

| PERIPHERAL VASCULAR | NEUROLOGY/PSYCHOSOCIAL | CARDIOVASCULAR |
|---|--|--|
| 3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input type="checkbox"/> N SCDs <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: _____ Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Post. Tib. R _____ L _____ Comments: _____ | Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input type="checkbox"/> Y <input type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>S</u> Pushes: Rt. <u>S</u> Lt. <u>S</u> Comments: _____ Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appro. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: _____ | Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input type="checkbox"/> N PPM Site: _____ Rhythm: _____ |
| GASTROINTESTINAL | SKELETAL | PACER SETTINGS |
| <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color _____ Consistency _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Quadrants Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHT R or L Comments: _____ | Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation Gait <input checked="" type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>gait slow but steady</u> | <input checked="" type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ <input type="checkbox"/> Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular |
| GENITOURINARY | EYES, EARS, NOSE, THROAT | INCISIONS/WOUNDS/DRAINS |
| Urine: <input type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input type="checkbox"/> Yellow <input type="checkbox"/> Amber <input checked="" type="checkbox"/> Bloody <input type="checkbox"/> Voids <input checked="" type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: _____ | Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral/Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: _____ | <input type="checkbox"/> None #1 Location: <u>JP drain L(R) abdomen</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Drainage/Color <u>red</u> <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings <input type="checkbox"/> Comments _____ #2 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ #3 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ <input type="checkbox"/> Comments _____ |
| ARTERIAL AND VENOUS SITES | PULMONARY | CHEST TUBES |
| A-Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> PICC <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input checked="" type="checkbox"/> Peripheral <input type="checkbox"/> R <input checked="" type="checkbox"/> L <u>AD</u> Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit | Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Venti Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach <input type="checkbox"/> BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: _____ | <input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous <input type="checkbox"/> _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments _____ |
| SKIN ASSESSMENT | LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub | |
| <input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petchiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: _____ |  | |

Initial Assessment See Narrative for Additional information Signature #8 hlynn Cunningham Date: 10-18-21 Time: 10:55
 No Changes to initial assessment See Narrative for Signature _____ Date: _____ Time: _____
 No Changes to previous assessment See Narrative for Signature _____ Date: _____ Time: _____



Student Name: Ashlynn Cunningham

Date: 1-18-2022

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

10:55, admitted for malignant Neoplasm of prostate. Patient clean and relaxed - sitting up at side of bed.

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

AAOx4, positive reaction to cold sensation (alcohol swab + stethoscope) grip and push strength strong, movement fluid and intentional. Speech clear and fluent. PERRL, 4mm

Comfort level: Pain rates at 0 (0-10 scale) **Location:** _____

Psychological/Social (affect, interaction with family, friends, staff)

friendly, outgoing and talkative to staff. No family present, but mentioned his girlfriend several times

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

EENT symmetrical, no drainage or sore throat. Oral mucosa intact, pink and moist. Teeth intact, nodes not palpable. Swallowed food and water appropriately

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest free of deformities and abrasions. Breath sounds clear to auscultation. 20 breaths per minute. Rhythm even and unlabored, no accessory muscle use.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S1+S2 even and clear to auscultation. Apical rate 80, radial rate 80. Radial and pedal pulse 2+ BL.

Student Name: _____

Date: _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to

palpation) last BM "before hospitalization" according to patient.

Abdomin soft and smooth, intact except for incision on lower

(R) side. bowel sounds active in all 4 quadrants - slight

tenderness over LRO on palpation Last BM "maybe 13th" - patient

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal

bleeding, discharge) Patient being sent home with foley inserted.

Reddish-pink bloody urine.

Urine output (last 24 hrs) _____ LMP (if applicable) _____

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities)

Symmetrical alignment, good posture. Ambulatory, gait
even but slow and shuffling. Moves all extremities, no
deformities.

