Audrey Maldonado

Anxiety Assessment

I performed an anxiety assessment on a 20 y/o female that presented to the emergency department via EMS for syncope. Patient's Glascow Coma Scale score was 15 upon arrival. Patient was s/p cesarean section 2 weeks ago and had a wound vac placed yesterday 2/7/22 for an infection of her cesarean section incision. Patient states she is feeling anxious and if she had to rate it she would say an 8. Patient states she feels anxious and helpless as to how her health has been following her having her baby. She states she is usually a very anxious person, and it helps her to just talk about her feelings to her mother. Her mother did get to the hospital to be with her about 30 minutes after the patient got there. There is usually only one visitor allowed with no switching out, and her boyfriend had been there. However, due to the patient's anxiety, my preceptor allowed the boyfriend to switch out with her mother. The patient's anxiety level immediately decreased. She became more talkative and optimistic. At one point the patient became anxious that her wound vac had been pulled out when she fell, and even though we had already checked her and told her it was fine, we checked it again and had physical therapy come check it and change the tubing just to ease her anxiety.

Primary IV Fluid and Rate	IVF type	Rationale for IV Fluid	Lab Values to assess r/t IV Fluid	Contraindications/ Complications
Normal Saline	(Isotonic) hypotonic hypertonic	Dehydration	electrolytes	IV bolus contraindicated in ABC CHF

Patient Name:	Unit:	Date:			Allergies:
Kelsey Maldonado	ED	2/8/22			NKDA

Generic Name	Pharmacologic Classification	Therapeutic Use	Dose, Route, and Schedule	IVP- List diluent solution, volume, and rate of administration IVPB-List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions
Dexamethasone (Decadron)	Corticosteroid	Suppression of inflammation and the normal immune response.	20 mg / 2 mL IV Push	IVP may be given undiluted administer over 1-4 minutes	GI Bleed, hypotension,	• Assess for signs of adrenal insufficiency: weight loss, hypotension, weakness, N/V, restlessness • Monitor serum electrolytes and glucose • Can cause immunosuppression. • Caution pt to avoid vaccinations until consult EMD
Aspirin	Salicylates	reduction of inflammation, decreases risk of transient ischemic attacks and MI	300 mg Suppository per rectal	N/A	GI bleed, Stevens-Johnson's syndrome, anemia, hemoptysis, increased bleeding time	• Watch for and report black or tarry stools. • Increased risk of GI bleed and advise reactions in geriatric patients.
Cefepime (Maxipime)	Cephalosporins	bactericidal action against susceptible bacteria	2 grams / 100 mL, 100 mL/o IVPB x 1 dose	IVPB- 2 grams in 100 mL of DSW, run at 100 mL/ hour.	Seizures, C-Diff assoc. diarrhea, super infection, fever	• Assess for signs of infection at the beginning and throughout therapy. • Obtain blood cultures prior to starting. • May increase BUN, creatinine, and LFTs
Linezolid (Zyvox)	Oxazolidinone antibiotic	bactericidal against streptococci, bacteriostatic against enterococci and staphylococci.	600 mg / 300 mL x 1 dose	IVPB - 600 mg / 300 mL to run at 300 mL/hr comes ready-mixed.	C.D. if associated diarrhea, ↑ liver enzymes, taste alteration	• Do not eat ~~rat~~ aged or fermented foods when taking Zyvox. • Complete therapy course. • May cause anemia
Enoxaparin (Lovenox)	heparins (Low molecular weight)	prevention of thrombus formation	50 mg SQ x 1 dose	N/A	bleeding, anemia, ↑ liver enzymes, bruising.	• Administer deep SQ and alternate injection sites. • Monitor platelet levels while on Lovenox.
Nitroglycerin	Nitrates	* reduction of BP * increased cardiac output	Start at 5 mcg/min titrate Q15 min to keep SBP >90 <150 max dose: 40 mcg/min	IV - 50 mg/250 mL NS.	dizziness, HA, blurred vision, hypotension, tachycardia,	• monitor patients BP to achieve desired level. • Pts on IV nitro require continuous bedside ECG monitoring.

