Adult/Geriatric Critical Thinking Worksheet

Student Name: Miguel Alegre **Unit:** SIM **Pt. Initials:** N/A **Date:** 10/12/2021

1. Disease Process & Brief Pathophysiology

Lung Cancer - The pathophysiology of lung cancer is very complex and incompletely understood. It is hypothesized that repeated exposure to carcinogens, cigarette smoke in-particular, leads to dysplasia of lung epithelium. If the exposure continues, it leads to genetic mutations and affects protein synthesis. This, in turn, disrupts the cell cycle and promotes carcinogenesis.

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

•Smoking

•Exposure to secondhand smoke (P)

•Previous radiation therapy (P)

•Exposure to radon gas

•Exposure to asbestos and other carcinogens (P)

•Family history of lung cancer

3. Signs and Symptoms

•Fatigue (P)

•Shortness of breath

•Chest pain

•Losing weight without trying

•Pain (P)

•Severe diarrhea (P)

•Severe vomiting (P)

•Nausea (P)

•Headache

4. Diagnostic Tests pertinent or confirming of diagnosis

•Imaging tests (CT, MRI, PET, bone scans) (P)

•Sputum cytology

•Tissue sample (biopsy)

5. Lab Values that may be affected

•CBC (complete blood count)

•CMP (comprehensive metabolic panel)

•Blood gases (or ABGs)

6. Current Treatment

Radiation and chemotherapy

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7. Focused Nursing Diagnosis:

Ineffective airway clearance

8. Related to (r/t):

Fatigue/weakness

9. As evidenced by (aeb):

Abnormal breath sounds, diminshed lung sounds, patient on 3 liters O2 NC

10. Desired patient outcome:

Patient will maintain clear, open airways as evidence by normal breath sounds, normal rate and depth of respirations, and ability to effectively cough up secretions after treatments and deep breaths. To be achieved by 1400 on 10/12/2021.

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

1 . Administer bronchodilators, expectorants, and/or analgesics as indicated.

Evidenced Based Practice:

Alleviation of chest discomfort promotes cooperation with breathing exercises and enhances the effectiveness of respiratory therapies.

2. Maintain patent airway by positioning, suctioning, use of airway adjuncts.

Evidenced Based Practice:

Airway obstruction impedes ventilation, impairing gas exchange.

3. Assist with and encourage the use of incentive spirometer.

Evidenced Based Practice:

Prevents or reduces atelectasis and promotes re-expansion of small airways.

12. Patient Teaching:

1. Educate the patient the importance of ambulation and frequent position changes

2. Instruct the family, caregiver, and patient about the proper use of respiratory equipment, such as an inhaler or MDI

3. Teach family and caregivers how to suction the patient if needed.

13. Discharge Planning/Community Resources:

1. Follow up appointments to check lung functions and the severity of cancer

2. Advice patient to join a cancer support group to help cope with all aspects of diagnosis, to share experiences and learn from others who are facing similar obstacles.

3. Community Health Resource, oxygen tank

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