Skin (skin color, temp, texture, turgor, integrity)

Skin color appropriate for race, warm to touch, 96.7
temporal. Skin smooth and dry. Turgor assessed on
clavicle - instant recoil. Prostectomy incision lower (R)
abdomin - JP drain, sutured in

Wounds/Dressings

see "skin"

Other

Student Name: Ashlynn Cunningham

Unit: 88

Pt. Initials: _____

Date: 1-18-22

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Penicillins

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|-------------------------------|-----------------------------------|--|--|
| Lactated Ringer's @ 80ml/hr | Isotonic/Hypotonic/Hypertonic | Fluid replacement - prostatectomy | Sodium, potassium, calcium, chloride, bicarb | pt's who cannot metabolize lactate (liver dz, lactic acidosis) caution: HF, EF |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---|---|---|------------------------|---|---|--|---|
| Docusate Sodium (Colace) | Laxative, surfactant | occasional constipation | 100mg PO BID | <input checked="" type="checkbox"/> N | NA | Stomach pain, diarrhea, cramping | 1. Avoid straining for BM - incision 2. Mix with milk/juice to mask bitter taste 3. Do not use > 1 week 4. Relief usually occurs in 1-3 days |
| Psyllium Hydrophilic mucilloid (Metamucil Packet) | Laxative, bulk forming | Constipation | 1 each PO BID | <input checked="" type="checkbox"/> N | NA | Gas, stomach cramping | 1. Take with full glass (8oz) of water 2. Take at least 2 hrs from other meds 3. May take 1-3 days to work 4. Do not use > 7 days |
| Magnesium Hydroxide (Milk of Magnesia Susp) | Antacids and adsorbents laxative, osmotic | occasional constipation | 30mL PO BID | <input checked="" type="checkbox"/> N | NA | diarrhea | 1. Take well before each dose 2. Drink a full glass of water with dose 3. Over use may lead to dependence 4. Over use may cause hypermagnesemia |
| Irbesartan (Ava-pro) | Angiotensin II receptor antagonist | Treat HTN/relax blood vessels | 150mg PO QHS | <input checked="" type="checkbox"/> N | NA | Dizziness, lightheadedness, upset stomach | 1. Take at the same time every day 2. Take even if you feel fine 3. Teach to self monitor blood pressure 4. Rise slowly, dangle feet before standing |
| Ketorolac Tromethamine (Toradol Inj) | NSAIDs, Non-Salicylates | Moderate to severe pain (usually before/after medical procedure or surgery) | 30mg IVP Q6Hr | <input checked="" type="checkbox"/> N | do not dilute per Covenant protocol 15 seconds minimum | Pain at inj site, dizziness, drowsiness, headache or upset stomach, drowsy > risk of heart failure | 1. Prolonged use may > risk of heart attack 2. Do not use > 5 days 3. Do not use if cloudy/discoLOred 4. Do not use before/after CABG |

Student Name: Ablynn Cunningham

Unit: SG

Pt. Initials: _____

Date: 1-18-22

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: penicillins

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|----------------------------------|------------------------------|---|--------------------------|---|---|---|--|
| Gabapentin (Neurontin) | Anticonvulsant | Prevent/control seizures OR relief of nerve pain | 300mg PO Q12 Hr | <input checked="" type="checkbox"/> Y N | N/A | drowsiness, dizziness, loss of coordination | 1. do not d/c rapidly 2. may ↑ risk of suicidal ideation 3. if SE, take 1st dose at bed time do not take within 2 hours of antacids 4. containing magnesium or aluminum |
| Tramadol HCl (Ultram) | Opiate Agonist | Pain, moderate (4-6) | 100mg PO Q6 Hr PRN | <input checked="" type="checkbox"/> Y N | N/A | Nausea, vomiting, constipation, light-headedness, dizziness, drowsiness, headache | 1. Take with food if nauseated 2. Sudden d/c may cause withdrawal 3. ↑ dietary fiber, water, exercise 4. stand slowly; call don't fall |
| Paroxetine HCl (Paxil) | Antidepressant SSRI | depression, OCD, panic attacks, anxiety disorders, PTSD | 10mg PO daily | <input checked="" type="checkbox"/> Y N | N/A | Nausea, drowsiness, dizziness, trouble sleeping, loss of appetite, weakness, dry mouth, sweat, blurred vision | 1. Do not d/c suddenly / with out talking to your doctor 2. It may take several weeks to work 3. Taking with food may ↓ nausea 4. Take at the same time each day |
| Enoxaparin Sodium (Lovenox inj) | Anticoagulant | Prevent/treat blood clots | 40mg Subcut daily @ 0800 | <input checked="" type="checkbox"/> Y N | N/A | mild irritation, pain, bruising, redness, swelling at injection site. Fatigue or fever | 1. Administer in left hand/axils 2. Rotate inj site 3. Do not inj into muscle 4. Do not rub site after inj |
| Hydromorphone HCl (Dilaudid Inj) | Opiate Agonist | Pain, severe (7-10) | 0.5mg IVP Q4-6hr PRN | <input checked="" type="checkbox"/> Y N | do not dilute per Covenant protocol 0.5mg/min | nausea, vomiting, constipation, flushing, dry mouth, light-headedness, dizziness, drowsiness, sweating | 1. change inj location q dose 2. do not use if discolored 3. monitor respiratory status 4. discard leftovers |

