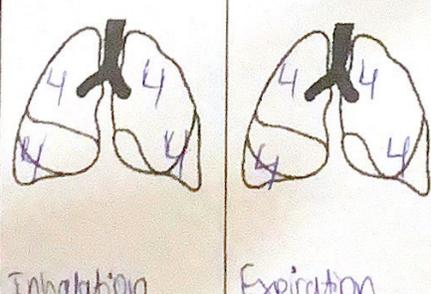


Ashley Craig 10/26/21

PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>&lt;3</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>+</u> L <u>+</u> Pedal R <u>+</u> L <u>+</u> Post. Tib. R <u>+</u> L <u>+</u> Comments: <u>Numbness in LL and LU extremities</u>	Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Follows Simple Commands: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Gag <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>W</u> Lt. <u>W</u> Pushes: Rt. <u>W</u> Lt. <u>W</u> Comments: <u>Orchid x4, Irritable</u> Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: <u>Pain of 8 in perineal region</u>	Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PPM Site: _____ Rhythm: _____
GASTROINTESTINAL	SKELTAL	PACER SETTINGS
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color _____ Consistency _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X <u>4</u> Quadrants Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>Last BM last Wednesday (10/20). Abdominal tenderness to palpation</u>	<input checked="" type="checkbox"/> Moves Extremities <input type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation <input type="checkbox"/> Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>Left upper and lower extremities weak, pain upon movement</u>	<input type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular
GENITOURINARY	EYES, EARS, NOSE, THROAT	INCISIONS/WOUNDS/DRAINS
Urine: <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Unnal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: <u> Bathroom assist x1</u>	Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: <u>2mm dilation</u>	<input type="checkbox"/> None #1 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____
ARTERIAL AND VEINUS SITES	PULMONARY	CHEST TUBES
A Without Redness or Swelling B-Redness C Swelling D Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>A</u> Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit	Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____	<input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____
SKIN ASSESSMENT	LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub	
<input checked="" type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitus 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score <u>20</u> <input type="checkbox"/> If Braden Scale $\leq$ 18 initiate Skin Care Protocol Comments: _____		
<input type="checkbox"/> Initial Assessment <input checked="" type="checkbox"/> See Narrative for Additional information Signature <u>Ashley Craig</u> Date <u>10/26</u> Time <u>09:00</u> <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for <input type="checkbox"/> s Signature _____ Date: _____ Time: _____ <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for <input type="checkbox"/> s Signature _____ Date: _____ Time: _____		

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT



Student Name: Ashley Craig

Date: 10/26/21

### Patient Physical Assessment Narrative

**PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS:** (Complete using assessment check list and reminders below).

**GENERAL INFORMATION** (Time of assessment, admit diagnosis, general appearance)

Pt. admitted 10/25/21 w/ left-sided weakness. Assessed at 09:00.  
Laying supine w/ HOB @ 30°. Patient calm w/ no family present  
at this time.

**Neurological-sensory** (LOC, sensation, strength, coordination, speech, pupil assessment)

Patient is alert and oriented x4. Left extremities are numb, pt. states  
no numbness in right extremities. Grips and pushes weak on upper  
extremities. Strong push and pull on lower extremities. Full coordination.  
Speaks calmly and readily w/ clear English. Pupils equal, round, and reactive  
to light. 2mm dilation. PERIL Symmetrical.

Comfort level: Pain rates at 8 (0-10 scale) Location: from neck to lower back

**Psychological/Social** (affect, interaction with family, friends, staff)

Interacts appropriately but slightly irritable to staff.

**EENT** (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

No drainage and symmetrical EENT. Nodes not palpable. Teeth  
are intact & white w/ yellow tint. Mucosa is moist and pink. No difficulty  
swallowing.

**Respiratory** (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest is symmetrical. Breath sounds are diminished upon auscultation.  
No distress upon exhale but pt. states "taking deep breaths in are painful."  
Rate is 16 and O<sub>2</sub> 96% on RA. Even rhythm w/ good depth.

