

Student Name: _____ Unit: SIM Pt. Initials: P Date: 10/11/2021

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process & Brief Pathophysiology-</p> <p>Pneumonia is caused by bacterial, viral and sometimes fungal organisms entering the lower respiratory tract, an overgrowing, or blockage of from clearing the lungs causing an upset in the homeostasis of the lungs. This causes an infection resulting in inflammation causing leaky capillaries which results in fluid in the lungs and decreased o2 saturation is a result</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <p>Factors include:</p> <ul style="list-style-type: none"> • Smoking • Bacterial infection • Viral infection • Fungal infection • Failure to incubate a pt that is aspirating or unable to clear airway • Ventilator usage 	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"> • Fever • Tachypnea • Tachycardia • Decreased breath sounds • Crackles with auscultation
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>Diagnoses is obtained from radiological, clinical and laboratory evaluations</p> <p>Clinical:</p> <ul style="list-style-type: none"> • History & physical finding sputum <p>Radiological:</p> <ul style="list-style-type: none"> • X-ray finding infiltrate in lungs (most important test in diagnosing pneumonia) <p>Labs:</p> <ul style="list-style-type: none"> • Blood & sputum cultures 	<p>5. Lab Values that may be affected-</p> <ul style="list-style-type: none"> • Elevated BUN • ABGs indicating hypoxia, hypercapnea & lactic acidosis • CBC 	<p>6. Current Treatment-</p> <p>Broad spectrum antibiotics until sputum cultures indicate cause of infection. Increase in fluids to thin out secretions and make it easier to clear lungs and airway. Bedrest. Possibly O2 therapy if needed.</p>

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<p>7. Focused Nursing Diagnosis:</p> <p>Impaired Gas Exchange</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Position pt HOB in simi-folwer's</p> <p>Evidenced Based Practice: Allows for more room for the diaphragm to descend allowing deeper breaths where more gas exchange can be achieved</p> <p>2. Have pt TCDB</p>	<p>12. Patient Teaching:</p> <p>1. Teach pt how to use spirometer and have pt demonstrate proper use.</p> <p>2. Teach pt the importance of ambulating and how to do it safely with help.</p> <p>3. Teach pt the importance of finishing antibiotics to avoid creating resistant strains of bacteria causing their pneumonia</p>
<p>8. Related to (r/t):</p> <p>Low O2 saturation. Removal of NC</p>		
<p>9. As evidenced by (aeb):</p> <p>Hypoxia, Respiratory Acidosis, Coughing</p>	<p>Evidenced Based Practice: Helps improve depth of breath and keeping airway clear. Moves sputum around keeping it from hardening in a single location</p> <p>3. Avoid high oxygen usage unless ordered and necessary</p> <p>Evidenced Based Practice: pt with copd can stop breathing if hypoxia is relieved to a degree higher than pt baseline. Hypoxia stimulates breathing.</p>	<p>13. Discharge Planning/Community Resources:</p> <p>1. Have pt sleep with HOB elevated to keep lungs open</p> <p>2. Have pt show proper oxygen usage and go over at home oxygen therapy</p> <p>3. Have pt return for a follow up</p>
<p>10. Desired patient outcome:</p> <p>The pt verbalizes importance of using oxygen and spirometer and demonstrates proper usage by discharge.</p>		

Adopted: August 2016

Jain, V. (2021, August 4). *Pneumonia pathology*. StatPearls [Internet]. Retrieved October 11, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK526116/>.

Jasper, B. (2021, September 26). *Impaired Gas Exchange – Nursing Diagnosis & Care Plan*. Nurseslabs. Retrieved October 13, 2021, from <https://nurseslabs.com/impaired-gas-exchange/>.