

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 8 days

Patient Weight: 3.2kg

<p>Student Name: Keaton Carothers</p>	<p>Unit: NICU Pt. Initials:</p>	<p>Date: 12/15/2020</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Perinatal asphyxia, more appropriately known as hypoxic-ischemic encephalopathy (HIE), is characterized by clinical and laboratory evidence of acute or subacute brain injury due to asphyxia. The primary causes of this condition are systemic hypoxemia and/or reduced cerebral blood flow (CBF) The initial compensatory adjustment is an increase in CBF due to hypoxia and hypercapnia. this accompanied by a redistribution of cardiac output to essential organs, including the brain, heart, and adrenal glands.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> •Trauma •Stress of Labor •Uterine Rupture (P) •Umbilical cord complications 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> •Muscle tone may be slightly increased and deep tendon reflexes may be brisk during the first few days. •Poor feeding/suck (P) •Irritability, or excessive crying •The infant is lethargic (P) with significant hypotonia •Diminished deep tendon reflexes (P) •The grasping (Moro) may be sluggish or absent (P) •Periods of apnea (P) •Seizures risk
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> •Profound metabolic or mixed acidemia (pH < 7) in an umbilical artery blood sample, if obtained •Persistence of an Apgar score of 0-3 for longer than 5 minutes (P) • ABG with acidosis (P) •MRI for Brain (P) •Cranial Ultrasonography •Echocardiography 	<p>5. Lab Values That May Be Affected: Certain lab values may be affected depending on the involvement of affected organs. Tests are done to assess each of these organs.</p> <p>CBC(P) BUN Serum creatinine BMP (P) Liver Enzymes ABG (P) Liver enzymes PPT</p>	<p>6. Current Treatment (Include Procedures): The patient has made significant progression since her admitting date. The plan is to monitor blood sugar, keep the patient at a warm normal temperature, and monitor for any abnormal apneic episodes. The patient is now able to tolerate bottle feedings so the gavage feedings have been discontinued. The plan is to bottle feed as tolerated and we are hoping to wean off of IV fluids.</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> <p>1.</p> <p>2.</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>Actual Pt MIVF Rate:</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>Actual Pt Urine Output:</p>
	<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:</p> <p>1.</p> <p>2.</p> <p>Piaget Stage:</p> <p>1.</p> <p>2.</p>	

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11. Focused Nursing Diagnosis:	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Evidenced Based Practice: 2.	16. Patient/Caregiver Teaching: 1. 2. 3.
12. Related to (r/t):	Evidenced Based Practice: 3. Evidenced Based Practice:	17. Discharge Planning/Community Resources: 1. 2. 3.
13. As evidenced by (aeb):		
14. Desired patient outcome:		