Adult/Geriatric Critical Thinking Worksheet

Student Name: Ashlynn Cunningham

Unit: S8

Pt. Initials:

Date: 1/18/2022

1. Disease Process & Brief Pathophysiology

Benign prostatic hyperplasia (BPH) is when the prostate and surrounding tissue expands. The prostate goes through two main growth periods as a man ages. The first is early in puberty, when the prostate doubles in size. The second begins around age 25 and continues during most of a man's life. As you age, your prostate may get larger. BPH is when it gets large enough to cause problems.

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

Male(P), over the age of 50(P), family history, obesity, inactivity, erectile dysfunction

3. Signs and Symptoms

Incomplete emptying(P), Frequency, Intermittency, Urgency(P), Weak stream(P), Straining(P), Nocturia

4. Diagnostic Tests pertinent or confirming of diagnosis

DRE, UA, PVR, uroflowmetry, urodynamic pressure flow study, ultrasound, cystoscopy, MRI, CT, PSA

5. Lab Values that may be affected

Electrolytes, BUN, and creatinine

6. Current Treatment

Active surveillance, alpha blockers, 5-alpha reductase inhibitors, antimuscarinics, phytotherapies, prostatic urethral lift, water vapor thermal therapy, transurethral microwave therapy, catheterization (P), transurethral incision of the prostate, photoselective vaporization, transurethral resection of the prostate, holmium laser enucleation of prostate, thulium laser enucleation of the prostate, transurethral vaporization of the prostate, transurethral water-jet ablation, prostatectomy (P)

Student Name: Ashlynn Cunningham

Unit: S8

Pt. Initials:

Date: 1/18/2022

7. Focused Nursing Diagnosis:

Readiness for enhanced knowledge

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

1. Assume a facilitator role vurses authority role when engaging clients seeking health-related knowledge

12. Patient Teaching:

1. Empty catheter bag when it is half full, blood is normal.

2. Use plain soap and water to clean catheter and head of penis daily or more as needed.

8. Related to (r/t):

catheter care

Evidenced Based Practice:

According to Stacey and Legare (2015), by assumimg a facilitator role, nurses are able to provide balanced evidence on options, understand what is most important to the patient, and advocate for the patients preferences. All of this facilitates shared decision making and enables the opportunity to determine best practice.

3. Appropriate outfits to wear while catheter is in use- avoid jeans or tight fitting pants

13. Discharge Planning/Community Resources:

1. Establish a plan to follow high fiber diet and use OTC laxative as appropriate to prevent straining when having a BM.

9. As evidenced by (aeb):

Patient verbalized interest and excitement about him and his partner learning catheter care

2. Reinforce learning through frequent repetition and follow up sessions

2. Follow up appointment

Evidenced Based Practice:

A systematic review of six studies found that

3. Support group

Student Name: Ashlynn Cunningham

Unit: S8

Pt. Initials:

Date: 1/18/2022

10. Desired patient outcome:

Patient will demonstrate how to perform catheter care satisfactorily by 14:30 on 1/18/2022.

frequent and regular education sessions, including "boost" sessions, improved medication and self care management outcomes for those with a chronic condition, including stroke clients. (Chapman & Bogle, 2014)

3. Use client centered approaches that engage clients and caregivers as active versus passive learners.

Evidenced Based Practice:

A systematic review of 38 trials with clients with asthma found that using empathy building strategies within a framework of person centered counseling would maximise the effectiveness of self care interventions for those with poorly controlled asthma. (Denford et al, 2014)

References

- Ackley, B. J., Ladwig, G. B., Flynn, M. M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020). *Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care* (Twelfth Edition). Elsevier.
- Benign prostatic hyperplasia (BPH)*. Benign Prostatic Hyperplasia (BPH): Symptoms, Diagnosis & Treatment - Urology Care Foundation. (n.d.). Retrieved January 18, 2022, from [https://www.urologyhealth.org/urology-a-z/b/benign-prostatic-hyperplasia-\(bph\)](https://www.urologyhealth.org/urology-a-z/b/benign-prostatic-hyperplasia-(bph))
- Which lab studies are indicated in the workup of benign prostatic hyperplasia (BPH)?* Latest Medical News, Clinical Trials, Guidelines - Today on Medscape. (2021, June 26). Retrieved January 18, 2022, from <https://www.medscape.com/answers/437359-90373/which-lab-studies-are-indicated-in-the-workup-of-benign-prostatic-hyperplasia-bph>

