80

vitals BS 188

PERIPHERAL VASCULAR

3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable

Extremities: ☐ Pink ☐ Red ☐ Cyanotic ☐ Warm
☒ Cool Calf Tenderness/Swelling ☐ R ☐ L
Ted Hose ☐ Y ☐ N SCDs ☐ Y ☐ N
☐ Plexipulses Capillary Refill: <2 Seconds
Affected extremity pulse verified with Doppler ☐ Y ☐ N
Pulses: Radial R 2 L 2
Pedal R 1 L 1
Post. Tib. R ____ L ____
Comments: ____

NEUROLOGY/PSYCHOSOCIAL

Family at bedside ☒ Y ☐ N
☒ Alert ☐ Oriented ☒ Confused ☐ Comatose
☐ Sedated ☐ Drowsy Cough Reflex ☐ Y ☐ N
Follows Simple Commands: ☒ Y ☐ N Gag ☐ Y ☐ N
Muscle Strength: (S-Strong, W-Weak, N-None)
Grips: Rt. S Lt. S Pushes: Rt. S Lt. S
Comments: ____
Response to Questions: ☐ Readily ☒ Slowly ☐ None
☒ Calm/Relaxed ☒ Quiet ☐ Withdrawn ☒ Friendly
☐ Restless ☐ Appro. for age ☐ Hostile/Angry
☐ Crying ☐ Anxious ☐ Concerned
Facial expressions: ☒ Flat ☐ Responsive ☐ Grimace
☐ Seizure Precaution ☐ Sedation Vacation Done for Neuro Assessment
Comments: ____

CARDIOVASCULAR

Edema: ☐ Generalized ☐ Dependent
Pitting: ☐ Y ☒ N ☐ 1+ ☐ 2+ ☐ 3+
Skin Turgor WNL ☐ Y ☐ N
Abnormal Heart Sounds ☐ Y ☒ N
Murmur ☐ Y ☒ N
☐ PPM Site: ____ Rhythm: ____

PACER SETTINGS

☒ None
Rate ____ MA: A ____ V ____
Sensitivity ____ Mode ____
Transvenous @ ____ cm Site ____
Epicardial wires ☐ Y ☐ N
Permanant Pacemaker Site
☐ Left subclavicular ☐ Right subclavicular

GASTROINTESTINAL

☒ Nausea ☒ Vomiting ☒ Incontinent
Stool Color D. Red Consistency Type 7
Abdomen: ☒ Soft ☐ Firm ☐ Distended ☐ Guarding
Bowel Sounds: ☒ Active ☐ Hypo ☐ Hyper ☐ Absent
X 4 Quadrants Appetite: ☐ Good ☐ Fair ☐ Poor
☐ PEG ☐ NGT ☐ DHT R or L
Comments: Pt has Blood present in Stool

SKELETAL

Moves Extremities: ☒ All ☐ RA ☐ RL ☐ LA ☐ LL
☐ Pain ☐ Swelling ☐ Stiffness ☒ Tenderness ☒ Weak
☐ Deformities ☐ Contractures ☐ Spasms ☐ Paralysis
☐ Amputation ____ Gait ☐ Steady ☒ Unsteady
Comments: Pt Does Not ambulate @ this time dt AMS and High fall risk

INCISIONS/WOUNDS/DRAINS

☒ None
#1 Location: ____
☐ Sutures ☐ Staples/Clips ☐ Retention Sutures
☐ Reddened ☐ Swollen ☐ Drainage/Color ____
☐ Open to Air ☐ Dressings ____
☐ Comments ____
#2 Location: ____
☐ Sutures ☐ Staples/Clips ☐ Retention Sutures
☐ Reddened ☐ Swollen ☐ Drainage/Color ____
☐ Open to Air ☐ Dressings ____
☐ Comments ____
#3 Location: ____
☐ Sutures ☐ Staples/Clips ☐ Retention Sutures
☐ Reddened ☐ Swollen ☐ Drainage/Color ____
☐ Open to Air ☐ Dressings ____
☐ Comments ____
#4 Location: ____
☐ Sutures ☐ Staples/Clips ☐ Retention Sutures
☐ Reddened ☐ Swollen ☐ Drainage/Color ____
☐ Open to Air ☐ Dressings ____
☐ Comments ____

