

Critical thinking



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CRITICAL THINKING 1Critical ThinkingThreaded DiscussionJovelyn BicaraAzusa Pacific UniversityBRNS 271 Theories and Concepts in Professional NursingProfessor Catherine Mc PheeOctober 12, 2011 CRITICAL THINKING 2 According to Kearney-Nunnery (2008), ??? critical thinking is viewed as engaging in purposeful cognitive activity directed toward establishing a belief or map of action??? (p. 159).

Critical thinking requires that we use a systematic and logical process to address the challenges we face during patient care delivery. Critical thinking requires us to continually question our beliefs. Critical thinking necessitates that we take the opportunity to reflect on our reasoning processes.

Working in a stroke unit, it is empirical for each nurse to use critical thinking skills in assessing patients for any changes in condition, prioritize and anticipate orders, and able to perform individual nursing interventions. I would like to share a situation when my critical thinking helped save a patient. She is an 80-year-old female who was admitted in the unit to rule-out (r/o) stroke. Patient presented in emergency room with complain of numbness on the left arm and altered level of consciousness. Cat scan (CT) of brain was negative for acute hemorrhage or infarct. Hypertension, diabetes, and seizures were the only medical history noted. Upon admission to unit, patient was awake, alert and verbally responsive with no reports of any numbness.

Aside from weakness on lower legs, patient was back to normal state. On day three of admission, patient was having physical therapy as part of stroke protocol. Patient returned to her room after the treatment when I noticed

that she started jerking with deviation on her left side. Charge nurse was called in and she was insisting that patient is having a seizure episode. But I told her that the symptoms presented could also be stroke. Vital signs were normal except blood pressure was slightly elevated. Considering patient history, I immediately checked blood sugar. I also considered the fact that hypoglycemia can mimic signs and symptoms of stroke.

Blood CRITICAL THINKING 3sugar was 82 so hypoglycemia was ruled out. Rapid response team arrived and code stroke was initiated. Patient was then taken for a STAT CT of the brain and was transferred to intensive care unit when she became unresponsive. As part of our team huddle, I was told that patient CT brain confirmed stroke. With quick assessment and using critical thinking, I was able to analyzed the signs and symptoms presented by patient. Also, it??™s essential that we consider/rule-out all the possibilities before we come up with definite conclusion. I believe that critical thinking skills is developed through experience.

Somehow, this particular experience will remain unforgettable considering I just graduated from nursing school. I once took care of a 62-year-old male patient with complained of chest pain direct admitted from a physician??™s office. Patient has a history of hypertension, end-stage renal disease and on hemodialysis, arthritis, and anemia. Cardiologist was on the case and ordered cardiac work-up including troponin x 3 every 8 hours. The first two troponin results were positive. Based on his history, elevated troponin is common to end stage renal patient. With that in mind, I did not inform the cardiologist. The next day I came back, patient was already transferred to

coronary care unit with increasing chest pain and EKG shows ST elevation myocardial infarction (STEMI).

The patient survived but because of my negligence the patient developed a severe heart problem. I should not perceived that troponin elevation was due to renal disease and should have contacted the cardiologist upon receiving the first positive result. I should have considered the possibility that patient is presenting a true signs and symptoms impending heart attack. Up to today, I keep wondering if situation would have changed if I notified the cardiologist immediately.

Perhaps interventions would have been started and preventing patient from being in a critical stage. Since that event, I have been diligent in reviewing all my patients' blood tests and any procedures; as well as notifying physicians for any abnormal/critical results. Nurses must be critical thinkers because of the nature of the discipline and their work. Nurses are frequently confronted with problem situations; critical thinking enables them to make sound decisions (Kearney-Nunnery, 2008, p. 163).

Patient safety can be directly affected by the critical thinking ability of a nurse. In order to improve patient safety, nurses must be able to recognize changes in patient condition, perform independent nursing interventions, anticipate orders and prioritize. These actions require critical thinking ability, advanced problem-solving skills and the ability to communicate clearly.

References
Kearney-Nunnery, R. (2008). *Advancing Your Career: Concepts of Professional Nursing* (4th ed.). Philadelphia, PA: F. A.

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