Diagnostic Worksheet

| Mark high / low values with (↑ or ↓) | Covenant Normal Values | Admit day | Dates | | Mark high / low values with (↑ or ↓) | Covenant Normal Values | Admit day | Dates | |
|--|-------------------------------|-----------|-------------|--|--------------------------------------|------------------------|-----------|-------------|--|
| | | | Most Recent | | | | | Most Recent | |
| CBC | | | | | | | | | |
| WBC | 3.6-10.8 K/uL | 7.10 | | | | | | | |
| HGB | 14-18 g/dL | 14.5 | | | ↓ | | | | |
| HCT | 42% - 52% | 40.33 | | | ↓ | | | | |
| RBC | 4.7-6.1 m/uL | 4.46 | | | | | | | |
| PLT | 150 - 400 K/uL | 282 | | | | | | | |
| UA | | | | | | | | | |
| Sp Gravity | | | | | | | | | |
| Protein | | | | | | | | | |
| Glucose | | | | | | | | | |
| Ketone | | | | | | | | | |
| Nitrite | | | | | | | | | |
| Leukocytes | | | | | | | | | |
| Billirubin | | | | | | | | | |
| Blood | | | | | | | | | |
| pH | | | | | | | | | |
| Other Labs | Covid-19 (WMA) Sars-cov-2 PCR | negative | | | | | | | |
| Date | | | | | | | | | |
| Blood Culture | | | | | | | | | |
| Urine | | | | | | | | | |
| Wound | | | | | | | | | |
| Wound | | | | | | | | | |
| Other Diagnostic / Procedures Examples: CT/Xray/MRI/Paracentesis | | | | | | | | | |
| Date | | | | | | | | | |
| Type | Electrocardiogram | | | | | | | | |
| Result | Normal sinus rhythm | | | | | | | | |
| Common | | | | | | | | | |
| Refer to lab specific data | | | | | | | | | |
| GFR | | | | | | | | | |
| TSH | 0.35 - 5.5 U/L | | | | | | | | |
| Digoxin | 0.8 - 2 ng/dL | | | | | | | | |
| PT | 10.0 - 12.9 secs | 10.4 | | | | | | | |
| INR | Therapeutic 2 - 3 | 0.97 | | | | | | | |
| PTT | 25.3 - 36.9 secs | 31.8 | | | | | | | |
| BNP | 5 - 100 pg/dL | | | | | | | | |
| CKMB | 0 - 5 ng/dL | | | | | | | | |
| Troponin | neg = < 0.07 ng/mL | | | | | | | | |

Mark high / low values with (↑ or ↓)

Covenant Normal Values

Admit day

Most Recent

Mark high / low values with (↑ or ↓)

Covenant Normal Values

Admit day

Most Recent

Point of Care Glucose Results

CMP

Glucose

70-110 mg/dL

101

Sodium

134 - 145 mmol/L

138

Potassium

3.5 - 5.3 mmol/L

3.8

Lipid Panel

Cholesterol

200mg/dL

TRIG

0-150 mb/dL

HDL

>60mg/dL

LDL

0-100 mg/dL

Other

AST(SGOT)

5 - 45 U/L

16

ALT (SGPT)

7-72 U/L

26

Alk Phos (ALP)

38 - 126 U/L

72

Other

BUN

9-21 mg/dL

7

Creatinine

0.8-1.5 mg/dL

0.50

Chloride

98 - 108 mmol/L

106

Other

Calcium

8.4 - 11.0 mg/dL

9.4

Mg++

1.6 - 2.3 mg/dL

6.7

Total Protein

5.5 - 7.8 g/dL

3.8

Other

Albumin

3.4 - 5 g/dL

0.7

Total Billirubin

0.1 - 1.3

16

AST(SGOT)

