IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 3 **Patient Weight:** 27kg

Student Name: Carmen Stephany Alvarez L.V.N	**Unit:** CSON **Pt. Initials:** T.D.	**Date:** 10/4/2020
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma: "Dyspnea accompanied by wheezing; can be caused by spasm of the bronchial tubes or by swelling or their mucous membranes" ("Respiratory System ." Quick and Easy Medical Terminology, by Peggy C. Leonard, Saunders Elsevier, 2011, p. 201.)	**2. Factors for the Development of the Disease/Acute Illness:** Factors contributing to asthma exacerbation include pollen, irritant, microbes, stress or excercise	**3. Signs and Symptoms:** Increased respiratory rate, shortness of breath, wheezes, cyanosis, intercostal retraction
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Auscultation of lungs, pulmonary fuction test	**5. Lab Values That May Be Affected:** Potassium 3.4 * CO2 20* Chloride 95* WBC 18 *	**6. Current Treatment (Include Procedures):** Ibuprofen for comfort Albuterol q4h and PRN Methylprednisolone q12h D5 ½ NS + 20 meq KCL/liter at 70 ml/hr

Student Name: Carmen Stephany Alvarez L.V.N	**Unit:** CSON **Pt. Initials:** T.D.	**Date:** 10/4/2020
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction: toys, cartoons, play time (within limits of patient tolerance) **2.** Comfort positioning ***List All Pain/Discomfort Medication on the Medication Worksheet** Ibuprofen	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 27kg 10x100=1000 10x50=500 7x20=140 1640/24hrs 1640/24=68.33ml/hr **Actual Pt MIVF Rate:** 68.33ml/hr **Is There a Significant Discrepancy?** No **Why?** pt fluid infusing at 70ml/hr	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5ml/kg/hr 0.5x27= **Actual Pt Urine Output:** 13.5ml/hr

<table>
<tr><td>Student Name: Carmen Stephany Alvarez L.V.N</td><td>Unit: CSON Pt. Initials: T.D.</td><td>Date: 10/4/2020</td></tr>
<tr><td></td><td colspan="2">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: Initiative vs. Guilt
1. intiates play

2. makes decisions

Piaget Stage: Preoperational
1. child is able to use objects for imaginative play

2. child will not see things from anyone elses perspective</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Innefective Breathing pattern

12. Related to (r/t):
bronchospasm</td><td>15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Respiratory Monitoring

Evidenced Based Practice:
Monitoring Respiratory rate and effort can help determine if patient is having exacerbation of disease process.

2. Monitor oyxgen saturation

Evidenced Based Practice:
Oxygenation less than 92% indicats significant oxygenations problems</td><td>16. Patient/Caregiver Teaching:
1. Teach family to keep PRN medication readily available

2. Teach family to identify exacerbating triggers

3. Teach family to create an emergency plan and when to call 911</td></tr>
</table>

Student Name: Carmen Stephany Alvarez L.V.N	**Unit:** CSON **Pt. Initials:** T.D.	**Date:** 10/4/2020
13. As evidenced by (aeb): lower lobe wheezing	**3.** Schedule rest periods before and after activity **Evidenced Based Practice:** Respiratory patients with shortness of breath are easily exhausted and may need additional rest	**17. Discharge Planning/Community Resources:** **1.** Teached about medication, dosage and side effects **2.** Teach family to avoid triggers of asthma exacerbation **3.** Encourage family to take breaks during play time to reduce fatigue
14. Desired patient outcome: Return to baseline breathing pattern as evidenced by reduction in wheezing and stable oxygen saturation on room air.		