**Cardiovascular** (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S1 and S2 audible upon auscultation. Even pattern and rhythm. Apical  
and radial rate 51. Radial pulse 1+ bilaterally. Pedal pulses 2+ bilaterally.  
B/P is 114/63. Cap. refill < 3 seconds.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Patient <sup>AC</sup> has been constipated and unable to have a BM since last Wednesday 10/20. Abdomen is soft and very tender upon palpation. Bowel sounds hypoactive x4 quadrants. Poor appetite ate 0% of breakfast. Last BM 10/20/21

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) No urgency or incontinence noted. Patient walks to the bathroom w/ assistance. Urine not assessed. No vaginal bleeding.

Urine output (last 24 hrs) <sup>not</sup> measured LMP (if applicable) NA

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities) Symmetrical alignment. Patient lays supine in bed and turns w/ pain. Grimaces upon movement due to bulging disk in cervical region. Gait unobserved. Moves extremities w/ weakness in left upper and lower extremities.

**Skin** (skin color, temp, texture, turgor, integrity) Skin color appropriate for race. Extremities are warm and skin is smooth and intact. Skin turgor is elastic.

**Wounds/Dressings**

NA

**Other**

NA

Ashtley Craig

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory</small>	Dates		Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory</small>	Dates	
		Admit day	Most Recent			Admit day	Most Recent
<b>CBC</b>							
WBC	3.6-10.8 K/uL	10/20	10/21				
HGB	14-18 g/dL	10/20	10/21				
HCT	42% - 52%	10/20	10/21				
RBC	4.7-6.1 m/uL	10/20	10/21				
PLT	150 - 400 K/uL	10/20	10/21				
<b>CMP</b>							
Glucose	70-110 mg/dL	10/20	10/21				
Sodium	134 - 145 mmol/L	10/20	10/21				
Potassium	3.5 - 5.3 mmol/L	10/20	10/21				
BUN	9-21 mg/dL	10/20	10/21				
Creatinine	0.8-1.5 mg/dL	10/20	10/21				
Chloride	98 - 108 mmol/L	10/20	10/21				
Calcium	8.4 - 11.0 mg/dL	10/20	10/21				
Mg++	1.6 - 2.3 mg/dL	10/20	10/21				
Total Protein	5.5 - 7.8 g/dL	10/20	10/21				
Albumin	3.4 - 5 g/dL	10/20	10/21				
Total Bilirubin	0.1 - 1.3	10/20	10/21				
AST (SGOT)	5 - 45 U/L	10/20	10/21				
ALT (SGPT)	7-72 U/L	10/20	10/21				
Alk Phos (ALP)	38 - 126 U/L	10/20	10/21				
<b>Lipid Panel</b>							
Cholesterol	200mg/dL	10/20	10/21				
TRIG	0-150 mb/dL	10/20	10/21				
HDL	>60mg/dL	10/20	10/21				
LDL	0-100 mg/dL	10/20	10/21				
<b>Common</b>							
GFR	Refer to lab specific data	10/20	10/21				
TSH	0.35 - 5.5 U/L	10/20	10/21				
Digoxin	0.8 - 2 ng/dL	10/20	10/21				
PT	10.0 - 12.9 secs	10/20	10/21				
INR	Therapeutic 2 - 3	10/20	10/21				
PTT	25.3 - 36.9 secs	10/20	10/21				
BNP	5 - 100 pg/dL	10/20	10/21				
CKMB	0 - 5 ng/dL	10/20	10/21				
Troponin	neg = < 0.07 ng/mL	10/20	10/21				
<b>UA</b>							
Sp Gravity	NA	10/20	10/21				
Protein	NA	10/20	10/21				
Glucose	NA	10/20	10/21				
Ketone	NA	10/20	10/21				
Nitrite	NA	10/20	10/21				
Leukocytes	NA	10/20	10/21				
Bilirubin	NA	10/20	10/21				
Blood	NA	10/20	10/21				
pH	NA	10/20	10/21				
<b>Other Labs</b>							
Date	Culture	Site	Result	Date	Culture	Site	Result
10/20	Blood	NA		10/20	CSF Total Protein	514	
10/20	Urine	NA		10/20	CSF WBC	26.2 L	
10/20	Wound	NA		10/20	CSF Total Protein	514	
10/20	Wound	NA		10/20	CSF WBC	26.2 L	
10/21	Wound	NA		10/21	CSF Total Protein	514	
10/21	Wound	NA		10/21	CSF WBC	26.2 L	
<b>Other Diagnostic / Procedures</b>							
Date	Type	Result	Date	Time	Result	Date	Time
10/20	Head CT	No acute intracranial abnormality	10/20	19:44	119 H		
10/21	Brain MRI		10/21	05:59	86		
10/21	Cervical spine MRI						
10/21	Lumbar spine MRI						
10/21	Thoracic spine MRI	No residual abnormality for low extremity weakness					
10/21	Lumbar puncture Fluoroscopy	Lumbar puncture performed (pending)					
<b>Point of Care Glucose Results</b>							
Date	Time	Result	Date	Time	Result	Date	Time
10/20	19:44	119 H					
10/21	05:59	86					

