

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

Student Name: Sara Garza	Unit: Pt. Initials: DT	Date: 10/5/2020
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma- "Chronic Obstructive airway disease consisting of mucosal edema, inflammation and bronchospasm" P. Swearingen & J. Wright All in One Pt C/O Asthma exacerbation, Diagnosed with asthma at 2 Y/O, History of pneumonia 6 months ago with residual persistent wheezing in Lower lobes bilaterally</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Genetic Predisposition, viral illnesses, allergens and environmental exposures, increased incidence seen in boys, children of poor families and African Americans</p>	<p>3. Signs and Symptoms: Early S&S-Breathing changes, sneezing, moodiness, headache, itchy or watery eyes, dark circles under eyes, easy fatigue, sore throat, trouble sleeping, chest and throat itchiness, downward trend in peak flow, cough at night, slight chest tightness</p> <p>Acute Episodes-coughing, Shortness of breath, anxiety, apprehension, difficulty eating/ talking or concentrating</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Arterial blood Gas values, Pulmonary function test (spirometry), Chest X-ray examination, Complete Blood count, Peak expiratory Flow Rate, Sputum cultures and sensitivity</p>	<p>5. Lab Values That May Be Affected: ABG In severe asthma exacerbations PaO₂ is less than 60mm/Hg and PaCO₂ greater than or equal to 42 mm/Hg, alkalosis in early stages and then later acidosis, CBC slight elevation during acute asthma, Serum Eosinophils and IgE Levels</p>	<p>6. Current Treatment (Include Procedures): Albuterol Nebulizer Q4H, Loading dose of Methylprednisolone IV then 13.5mg Q12H, IV Fluids (D 5 1/2 NS+ 20MEq KCL/ Liter @ 70ml/hr), 2L O₂ via NC, Ibuprofen 270mg PO Q6H for temp > 101 or discomfort, CBC, BMP,</p>

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<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Distraction-watching movies, videos, picture books 2. Playroom Activities <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen 270mg PO Q6 PRN</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>10x100=1000 10x50=500 7x20=140 1,640 Daily/24hrs=68mL/hr</p> <p>Actual Pt MIVF Rate: 70mL/hr</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? There is only a 2mL/ hr difference</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>0.5mL X 27Kg=13.5ml/hr</p> <p>Actual Pt Urine Output: N/A</p>

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	<p>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:</p> <p>Erickson Stage: Autonomy vs Shame and Doubt</p> <ol style="list-style-type: none"> 1. Child likes to look at books by his self 2. Wants to go to the bathroom by his self <p>Piaget Stage: Sensorimotor: Object Permanence, Domestic mimicry, imitation</p> <ol style="list-style-type: none"> 1. believes that if he gets a shot that he will bleed too much 2. Fears that there are monsters hiding in the dark or under his bed at night 	
<p>11. Focused Nursing Diagnosis: Ineffective Airway Clearance</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. assess respiratory rate, depth and rhythm <p>Evidenced Based Practice: Changes in rate and rhythm may indicate early signs of respiratory distress</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. TCDB-will help loosen and expectorate excess secretions 2. Cleaning and Care of nebulizing equipment to prevent bacterial growth and possible infections 3. Signs and symptoms of increased respiratory distress- difficulty speaking in full sentences, easily fatigued with activity, hunched posture, use of accessory muscles.
<p>12. Related to (r/t): mucosal edema from pneumonia</p>	<ol style="list-style-type: none"> 2. Assess amount, color, odor and viscosity of any sputum <p>Evidenced Based Practice: normal is clear and minimal, if it is green, yellow, bloody, malodorous, copious or thick it may indicate infection and increase airway resistance</p>	

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13. As evidenced by (aeb): persistence wheezing in bilateral lower lobes	3. Maintain Strick I&O record Evidenced Based Practice: Provides information about fluid balance, dehydration can contribute to thickness of secretions and decrease airway clearance effectiveness	17. Discharge Planning/Community Resources: 1. Caregiver will maintain routine followup visits with primary care provider 2. Use of Allergy and Asthma Network Mothers of Asthmatics for support and resources 3. Caregiver will encourage child to do routine breathing exercises to increase lung expansion
14. Desired patient outcome: patient will maintain an even, unlabored breath sounds with 95% O2 Sat on Room Air		