

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Miguel Alegre

**Unit:** S5

**Pt. Initials:** N/A

**Date:** 8/7/2021

## 1. Disease Process & Brief Pathophysiology

“Sepsis - when an infectious insult triggers a localized inflammatory reaction that then spills over to cause systemic symptoms of fever or hypothermia, tachycardia, tachypnea, and either leukocytosis or leukopenia. These clinical symptoms are called systemic inflammatory response syndrome. Severe sepsis is defined by the dysfunction of one of the major organ systems of unexplained metabolic acidosis. The inflammatory reaction is mediated by the release of cytokines, including tumor necrosis factor-alpha, interleukins, and prostaglandins, from neutrophils and macrophages. The cytokines activate the extrinsic coagulation cascade and inhibit fibrinolysis. These overlapping processes result in microvascular thrombosis; thrombosis is one potential factor producing organ dysfunction. Activation of the coagulation system leads to the consumption of endogenous anticoagulants (e.g., protein C and antithrombin); this may be an important factor in the development of microvascular coagulation. Anti Inflammatory mediators, as well as inflammatory mediators, have a role in sepsis, and an excess of either can result in poor patient outcomes. Sepsis is a complex syndrome involving the activation of a variety of systems.” (Jacobi, 2002)

## 4. Diagnostic Tests pertinent or confirming of diagnosis

Blood test (P)

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

UTI (P), Viral infections, Tattoos and body piercings, TSS, Surgery (Baclofen pump implant) (P), Strep throat, Pressure Ulcers (P), PTSD, Pneumonia (P), Perforated Bowel, Paralysis (P), Nutrition (post sepsis) (P), MRSA, Malaria, Meningitis, Liver disease, kidney transplant, kidney stones, MS, Kidney failure, IV Drug use, Invasive devices (P), Influenza (P), Impaired Immune system (P), HIV/AIDS, HAIs (P), Group A streptococcus, Group B streptococcus, Fungal infection, Food poisoning, DIC, Dialysis, Diabetes, Dental health, Cancer, C. diff (P), Blood poisoning, Bacterial Infections (P), ARDS, Appendicitis, AMR, Aging, Amputations

## 5. Lab Values that may be affected

CBC (P), Sputum Culture (P), Blood culture (P), Urinalysis (P), CMP (P), Procalcitonin, CSF, Lactate,

## 3. Signs and Symptoms

Hypotension (P)

Disorientation (P)

Extreme pain/ discomfort (P)

SOB (P)

Blue, pale or blotchy skin, lips, or tongue

clammy/ sweaty skin

## 6. Current Treatment

IV Lactated Ringers (P), Appropriate antibiotic therapy (P), Supplemental oxygen (P),

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Urine test (P)

PT/PTT, CRP

Anticoagulant (P), Appropriate anti-seizure meds (P)

Wound secretions (P)

**7. Focused Nursing Diagnosis:**

deficient fluid volume

**8. Related to (r/t):**

massive vasodilation due to systemic inflammation

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

1 .have the patient increase fluid intake via PEG (pt is on a PEG feed): this will have the patient increase its urine output, having more fluids, drugs, bacteria, and waste out of the body. Also improving waste removal and decreasing toxicity to the liver and kidney. (not cited)

2) give diuretics: this will help the patient to void more fluids, and also keeping pt hydrated by step 1. This increases voiding output and reaching the goal of normal urine output in a day. (not cited)

**Evidenced Based Practice:**

**12. Patient Teaching:**

1. Since patient cannot talk, nod, or any way of communicating, would teach the family of the patient to do ROM exercises for the patient to reduce any chances of pressure ulcers or contractures forming, if not contraindicated

2. Explain to the family to take the prescribed medications exactly as the prescriber told, it is important to finish the full antibiotic treatment to make sure all bacteria have been killed

3. Explain to the family, the importance of keeping company with the patient. Although the patient cannot see, nor interact, but the importance of having company won't make the patient feel lonely/depressed.

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**9. As evidenced by (aeb):**

low urine output, in the past 24 hrs, only voided 650 ml, decreased BP, poor skin turgor on the extremities

2. (3) do assisted ROM exercises: E/B “lack of physical activity can make you retain urine” (WebMD, n.d)

**Evidenced Based Practice:**

**10. Desired patient outcome:**

to maintain sufficient circulatory volume as shown by vital signs of pt's normal range. Peripheral pulses are at 2+ at most, and urine output would be WNL of an adult, to be achieved by 08/04/2021

3.

**Evidenced Based Practice:**

**13. Discharge Planning/Community Resources:**

1. Keep up with the appointments for any routine testing that may be needed

2. Home health services to do 30 minutes of assisted ROM most days of the week

3. Home health services to change dressings on wounds (ulcers)