

Student Name: Ashley Hagood

Unit: 3N

Pt. Initials: ET

Date: 12/16/2020

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 17 years Patient Weight: 94.1 kg

<p>Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Appendicitis frequently results from the obstruction of the appendiceal orifice. Obstructions can be caused by tumors, lymphoid hyperplasia, infections, or stool. (Jones, Lopez, & Deppen, 2020). Once obstructed, the appendix becomes inflamed and distended from mucus and bacterial overgrowth. If disregarded, necrosis and perforation can occur. Perforation can result in a periappendiceal abscess or diffuse peritonitis.. (Merck Sharp & Dohmne, 2020).</p>	<p>Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none">• Traumatic abdominal injury• Family history• Cystic fibrosis• More common in males• Most likely to occur between the ages of 10-30 years	<p>Signs and Symptoms:</p> <ul style="list-style-type: none">• Right lower quadrant pain• Rebound tenderness at the McBurney point (where umbilicus meets superior iliac spine)• Rovsing sign (RLQ pain with palpation of the LLQ)• Psoas sign (increased pain from passive extension of right hip)• Obturator sign (pain from passive internal rotation of a flexed thigh)• Nausea/Vomiting• Anorexia• Fever• Urinary frequency or urgency
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none">• When classic S&S are present, a clinical diagnosis is common• CT scan• Ultrasound is less specific than CT but useful to avoid ionizing radiation in children (Jones, Lopez, & Deppen, 2020)• Laparoscopy	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none">• WBC: Leukocytosis• Granulocyte count: >11,000• UA: + Ketones• CRP: elevated• Liver and pancreatic function tests: transaminases, bilirubin, alkaline phosphate, serum lipase, and amylase. (Craig, 2018)	<p>6. Current Treatment (Include Procedures):</p> <p>When presenting classic signs and symptoms, the patient must be kept NPO and have an IV inserted to hydrate with crystalloids and to begin antibiotic therapy if ordered by the surgeon (Jones, Lopez, & Deppen, 2020). Surgical treatment often quickly follows with either a laparoscopic appendectomy or an open appendectomy. In the case that the appendix has perforated, percutaneous drainage is ordered. Following the surgery, the nurse should monitor vitals and administer analgesics as</p>

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		<p>ordered/desired by the patient. The patient can typically drink fluids within a few hours and slowly add solid foods once clear liquids are tolerated.</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. Comfort therapy</p> <p>Companionship, heat/cold application if permitted, massages, and positioning are all interventions to provide comfort therapy (Stanford Medicine, 2020).</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): 2,982mL/24HR or at a rate of 124mL/HR</p> <p>94.1kg $1^{\text{st}} 10\text{kg}: 100\text{mL}(10\text{kg})= 1000\text{mL}$ $2^{\text{nd}} 10\text{kg}: 50\text{mL}(10\text{kg})= 500\text{mL}$ $>20\text{kg}: 20\text{mL}(74.1\text{kg})= 1,482$ $1000+500+1,482= 2,982\text{mL}$</p> <p>Actual Pt MIVF Rate: <u>125</u> Is There a Significant Discrepancy? Why? <u>There is no significant discrepancy.</u></p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>17 years: Children >2 years= 0.5mL/kg/hr $(0.5)(94.1)= 47.05\text{mL/HR}$</p> <p>Actual Pt Urine Output: <u>Was not recorded as patient didn't have a foley catheter and no order to measure urine output.</u></p>
<p>2. Distraction</p> <p>Watching TV, listening to music or podcasts, spending time on electronic devices, texting/FaceTiming friends, having friends visit, reading, and playing video games are examples of interventions to provide distraction (Stanford Medicine, 2020).</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</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: <u>Identity vs Role Confusion</u></p> <p>The patient shared with me when his mother left the room that she was still mad at the fact he got tattoos with his friends. He explained that "all of his friends were getting tattoos" so he wanted to get one as well.</p> <p>2. While waiting to have surgery, I visited more with the patient and his mother. He explained that he had colleges scout him to play football. When I asked what he wanted to study, he hesitated and his mother explained that she wanted him to study engineering but he followed up with uncertainty of what he wanted to study as he aspired to play professional football.</p> <p>Piaget Stage: <u>Formal Operational</u></p> <p>1. During our discussion waiting for surgery, the patient explained that he wasn't sure how his current health situation would impact the recruiting process to play collegiate football in the future.</p>	

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Alternating 650mg of acetaminophen with 650mg NSAID such as ibuprofen every 3 hours is typical. An opioid may be prescribed as well that can be taken in addition to alternating acetaminophen with ibuprofen (Obeid, 2018).

2. During my assessment, this patient explained to me that he has gone to state 2 years in a row for a competition that displays an object and he creates a plastic replica of it using computer software without any steps or guidance.

<p>11. Focused Nursing Diagnosis: Acute pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. I will keep the patient in a semi-fowlers position.</p>	<p>16. Patient/Caregiver Teaching: 1. I will teach my patient to report any pain or discomfort before it becomes severe to better manage pain. 2. I will teach my patient the splinting technique with a pillow to use when moving or coughing to reduce pain.</p>
<p>12. Related to (r/t): Appendectomy</p>	<p>Evidenced Based Practice: “To lessen the pain. Gravity localizes inflammatory exudate into lower abdomen or pelvis, relieving abdominal tension, which is accentuated by supine position” (Doenges, Moorhouse , & Murr, 2019)</p>	<p>3. I will educate my patient and caregiver to allow periods of rest and adequate amounts of sleep to control pain and promote healing.</p>
<p>13. As evidenced by (aeb): Reports of pain, facial grimacing, abdominal guarding, and moaning.</p>	<p>3. I will provide pharmacologic and non-pharmacologic pain management as indicated. Pharmacologic interventions will be provided by the HCP’s orders. Non-pharmacologic interventions include comfort therapy and diversion.</p> <p>Evidenced Based Practice: Pharmacologic interventions- “Promotes comfort and facilitates cooperation with other therapeutic interventions, such as ambulation” (Doenges, Moorhouse , & Murr, 2019). Comfort measures- “To promote nonpharmacological pain management” (Doenges, Moorhouse , & Murr, 2019).</p>	<p>17. Discharge Planning/Community Resources: 1. I will organize and highlight key points of at home instructions from the collaborative healthcare team. Key points include: incision site care, medications, restrictions on lifting objects etc. 2. I will provide a list of follow up appointments with the time, date, location and phone number of the providers if applicable.</p>

	<p>Diversion- "Refocuses attention, promotes relaxation, and may enhance coping abilities" (Doenges, Moorhouse , & Murr, 2019).</p> <p>3. I will encourage early ambulation as tolerated/ordered.</p>	
<p>14. Desired patient outcome:</p> <p>The patient’s subjective perception of pain will decrease within 1-2 hours of pain alleviating interventions by a reduced numeric value using a pain scale of 1-10 than previously documented pain scale prior to interventions.</p>	<p>Evidenced Based Practice: “Promotes normalization of organ function; stimulates peristalsis and passing of flatus, reducing abdominal discomfort” (Doenges, Moorhouse , & Murr, 2019).</p>	<p>3. I will provide appropriate community resources and support organizations for this patient and caregivers situation. An example is an online support group for caregiver stress or depression from the procedure/restrictions.</p>

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