Student Name: Vanessa Pizaña Date: 2/20/22

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology-	2. Factors for the Development of the Disease/Acute Illness-	3. Signs and Symptoms-
At risk for self-inflicted, life threatening injury.	- Loss of important relationship. - Hopelessness; helplessness - Loneliness - Guilt	- Threats to killing oneself - States desire to die.
4. Diagnostic Tests pertinent or confirming of diagnosis-	**5. Lab Values that may be affected-**	**6. Current Treatment-**
No diagnostic testing to confirming a dx of a pt for at risk for suicide.	Lab values do not pertain to this patient. Although labs are drawn for a medical release so mHMR ~~can~~ can do their evaluation. labs initially drawn in the ED are CBC, CMP, UA, drug screen, Alcohol level, Salicylates level, Acetaminophen level, TSH, T4, EKG.	- MHMR evaluation and admit to Oceans behavioral hospital of Abilene. - One on one observation.

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7. Focused Nursing Diagnosis:
Risk for Suicide

8. Related to (r/t):
feeling hopeless during a custody battle over daughter.

9. As evidenced by (aeb):
A risk dx is not evidenced by s/s, as the problem has not occurred; rather, nursing interventions are directed at Prevention.

10. Desired patient outcome:
- ~~Acknowledge~~ ↑
- Acknowledge difficulties percieved in current situation.
- Identify current factors that can be dealt with.
- Be involved in planning course of action to correct existing problems.
- make decision that suicide is not the answer to the percieved problems.

11. Nursing Interventions related to the Nursing Diagnosis in #7:
1. Develop therapeutic nurse-client relationship, providing consistent caregiver.

Evidenced Based Practice:
Promotes sense of trust, allowing individual to discuss feelings openly.

2. Maintain observations of client & check environment for hazards that could be used to commit suicide/self harm.

Evidenced Based Practice:
To increase client safety ~~that could~~ or reduce risk of impulsive behavior.

3. Review laboratory labs (blood alcohol, blood glucose, CBC, CMP, S.

Evidenced Based Practice:
To identify factors that may affect reasoning ability.

12. Patient Teaching:
1. Engage in physical activity programs. Release endorphins promoting feeling of self worth and improving sense of well being.

2. Explain what to expect during the ED visit, and assure basic needs are met

3. Education and opportunity to discuss feelings, and informing there is availability to have assistance to maintain control.

13. Discharge Planning/Community Resources:
1. Available resources, specific ~~referrals~~ referrals such as MHMR.

2. Strongly advise the pt to ~~keep~~ follow up appointment p discharge. f/u sooner if thoughts of harming self worsen.

3. Involve family members and natural supports in treatment, safety planning, discharge planning, and ongoing care.

1301 Clinical Report

Student Name: Vanessa Pizana

Rotation: **ED/Psych**	**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: Block 3/Week7-9 Dates: 2/18/22 Unit: Plv ED Assigned Preceptor: Mike Wong, RN Other Preceptor:	Finger fx was in at shift change. She was a 55 yr old female who happened to have a fall at home. Xray showed a fx to her lt 1st digit. She also c/o of pain to her wrist.She had some bruising on the other digits but were not shown to be fractured. PT was given a IVP dose of ketorolac 30mg and sent home with tramadol for pain. Pt had no medical hx. I was able to assist with the splinting of her hand and around her wrist and wrap with ace bandage. 9yr old male was in the ED for RUQ abd pain, vomiting, dizziy. Pt had 102.8 temperature, 126 HR and 100% o2 saturation. Covid, Flu, and strep were all negative. Pt had a LT ear infection. Motrin given for the fever and a dose of Rocephin IM. Advised to f/u with pcp x3days. 20yr old female in ED for edpigastric pain that radiates to the left side x5days. Denies n/v. Current vital signs 140/95, 109, 97.9. Is currently taking famotidine from her pcp which has not improved her pain. Hcg negative, UA negative, Gallbladder u/s negative. Pt has a H.pylori pending with her pcp and also has a hx of h.pylori. An endoscopy is strongly advised by ED MD. PT given a dose of what they call a greengoddess which is a mixture of Mylanta, donnatal, and lidocaine. Protonix sent to her pharmacy. 28yr old male present with n/v/d. Has a hx of HTN and DMII and currently does not take meds for over 1 year because he states "they make him feel sick." No hyperventilation at this time. Vitals 151/104, temp 98, HR109, 20, 98%. POC glucose-252. UA shows negative ketones. Carbon dioxide-19. Negative covid and cbc cmp drawn cbc normal no elevated WBC. CMP shown some dehydration. 2L NS given and vitals repeated and were 140/89, p-89. Pt given 4mg Zofran IVP and monitored after fluids given. PT dx with gastroenteritis and home on clear liquid diet avoid fat greasy foods and to f/u pcp if not improved but also for HTN and DM. -I learned to identify fx on xray images and how to properly splint. I learned the appropriate questions to ask during a triage assessment and used critical thinking to gather more data from the pt.	-Applied a splint -IVP, IM meds,PO -IV starts and Blood Draws -Vitals -Assisted with triaging patients -covid,flu,strep swabs -Discharge education