GENITOURINARY

Urine: ☐ Clear ☐ Sediment ☐ Cloudy ☒ Yellow
☐ Amber ☐ Bloody ☐ Voids
☐ Foley Size ____ Fr Insertion Date ____
☐ Urostomy ☐ BRP ☐ Urinal/Bedpan ☐ BSC ☒ Incontinent
Comments: Pt in Brief

EYES, EARS, NOSE, THROAT

Sclera: ☒ White ☐ Yellow ☐ Red
Scleral Edema: ☐ Y ☒ N Sore Throat: ☐ Y ☐ N
Nasal Drainage: ☐ Y ☒ N
Comments: ____

ARTERIAL AND VENOUS SITES

A-Without Redness or Swelling B-Redness C-Swelling D-Dressing

☐ Jugular ☐ R ☐ L ____ Start: ____
☐ Subclavian ☐ R ☐ L ____ Start: ____
☒ PICC ☒ R ☐ L A D Start: 1/16
☐ Peripheral ☐ R ☐ L ____ Start: ____
☐ Peripheral ☐ R ☐ L ____ Start: ____
☐ Arterial Line ☐ R ☐ L ____ Start: ____
☐ Femoral ☐ Radial
☐ PA@ ____ cm ☐ R ☐ L Start: ____
Hemodialysis Access Location ____
☐ Graft ☐ AV Fistula ☐ Thrill ☐ Bruit

PULMONARY

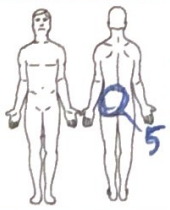
Respirations: ☐ No Distress ☐ SOB ☒ Labored
☐ Accessory Muscles ☒ Shallow ☐ Apnea ☐ Tachypnea
☒ RA O2: ____ ☐ NC ☐ Venti Mask ☐ Trach Collar
☐ Non rebreather ☐ T-Piece ☐ Ventilator: ☐ BiPAP/CPAP
____ ETT @ ____ cm # ____ Shiley Trach
BVM at bedside ☐ Y ☒ N
Obturator at bedside ☐ Y ☒ N
Cough: ☒ Productive ☐ Non Productive ☐ None
Secreations: Color Yellow/G Consistency ____
Amt. ☐ Copious ☐ Moderate ☒ Minimal
Comments: ____

CHEST TUBES

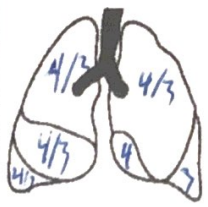
☒ None
#1 ☐ Pleural ☐ Mediastinal ☐ L ☐ R
☐ Suction ☐ Gravity
Drainage Color: ☐ Serous ☐ Sanguinous ☐ ____
Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal
Comments ____
#2 ☐ Pleural ☐ Mediastinal ☐ L ☐ R
☐ Suction ☐ Gravity
Drainage Color: ☐ Serous ☐ Sanguinous ☐ ____
Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal
Comments ____
#3 ☐ Pleural ☐ Mediastinal ☐ L ☐ R
☐ Suction ☐ Gravity
Drainage Color: ☐ Serous ☐ Sanguinous ☐ ____
Air-leak ☐ Y ☐ N ☐ Pleuravac ☐ Thoraseal
Comments ____

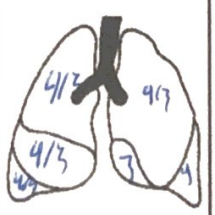
SKIN ASSESSMENT

☐ 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 ☐
☐ Pale ☐ Cyanotic ☐ Jaudice
☐ Shiny ☐ Clammy ☐ Cool
☐ Diaphoretic
Braden Scale Score 17
☒ If Braden Scale ≤ 18 initiate Skin Care Protocol
Comments: ____



LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub





☒ Initial Assessment ☐ See Narrative for Additional information Signature ____ Date: 1-18-22 Time: 0915
☐ No Changes to initial assessment ☐ See Narrative for ☐s Signature ____ Date: ____ Time: ____
☐ No Changes to previous assessment ☐ See Narrative for ☐s Signature ____ Date: ____ Time: ____

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

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PERIPHERAL VASCULAR

3+-Bounding unable to occlude 2+-Strong able to occlude 1+-Weak palpable 0-Non palpable

Extremities: ❑ Pink ❑ Red ❑ Cyanotic ☒ Warm ❑ Cool Calf Tenderness/Swelling ❑ R ❑ L
Ted Hose ❑ Y ☒ N SCDs ❑ Y ☒ N ❑ Plexipulses Capillary Refill: <3 Seconds
Affected extremity pulse verified with Doppler ❑ Y ❑ N
Pulses: Radial R 2 L 2
Pedal R 2 L 2
Post. Tib. R_____ L_____
Comments:

NEUROLOGY/PSYCHOSOCIAL

Family at bedside ❑ Y ☒ N
☒ Alert ☒ Oriented ❑ Confused ❑ Comatose ❑ Sedated ❑ Drowsy Cough Reflex ❑ Y ❑ N
Follows Simple Commands: ☒ Y ❑ N Gag ❑ Y ❑ N
Muscle Strength: (S-Strong, W-Weak, N-None)
Grips: Rt. 5 Lt. 5 Pushes: Rt. 5 Lt. 5
Comments:
Response to Questions: ☒ Readily ❑ Slowly ❑ None
☒ Calm/Relaxed ❑ Quiet ❑ Withdrawn ☒ Friendly ❑ Restless ☒ Appro. for age ❑ Hostile/Angry ❑ Crying ❑ Anxious ❑ Concerned
Facial expressions: ❑ Flat ☒ Responsive ❑ Grimace ❑ Seizure Precaution ❑ Sedation Vacation Done for Neuro Assessment
Comments:

CARDIOVASCULAR

Edema: ❑ Generalized ❑ Dependent
Pitting: ❑ Y ☒ N ❑ 1+ ❑ 2+ ❑ 3+
Skin Turgor WNL ❑ Y ☒ N
Abnormal Heart Sounds ❑ Y ☒ N
Murmur ❑ Y ☒ N
❑ PPM Site:_____ Rhythm:_____

PACER SETTINGS

☒ None
Rate_____ MA: A_____ V_____
Sensitivity_____ Mode_____
Transvenous @_____cm Site_____
Epicardial wires ❑ Y ❑ N
Permanant Pacemaker Site
❑ Left subclavicular ❑ Right subclavicular

GASTROINTESTINAL

❑ Nausea ❑ Vomiting ☒ Incontinent
Stool Color Brown Consistency Type 7
Abdomen: ☒ Soft ❑ Firm ❑ Distended ❑ Guarding
Bowel Sounds: ☒ Active ❑ Hypo ❑ Hyper ❑ Absent
X 4 Quadrants Appetite: ☒ Good ❑ Fair ❑ Poor
❑ PEG ❑ NGT ❑ DHT R or L
Comments: Bm @ 0830 1.18

SKELETAL

Moves Extremities: ☒ All ❑ RA ❑ RL ❑ LA ❑ LL
❑ Pain ❑ Swelling ❑ Stiffness ❑ Tenderness ☒ Weak
❑ Deformities ❑ Contractures ❑ Spasms ❑ Paralysis
❑ Amputation_____ Gait ❑ Steady ❑ Unsteady
Comments: Pt ambulates w/ x1 assist

