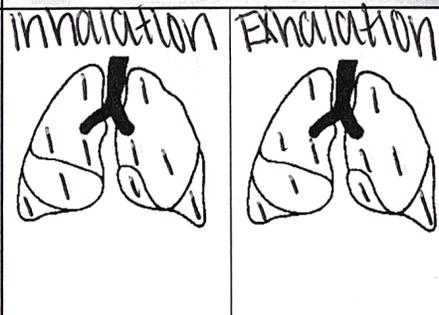


PERIPHERAL VASCULAR	NEUROLOGY/PSYCHOSOCIAL	CARDIOVASCULAR
3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> 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>2-3</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Post. Tib. R <u>2+</u> L <u>2+</u> Comments:	Family at bedside <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" 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 type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>5</u> Lt. <u>5</u> Pushes: Rt. <u>5</u> Lt. <u>5</u> Comments: 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 Withdrawn 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 checked="" 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 checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments:	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 PPM Site: _____ Rhythm: _____ PACER SETTINGS <input checked="" type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular INCISIONS/WOUNDS/DRAINS <input checked="" 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> Comments _____ CHEST TUBES <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 _____ 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 _____ 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 _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____
GASTROINTESTINAL	SKELETAL	
<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 checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <input checked="" type="checkbox"/> 4 Quadrants Appetite: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: <u>AMA Diet</u>	Moves Extremities: <input checked="" 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 checked="" type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input checked="" type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input checked="" type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input checked="" type="checkbox"/> Unsteady Comments: <u>0 sided weakness assistance with ambulation</u>	
GENITOURINARY	EYES, EARS, NOSE, THROAT	
Urine: <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input checked="" type="checkbox"/> Voids <input type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input checked="" type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments:	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:	
ARTERIAL AND VENOUS SITES	PULMONARY	
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 checked="" type="checkbox"/> PICC <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>A</u> Start: <u>11/25/21</u> <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L 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:	
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>19</u> <input type="checkbox"/> If Braden Scale $\leq$ 18 initiate Skin Care Protocol Comments:	innervation Exhalation 	

Initial Assessment  See Narrative for Additional information Signature W. Jergen Birth Date: 11/2/21 Time: 0730  
 No Changes to initial assessment  See Narrative for \_\_\_\_\_s Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 No Changes to previous assessment  See Narrative for \_\_\_\_\_s Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Primary 66

Student Name: Meagan Britt

Date: 11/2/21

Primary  
66

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)

0730, Acute CVA / L-sided weakness, clean and tidy

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

Alert and oriented x4, sensation to touch, strong pushes and grips, follows simple command and movement involved in coordination, speaks clearly and is easy to understand, pupils 3mm and symmetrical, reactive to light bilaterally

Comfort level: Pain rates at 3 (0-10 scale) Location: leg

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

Calm, relaxed, and friendly, responds to questions and commands readily, interacts with all family, friends, and staff in a respectful manner

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

EENT symmetrical bilaterally, no drainage, oral mucosa pink and moist, good oral hygiene, no teeth missing, no swollen nodes / nonpalpable, no difficulty swallowing

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

Chest is symmetrical / no rashes, bruises, or abrasions visible, breath sounds are clear, rate: 16, rhythm / depth / pattern show no signs of distress

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

S<sub>1</sub>/S<sub>2</sub>: equal rates bilaterally, Apical: 96, Radial: 94, Rhythm: equal bilaterally, Radial / Pedal pulse: 2+ bilaterally (strong able to occlude), Pattern: equal

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

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

### IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) BM: 1-2 times a day, Abdomen is soft upon palpation and skin intact, bowel sounds are active x4, good appetite, no tenderness to palpation  
Last BM 11/2/21

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) voids on BSC or toilet as needed (5-6x/day), no issues with urgency or incontinence, yellow with no odor, no vaginal bleeding or discharge

Urine output (last 24 hrs) \_\_\_\_\_ LMP (if applicable) \_\_\_\_\_

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities) Alignment and posture are good, some (L) sided weakness, no contracture observed, mobility/gait: Ambulate with assistance (unsteadily), able to move all extremities with some stiffness and soreness, no deformities

**Skin** (skin color, temp, texture, turgor, integrity) SKIN COLOR: appropriate for race, TEMP: warm to touch, but no fever, TEXTURE: soft, some rough patches from dry skin, Turgor: no tenting, Integrity: appropriate for age of patient