Block/Week: Block 3/Week7-9 Dates: 02/19/22 Unit: PLV ED Assigned Preceptor: Mike Wong,RN, RN Other Preceptor:	69yr old female presents with L sided weakness by EMS AAO no decrease in LOC. Code stroke called and pt taken immediately for head CT which showed a bleed. PT had had the weakness going on for over 24 hours and decided to come in due to feeling her stomach twitching. She had a medical hx of HTN, and hyperlipidemia, and hx of uterine cancer x4year ago. CXR also showed a 25.72mm mass on lt lung. Pts VS were 153/77, P-74, R19, 95% RA. Her stroke scored was-3. While looking deeper into the CT there were also 3 other masses noted. PT was transferred to Covenant LBK for neurosurgeon and oncologist. 56Y Fe present with a R eye pain due to a nerf gin being shot at her. Her RT eye pupil was dilated and a slightly different color than her opposite eye and reported vision changes. PTs eye was irrigated, and an acuity check was done. This pt was transferred for an immediate ophthalmologist. 36y Male presents with mid CP x3days and nausea. Hx of HTN and anxiety. Is not currently taking anxiety meds. Reports drinking alcohol and smoking daily. VS-98.1,16,88,130/99. 325mg aspirin given and Zofran 4mg IVP and 2mg of morphine. Plt count was 270 and given lovenox 60m SQ. Troponin 89 and repeated in 90 mins to watch for increase and it did go up to 318. AST 51, ALT 94, D-dimer-0.19. EKG showed no ST changes with incomplete L bundle. PT was started on a nitro drip 5mcg/min. and called for a transfer to covenant Lubbock due to the increase in troponin levels and a need for angiogram. -Nitro is to be given in a glass bottle, the plastic bags will absorb the medication and you also must use a “low sorbing” tubing. I learned to analyze and practice on the EKG readings. I also learned on the CT the one mass we saw initially was bleeding vs a tumor with a lot of blood supply. The older the tumor the more necrotic it becomes, and it looks more hallow in the center and looks like a ring on the outer. I also learned how they use the stroke score and stroke team initial interventions done when a code stroke is called.	-Placed pt on cardiac monitor -IV start with IVP meds -Triage -VS -FLU, Covid, Strep swabs -Visual acuity -SQ injection -Visualized the masses on CT -Stroke score -Discharge education

1301 Clinical Report

Student Name: Vanessa Pizana

Rotation: **ED/Psych**	**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: Bock 3/Week7-9 Dates: 02/20/22 Unit: Plv ED Assigned Preceptor: Mike Wong,RN Other Preceptor:	26 yr old female arrives with a laceration to rt legs. PT states she was on her recliner and when leaning back she fell and scrapped her leg on the metal part. Pt had active ROM and c/o of pain of a 7 on pain scale. Vital signs 98.4, 19, 99, 99%, 130/76. No medical hx and no currently on any blood thinners. Pt has incision cleansed and staples placed. Pressure dressing applied. Discharge educated to watch out for green drainage or foul odor to site. Increase in temperature or erythema that is worsening. Pt sent with a rx for abx and advised to f/u with pcp x7days. 36yr old appeared prior to shift changed awaiting for transfer to covenant Lubbock. He presented with flank pain x5 days. u/s showed a 17mm calculus to his lt kidney. This was secondary to the pts medical dx of muscular dystrophy. He had a trach and his own ventilator set at RA. PT received fluids in the ED and was transferred to lbk for the nephrologist and more than likely would need surgery. 8month old presents with parents with a rash to his face that appears to be irritated and bleeding. He had previously been seeing his pcp and is currently on a topical cream triamcinolone acetonide cream. VS- 137,98.1, 32. The child appeared to have a secondary infection from scratching his face. Amoxicillin abx prescribed for the pt and to f/u with pcp x2-3 days or sooner if worsen symptoms appear. 22yr Male is escorted into the ED with a police officer. He verbalized a threat to self-harm. He had a knife in his hands when the officers arrived to his home. The first thing when he arrived, he needed to change into the hospital paper scrubs and placed in the room with the officer. All potential harm items were removed from the room. This patient must have a medical evaluation and release prior to MHMR being called to do their evaluation. Initial testing done includes cbc, cmp, UA, Drug screen, alcohol level, salicylates level, acetaminophen level, TSH, T4, EKG. Which were all negative and WNL. HE verbalized he was hopeless, lonely, and felt like he was going to lose his daughter and had not seen her in 6 months.. MHMR evaluated pt and advised for pt to be admitted. He was waiting on placement to oceans behavioral hospital in Abilene tx. -I learned how to communicate with a saddened patient who was at risk for harming himself. I see that the medical release has to be clear prior to the MHMR evaluation and if anything came back abnormal the pt is treated medically first. Also due to the fact if the pt was under an influence MHMR cannot evaluate right away. I was also able to see what muscular dystrophy progresses to in a pt. I had remembered coming across it on hesi quizzes but had	-Triage -VS -IV start with blood draw -Cleansed a laceration and applied a pressure dressing after staples were placed. -discharge education -Focused assessments