Student Name: Ashley Craig

Unit: HCS

Pt. Initials: \_\_\_\_\_

Date: 10/26/21

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Penicillins, acetaminophen, diphenhydramine, cytharone, keox, hydrocodone, Toradoline

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
<u>None, I NT</u>							
<u>Enoxaparin (Lovenox)</u>	<u>anticoagulant</u>	<u>prevents blood clots in the legs</u>	<u>40mg subQ daily @ 8:00</u>	<u>Y</u> N		<u>bleeding gums, difficulty breathing, nose bleeds, headache</u>	<u>1. report bruising or bleeding 2. rotate injection sites 3. inject 4in. away from umbilicus 4. avoid taking antiplatelets</u>
<u>Docusate Sodium (Colace)</u>	<u>Laxative, Surfactant</u>	<u>constipation</u>	<u>100mg PO BID</u>	<u>Y</u> N		<u>cramping, stomach pain, diarrhea, rash, low electrolyte levels</u>	<u>1. report abdominal pain 2. take w/ full glass of water 3. notify doctor if rectal bleeding occurs 4. do not use more than 4 week</u>
<u>Cyclobenzaprine (Flexeril)</u>	<u>Skeletal muscle relaxant</u>	<u>takes for muscle spasms</u>	<u>5mg PO TID</u>	<u>Y</u> N		<u>drowsiness, dry mouth, dizziness, constipation, tiredness</u>	<u>1. Don't use longer than 3 weeks 2. avoid driving due to dizziness 3. avoid alcohol due to risk of sedation 4. provide additional Spasm relief such as heat application</u>
<u>Calcium Carbonate + Vitamin D3 (Oxyo 500+D)</u>	<u>Calcium Replacement</u>	<u>Low Calcium Level treatment</u>	<u>1 tab BID PO</u>	<u>Y</u> N		<u>constipation, stomach ache, loss of appetite</u>	<u>1. take this med w/ food 2. report bone/muscle pain 3. use at same time each day 4. do not take other supplements/ vitamins</u>
<u>Polyethylene Glycol (Miralax)</u>	<u>Laxative, Osmotic</u>	<u>constipation</u>	<u>17 gram daily PO</u>	<u>Y</u> N		<u>nausea, abdominal cramping, gas</u>	<u>1. Stir powder until completely dissolved 2. May take 2-4 days to have a BM 3. Do not use for more than 2 weeks 4. report diarrhea or severe stomach pain</u>

10/21 Brain MRI

→ Incidental venous angioma - right frontoparietal junction  
MRI Brain w/out & w/ contrast otherwise negative

10/21 Cervical spine MRI

→ Punctate focus of pathologic enhancement on the right anterior lateral margin of the cord @ the C3-4 disc level  
Mild disc bulges & neuroforaminal narrowing @ multiple levels as described in detail above

10/21 Lumbar

→ NO mass lesions or pathological enhancement  
Minimal bulging discs L4-5 & L5-S1 w/out impaction on neural elements

Student Name: \_\_\_\_\_

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Tramadol (Ultram)	Opioid Agonists	Pain relief	50mg Q6hr PRN PO, pain (7-10)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		nausea, vomiting, constipation, light-headedness, dizziness, drowsiness, headache	1. take when 1st sign of pain occurs 2. get up slowly when rising 3. report slow/shallow breathing 4. report if med stops being effective
Sennosides (Senna)	Laxative, Stimulant	constipation	60mg QHS PO	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Stomach/abdominal pain or cramping, nausea, diarrhea, weakness	1. may take 6-12 hrs for this med to cause a BM 2. may cause urine to turn reddish-brown 3. report severe stomach cramping 4. report + rectal bleeding
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			

