

## Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Adela Martinez

**Unit:** S5

**Pt. Initials:** J.B

**Date:** 12/15/2021

### 1. Disease Process & Brief Pathophysiology

Respiratory failure develops when the lungs are unable to exchange O<sub>2</sub> and CO<sub>2</sub> adequately. Clinical respiratory failure exists when PaO<sub>2</sub> is less than 60 mm Hg with the pt at rest and breathing room air. There are a variety of disease processes that can lead to RF but there are four basic mechanisms: alveolar hypoventilation, ventilation-perfusion mismatch, diffusion disturbances and right to left shunt.

### 4. Diagnostic Tests pertinent or confirming of diagnosis

P-BG analysis  
pH drop to low levels 7.166

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

### 5. Lab Values that may be affected

P-ABG analysis

O<sub>2</sub> sat

### 3. Signs and Symptoms

restlessness

anxiety

headache

P-fatigue

cool and dry skin

P-changes in mental status

P-confusion

### 6. Current Treatment

O<sub>2</sub> administration

P-sucralfate, metoclopramide HCL, Oxacillin Sodium, Levofloxacin, Pantoprazole sodium, Amlodipine Besylate, Losartan Potassium, metronidazole, enoxaparin sodium, ezetimibe

P-TCDB exercises

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**7. Focused Nursing Diagnosis:**

Decreased Gas Exchange

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

due to altered oxygen supply occurring

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

ABG analysis

**10. Desired patient outcome:**

Optimally within 1-2 hours after treatment/interventions or by discharge, pt will

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

1. assess for s/s of hypoxia and report significant changes

**Evidenced Based Practice:**

hypoxia ( evidenced by agitation, anxiety, restlessness , changes in LOC) indicate oxygen deficiency and necessitate prompt intervention

2. Monitor serial ABG values as indicated by pt condition

**Evidenced Based Practice:**

PaO<sub>2</sub> will likely continue to decrease as the pt disease progresses. pt with chronic CO<sub>2</sub> retention may have chronically compensated respiratory acidosis.

3. Position pt in high fowlers, with pt leaning forward .

**Evidenced Based Practice:**

this position promotes comfort and optimal gas exchange by enabling maximal chest expansion,

**12. Patient Teaching:**

1. Tell pt the importance of respiratory therapy consultations to assist with teaching related to O<sub>2</sub> therapy.

2. teach pt s/s that necessitate medical attention to such conditions as COPD exacerbation, pneumonia/ infections or heart failure

3. teach pt importance of avoiding contact with infectious individuals , especially those with respiratory infections and limiting exposure in general during seasonal outbreaks .

**13. Discharge Planning/Community Resources:**

1. make and confirm a follow up appointment with HCP

2. introduction to pulmonary rehabilitation programs

3. use of home O<sub>2</sub> and include instructions for when to use, importance of not increasing flow rate, precautions, community resources for O<sub>2</sub> replacement when necessary and an absolute restriction of smoking near O<sub>2</sub>.

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have adequate gas exchange as evidenced by RR of 12-20 . By time of discharge pt ABG values will be as follows : PaCO<sub>2</sub> between 35-45 and Ph between 7.35-7.45.

using activation of accessory muscles during inspiration and gravity during expiration.