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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. NON NUTRITIVE SUCKING
PT WAS OFFERED PACI WHEN PT BECAME MORE IRRITABLE.

2. PT WAS HELD BY PARENT AND SANG TO WHEN NON-NUTRITIVE SUCKING WAS NOT ENOUGH TO CALM PT.

*List All Pain/Discomfort Medication on the Medication Worksheet

8. Calculate the Maintenance Fluid Requirement

(Show Your Work):

$$\begin{array}{l} \text{PIS Wt} = 3.3\text{kg} \\ 3.3 \\ \times 100 \\ \hline 330\text{ml}/24\text{hr} \end{array} \quad \frac{330\text{ml}}{24\text{hrs}} = 13.75$$

Actual Pt MIVF Rate: 14ml/hr

Is There a Significant Discrepancy? Why? yes
I BELIEVE THE SLIGHT DISCREPANCY WAS BECAUSE PT WAS NPO FOR SK AND PUMP MAY BE EASY TO PUT AT 14 RATHER 13.75

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

$$1\text{ml}/3.3\text{kg} = 3.3\text{kg}$$

Actual Pt Urine Output: NA

PT WAS NEW - NO CHANGED DIAPERS YET THAT WERE DOCUMENTED

10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Erickson Stage: TRUST VS MISTRUST

1. PT WAS CALMED BY PARENT WHEN BEING SANG TO DURING STRESSFUL OUTBURSTS.
2. PT ABRUPTLY STOPPED CRYING WHEN PICKED UP BY PARENT #1 & #2 BOTH FORM TRUST TOWARDS PARENT.

Piaget Stage: SENSORIMOTOR - PRIMARY CIRCULAR REACTIONS

1. PT SHOWED STARTLE REFLEX WHEN BEING UNCOVERED FOR VITAL SIGNS.
2. NON-NUTRITIVE SUCKING OF PACI, PT CRIED UNTIL PT WAS GIVEN PACI.