Daily med  
EPOURATES

Student Name: Ashley Craig

Unit: HC5

Pt. Initials: \_\_\_\_\_

Date: 10/20/21

Adult/Geriatric Critical Thinking Worksheet

<p>1. Disease Process &amp; Brief Pathophysiology-</p> <p><u>Fibromyalgia</u> - A chronic central pain syndrome marked by widespread, non-articular musculoskeletal pain and fatigue w/ multiple tender points. It is a disorder involving abnormal central processing of nociceptive pain input. The increased pain experienced by the affected patient is due to abnormal sensory processing in the CNS.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-</p> <ul style="list-style-type: none"><li>• Abnormal pain signaling</li><li>• Hormone Imbalances</li><li>• Cytokines</li><li>• Genetics P</li><li>• more common in women P</li><li>• PPI aged 20-50 P</li><li>• Other rheumatic diseases</li></ul>	<p>3. Signs and Symptoms-</p> <ul style="list-style-type: none"><li>• Pain and stiffness all over the body P</li><li>• Fatigue and tiredness P</li><li>• Depression &amp; anxiety</li><li>• Sleep problems</li><li>• Headaches</li><li>• Problems w/ thinking, memory, and concentration P</li><li>• <del>moor swings</del> P</li><li>• Sensory of pins &amp; needles P</li><li>• Constipation P</li></ul>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-</p> <p>Diagnosed based on all the patient's relevant symptoms. There is no test to diagnose this disease, but you may need lab tests or x-rays to rule out other health problems.</p>	<p>5. Lab Values that may be affected-</p> <p>CBC Calcium P WBC Vitamin D P</p>	<p>6. Current Treatment-</p> <p>Pain relievers (NSAIDs, opioids) P Antidepressants Anti-seizure drugs Physical &amp; occupational therapy</p>

Student Name: Ashley Gray

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

<p>7. Focused Nursing Diagnosis:</p> <p>Chronic Pain</p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Use heat and cold application</p> <p>Evidenced Based Practice: reduces inflammation and promotes blood flow, helps muscles relax</p>	<p>12. Patient Teaching:</p> <p>1. Educate patient on the use of <del>opioid's</del> opioid's for improved control of pain and understanding of tolerance.</p> <p>2. Teach about importance of the use of a diary to track pain as this has been proven to improve pain management.</p>
<p>8. Related to (r/t):</p> <p>A history of pain for the past couple of years,</p>	<p>2. Use distraction methods such as TV or a creative activity (adult coloring book)</p> <p>Evidenced Based Practice: Increases the pain threshold for a short duration at a time.</p> <p>3. Use guided imagery</p>	<p>3. Provide family &amp; patient w/ adequate info. about chronic pain and options available for pain management.</p> <p>13. Discharge Planning/Community Resources:</p> <p>1. Follow-up Appointment</p> <p>2. Massage Therapist</p>
<p>9. As evidenced by (aeb):</p> <p>Patient is taking Tramadol for a pain level of 8, complains of radiating, shooting pain from her neck to her lower back. Grinaces upon movement. Very irritable</p>	<p>Evidenced Based Practice: Guided imagery can aid the patient to explore images about pain, pain relief, and healing</p>	<p>3. Acupuncture</p>
<p>10. Desired patient outcome:</p> <p>Patient will keep pain below a 4 using medication along w/ other forms of pain relief upon discharge</p>		

*Fibromyalgia | rheumatology - american college of rheumatology* (n.d.). Retrieved October 26, 2021, from <https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Fibromyalgia>.

Lewis, S. L., Bucher, L. Heitkemper, M. M., Harding, M. M., Kwong, J. & Roberts, D. (2020). *Medical surgical nursing*. Elsevier.

National Institutes of Health. (n.d.). *DailyMed*. U.S. National Library of Medicine. Retrieved October 6, 2021, from <https://dailymed.nlm.nih.gov/dailymed/>.

Nursinglabs.com. (n.d.). Retrieved October 13, 2021, from <http://nursinglabs.com/>.