

Adult/Geriatric Critical Thinking Worksheet

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Unit: ONLINE

Pt. Initials: MJ

Date: 1/12/2022

1. Disease Process & Brief Pathophysiology

Acute renal failure (ARF) is characterized by sudden loss of the ability of the kidneys to excrete wastes, concentrate urine, conserve electrolytes, and maintain fluid balance. This results in retention of nitrogenous waste in the body. ARF can result from a decrease of renal blood flow, intrinsic renal parenchymal diseases, or obstruction of urine flow. This is where the disease is split into three different stages known as- prerenal, intrinsic, and postrenal. (Basile, D. P., Anderson, M. D., & Sutton, T. A., 2012)

4. Diagnostic Tests pertinent or confirming of diagnosis

- Urinalysis
- Renal Ultrasound
- Kidney Biopsy
- CT scan
- GFR (Glomerular Filtration Rate) (P)

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

- Age > 50 years
- Kidney disease
- Diabetes
- Cardiovascular disease
- Exposure to nephrotoxic drugs
- Hypertension
- High blood pressure

5. Lab Values that may be affected

- Serum electrolytes
- BUN
- Serum Creatine and Creatine clearance levels
- Hematocrit and Hemoglobin levels
- Lipid profile
- CBC

3. Signs and Symptoms

- Decreased urine output
- Irregular heartbeat
- Weakness
- Peripheral edema
- Dyspnea
- Skin rash/Itching
- Dizziness

6. Current Treatment

- Emergency Dialysis
- Peritoneal Dialysis
- Drug therapy

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7. Focused Nursing Diagnosis:

Excess Fluid Volume

8. Related to (r/t):

Acute Renal Failure- failure of kidneys to eliminate excess body fluid due to nephrotixins

9. As evidenced by (aeb):

Progressive loss of renal function causes reduced sodium filtration and innapropriate suppression of tubular reabsorption that ultimately leads to volume expansion. (Kahn, 2016)

10. Desired patient outcome:

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

1 .Elevate patient's legs and feet

Evidenced Based Practice:

Elevating the affected extremity above the level of the heart reduces the edema at the inflammatory site by increasing venous and lymphatic return. (Harding, p. 161)

2. Help patient manage low sodium diet

Evidenced Based Practice:

Sodium in the form of salt, causes your body to hold on to water. Too much salt in your diet will increase your chances of fluid overload and make it more difficult to remove fluid during dialysis. Reducing sodium intake can reduce fluid retention/imbalance throughout the body.(National Kidney Foundation, 2018)

3. Assist patient with ambulation

Evidenced Based Practice:

12. Patient Teaching:

1. Educate patient on the benefits of following a low sodium diet to decrease excess fluid retention, as well as dialysis to reduce fluid volume.

2. Teach patient to weigh themselevs at the same time daily with the same scale, and monitor their intake and output for close equality after discharge.

3. Teach patient importance and benefits of ambulating and performing passive exercises to decrease edema in legs and feet.

13. Discharge Planning/Community Resources:

1. Provide patient with a list of simple exericies to help encourage movement and increase ambulation at home.

2. Provide patient with sample menu with examples of how low sodium food may be incorporated into daily meals.

3. Connect patient with a case manager to help patient receive home health services to assist in managing Acute Renal Failure, proper medication administration, I&O monitoring and ADL's during

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Patient will demonstrate behaviors to reduce edema in extremities due to fluid overload by discharge.

Moving and using the muscles in the part of your body affected by the edema, especially your legs/ankles/feet, can help pump the excess fluid back toward your heart and reduce excess fluid retention by gravity. (Swearingen, p. 223) recovery..

References:

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