

Case Study 6

Name: _____ Class/Group: _____ Date: _____

Instructions: All questions apply to this case study. Your response should be brief and to the point. Adequate space has been provided for answers. When asked to provide several answers, they should be listed in order of priority or significance. Do not assume information that is not provided. Please print or write legibly.

You are working nights on an inpatient geriatric unit. An 82-year-old woman, M.B., is admitted from an extended care facility with urosepsis, Alzheimer's disease, and a history of hypertension and CVA. Her right side is flaccid. She does not communicate, moans when in pain, and hits, kicks, and claws with her left arm and leg when disturbed. Her initial assessment shows emaciation and multiple pressure ulcers. She has an indwelling Foley catheter and one peripheral IV of D₅ NS at 75 ml/h. Her initial VS are 86/50, 108, 24, 104.6°F. Her initial WBC is 34.2 mm³.

1. Four hours after admission you note that M.B.'s Foley catheter has not drained any urine. You cannot begin her antibiotics until you collect a urine culture. What should you do?
2. M.B. has 2 intravenous antibiotics, gentamicin (Garamycin) and ticarcillin (Ticar), ordered for 1000. Her morning serum creatinine is 3.2 mg/dl. Her admission serum creatinine was 2.0. Which medication can you safely give?
3. M.B.'s diet is "mechanical soft." The certified nursing assistant (CNA) tells you that M.B. often spits food during feeding. She also becomes agitated and tries to hit and kick the CNA during meals. Her total intake is less than 25% of the food she is supposed to receive. You believe she may be suffering from protein caloric malnutrition. What assessment findings would you gather to support this?
4. M.B. has a PEG tube inserted and is started on continuous tube feedings at 100 ml/h. During your morning assessment you note that her gastric residual is 175 ml. There are no specific orders regarding residual amount. What should you do?

5. M.B. is at high risk for pulmonary aspiration of her tube feedings. What nursing measures can decrease the chances for this complication?

6. M.B. has a large, stage IV decubitus ulcer over her sacrum and stage II decubitus ulcers over both trochanters. You are initiating a turning schedule for M.B.. What would be the most effective positions and schedule?

7. The enterostomal therapy nurse orders Elase ointment to the sacral decubitus followed by wet-to-moist dressing. What observations are important to note following dressing changes?

8. What could you do to improve M.B.'s quality of life?

One of the CNAs at the extended care facility said M.B. always "perked up" when their therapy dog, Cindy, came for a visit. Although hospital policy prohibited dogs (except for companion and helper dogs) visiting in patients' rooms, special permission was obtained for Cindy to visit M.B. "It was miraculous," the afternoon nurse told her colleague at report, "M.B. perked up and smiled for the first time since she came here. She petted that dog for the longest time and seemed more relaxed and cooperative afterward than you ever could imagine. Maybe all she needed was a little loving. Anyway, they left a picture of Cindy for her to keep on her bedside stand. It seems to have a calming effect on her."