1301 Clinical Report

Student Name: Audrey Maldonado

Rotation	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
Block/Week: 2/1 Dates: 2/1/22 Unit: ER Assigned Preceptor: L. Moore RN	-30 y/o female presents after crushing left hand between a heavy vacuum and a big plastic bin at her job. Focused Assessment: musculoskeletal, all WDL except bruising and swelling to posterior left hand. Tx: VS, XR of left hand, IM pain medication. Disposition: fracture ruled out from XR, pt discharged home with dx of hand sprain. -80 y/o male presents to ED via EMS for c/o shortness of breath. Pt is 13 days post covid. Focused Assessment: Respiratory-Labored breathing, crackles to all lobes, O2 sats 91% on 4L/min/NC that EMS brought him on. However with any exertion O2 sats drop even with oxygen. Helped pt to use urinal and saturations dropped to 82%. Tx: VS, IV, labs, chest XR, breathing treatments, steroid and antibiotics IV. Disposition: XR findings: pneumonia, Pt admitted to med surg unit for Covid Pneumonia. -76 y/o male presents to ED via EMS following MVA. Pt denies LOC but states he doesn't remember what happened. From report from EMS, pt was alone and got hit on his side, the air bags deployed. Focused Assessment: Neuro, Musculoskeletal. Glascow Coma Scale – 15, PERRLA bil, pulses equal to all extremities, cap refill WDL. Tx: CT upon arrival, XR, IV, labs, pain medication, VS. CT clear. Disposition: orders to DC pt home after CT came back clear. Assisted other nurse to help pt get dressed, pt standing up and tells us he feels light-headed and proceeds to slump over, we assist him back to bed where we find that he has also wet himself. Notify Physician. Further Tx: Orthostatic blood pressures obtained: positive orthostatic hypotension (supine BP 113/67, sitting 105/70, standing 63/40 and pt almost passed out again. repeat CT-showed hemorrhaging in the abd. Final Disposition: Transfer to Lubbock Covenant. -79 y/o female presents to ED after falling and hitting face. Focused Assessment: musculoskeletal: bruising and swelling to nose and mouth. Nose bleed noted. Tx: XR, CT scan, IV, IV pain medication. Disposition: CT and XR cleared, pt discharged home. -92 y/o male brought to ED via EMS from assisted living facility for generalized weakness that worsened this morning, lethargy, and diarrhea for a couple of days. Abnormal temperature of 90°F upon arrival! Focused Assessment: Neuro, GI. Glascow Coma Scale upon arrival 12, up to 15 after warmed and bolused with 2L NS. Diarrhea noted, constant leak. Tx: IV, IV bolus, labs including cultures, indwelling catheter, bair warmer, CT, XR. Disposition: Admitted to ICU with dx of bowel obstruction.	VS, triage, IV start, blood draw, covid and flu swabs, medication administration. What I learned: I learned the transition to ER triage from Labor and Delivery. Also which focused assessments to choose from with pts presenting complaints. The MVA that was supposed to be discharged that ended up being a hemorrhage blew my mind, I learned from this to always be vigilant even if a patient is supposed to be discharged they are still a patient.

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Block/Week: 2/1 Dates: 2/5/22 Unit: ER Assigned Preceptor: L. Moore RN	-20 y/o female brought via EMS for syncope. Pt is 2 weeks s/p cesarean section and had wound vac placed yesterday for infection of c/s incision. Pt states that she was sitting down holding her baby, she got hot so she put the baby down to get up to turn the heater off and she got dizzy and tried to make it to the recliner but she fell forward. Focused Assessment: Neuro, at this time pts Glascow coma scale is 15, pt alert and oriented, PERRLA bil. Tx: IV start, labs, IV bolus x 2 L, Toradol, UA. Findings: dehydration and UTI Disposition: Discharge home, pt already on antibiotics for infection. -33 y/o female presents to ED for complaints of nausea, vomiting, and diarrhea throughout the night. Pt c/o low grade fever. Focused Assessment: GI- n/v, diarrhea, loss of appetite. Tx: UA, IV start, labs. Findings: UTI and trichomoniasis. Disposition: Discharge home with antibiotics and metronidazole. -16 y/o male presents to ED for c/o sharp abd pain for one day. Rates at a 6, c/o occasional nausea and no vomiting. Focused Assessment: GI-abd pain and nausea, tenderness to abd. Tx: UA, labs, IV start, XR. Findings: XR showed constipation. Disposition: discharged home -64 y/o presents to ED with c/o severe neck pain and stiffness. Focused Assessment: musculoskeletal- neck muscle pain and stiffness. Tx: IV start, labs and EKG due to pts cardiac history, medications including robaxin. Findings: EKG cleared, diagnosed as muscle spasm. Disposition: Discharged home with a week supply of muscle relaxers and instructions to follow up with PCP for further tx.	VS, triage, IV start, blood draw, covid and flu swabs, patient teaching, medication administration, focused assessments, cleaned rooms What I learned: Built on my triage learning from the clinical day before. I also learned how much people misuse the emergency department, we had a man that kept calling after clinic hours because his physician's office had failed to call in his refills and he wanted us to. The nurse told him that the emergency room was for emergencies and that they weren't there to fill prescriptions because they didn't know his history. The man was upset and yelling and called several more time.

