

# Adult/Geriatric Critical Thinking Worksheet

**Student Name:** Gabbi Bristow

**Unit:**

**Pt. Initials:**

**Date:** 05/31/2022

## 1. Disease Process & Brief Pathophysiology

A **Cerebrovascular Accident (CVA or Stroke)** occurs when there is a sudden disruption of oxygen supplied to the brain, often caused by a rupture in one or more blood vessels that supply the brain, or a loss of cerebral perfusion. In this patient's case, an ischemic stroke occurred. This can be from either a thrombosis or embolism results from blockage of larger vessels as a result of atherosclerosis. Ischemic strokes caused by systemic hypo perfusion are usually from decreased cerebral blood flow leading to circulatory failure. Most embolic strokes are known as cariogenic and result from emboli produced from valve disorders or oftentimes atrial fibrillation.

## 4. Diagnostic Tests pertinent or confirming of diagnosis

- CT scan (P)
- MRI

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

### Modifiable:

- Hypertension (P)
- Smoking (P)
- Diabetes
- Heart disease
- Drug/alcohol abuse (P)
- Poor nutrition/diet (P)
- obesity (P)
- Lack of exercise (P)
- Sleep apnea

### Non-Modifiable

- Age (over 55 risk doubles every 10 years)
- Gender (more common in men) (P)
- Ethnicity/race (more common in African Americans)
- Family hx

## 5. Lab Values that may be affected

- Hemoglobin (increase) (P)
- Hematocrit (increase) (P)
- RBC (increase) (P)

## 3. Signs and Symptoms

- Hemiplegia (P)
- Ataxia
- Hemiparesis (P)
- Dysarthria (P)
- Dysphagia (P)
- Dysphasia
- Memory loss (P)
- Slurred speech (P)
- Attention deficits (P)
- Depression (P)
- Elimination issues/ incontinence (P)

## 6. Current Treatment

- TPA (P)
- Antihypertensives (P)
- Statins (P)

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- CTA/MRA
- CSF
- Cerebral angiography
- Transcranial Doppler ultrasonography

- Potassium (increase) (P)
- AST (increase) (P)

- Antiplatelets (aspirin) (P)
- Warfarin (AFib case)

**7. Focused Nursing Diagnosis:**

Impaired physical mobility

**8. Related to (r/t):**

Neuromuscular involvement of generalized hemiparesis/weakness of the left side

**9. As evidenced by (aeb):**

Patient is unable to move, sit up, or function using the left side of his body.

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

1. Assist patient in exercise using unaffected (right) side to support and help function of affected/weaker (left) side.

**Evidenced Based Practice:**

Patient will begin to gain increased strength in unaffected side to help with mobility in affected side. Patient will learn to use unaffected side as an assist in mobility

2. Assist in Passive ROM exercises in all extremities upon admission.

**Evidenced Based Practice:**

Passive ROM exercises help prevent contractures,

**12. Patient Teaching:**

1. Teach patient to call before attempting to ambulate to prevent falls and further injuries.
2. Teach the patient that when ambulating, to bear weight on unaffected side as it will be most beneficial in ambulation as well as the safest.
3. Teach the patient the importance of exercise and physical activity to promote circulation and decrease the risk of another stroke occurring

**13. Discharge Planning/Community Resources:**

1. Community resources: Placement in SNF and financial needs
2. Speech pathologist

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promote circulation, improve and maintain muscle strength, and help maintain joint flexibility.

**3. Physical Therapy and Occupational Therapy**

**10. Desired patient outcome:**

Patient will be able to sit on the side of the bed for at least 10 minutes at a time, TID with minimal assist, by discharge.

**3. Assess patient's nutritional needs as inadequate nutrition and immobility relate to each other.**

**Evidenced Based Practice:**

Good nutrition provides the patient energy and strength to help improve mobility and regain strength, especially in affected side.