

Student Name: Keaton Carothers Unit: PF2 Pt. Initials: \_\_\_\_\_ Date: 1/5/20

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 9 year old Patient Weight: 35 kg

<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>Nephrotic Syndrome          The mechanism of edema formation in NS is unclear. The primary defect seems to be increased glomerular permeability to albumin and other plasma proteins. Primary renal sodium retention and decreased oncotic pressure from hypoalbuminemia lead to increased extravasation of fluid from the intravascular space into the interstitial space, resulting in edema.</p> <p>The pathophysiology of thrombogenesis in NS is also not completely understood but seems to be multifactorial.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <p>Family history          Medications          Secondary to a disease process ex. Diabetes mellitus, Lupus</p>	<p><b>3. Signs and Symptoms:</b></p> <p>Edema          Fatigue          Susceptible to infection          Proteinuria          Hypoproteinemia          Hypoalbuminemia          Ascites          Hyperlipidemia          Irritability</p>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b></p> <p>Kidney Biopsy          Blood Tests          Urinalysis</p>	<p><b>5. Lab Values That May Be Affected:</b></p> <p>Albumin          Triglycerides          Cholesterol          Creatinine          BUN          GFR          Low sodium due to dilution and hyperlipidemia</p>	<p><b>6. Current Treatment (Include Procedures):</b></p> <p>Low salt diet with prescribed diuretics to reduce swelling. Monitor patient for any blood clots and any infection.</p>

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<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. Teach the child deep breathing exercises that she can utilize. Deep breathing has been proven to decrease anxiety and increase comfort.</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b></p> <p>= 75ml/hr  <math>10 \text{ kg} \times 100 \text{ ml/kg} = 1,000\text{mL}</math>  <math>10 \text{ kg} \times 50 \text{ ml/kg} = 500\text{mL}</math>  <math>15 \text{ kg} \times 20 \text{ ml/kg} = 300\text{mL}</math>  <math>1,800\text{ml}/24\text{hrs} = 75\text{ml/hr}</math></p> <p><b>Actual Pt MIVF Rate:</b> <u>N/A</u>  <b>Is There a Significant Discrepancy? Why?</b>  N/A</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> <p>=17.5 mL/hr  Child is above 2 years old.  0.5 mL/kg/hr  <math>0.5\text{mL} \times 35 \text{ kg/hr} = 17.5 \text{ mL/hr}</math></p> <p><b>Actual Pt Urine Output:</b> <u>N/A</u></p>
<p>2. Read fairytale books about princesses. Allow her to read if she is able to when assessments are being done.</p> <p><b>*List All Pain/Discomfort Medication on the Medication Worksheet</b></p>	<p><b>10. Growth &amp; 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:</b></p> <p><b>Erickson Stage:</b> <u>Industry vs Inferiority</u></p> <p>1. The patient is highly motivated to complete his schoolwork, despite not feeling well.</p> <p>The patient got very frustrated with herself when she could not learn to tie her</p> <p>2. shoes. She worried that she would never be able to wear and tie her own tennis shoes like her friends.</p> <p><b>Piaget Stage:</b> <u>Concrete Operational</u></p> <p>1. Patient is slow to warm up to strangers. She does not build trust anyone easily. She prefers one of the nurses over everyone.</p> <p>2. The patient loves to collect bandaids with her favorite princesses. Her mom says that she has started to love collecting things.</p>	

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<p><b>11. Focused Nursing Diagnosis:</b> Excess Fluid Volume</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b> 1. Monitor patient weight everyday with the same scale at the same time each day.</p>	<p><b>16. Patient/Caregiver Teaching:</b> 1. Teach the patient and her parents to dry herself with a towel thoroughly after baths.</p>
<p><b>12. Related to (r/t):</b> Fluid accumulation in tissues</p>	<p><b>Evidenced Based Practice:</b> Keeping track of the patient's weight, allows one to see if the current treatment is effective or not. 2. Reposition the patient every two hours.</p>	<p>2. Teach the patient and her parents the importance of hand washing and cleanliness, as the patient is immunosuppressed. 3. Teach patient and her family that it is important she does not scratch her skin.</p>
<p><b>13. As evidenced by (aeb):</b> Abnormal weight gain, edema, and ascites</p>	<p><b>Evidenced Based Practice:</b> With excess fluid accumulation under the skin, the body is more prone to skin breakdown. 3. Monitor patient's intake and output</p>	<p><b>17. Discharge Planning/Community Resources:</b> 1. Ensure parents and patient know what a low sodium diet will consist of by forming a diet plan. 2. Schedule a follow up appointment with the HCP.</p>
<p><b>14. Desired patient outcome:</b> Patient will have a stable weight and sodium level by 1/8/20.</p>	<p><b>Evidenced Based Practice:</b> In the circumstance that there is excess fluid in the body, intake of fluids should be monitored to ensure the patient does not become overloaded.</p>	<p>3. Schedule a follow up with child life specialist.</p>