

Adult/Geriatric Critical Thinking Worksheet

Student Name: Grace Perreira

Unit: S8

Pt. Initials: 85

Date: 3/30/2022

1. Disease Process & Brief Pathophysiology

Benign Prostatic Hyperplasia- BPH occurs when homeostasis between cell proliferation and cell death is disrupted by age related hormonal changes and begins to favor proliferation. Therefore, the prostate begins to grow slowly and clamp a section of the urethra. This means that urine flow is interrupted and can even backflow, leading to infection.

4. Diagnostic Tests pertinent or confirming of diagnosis

- detailed H & P (P)
- digital rectal exam (P)
- urinalysis
- MRI
- Ultrasound
- cystoscopy

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

- aging (P)
- obesity (P)
- lack of physical activity
- high animal protein diet (P)
- alcohol consumption (P)
- erectile dysfunction
- smoking
- T2DM

5. Lab Values that may be affected

- UA
- PSA

3. Signs and Symptoms

- urinary retention (P)
- frequency (P)
- urgency (P)
- bladder distension and pain (P)
- incontinence
- hesitancy
- dribbling
- weak urine stream (P)

6. Current Treatment

- TURP (P)
- alpha-adrenergic receptor blockers
- 5-alpha reductase inhibitors
- prostatectomy

Student Name: Grace Perreira

Unit: S8

Pt. Initials: 85

Date: 3/30/2022

7. Focused Nursing Diagnosis:

acute pain

8. Related to (r/t):

TURP procedure done due to severe BPH diagnosis

9. As evidenced by (aeb):

- urinary retention
- bladder distension and pain
- frequency
- urgency
- weak urine stream

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

1 . I will hang the foley bag on the bedrail instead of on the corner of the bed for patient comfort.

Evidenced Based Practice:

This prevents pull on the bladder and erosion of the penile-scrotal junction, which is better for patient comfort and to prevent post-operative complications.

2. I will get my patient up for ambulation and encourage as much mobility as possible.

Evidenced Based Practice:

Early ambulation can help restore normal voiding patterns and relieve colicky pain.

3. I will provide a sitz bath for a warm perineal soak for my patient (either after DC of murphey drip and foley catheter or ensuring that the insertion site is above the water and out of the way to avoid any potential contamination). This will be especially good for him considering all the suppositories he's been getting.

12. Patient Teaching:

1. I will educate the patient on avoiding urinary tract infection. TURP procedures have a high risk for infection and therefore require special attention to infection prevention.

2. I will educate the patient on reporting bladder spasms as these are not normal and can delay the healing process. I will also educate the patient on the normal output color post-op (red) and how it should be getting lighter as he heals.

3. I will educate my patient on bladder retraining regimens and self digital rectal exams to track future progression and recovery independently.

13. Discharge Planning/Community Resources:

1. I will refer my patient to a sex therapist since this surgery could potentially effect his sexual habits.

2. I will refer my patient to physical therapy to increase overall mobility and improve pelvic floor strength post-op.

3. I will refer my patient to a dietician for nutritional changes, since high animal protein consumption

Student Name: Grace Perreira

Unit: S8

Pt. Initials: 85

Date: 3/30/2022

10. Desired patient outcome:

My patient will only take acetaminophen PO PRN for mild pain by discharge. Right now he is on PO acetaminophen, suppository acetaminophen, suppository opioids, and pregabalin all for pain management.

Evidenced Based Practice:

Sitz baths combined with warmth promotes muscle relaxation. This can ease pain locally and decrease the pressure internally.

was a leading risk factor for him for BPH.