INCISIONS/WOUNDS/DRAINS

☒ None
#1 Location:
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color
❑ Open to Air ❑ Dressings
❑ Comments
#2 Location:
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color
❑ Open to Air ❑ Dressings
❑ Comments
#3 Location:
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color
❑ Open to Air ☒ Dressings
❑ Comments
#4 Location:
❑ Sutures ❑ Staples/Clips ❑ Retention Sutures
❑ Reddened ❑ Swollen ❑ Drainage/Color
❑ Open to Air ❑ Dressings
❑ Comments

GENITOURINARY

Urine: ❑ Clear ❑ Sediment ❑ Cloudy ❑ Yellow ☒ Amber ❑ Bloody ❑ Voids
❑ Foley Size_____Fr Insertion Date_____
❑ Urostomy ❑ BRP ☒ Urinal/Bedpan ❑ BSC ❑ Incontinent
Comments:

EYES, EARS, NOSE, THROAT

Sclera: ☒ White ❑ Yellow ❑ Red
Scleral Edema: ❑ Y ☒ N Sore Throat: ☒ Y ❑ N
Nasal Drainage: ❑ Y ☒ N
Comments:

ARTERIAL AND VENOUS SITES

A-Without Redness or Swelling B-Redness C-Swelling D-Dressing

❑ Jugular ❑ R ❑ L_____ Start:_____
❑ Subclavian ❑ R ❑ L_____ Start:_____
❑ PICC ❑ R ❑ L_____ Start:_____
☒ Peripheral ❑ R ☒ L HH 40 Start: 1-17
❑ Peripheral ❑ R ❑ L_____ Start:_____
❑ Arterial Line ❑ R ❑ L_____ Start:_____
❑ Femoral ❑ Radial
❑ PA@_____cm ❑ R ❑ L Start:_____
Hemodialysis Access Location_____
❑ Graft ❑ AV Fistula ❑ Thrill ❑ Bruit

PULMONARY

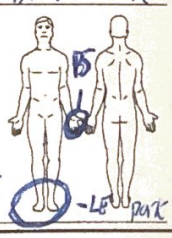
Respirations: ❑ No Distress ☒ SOB ❑ Labored
❑ Accessory Muscles ❑ Shallow ❑ Apnea ❑ Tachypnea
❑ RA O2: 4L ☒ NC ❑ Venti Mask ❑ Trach Collar
❑ Non rebreather ❑ T-Piece ❑ Ventilator: ❑ BiPAP/CPAP
#_____ETT @_____cm # _____Shiley Trach
BVM at bedside ❑ Y ❑ N
Obturator at bedside ❑ Y ❑ N
Cough: ❑ Productive ❑ Non Productive ☒ None
Secreations: Color_____ Consistency_____
Amt. ❑ Copious ❑ Moderate ❑ Minimal
Comments:

CHEST TUBES

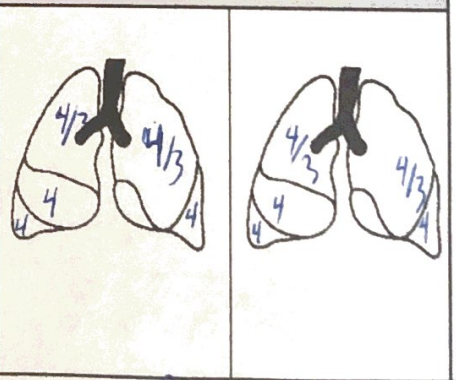
☒ None
#1 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments
#2 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments
#3 ❑ Pleural ❑ Mediastinal ❑ L ❑ R
❑ Suction ❑ Gravity
Drainage Color: ❑ Serous ❑ Sanguinous ❑_____
Air-leak ❑ Y ❑ N ❑ Pleuravac ❑ Thoraseal
Comments

