Student Name: Vanessa Pizaña Date: 3.23.22

Adult/Geriatric Critical Thinking Worksheet

1. Disease Process & Brief Pathophysiology-	2. Factors for the Development of the Disease/Acute Illness-	3. Signs and Symptoms-
Excess or deficit in oxygenation and/or carbon dioxide elimination at the alveolar-capillary membrane.	Ventilation perfusion imbalance (heart failure) Chronic conditions (COPD)	Dyspnea Restlessness Pale/dusky skin color Tachypnea
4. Diagnostic Tests pertinent or confirming of diagnosis-	**5. Lab Values that may be affected-**	**6. Current Treatment-**
-ABG's -LOC	-ABG's - Pulse oximetry - Electrolytes from sudden fluid shifts. - Blood pressure / Heart rate / respiratory rate -Hgb -WBC (indication of infection)	-Bipap

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7. Focused Nursing Diagnosis:
Impaired gas exchange

8. Related to (r/t):
Obstruction of airways by secretions & alveoli destruction.

9. As evidenced by (aeb):
- Dyspnea
- Hypoxia
- Hypercapnia
- Abnormal ABG values

10. Desired patient outcome:
Demonstrate improved ventilation & adequate oxygenation of tissues by ABG's within clients usual parameters.

Participate in treatment regimen (breathing exercises, use of oxygen)

11. Nursing Interventions related to the Nursing Diagnosis in #7:
1. Auscultate breath sounds

Evidenced Based Practice: Ventilatory effort is insufficient to deliver enough oxygen or rid carbon dioxide.

2. Assess level of consciousness

Evidenced Based Practice: Decreased LOC can be an indirect measurement of impaired oxygenation, also ones ability to protect airway.

3. Elevate head of bed and position client appropriately.

Evidenced Based Practice:
Upright position facilitates respiratory function by gravity & expansion of lungs.

12. Patient Teaching:
1. Engage in deep breathing exercises & use of ~~spirometer~~ Incentive spirometry q 1 hour.

2. Frequent position changes to prevent atelectasis and Pneumonia.

3. Pursed lip breathing creates positive pressure th airways, preventing a collapse.

13. Discharge Planning/Community Resources:
1. Discuss long term needs; identify who is responsible for actions to be taken.

2. Community resources for equipment & supplies post discharge.

3. Specific referrals made & get with case management.

1301 Clinical Report

Student Name: Vanesa Pizana

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: Block 4/week1 Dates: 3/15/22 Unit: Med surge Assigned Preceptor: Kelly Furr,RN Other Preceptor:	45 yr old male admitted for alcohol withdrawal syndrome. Daily drinker and stated last drink was 3/12. Pt is awake and alert. Pt has slurred speech, tremors, sweating, and anxious. Pt has a hx of cirrhosis and HTN. He is on cardiac telemetry. Alcohol level in the ER was 246. K+-3.7, NA-143, Carbon dioxide-25, AST-84, ALT-55. Mag-1.5, BUN-5, Creatinine- 0.60. Pt is placed on seizure precautions and CIWA scores are done q4hrs. Which assesses for hallucinations, sweating, headache, anxiety, n/v, tremors, itching, agitation, and orientation. PT had Ativan ordered prn for the alcohol withdrawal s/s. Librium 25m po scheduled. Vitamin b-1, lisinopril for his htn. And magnesium sulfate2mg IVPB for his mag decreased mag levels. The pt CIWA scores under my care throughout my shift decreased throughout the day. They were 17,12,9. He was a x1 assist due to his anxiousness to get up and down to the restroom and moderate to severe tremors. -I was able to see and witness ETOH withdrawal s/s and put into practice the most common meds given for ETOH withdrawal. I learned to assess and score the CIWA system. From the videos and studying of mental health I put what I learned and the safety measures into practice for this pt.	-IV start -Po and IV med administration -CIWA scoring -Withdrawal education -Medication education -Assessment -Plan of care
Block/Week: Block 4/Week1 Dates: 3/18/22 Unit: Med surge Assigned Preceptor: Kelly Furr,RN Other Preceptor:	29yr old Fe admitted for cholecystitis on 3/16/22. Current vital signs are 98.4, 77, 16, 108/62, 97% on RA. Pt had surgery on 3/17/22. She is awake and alert this morning with a pain rate of 2/10 on the pain scale. She received Zosyn 3.375/0.9%NS 100ml. and Rocephin 1GM IVPB. Zofran 4mg IVP prn for nausea. WBC 6.9 RBC-4.83, Hgb- 9.8, Hct- 32.3. Pt educated to avoid foods high in fats and increase daily fluid intake. Beginning with clear liquids post op, pt was tolerating fluids and full liquid diet- low fat diet today. Reports no n/v. Pt is discharged home today. 78yr old male admitted for COPD/chronic respiratory failure. Pt is awake and alert with diminished lung sounds in all quadrants. 97.3,73,18,91/64, 88% on 6L NC. Pt had a CT done showing emphysema changes seen in upper lobes. Patchy consolidation is seen in RLL which correlates with pneumonia. Ddimer- 1.53, Echo-mod-severe reduced left ventricular systolic function, ejection fraction 30-34%. Last ABG were pH-7.42, Pco2-42,Po2-58,HCO3-26.7. Pt had a barrel chest and difficulty with eating and talking. Pt lungs are damaged and he understood there was not much that could be	-Assessment -Education of breathing techniques -IV meds -Discharge education -Plan of care