5 - 45 U/L

26

Other

Cholesterol

200mg/dL

TRIG

0-150 mb/dL

HDL

>60mg/dL

LDL

0-100 mg/dL

Other

GFR

Refer to lab specific data

TSH

0.35 - 5.5 U/L

113

Digoxin

0.8 - 2 ng/dL

PT

10.0 - 12.9 secs

Other

INR

Therapeutic 2 - 3

0.97

PTT

25.3 - 36.9 secs

31.8

BNP

5 - 100 pg/dL

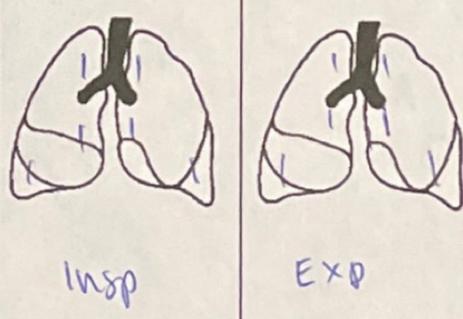
CKMB

0 - 5 ng/dL

Other

Troponin

neg = < 0.07 ng/mL

| PERIPHERAL VASCULAR | NEUROLOGY/PSYCHOSOCIAL | CARDIOVASCULAR |
|---|---|--|
| 3+ Bounding unable to occlude 2+ Strong able to occlude 1+ Weak palpable 0-Non palpable Extremities: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool Calf Tenderness/Swelling <input type="checkbox"/> R <input type="checkbox"/> L Ted Hose <input type="checkbox"/> Y <input checked="" type="checkbox"/> N SCDs <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Plexipulses Capillary Refill: <u>NA</u> Seconds Affected extremity pulse verified with Doppler <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Pulses: Radial R <u>2+</u> L <u>2+</u> Pedal R <u>2+</u> L <u>2+</u> Post. Tib. R <u>2+</u> L <u>2+</u> Comments: <u>finger and toenails painted- no cap refill</u> | Family at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Alert <input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Comatose <input type="checkbox"/> Sedated <input type="checkbox"/> Drowsy Cough Reflex <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Follows Simple Commands: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Gag <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Muscle Strength: (S-Strong, W-Weak, N-None) Grips: Rt. <u>S</u> Lt. <u>S</u> Pushes: Rt. <u>W</u> Lt. <u>W</u> Comments: Response to Questions: <input checked="" type="checkbox"/> Readily <input type="checkbox"/> Slowly <input type="checkbox"/> None <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Withdrawn <input type="checkbox"/> Friendly <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Appr. for age <input type="checkbox"/> Hostile/Angry <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Concerned Facial expressions: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Grimace <input type="checkbox"/> Seizure Precaution <input type="checkbox"/> Sedation Vacation Done for Neuro Assessment Comments: | Edema: <input type="checkbox"/> Generalized <input type="checkbox"/> Dependent Pitting: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ Skin Turgor WNL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Abnormal Heart Sounds <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Murmur <input type="checkbox"/> Y <input type="checkbox"/> N PPM Site: _____ Rhythm: _____ |
| GASTROINTESTINAL | SKELETAL | PACER SETTINGS |
| <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Incontinent Stool Color <u>brown</u> Consistency _____ Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Distended <input type="checkbox"/> Guarding Bowel Sounds: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent X _____ Quadrants Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> PEG <input type="checkbox"/> NGT <input type="checkbox"/> DHTR or L Comments: <u>colostomy bag</u> | Moves Extremities: <input checked="" type="checkbox"/> All <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Stiffness <input type="checkbox"/> Tenderness <input type="checkbox"/> Weak <input type="checkbox"/> Deformities <input type="checkbox"/> Contractures <input type="checkbox"/> Spasms <input type="checkbox"/> Paralysis <input type="checkbox"/> Amputation _____ Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Comments: <u>pain on movement; lower extremities, gait not assessed - non ambulatory</u> | <input type="checkbox"/> None Rate _____ MA: A _____ V _____ Sensitivity _____ Mode _____ Transvenous @ _____ cm Site _____ Epicardial wires <input type="checkbox"/> Y <input type="checkbox"/> N Permanent Pacemaker Site <input type="checkbox"/> Left subclavicular <input type="checkbox"/> Right subclavicular |
| GENITOURINARY | EYES, EARS, NOSE, THROAT | INCISIONS/WOUNDS/DRAINS |