SKIN ASSESSMENT

❑ 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: ~~Birthmark~~
Skin Color normal for patient ❑
❑ Pale ❑ Cyanotic ❑ Jaudice ❑ Shiny ❑ Clammy ❑ Cool ❑ Diaphoretic
Braden Scale Score 19
❑ If Braden Scale ≤ 18 initiate Skin Care Protocol
Comments: Hand P. mark 15



LUNGS: 1. Clear (Normal) 2. Crackles 3. Wheezes 4. Diminished 5. Absent 6. Rub



DIT varicella vcms

☒ Initial Assessment ☒ See Narrative for Additional information Signature Brook Lee Date: 1-18-22 Time: 0800
❑ No Changes to initial assessment ❑ See Narrative for ❑s Signature_____ Date:_____ Time:_____
❑ No Changes to previous assessment ❑ See Narrative for ❑s Signature_____ Date:_____ Time:_____

COVENANT SCHOOL OF NURSING STUDENT DOCUMENTATION

DAILY ASSESSMENT

883

Diagnostic Worksheet

	Mark high / low values with (↑ or ↓)	Covenant Normal Values *Diagnostic values vary from laboratory to laboratory.	Dates: Admit day 11/7	Dates: Most Recent 11/8	
CBC	WBC	3.6-10.8 k/uL	7.44	4.40	
	HGB	14-18 g/dL	14.3	13.4	
	HCT	42% - 52%	41	38↓	
	RBC	4.7-6.1 m/uL	4.39	4.10	
	PLT	150 - 400 k/uL	181	183	
CMP	Glucose	70-110 mg/dL	106	128↑	
	Sodium	134 - 145 mmol/L	139	140	
	Potassium	3.5 - 5.3 mmol/L	3.5	4.4	
	BUN	9-21 mg/dL	17	22↑	
	Creatinine	0.8-1.5 mg/dL	1.16	0.80	
	Chloride	98 - 108 mmol/L	106	108	
	Calcium	8.4 - 11.0 mg/dL	8.6	8.4	
	Mg++	1.6 - 2.3 mg/dL			
	Total Protein	5.5 - 7.8 g/dL	6.1	5.4↓	
	Albumin	3.4 - 5 g/dL	3.3	2.8	
	Total Bilirubin	0.1 - 1.3	1.2	0.8	
	AST(SGOT)	5 - 45 u/L	180↑	137↑	
	ALT (SGPT)	7-72 u/L	120↑	113↑	
	Alk Phos (ALP)	38 - 126 u/L	107	87	
Lipid Panel	Cholesterol	200mg/dL			
	TRIG	0-150 mb/dL			
	HDL	>60mg/dL			
	LDL	0-100 mg/dL			
Common	GFR	Refer to lab specific data			
	TSH	0.35 - 5.5 ULU/L			
	Digoxin	0.8 - 2 ng/dL			
	PT	10.0 - 12.9 secs			
	INR	Therapeutic 2 - 3			
	PTT	25.3 - 36.9 secs			
	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 *Diagnostic values vary from laboratory to laboratory.	Dates: Admit day	Dates: Most Recent	
UA	Sp Gravity				
	Protein				
	Glucose				
	Ketone				
	Nitrite				
	Leukocytes				
	Bilirubin				
	Blood				
	pH				
Other Labs					

Date	Culture	Site	Result
	Blood		
	Urine		
	Wound		
	Wound		

Other Diagnositic / Procedures
Examples: CT/Xray/MRI/Paracentesis

Date	Type	Result

Point of Care Glucose Results

Date	Time	Result	Date	Time	Result

Student Name: Grady Frazier Date: 1-18-22

883

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)
Pt admitted to Hospital for Covid Pneumonia. Pt not Vaxinated Prior to Hospitialization, Pt has received Flu shot.

Neurological–sensory (LOC, sensation, strength, coordination, speech, pupil assessment)
Pt alert and oriented to Time/place/self/Situation. Pt upper extremities have equal Strength and Pull. Pt Speech is Clear and appropriate for Situation. Pt Does report tingling of Feet d/t Wegeners disease.