	fixed. Pt was going to be placed on hospice today after talking with physician and discussed comfort care measures. Crackled continuously heard through lungs and +2 edema to lower extremities. -I put into practice the assessment of COPD such as seeing the barrel chest and pursed lip breathing, edema, and cyanosis in the pts skin. I practiced and discussed with the RT the ABG's that were recorded in the pts record.	

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: Block 4/week2 Dates: 3/23/22 Unit: ICU Assigned Preceptor: Kelly Furr,RN Other Preceptor:	79yr old male presented to the ER with increased sleepiness by daughter. Pts ABG in the ER pH- 7.38, Pco2-78, Po2-50 HCO3- 45.7. Hx of smoking 5pks daily 22yrs ago. Covid 3months ago. COPD,HTN, CHF, macular degeneration. Also has a pacemaker and Afib. When brought to med surgical unit the nurses were using sternal rub and was admitted to ICU immediately. Today he is on bipap and when off he is on 3-5L NC throughout the day. Vital signs 138/80, 88, 26, 86-91% on 3LNC. Breathing treatment q4hrs. Co2 today is 44. Pt is placed on aspiration precautions. WBC-7.5, Hgb-11.3,Hct-215,plt-215. Na-136, K-4.2,co2-43, creatinine-0.77, Procal-0.05. 0.5mg Ativan once IVP for pts anxiety and feelings that he is unable to breath. Throughout the day pt was sleepy and was unable to get out of bed today into the chair. Pt had diminished lung sounds and 2+ edema upon initial assessment. Is awake and alert in the morning and oriented x3. Easily aroused just remained sleepy throughout the day. We had to take into consideration and constantly assess the pt to assure it wasn't the CO2 that was causing the pt to keep dozing off most of the shift. I learned that with the pacemaker the purple lines on the telemetry were indicating the pacemaker was giving the boost to the heart and if no purple line the heart was beating on its own. I learned and researched the difference in the meanings of A paced and V paced on the telemetry with the pacemaker pt.	-Assessment -PO, IV meds -Assessing Bipap machine -Teaching on use of IS breathing exercises. -Sputum culture collect. -Bed bath -oral care -Telemetry monitor readings.

Block/Week: Block 4/Week2 Dates: 3/24/22 Unit: ICU Assigned Preceptor: Kelly Furr,RN Other Preceptor:	UPDATE: Pt and family have decided to update code status to DNR and place pt on hospice. Pt is awake and alert through the whole day today beside his nap time from feeling "so tired." Pt was able to stay on 3Lnc throughout most of day o2 sats running 94-96% and bipap placed twice. Labs this AM were WBC-5.9, RBC-3.48, Hgb-10.6, Hct- 33.8, plt-205, Carbon dioxide-44, BUN-18, Creatinine- 0.71. Decrease in edema to 1+ from 2+. Continues with diminished breath sounds. Pt was able to get up and ambulate to chair for lunch x1 assist until he was transferred to medical surgical unit at shift change.	-Transfer report to nurse. -PO meds. -Bed bath, oral care -assessments -plan of care

Vanessa Pizana

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
Amiodarone	anti-arrhythmics	antiarrythmics	200mg PO daily	∅ PO	Poor coordination, tremors, ataxia, bradycardia, fatigue, dizziness	monitor liver & thyroid function before & 6 months. Ophthalmic exams regular & when visual changes.
Lorazepam	benzodiazepine	antianxiety, Sedative	0.5mg IVP once	IVP	Lethargic, headache, confusion, blurred vision, respiratory depression, tolerance	Advise pt this med is for short term use. Teach other methods to decrease anxiety such as relaxation & coping skills. Avoid other CNS depressants.
spirono-lactone	Potassium sparing diuretics	Diuretics	12.5mg PO daily	PO	Erectile dysfunction, hyperkalemia, muscle cramps, dizziness.	Routine monitor of KF. Monitor BUN, creatine, & electrolytes.