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Block/Week: 2/2 Dates: 2/8/22 Unit: ER Assigned Preceptor: L. Moore RN	-7 y/o male presents to ED for shortness of breath, has hx of asthma. Focused Assessment: Respiratory-use of accessory muscles, tachypnea, O2 sat 88% on room air, wheezing upon auscultation. Tx: chest XR, breathing treatments, labs, covid and flu swab, PO azithromycin and PO decadron. Disposition: pt negative for covid and flu, following treatment, pt oxygen saturations remain at 95% on room air and no longer wheezing or using accessory muscles, respiratory rate WNL. Discharge home. -60 y/o male presents to ED via EMS for right foot pain. States that he fell in his yard yesterday and pain worsened today. Focused Assessment: musculoskeletal- slight edema and bruising noted to right foot, pulses palpable and strong, cap refill <3sec. Tx: XR, Toradol IM for pain. Disposition: No fracture noted on XR, discharged with ortho boot with dx of foot sprain. -20 y/o female presents to ED with a boil to right buttocks for 2 weeks. Pt states pain worsened today and she is unable to sleep on back and has pain with sitting. Focused Assessment: Integumentary- firm spot to right buttocks, reddened, about 7 cm in diameter, tender upon palpation. Tx: IV, IV pain medication, consultation with pts OB physician. Disposition: discharged with dx of pilonidal cyst, pt to go straight to OB clinic for treatment. -77 y/o female presents to the ED with c/o "not feeling well," pt has hx of pacemaker that was placed last week and is on 80 mg of Lasix daily. Focused Assessment: Cardiovascular- + 3 pitting edema to lower extremities bil, BP 69/33, HR 60-70. Tx: EKG, Foley catheter, IV, labs, 2L NS IV bolus. Highest BP was 80/35. Disposition- Admitted to ICU to start Levophed drip. -**87 y/o female pt presents to ED lethargic, had to get pt from daughter's car. Daughter states that she is on day 8 of covid, states she had already started getting better and they had supper together the night before, then this morning when she got to the pts house to get her up pt was confused and unable to transfer to wheelchair like usual. Pt not even able to communicate at this time, lifted from wheelchair to bed. Focused Assessment: Respiratory- Pt tachypneic, labored breathing, oxygen saturation of 51% upon arrival, nail beds cyanotic, cap refill >4 sec. Tx: Immediately place pt on 15L/min/NRB. O2 sat increased to 99%, pt started regaining strength and able to talk to us. IV, labs, blood cultures, IV fluid bolus, chest XR, meds-nitro drip for HTN. Disposition: Admitted to ICU with covid pneumonia **care plan patient	VS, triage, IV start, blood draw, covid and flu swabs, medication administration, nitro drip, focused assessments, cleaned rooms What I learned: How to start and titrate a nitroglycerin drip. How much a low oxygen saturation can affect someone's mental status. Continue to learn triage.

