

Marcia Mata
4-4-23 - P901

Critical Thinking Worksheet Instructions

<p>1. Disease Process & Brief Pathophysiology-the primary reason the patient was admitted to the hospital</p> <p>Patient was admitted with RUQ abdominal pain and vomiting. Believed to be Cholecystitis; occurs when the main opening to the gallbladder becomes blocked, either by gallstone or bile.</p>	<p>2. Factors for the Development of the Disease/Acute Illness-patient history prior to admission and resulting in admission</p> <p>Patient has history of depression, anxiety, and migranes. Mom mentioned she may have had mononucleosis that was never diagnosed.</p>	<p>3. Signs and Symptoms-what abnormalities was the patient experiencing at the time of admission and currently experiencing</p> <p>Abdominal pain Nausea Vomiting Fever dehydrated</p>
<p>4. Diagnostic Tests pertinent or confirming of diagnosis-a summary of all tests ordered related to the disease process or reason for admission</p> <p>CBC Ultrasound BUN Laproscope Creatinine Bili. ALT AST</p>	<p>5. Lab Values that may be affected-what lab values would most likely be abnormal related to this admission</p> <p>↑ Phosp ↑ ALT ↑ bilirubin ↑ AST</p>	<p>6. Current Treatment-a summary of the medical orders</p> <p>Laprascopic Cholecystectomy, appendectomy, removal of cyst on ovary.</p>

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<p>7. Focused Nursing Diagnosis-this should be an actual or potential problem observed from patient assessment and may begin with modifiers such as: impaired, altered, decreased, ineffective, risk for</p> <p><i>Pt. at risk for DVT.</i></p>	<p>11. Nursing Interventions related to the Nursing Diagnosis in #7</p> <p>*Actions to enhance patient outcomes</p> <p>1. <i>Apply compression stockings or compression devices.</i></p>	<p>12. Patient Teaching-Identify 3 knowledge deficits and describe how you addressed them</p> <p>1. <i>ROM / pump feet while in bed</i></p>
<p>8. Related to (r/t)-factors contributing to or causing the problem.</p> <p>*This is not a medical diagnosis</p> <p>*Must be modifiable by nursing interventions</p> <p>*Will be in 1 of 5 categories-pathophysiological, environmental, situational, psychological, or maturational</p> <p><i>Lack of movement</i></p>	<p>Evidenced Based Practice-this is the research-based rationale for selecting the nursing action</p> <p>2. <i>Anticoagulants</i></p>	<p>2. <i>Sit up and dangle feet;</i></p> <p>3. <i>taking blood-thinning medication</i></p>
<p>9. As evidenced by (aeb)-these are the signs and symptoms, the evidence of the problem</p> <p>*If the nursing diagnosis is a risk for statement, you will not have anything listed for aeb</p> <p><i>pain, swelling, warm skin</i></p>	<p>Evidenced Based Practice-this is the research-based rationale for selecting the nursing action</p> <p>3. <i>Ambulating around room</i></p>	<p>13. Discharge Planning/Community Resources-what does the patient need to know about going home and what resources are needed</p> <p>1. <i>Eat Nutritious Diet</i></p>
<p>10. Desired patient outcome-this is the goal for your patient</p> <p><i>Pt. is able to walk up and down the hall within 3 days.</i></p>	<p>Evidenced Based Practice-this is the research-based rationale for selecting the nursing action</p>	<p>2. <i>Drink plenty of fluids</i></p> <p>3. <i>Take meds as prescribed</i></p>