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

Psychological/Social (affect, interaction with family, friends, staff)
Pt responds to staff and his wife appropriatly. Facial expression responsive and no difficulty processing info @ this time.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) No Drainage of EENT, No nodes Palpable. No Difficulty swallowing Pills or Food. Pt does report Dry eyes.

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)
Normal Chest rise/Fall and RR @ 18. Pt lung Sounds Diminished W/O extra abnormal sounds Heard, Pt Becomes Short of Breath W/ambulation.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)
Pt Heart had S^1 & S^2 Present W/No additional Sounds Radial and Apical Pulses equal. Pedal Pulses slightly Diminished (1+), Cap refill less than 3 in upper and lower limbs

Student Name: _____ Date: _____

IM1 Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Pt has Normal active sounds in all 4 Quadrants. Abdomen was soft and nontender. Pt is able to void in Bathroom and had loose stool (Type 5) this morning. **Last BM** 1-18-22

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Pt uses urinal @ night But can ambulate to Bathroom. Urine was yellow

Urine output (last 24 hrs) _____ **LMP** (if applicable) N/A

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Pt has ROM in all extremities, lower Extremities have weakness But able to ambulate w/assistance.

Skin (skin color, temp, texture, turgor, integrity) Pt has red Birth mark to left hand. Pt lower extremities have Darker complection d/t Wegeners → inflammation of Blood vessles → scarring of skin.

Wounds/Dressings

N/A

Other

Pt given walker to ease ambulatory strain on self and staff. Pt on 1 Special Respiratory Isolation for Covid 19

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
LR @ 80ml/hr	**Isotonic**			

Student Name: Grady Frazier		**Unit:** S7	**Patient Initials:**		**Date:** 1/18/22	**Allergies:** N/A	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Correct Dose? If not, what is correct dose?**		**Adverse Effects**	**Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)**
Dexamethasone	corticosteroid	management of inflammation	10 mg IVP Q12hr	yes		seizure, euphoria, peptic ulcers, hyperglycemia, myopathy, angioedema, HF, HTN	1. Pt should avoid areas w/ large crowds to avoid infection. 2. Inspect pt skin for petechiae 3. For best results give one daily dose in the morning. 4. May mask signs of infection
Famotidine	Antiulcer drug	Prophylactic gastric ulcer prevention	20mg PO Daily	yes		Headache, dizziness, constipation, diarrhea	1. pts over the age of 50 are at an increased risk for reversible confusion that can last upto 3-4 days 2. Look for blood in emesis, stool, or gastric aspirate, and educate family members to report any sightings when pt returns home 3. May increase BUN, Creatinine, and liver enzyme levels 4. Drug may be taken initially with an antacid to further alleviate pain of ulcers.

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

Enoxaparin	low-molecular weight heparin	Prevent DVT or PE	40mg Sub Q Daily	yes		edema, thrombocytopenia, hemorrhage, ecchymosis, prolonged bleeding, dyspnea, rash, angioedema, anaphylaxis	1. edu pt on reporting any numbness or tingling to spine or muscle weakness 2. dont expel air bubbles in syringe to not lose any medication 3. pt platelet counts should be monitored while on therapy 4. protamine sulfate is the reversal agent
Aspirin	Salicylate	Reduce risk of MI	81 mg PO Daily	yes		GI BLeeding, intracranial hemorrhage, pancreatitis, prolonged bleeding, angioedema, bruising, hearing loss	1. Stop 5-7 days prior to elective surgery 2. OTC meds may contain aspirin, there is a need to monitor for signs of toxicity (tinnitus, diaphoresis, vomiting, diarrhea) 3. Take with food or milk to reduce GI effects. 4. Avoid in use with hepatic impairment or active peptic ulcers.
Doxycycline	Antibiotic	Treatment for active infection	100mg PO Q12hr	yes		Intracranial hypertension, pericarditis, thrombophlebitis, anorexia, glossitis, dysphagia, N/V,	1.take pill with full glass of water and at least one hour before lying down to prevent esophageal ulcerations. 2. Avoid exposure to direct sunlight and ultraviolet light during and for 4 or 5 d after therapy is terminated to reduce risk of phototoxic reaction. 3.Ensure pt is compliant with completing regimen to prevent resistance. 4. Taking with food or milk will decrease risk of GI upset
Guaifenesin	Antitussive	Decreases mucus production	600 mg PO Q12	yes		Drowsiness, Nausea, vomiting	1.Increase fluid intake to help loses mucus, at least 8 glasses of fluid a day 2.contact physician if cough persistent beyond a week 3.Report any adverse reactions such as high fever, rash, or headache 4.may increase risk of hemorrhage in pts receiving heparin therapy.