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Block/Week: 2/2 Dates: 2/9/22 Unit: ER Assigned Preceptor: L. Moore RN	-63 y/o female presents to ED for c/o rectal pain for a couple of weeks. States she has not eaten or drank anything for 8 days. Focused Assessment: GI-rectal pain, problems having BMs, loss of appetite. Tx: CT, IV, IV pain medication, IV fluids, IV antibiotics, labs. Findings: lab work indicative of infection, CT showed necrotizing fasciitis. Disposition: Pt transferred to OR for surgery to remove affected tissue. Surgeon states he removed a 30cmx32cm piece of tissue, admitted to ICU. -34 y/o male inmate presents to ED after dropping desk on left foot. Focused Assessment: Musculoskeletal-pulses palpable and strong, cap refill <3sec, bruising and edema noted to left foot. Tx: XR, IM Toradol, possible tetanus shot. Findings: No fracture noted, pt found to be current on tetanus shot from records sent. Disposition: Discharged with dx of foot sprain. -91 y/o male presents to ED via EMS following a fall. Pt states he lives at home alone, and put his foot up on a chair he was going to get on and lost his balance and fell back. Pt states he did hit the back of his head, but not hard. Wanted to get checked out because he is on blood thinners. Focused Assessment: neuro, musculoskeletal Tx: CT, IV, labs, IV pain medication, XR Findings: CT and XR clear, discharge home. -5 y/o male presents to ED for a bead in his ear. Pts mother states she picked him up from school and he told her he had a red bead in his ear, and she checked and saw it in the right ear. Pt states he did not put it in there. Focused Assessment: HEENT-foreign body in right ear. Tx: ear irrigation, flushed bead out. Disposition: Discharged home. -66 y/o female pt that presents to ED via EMS after calling 911 for chest pain. Received in radio transmission prior to arrival that pt is showing ST elevation on their 12-lead. Focused Assessment: cardiovascular Tx: EKG, IV x 2 large bore, labs, oxygen, meds-including TKNase, defib pads placed. Findings: EKG confirmed ST elevation, pt having inferior STEMI. Disposition: Transferred to Lubbock Heart Hospital within an hour of arrival via helicopter	VS, triage, IV start, blood draw, covid and flu swabs, patient teaching, medication administration, focused assessments, cleaned rooms, WBG, TKNase administration-rapid IVPush. What I learned: The importance of time management and teamwork during an emergency. I also learned about TKNase, which is an thrombolytic given in STEMIs.

Student Name: Audrey Maldonado Date: 2/9/22

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology-	2. Factors for the Development of the Disease/Acute Illness-	3. Signs and Symptoms-
Pneumonia is caused by a bacterial, viral, or fungal infection that results in an inflammatory process in the lungs. It is an infectious process that is spread by droplets or by contact and is one of the most common causes of death in older adults.	Upper respiratory tract infects • Covid • Cardiac failure • Adults older 65 years old.	• Oxygen Saturation of 51% upon arrival • Lethargy and confusion • Labored breathing and tachypnea. • Weakness.
4. Diagnostic Tests pertinent or confirming of diagnosis-	**5. Lab Values that may be affected-**	**6. Current Treatment-**
Chest XRay showed infiltrates bilaterally. Indicated Pneumonia. XRay also showed "ground glass" opacity which led to the further diagnoses of Covid pneumonia.	CMP: Na, K, BUN, Creatinine Lactic Acid: 3.7 H (Sepsis) • Procalcitonin - Indicative of inflammation - • DDimer: 2.33 H Troponin: 23 L (cardiac) • CBC - WBC 5.74 (normal) Hgb 10.8L, Hct: 33.4L Arterial Blood Gas: PH 7.359 pCO_2 41.2 pO_2 243.9 HCO_3 22.7 Covid (+)	• Breathing treatments • IV steroids - Decadron • IV Bolus - NS • ASA Suppository (unable to swallow PO) • IV antibiotics - Maxipime 2gm/100ml Zyvox 600mg 1300ml • Lovenox • Nitroglycerin drip.

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7. Focused Nursing Diagnosis:

Impaired Gas Exchange

8. Related to (r/t):

Inflammation of airways and alveoli and collection of mucus in airways

9. As evidenced by (aeb):

Lethargy, Confusion, Oxygen Saturation of 57% on room air, use of accessory muscles, labored breathing.

10. Desired patient outcome:

- Pt will maintain oxygen saturation of above 92% on room air.
- Pt will have a decreased lactic acid level from 3.7 to below 1.0.
- Pt will maintain a WBC count of less than 12,000.
- Pt will remain afebrile.

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

1. Assess for restlessness and changes of levels of consciousness.

Evidenced Based Practice: Increased restlessness, confusion, and/or irritability are early indicators of insufficient oxygenation of the brain.

2. Assess respirations, note their quality, rate, rhythm, and depth.

Evidenced Based Practice: Patients will adapt their breathing over time to facilitate gas exchange. Hypoxia is also associated with signs of increased effort.

3. Monitor oxygen saturation and ABGs

Evidenced Based Practice: Pulse oximetry is a useful tool to detect changes in oxygenation. ABGs provide information about developing hypoxemia and respiratory acidosis.

12. Patient Teaching:

1. Plan activity and rest periods to minimize energy use.
2. Teach patient how to use and the importance of using incentive spirometer.
3. Teach pt importance of and encourage early ambulation to mobilize secretions.

13. Discharge Planning/Community Resources:

1. Anticipate the need for oxygen for home use. Case management can work with a medical supply store to provide pt with home oxygen.
2. Teach patient to complete course of antibiotics after discharge, even if feeling well.
3. Teach patient and family to increase pts fluid intake to keep secretions thin.