Adult/Geriatric Critical Thinking Worksheet

Student Name: Hunter Thompson **Unit:** **Pt. Initials:** **Date:** 1/5/2022

1. Disease Process & Brief Pathophysiology

Acute Renal Failure- a sudden episode of kidney failure that happens within a few hours or days from a buildup of wastes products in the blood.

-Tubular obstruction by interstitial edema or intratubular casts and passive backflow due to increased tubular permiability.

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

Acute tubular necrosis

Severe or sudden dehydration

Toxic kidney injury from poisons or certain meds

UTI

Acute nephritic syndrome

3. Signs and Symptoms

SOB

Fatigue

Decreased urine output

Fluid retention

Edema

Confusion

Nausea

Weakness

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4. Diagnostic Tests pertinent or confirming of diagnosis

Blood tests

Urine screening

GFR

5. Lab Values that may be affected

Creatinine

BUN

GFR

Urine protein

Serum albumin

WBC

Na

6. Current Treatment

Diuretic medications

Dialysis

Ureteral stent

Fluid replacement

7. Focused Nursing Diagnosis:

Deficient fluid volume

8. Related to (r/t):

Acute Renal Failure

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

1 . Measure I&O accurately daily

Evidenced Based Practice:

Assessment can help estimate fluid replacement needs. Fluid intake should approximate lossess through urine, nasogastric or wound drainage.

12. Patient Teaching:

1. Use an insentive spirometer at home to promote lung health.

2. Try and become more active such as walking around more frequently to strengthen lungs.

3. Change diet, SOB often occurs in people with unhealthy diets.

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9. As evidenced by (aeb):

Altered kidney lab values

10. Desired patient outcome:

Patient will take intake and eliminate an adequate amount of fluid by the end of the week.

2. Control environmental tempurature; limit bed linens as indicated

Evidenced Based Practice:

May reduce diaphoresis, which contributes to overall fluid lossess.

3. Monitor laboritory studies

Evidenced Based Practice:

In nonoliguric ARF or in diuretic phase of ARF, large urine lossess may result in sodium wasting while elevated urinary sodium acts osmotically to increase fluid losses.

13. Discharge Planning/Community Resources:

1. Take daily weights every day at the same time with the same scale with the same type of clothing.

2. Learn to take your own Blood pressure because changes in this can lead to early detection of kidney changes.

3. Take medication exactly as directed and take in an adequate nutrition.