	not actually seen when it no longer allows pt to breath on his own needing a trach. And do to the limited mobility and increased muscle trophy he had a good size calculus formation to his lt kidney. I remember when a pt is dx with muscular dystrophy you always assess their breathing and airway because it is a progressive disease.	
Block/Week: Block 3-Week 7-9 Dates: 02/27/22 Unit: Plv ED Assigned Preceptor: Mike Wong,RN Other Preceptor:	65y old female presented to ED by EMS intoxicated. AAO. Fell at home and called EMS. Pt was found on the floor with no clothes. BUN-6 AST-172 ALT-96. VS 136/77,94,18,99%RA. Head CT done and no bleeding noted. She states "only drinking 3 tall cans of beer today." Right knee abrasion noted. Neck collar in place by EMS. Removed after assessment by physician. Glascow score was -15. PT was given a "banana bag" IV which consist of magnesium 2gm/4ml, multivitamin 10ml plus vitamin k, thiamine 100mg (1ml) @ 42ml/hr. Pt was monitored until sobor and taken back home by officer. She did not have a family member to come pick her up. 26yr old female presents with right hand pain. Decreased strength and ROM, swelling and tender. VS-141/84, 98.4, 105, 19, 97%. Rates pain at an 8 on pain scale. Pt verbalized she had gotten into a fight with multiple girls at once. R hand xray showed a fx to her 5th metacarpal digit. PT was given Toradol 60mg/2ml IM and her hand was splinted. Advised to f.u with pcp in 5-7days. 5yr old presents with a laceration to her right knee due to a fall outside her church when playing. VS- 97.5, 65, 24, 99% Laceration cleansed with chlorhexidine and NS. I was able to glue her laceration with liquibond octyl. PT given 250mg amoxicillin Po and RX. 23yr male present with his LT ear deep laceration. VS- 98.3, 102, 20, 163/91. States he was hit with a glass beer bottle. Laceration was cleansed and had 4 stitches placed by physician rates pain 9 on pain scale. PT given 60mg IM of Toradol and norco 5mg/325mg PO for pain. Head CT was clear. Pt discharged and advised to f/u with pcp x7days for removal of sutures. -I was happy to learn to glue a laceration and assist the physician when he was doing sutures. Analyzed the Xray taken on the hand. I learned to do another hand splint. I also went over all the "Covenant hospital plainview standing delegation ordered" sheet. It has standing orders for Asthma, Stroke, hypoglycemia, Chest pain, Altered mental status, trauma, psych clearance, etc.	-Hand splint -Cleansed and glued a laceration -Assisted physician with sutures. (cutting strings) -VS -IM,PO meds - Triage -Discharge education

Vanessa Pizana

Anxiety/Depression

I assessed my 22 yr old male patient who was in the ED for verbalizing he wanted to disappear and harm himself holding a knife at home. He states he felt depressed and hopeless because he has not seen his daughter in 6 months and was currently going through a custody battle. When asked if he felt anxiety, he nodded his head yes. More so at night when he begins thinking about his daughter and what's to come in the near future. I asked what he usually does when he feels sadness or anxiety coming on to have control over his feelings. He made it a daily routine to go to the gym in the mornings because he is unable to sleep throughout the night which has him waking up early. He currently lives with his grandparents who he states he feels like a burden to them because he is not employed at this time.

I sat with the patient quietly allowing him to express his feeling without interruptions. When I first began to ask him questions, I first notified him that he did not have to answer me if he was uncomfortable. He explained to me that he was home alone at the time that he picked up a knife and thought of a way to end his life at that moment. The first thing he can think of was his daughter and how much he has missed her. He felt like it would be easier to be gone from this world then to put her through a battle between her mother and himself. He began to pray and knew it was wrong to think the way he was thinking and decided to make a call to the cops. He stated he wanted help and that's the only reason why he made the phone call.