Adult/Geriatric Critical Thinking Worksheet

Student Name: Rafael Alegre **Unit:** South 5 **Pt. Initials:** RW **Date:** 12/15/2021

1. Disease Process & Brief Pathophysiology

Aspiration pneumonia occurs when food, saliva, liquids, or vomit is breathed into the lungs or airways leading to the lungs, instead of being swallowed into the esophagus and stomach. Aspiration pneumonia occurs when the normal defense mechanisms fail in a predisposed individual. The entry of fluid into the bronchi and alveolar space triggers an anti-inflammatory reaction with the release of proinflammatory cytokines, tumor necrosis factor-alpha, and interleukins. Inoculation of organisms of common flora from the oropharynx and esophagus results in the infectious process. Inoculation of normal oropharyngeal flora in the aspirate results in the infectious process and results in aspiration pneumonia. If the bacterial load of aspirate is low normal host defenses will clear the secretions and prevent infection.

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

Stroke

Drug overdose (P)

Alcohol use disorder (P)

Seizures

Head trauma

Intracranial masses

Dementia

Parkinson disease

Esophageal strictures

Gastroesophageal reflux disease (P)

Pseudobulbar palsy

Tracheostomy (P)

NG tube

Bronchoscopy

Protracted vomiting

3. Signs and Symptoms

Chest pain

Coughing up foul-smelling, greenish or dark phlegm (sputum), or phlegm that contains pus or blood (P)

Fatigue (P)

Fever

Shortness of breath (P)

Wheezing (P)

Breath odor (P)

Excessive sweating

Problems swallowing (P)

Confusion

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4. Diagnostic Tests pertinent or confirming of diagnosis

Arterial blood gas (P)

Blood culture

Bronchoscopy

Complete blood count (P)

Chest x-ray (P)

Sputum culture (P)

Pulse Oximetry (P)

5. Lab Values that may be affected

CBC (P)

ABG (P)

Blood Culture (P)

Sputum Gram Stain and Culture (P)

6. Current Treatment

Oxygen therapy (P)

Antibiotic therapy (P)

Analgesics

Alternative feeding method (P)

7. Focused Nursing Diagnosis:

Ineffective Airway Clearance

8. Related to (r/t):

Retained Secretions

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

1 . Help the client deep breathe and perform controlled coughing. Have the client inhale deeply, hold breath for several seconds, cough two or three times with mouth open while tightening the upper abdominal muscles.

Evidenced Based Practice:

Controlled coughing uses diaphragmatic muscles, making the cough more forecful and effective.

12. Patient Teaching:

1. Teach patient how to deep breathe and cough effectively.

2. Teach the patient and family to identify and avoid specific factors that exacerbate ineffective airway clearance, including known allergies and especially smoking or exposure to second hand smoke.

3. Teach the patient and family about the importance of taking antibiotics and taking all the prescribed dose, even when symptoms resolve. Taking full course of antibiotics help stop bacterial

9. As evidenced by (aeb):

Difficulty verbalizing

Excessive sputum

Dyspnea, Tachypnea

10. Desired patient outcome:

Patient will demonstrate effective coughing and clear breath sounds by December 16, 2021.

2. Monitor respiratory patterns, including rate, depth, and effort.

Evidenced Based Practice:

A normal respiratory rate for an adult without dyspnea is 12 to 16 breaths per minute (Bickley and Szilagy, 2017). With secretions in the airway, the respiratory rate will increase.

3. Position client in a semurecumbent position with the head of the bed at a 30- to 45-degree angle to decrease the aspiration of gastric, oral and nasal secretions.

Evidenced Based Practice:

In a mechanically ventillated client, there is a decreased incidence of ventilator-associated event if the client is positioned at a 30- to 45- defree semirecumbent position rather than a supine position.

infection, which decreases lingering, chronic infection.

13. Discharge Planning/Community Resources:

1. Collaborate with case manager to assess home support system, community support, and home health system, including oxygen equipment,

2. Home health services to support patient and family

3. Encourage joining community support groups (BecomeAnEx, Better Breathers Club) for health management and resources.