms

-expanded red areas (P)

-swelling (p)

-tenderness (p)

-pain (p)

-warmth

-fever

-red spots (P)

-blisters (p)

-skin dimpling

4. Diagnostic Tests pertinent or confirming of diagnosis

-assesment of skin at disease site (P)

-Gram stain and culture from the wound exhibiting cellulitus.

-this culture is often taken via aspiration or punch biopsy

5. Lab Values that may be affected

-increased white blood cells to fight the bacteria

6. Current Treatment

-pain medication (P)

-intervenous antibitoics (P)

-blood pressure medication (P)

-bed rest (P)

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7. Focused Nursing Diagnosis:

Pain

8. Related to (r/t):

Infiltrated IV

9. As evidenced by (aeb):

Stating pain at IV site

10. Desired patient outcome:

Patient will reduce pain in IV site from a scale of 8 to a scale of 5 by 3/30/2021.

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

1 . Assess IV site for Infiltrations (redness around site, swelling, pain/tenderness, cool skin temp around site)

Evidenced Based Practice:

Recognizing the signs of infiltation will allow the nurse to remove the IV and stop any infusions which the nurse will then move on to focusing on treating the site.

2. After removing the IV and stoping infusion apply a warm compress to the site.

Evidenced Based Practice:

Applying a warm compress will help alleviate discomfort and help absorb the infiltration by increasing circulation to the affected area.

3. Elevate the affected area

Evidenced Based Practice:

This will help reduce inflimation in the area

12. Patient Teaching:

1. Teach patient to avoid tugging or puling at IV

2. Teach patient the signs of IV infiltration and to report if any of these occur

3. Teach the patient about why infiltration may occur

13. Discharge Planning/Community Resources:

1. Teaching about wound care and how to avoid future cellulitus

2. If patient is sent home with oral antibiotic teach patient to finish full course of antibitotic

3. Diet teaching to imptove immune system

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