Adult/Geriatric Critical Thinking Worksheet

Student Name: Grady Frazier **Unit:** S7 **Pt. Initials:** **Date:** 1/18/22

1. Disease Process & Brief Pathophysiology

Wegener's Disease: This is a disease with no known cause that is characterized by the inflammation of the blood vessels in the body. The inflammation, or vasculitis, can affect any organ in the body but is primarily known to affect the lungs, heart, and kidneys. The inflammation can cause the walls of the blood vessels to become weakened and stretched leading to increased risk of aneurysm or bleeding leading to decreased nutrients to vitals parts of the body.

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

No known causes, possibly related to abnormal immune response.

3. Signs and Symptoms

Loss of appetite

weight loss

fever

fatigue (P)

dry eyes (P)

rash/skin sores

kidney inflamation

4. Diagnostic Tests pertinent or confirming of diagnosis

Biopsy (P)

CRP(P)

Xray/CT: lung abnormalities

5. Lab Values that may be affected

WBC

CRP

BUN/Creatinin

RBC

6. Current Treatment

Corticosteroids for inflammation (P)

Immunosuppressants

7. Focused Nursing Diagnosis:

Ineffective airway clearance

8. Related to (r/t):

retained secretions

9. As evidenced by (aeb):

audible wheezing in all lobes of lungs

10. Desired patient outcome:

Pt will have clear lung sounds by end of shift 1/19/22 @ 1500

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

1 . Nurse will educate pt on proper ways of coughing and breathing.

Evidenced Based Practice: the most convenient way of clearing secretions is coughing.

2. Nurse will position pt in semi to high fowlers if tolerated.

Evidenced Based Practice: upright provides optimal positioning for lung expansion and air exchange.

3. Nurse will encourage increased fluid intake by pt.

Evidenced Based Practice: fluids help minimize mucosal drying and help improve secretion expulsion.

12. Patient Teaching:

1. create periods of rest and activity to optimize ADLs

2. Teach about TCDB and splinting techniques

3. Educate of home safety should pt require home O2

13. Discharge Planning/Community Resources:

1. Ensure pt is able to comply with antibiotic therapy to prevent risk of resistance.

2. Teach the pt to recognize factors that exacerbate ineffective air clearance such as allergens or smoke.

3. refer pt to home health services should they require home O2 or other respiratory devices.

1/18/22 Reflection

One of the first things we had to do during this round of clinicals was redraw all the labs the night nurse had gotten because all the values of them were far different compared to the previous days values, enough so to warrant questioning their validity. When asked by the nurse the pts all stated the night nurse had drawn from their peripheral IVs, and for one pt she was going to give potassium because her lab said 2.2 but the day nurse said to hold of and when redrawn from a new stick the potassium level was 3.8. The day nurse was not pleased with the travel nurse had conducted their duties and it was surprising to see how relaxed in practices some people can become. I am not sure if some hospitals have different procedures and policies but as we have been taught one way it is bizarre to see practices that are very different .