

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

Student Name: Brittany Reyes	Unit: pediatric Pt. Initials: T.D	Date: 10/3/2020
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma is a chronic, reversible (in most cases) obstructive airway disease characterized by a pathophysiological triad consisting of inflammation, mucosal edema, and bronchospasms. The inflammatory response causes increased sensitivity of the airways and is the most common feature of asthma. Reference: All-in-one nursing care planning resource. Pamela L. Swearingen, Jacqueline D. Wright. Page 568</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Family history, exposure to irritants and allergens, smoking, childhood severe respiratory infections,</p>	<p>3. Signs and Symptoms: EARLY- breathing changes, sneezing, moodiness, headache, itchy/watery eyes, fatigue, sore throat, trouble sleeping, chest or throat itchiness, downward trend in peak flow values, cough, slight tightness in chest.ACUTE EPISODE- coughing, SOB, anxiety, apprehension, tightness in chest, wheezing. SEVERE ASTHMA- severe coughing, progressing SOB, tightness in the chest and/or wheezing, apprehension, and difficulty talking, eating, or concentrating. SEVERE RESPIRATORY DISTRESS- profuses diaphoresis, sitting upright and refusing to lie down, agitated or becoming quiet when previously agitated, decrease in or absence of wheezing.</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: pulmonary function test, chest xray, peak expiratory flow rate</p>	<p>5. Lab Values That May Be Affected: WBC CO2 ABG</p>	<p>6. Current Treatment (Include Procedures): Methylprednisone 13.5mg IV push Q12hrs Albuterol 0.083% 3mL HHN Q4hrs and PRN Ibuprofen 270mg PO Q6hrs PRN</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 2. guided imagery <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>10x100= 1000mL 10X50=500mL 7X20=140mL total of 1640mL/24 hrs</p> <p>1640mL/24hr= 68.33mL/hr</p> <p>Actual Pt MIVF Rate: 68.33mL/hr</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? The maintence fluid requirement is 68.33mL/hr whats ordered is 70mL/hr</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>0.5mL/27kg/hr</p> <p>0.5mLX27kg=13.5mL/hr</p> <p>Actual Pt Urine Output: 13.5mL/hr? not noted in scenerio</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: Initiative Vs. Guilt</p> <ol style="list-style-type: none"> 1. Explores physical world with all senses, initiates new activities, and considers new ideas 2. Initiative is demonstrated when child is able to formulate and carry out a plan of action <p>Piaget Stage: Preoperational Period</p> <ol style="list-style-type: none"> 1. play becomes more socialized 2. forms symbolic thoughts 	
<p>11. Focused Nursing Diagnosis: Potential for insufficient airway clearance</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Administer other medications (inhaled, IV, or PO) as prescribed <p>Evidenced Based Practice: Corticosteroids decrease inflammation, thereby improving airway clearance</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Importance of avoiding contact with infectious individuals, especially those with respiratory infections
<p>12. Related to (r/t): wheezing</p>	<ol style="list-style-type: none"> 2. Assess respiratory status with the initial assessment, with each vital sign check, and as needed <p>Evidenced Based Practice: After establishing the baseline, changes can be detected quickly with subsequent assessments,</p>	<ol style="list-style-type: none"> 2. When to call emergency medical services <ul style="list-style-type: none"> -The child is in severe respiratory distress -The child is gray/blue - The child is unable to answer questions or is confused 3. Cleaning and care of equipment- nebulizers, MDI, or other medication delivery systems, including assessment of when the canister is low or empty

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<p>13. As evidenced by (aeb): abnormal breath sounds (wheezes)</p>	<p>enabling rapid interventions</p> <p>3. administer nebulizer treatment or MDI, usually albuterol as prescribed</p> <p>Evidenced Based Practice: These therapies decrease bronchospasm or mucosal edema, thereby opening the airway and enabling more effective airway clearance</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Referral to community resources, such as the local and national American Lung Association, for educational programs for children with asthma</p> <p>2. Importance of follow-up care on a regular basis. Confirm date and time of next appointment</p> <p>3. Guidelines for attendance, activity level, and exercise at group child care</p>
<p>14. Desired patient outcome: Within 3 hr after interventions/treatment, adventitious breath sounds are decreased</p>		