

Adult/Geriatric Critical Thinking Worksheet

Student Name: Faith Lane

Unit: E7

Pt. Initials:

Date: 12/7/2021

1. Disease Process & Brief Pathophysiology

Intestinal gastric cancer is the result of an inflammatory process that most often starts out as an infection from the Helicobacter pylori bacteria which progresses to chronic gastritis and then eventually to intestinal metaplasia and dysplasia. The tumors are made of malignant cells that unite to form structures that resemble the functional glands of the intestinal tract. H. pylori causes the instability of p53 which reduces p53 and loss of p16 hMLH1 starting the malignant cell reproduction.

4. Diagnostic Tests pertinent or confirming of diagnosis

Endoscopy

Physical exam looking specifically for anemia, blood in the stool, and gastric distention- P

CT scan- P

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

Gender- Men 2x as likely than women- P

Age >60- P

Genetics

Dietary factors- high sodium diets and high consumption of nitrosamine preservative chemicals- P

Infection caused by H. pylori.

5. Lab Values that may be affected

Low Hemoglobin- P

Low platelet- P

High CEA and CA 19-9

3. Signs and Symptoms

Abdominal pain- P

Weight loss

Nausea- P

Vomiting- P

Loss of appetite- P

Dysphagia- P

6. Current Treatment

Chemotherapy- P

Surgery- P

Endoscopic Therapy

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7. Focused Nursing Diagnosis:

Pain

8. Related to (r/t):

Surgical Procedure

9. As evidenced by (aeb):

Patient states pain level is 7 out of 10 and makes non-verbal clues such as uncomfortable faces upon moving.

10. Desired patient outcome:

Pt will state pain level is a 4 out of 10 or lower by

Adopted: August 2016

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

1 .During pain assessment, ask pain level, when the pain starts, what makes the pain better/worse, where the pain is, and a description of the pain.

Evidenced Based Practice:

Determining location, temporal aspects, pain intensity, characteristics, and the effect of pain on function and quality of life are critical to determine the underlying cause of pain and effectiveness of treatment.

2. Use a self-report pain tool asking the patient to identify a comfort-function goal that will allow the client to perform necessary or desired activities easily.

Evidenced Based Practice:

The comfort-function goal provides the basis for individualized pain management plans and assists in determining the effectiveness of pain management interventions.

3. Regularly reassess the patient the client for the presence of pain and response to pain management interventions, including effectiveness and the

12. Patient Teaching:

1. Teach and implement nonpharmacological interventions when pain is relatively well controlled with pharmacological interventions.

2. Teach importance of accurately and fully reporting pain symptoms, so that the pain management plan is effective as it possibly can be.

3. Discuss and evaluate the client's understanding about the total plan for pharmacological and nonpharmacological treatment, including the medication plan, the maintenance of a pain diary, and the use of supplies and equipment.

13. Discharge Planning/Community Resources:

1. Explain importance of complying with pain management regimen while at home.

2. Emphasize to the client the importance of participating in a structured, individualized pacing activity and taking rest breaks before they are needed.

3. Refer patient and family to programs that include family-based interventions for communication, hope, coping, uncertainty, and symptom management.

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1900 on 12/7/21.

presence of adverse effects related to pain management interventions.

Evidenced Based Practice:

Systematic tracking of pain is an important factor in improving pain management and making adjustments to the pain management regimen.

Sources:

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