

Adult/Geriatric Critical Thinking Worksheet

Student Name: Ami Rojas

Unit: South 8

Pt. Initials:

Date: 5/25/2022

1. Disease Process & Brief Pathophysiology

Closed fracture of pelvis- A fracture is a complete or incomplete disruption in the continuity of the bone structure and is defined according to its type and extent. Fractures occur when the bone is subjected to stress greater than it can absorb. When the bone is broken, adjacent structures are affected, resulting in soft tissue edema, hemorrhage into muscles and joints, joint dislocations, ruptured tendons, severed nerves, and damaged blood vessels.

4. Diagnostic Tests pertinent or confirming of diagnosis

X-ray

CT scan (P)

angiogram pelvic (P)

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

age (P)

gender female greater risk

smoking

trauma (P)

RA

previous fracture

5. Lab Values that may be affected

WBC (P)

hemoglobin (P)

RBC (P)

CBC

Urine Creatinine (P)

3. Signs and Symptoms

intense pain (P)

numbness and tingling (P)

limited mobility (P)

visibly out or place limb (P)

swelling (P)

broken skin

6. Current Treatment

surgery (P)

pain management (P)

bed rest (P)

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7. Focused Nursing Diagnosis:

Impaired immobility

8. Related to (r/t):

Neuromuscular skeletal impairment: pain and discomfort (limb immobilization)

9. As evidenced by (aeb):

inability to move purposefully within the physical environment, imposed restrictions

10. Desired patient outcome:

Client will regain/maintain mobility at the highest possible level by 5/26/2022 @ 1500.

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

1 .Instruct and encourage the use of trapeze and “postposition” for lower limb fractures.

Evidenced Based Practice:

Facilitates movement during hygiene or skincare and linen changes; reduces the discomfort of remaining flat in bed. “Post position” involves placing the uninjured foot flat on the bed with the knee bent while grasping the trapeze and lifting the body off the bed.

2. Provide and assist with mobility aids such as wheelchairs, walkers, crutches, and canes.

Evidenced Based Practice:

Early mobility reduces complications of bed rest (phlebitis) and promotes healing and normalization of organ function. Learning the correct way to use aids is important to maintain optimal mobility and patient safety.

3. Reposition periodically and encourage coughing and deep-breathing exercises.

12. Patient Teaching:

1. Teach pt how do use assisted devices - walker, wheel chair

2. Teach pt on home safety like removing rugs, getting a ramp for porch, and having rails in bathroom to prevent further injury.

3. Teach pt about a healthy diet rich in vitamin D , calcium, and protein to promote bone healing

13. Discharge Planning/Community Resources:

1. Consult with a physical, occupational therapist, or rehabilitation specialist.

2. case manager to help with workers compensations- this was a work related injury

3. Catholic dioces to help with bills due to pt not being able to work.

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Evidenced Based Practice:

Prevents or reduces the incidence of skin and respiratory complications (decubitus, atelectasis, pneumonia).

