

Student Name: Keaton Carothers Unit: _____ Pt. Initials: _____ Date: 1/5/20

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 9 month old Patient Weight: 11 kg

<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Hirschprung's Disease The parasympathetic ganglion cells in the colorectal wall are absent or markedly reduced. The aganglionic bowel segment contracts without the reciprocal relaxation needed to propel feces forward. Impaired intestinal motility causes severe, intractable constipation.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>This condition is usually present at birth. Failure to pass meconium stool in the first 24-36 hours is indicative of Hirschprung disease. Family history</p>	<p>3. Signs and Symptoms:</p> <p>Vomiting Constipation Diarrhea Abdominal Distention Dehydration Foul smelling Stools Malnourishment</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>Rectal biopsy- definitive diagnosis Barium enema X-ray- shows distended sigmoid colon</p>	<p>5. Lab Values That May Be Affected:</p> <p>WBC Bandemia</p>	<p>6. Current Treatment (Include Procedures):</p> <p>Since diagnosis was delayed, treatment occurs in multiple phases. The surgeon will remove the diseased portion. We will then create a temporary ostomy and allow normal bowel motility to be restored. Once healing has occurred, the surgeon will perform an endorectal pull through to pull the normal bowel through the rectum and close the ostomy.</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. Use puppets and speak to the patient as a method of distraction.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>=43.8mL/hr 10kg X 100 ml/kg 1kg X 50 ml/kg 1,050 ml/ 24 hrs= 43.75mL/hr</p> <p>Actual Pt MIVF Rate: <u>N/A</u> Is There a Significant Discrepancy? Why?</p> <p>N/A</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>=11 mL/hr Patient is an infant, so 1 ml/kg/hr is the minimum acceptable urine output. 1mL X 11 kg/hr= 11mL/hr</p> <p>Actual Pt Urine Output: <u>N/A</u></p>
<p>2. Play peek-a-boo with the patient to interact with the patient and give them a distraction.</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>Trust Vs Mistrust</u></p> <p>1. Patient was crying and stopped crying when the patient's mother picked him up. He trusts that his mother will take care of him and his needs will be met.</p> <p>2. The patient loves his stuffed animal. It has seemed to provide some comfort when he has been in the hospital.</p> <p>Piaget Stage: <u>Sensorimotor- stage 4 coordination of secondary schemes</u></p> <p>1. The patient will clamp his mouth down when he sees a medication syringe.</p> <p>2. The patient likes to bang his rattle on the rails of the crib so the crib will shake.</p>	

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<p>11. Focused Nursing Diagnosis: Acute Pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Utilize around the clock analgesia, to promote optimal comfort and sleep.</p> <p>Evidenced Based Practice: Around the clock analgesia postoperatively ensures the utmost comfort of the child.</p> <p>2. After obtaining parental consent, use nonnutritive suck techniques to give analgesic effects.</p>	<p>16. Patient/Caregiver Teaching: 1. Teach parents that singing to the patient can provide some alternative measures of pain relief.</p> <p>2. Teach the parents the importance of meticulous skin care to prevent further skin breakdown.</p> <p>3. Encourage the parents to use physical touch by stroking the patient and holding the child.</p>
<p>12. Related to (r/t): Surgical procedure</p>	<p>Evidenced Based Practice: The use of pacifiers has been scientifically proven to enhance effectiveness of analgesics.</p> <p>3. Monitor patient respirations and perform frequent respiratory assessments.</p>	<p>17. Discharge Planning/Community Resources: 1. Consult with colostomy nurses or enterostomal therapist and ensure that parents know proper care of colostomy before discharge.</p> <p>2. Schedule a follow up with the surgeon.</p> <p>3. Ensure parents know the proper use of periodic rectal dilation.</p>
<p>13. As evidenced by (aeb): Patient has an increased respiration rate and pulse, impaired skin integrity from diarrhea, and is inconsolably crying.</p>	<p>Evidenced Based Practice: Pain relievers/opioids have been proven to cause respiratory distress.</p>	
<p>14. Desired patient outcome: The patient's nonverbal behaviors indicate that the patient is in minimal pain by 1/6/20.</p>		