**Wounds/Dressings**

NONE

**Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## 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 diluent solution, volume, and rate of administration  IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Famotidine	Gastric Acid Secretion Inhibitor	Prevent GI Upset (prophylactic)	20mg PO BID	Yes		Seizures  Anaphylaxis  Angioedema  Rhabdomyolysis	1. Take one in the morning and one at night. 2. Can be taken with antacids if needed. 3. Take as directed, no more and no less than what is prescribed. 4. Take with a full glass of water.
Amlodipine Besylate	Calcium Channel Blocker	Lowers Blood Pressure and used in conjunction with other bp medication	10mg Daily PO	Yes		Acute Myocardial Infarction  Angina Pectoris  Angioedema	1. Take medicine each day at the same time, with or without food. 2. Avoid drinking alcohol, it can raise triglyceride levels and increase your risk for liver damage. 3. Avoid eating foods high in fat or cholesterol, it can reduce effectiveness of the medication. 4. Avoid grapefruit juice because it can inhibit the hepatic metabolism, and lead to increased blood drug levels and increased effects.
Aspirin	NSAIDS  Salicylates  Analgesic	Stroke Prevention (prophylactic)	81mg PO Daily	Yes		GI Ulcer  Hemorrhage  Tinnitus  Bronchospasms	1. Report any unusual bleeding. 2. Take at the same time every day. 3. Take with full glass of water. 4. Avoid any nonprescribed NSAIDs, due to contraindications (Hepatotoxicity).
Sodium Chloride	Sodium Replacement	Source of water and electrolytes	2g/TAB PO TID	Yes		CHF  Hypernatremia  Overhydration	1. Take with a full glass of water. 2. Medication can be taken with or without food. 3. Do not use with patients that have any conditions associated with sodium retention, for it can worsen the side effects. 4. Report any unusual muscle cramps or muscle weakness.

App Used: IBM Microdex Drug Info

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Meagan Britt

**Unit:** Neuro

**Pt. Initials:** 66

**Date:** 11/1/2021

**1. Disease Process & Brief Pathophysiology:**

Hypertension involves the impairment of renal pressure natriuresis, the feedback system in which high blood pressure induces an increase in sodium and water excretion by the kidney that leads to a reduction of the blood pressure. Pressure natriuresis can result from impaired renal function, inappropriate activation of hormones that regulate salt and water excretion by the kidney (such as those in the renin-angiotensin-aldosterone system), or excessive activation of the sympathetic nervous system.

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

- Family History
- Race
- Age
- ⚡ -Activity level
- Alcohol consumption
- ⚡ -Smoking
- ⚡ -Salt intake
- Obesity
- ⚡ -Diabetes
- Obstructive sleep apnea
- ⚡ -Excessive Stress

**3. Signs and Symptoms:**

- ⚡ -Fatigue
- ⚡ -Confusion
- Vision Problems
- Chest pain
- Difficulty breathing
- ⚡ -Irregular heartbeat
- Blood in the urine
- ⚡ -Pounding in chest, neck, or ears
- Dizziness
- Nervousness
- Sweating
- ⚡ -Trouble sleeping
- Facial flushing

**4. Diagnostic Tests pertinent or confirming of diagnosis:**

- X-ray
- Ultrasound
- Electrocardiogram (ECG or EKG)
- Echocardiogram

**5. Lab Values that may be affected:**

- Urinalysis
- ⚡ -Electrolyte panel
- A1c
- ⚡ -Calcium
- TSH
- ⚡ -Lipid profile
- ⚡ -Basic Metabolic Panel
- Aldosterone
- Renin
- Cortisol

**6. Current Treatment:**

- ⚡ -Eating a heart-healthy diet with less salt
- ⚡ -Getting regular physical activity
- Maintaining a healthy weight
- Limiting the amount of alcohol
- Diuretics
- ⚡ -Angiotensin-converting enzyme (ACE) inhibitors
- Angiotensin II receptor blockers (ARBs)
- ⚡ -Calcium channel blockers
- Alpha blockers
- Alpha-beta blockers
- Beta blockers
- Aldosterone antagonists
- Renin inhibitors
- Vasodilators

## Adult/Geriatric Critical Thinking Worksheet

### 7. Focused Nursing Diagnosis:

-Activity Intolerance

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

-Generalized Weakness

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

- High blood pressure (149/89)
- Abnormal heart rate (95-100)
  - Exertional discomfort
  - Exertional dyspnea
  - Fatigue
  - Weakness

### 10. Desired patient outcome:

-Patient will demonstrate increased tolerance to activity by time of discharge.

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

1. Establish guidelines and goals of activity with the patient and/or SO.

#### Evidenced Based Practice:

Motivation and cooperation are enhanced if the patient participates in goal setting.

2. Encourage verbalization of feelings regarding limitations.

#### Evidenced Based Practice:

This helps the patient to cope. Acknowledgment that living with activity intolerance is both physically and emotionally difficult.

3. Provide the patient with the adaptive equipment needed for completing ADLs.

#### Evidenced Based Practice:

Appropriate aids will enable the patient to achieve optimal independence for self-care and reduce energy consumption during activity.

### 12. Patient Teaching:

1. Teach patient and family how to measure own blood pressure and to keep a journal to record results.

2. Take your blood pressure medicine exactly as directed. Don't skip doses. Missing doses can cause your blood pressure to get out of control. If you do miss a dose (or doses) check with your healthcare provider about what to do.

3. Break/Limit smoking habit. Possibly enroll in a stop-smoking program to improve your chances of success. Ask your healthcare provider about programs and medicines to help you stop smoking.

### 13. Discharge Planning/Community Resources:

1. Consult Dietary for teaching on the DASH diet and healthy food options that won't exacerbate symptoms and worsen condition.

2. Consult case worker to help with providing adaptive equipment for patient's home.

3. Consult PT/OT to provide teaching and interventions on how to perform activities of daily living at home.

## Adult/Geriatric Critical Thinking Worksheet

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