| Urine: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Sediment <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Yellow <input type="checkbox"/> Amber <input type="checkbox"/> Bloody <input type="checkbox"/> Voids <input checked="" type="checkbox"/> Foley Size _____ Fr Insertion Date _____ <input type="checkbox"/> Urostomy <input type="checkbox"/> BRP <input type="checkbox"/> Urinal/Bedpan <input type="checkbox"/> BSC <input type="checkbox"/> Incontinent Comments: | Sclera: <input checked="" type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red Scleral Edema: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sore Throat: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Nasal Drainage: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Comments: | <input type="checkbox"/> None #1 Location: <u>lower abdomen - peri area</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Drainage/Color <u>pusulent</u> <input checked="" type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u>wet-dry dressing</u> Comments: _____ #2 Location: <u>Right Lower Leg</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input checked="" type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings _____ Comments: _____ #3 Location: <u>roccyx</u> <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input checked="" type="checkbox"/> Open to Air <input checked="" type="checkbox"/> Dressings <u>padded dressing</u> Comments: _____ #4 Location: _____ <input type="checkbox"/> Sutures <input type="checkbox"/> Staples/Clips <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Reddened <input type="checkbox"/> Swollen <input type="checkbox"/> Drainage/Color _____ <input checked="" type="checkbox"/> Open to Air <input type="checkbox"/> Dressings _____ Comments: _____ |
| ARTERIAL AND VENOUS SITES | PULMONARY | CHEST TUBES |
| A-Without Redness or Swelling B-Redness C-Swelling D-Dressing <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input checked="" type="checkbox"/> PICC <input checked="" type="checkbox"/> R <input type="checkbox"/> L <u>AD</u> Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Arterial Line <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ <input type="checkbox"/> Femoral <input type="checkbox"/> Radial <input type="checkbox"/> PA @ _____ cm <input type="checkbox"/> R <input type="checkbox"/> L Start: _____ Hemodialysis Access Location _____ <input type="checkbox"/> Graft <input type="checkbox"/> AV Fistula <input type="checkbox"/> Thrill <input type="checkbox"/> Bruit | Respirations: <input checked="" type="checkbox"/> No Distress <input type="checkbox"/> SOB <input type="checkbox"/> Labored <input type="checkbox"/> Accessory Muscles <input type="checkbox"/> Shallow <input type="checkbox"/> Apnea <input type="checkbox"/> Tachypnea <input checked="" type="checkbox"/> RA O2: _____ <input type="checkbox"/> NC <input type="checkbox"/> Vent Mask <input type="checkbox"/> Trach Collar <input type="checkbox"/> Non rebreather <input type="checkbox"/> T-Piece <input type="checkbox"/> Ventilator: <input type="checkbox"/> BiPAP/CPAP # _____ ETT @ _____ cm # _____ Shiley Trach BVM at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Obturator at bedside <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Cough: <input type="checkbox"/> Productive <input type="checkbox"/> Non Productive <input checked="" type="checkbox"/> None Secretions: Color _____ Consistency _____ Amt. <input type="checkbox"/> Copious <input type="checkbox"/> Moderate <input type="checkbox"/> Minimal Comments: | <input checked="" type="checkbox"/> None #1 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #2 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ #3 <input type="checkbox"/> Pleural <input type="checkbox"/> Mediastinal <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Suction <input type="checkbox"/> Gravity Drainage Color: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguinous _____ Air-leak <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pleuravac <input type="checkbox"/> Thoraseal Comments: _____ |
| SKIN ASSESSMENT | LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub | |
| <input type="checkbox"/> Skin Intact Skin assessment codes: 1. Abrasions 2. Decubitis 3. Bruises 4. Incision 5. Redness 6. Edema 7. Rash 8. Lacerations 9. Petechiae 10. Hematoma 11. Blister 12. Stoma 13. Sutures 14. Staples 15. Other: _____ Skin Color normal for patient <input checked="" type="checkbox"/> <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Shiny <input type="checkbox"/> Clammy <input type="checkbox"/> Cool <input type="checkbox"/> Diaphoretic Braden Scale Score _____ <input type="checkbox"/> If Braden Scale \leq 18 initiate Skin Care Protocol Comments: |  | |
| <input type="checkbox"/> Initial Assessment <input type="checkbox"/> See Narrative for Additional information Signature: <u>Ashlynn Cunningham</u> Date: <u>1-18-22</u> Time: <u>10:30</u> <input type="checkbox"/> No Changes to initial assessment <input type="checkbox"/> See Narrative for _____s Signature _____ Date: _____ Time: _____ <input type="checkbox"/> No Changes to previous assessment <input type="checkbox"/> See Narrative for _____s Signature _____ Date: _____ Time: _____ | | |

