

**IM5 (Pediatrics) Critical Thinking Worksheet**

**Patient Age:** 12

**Patient Weight:** 59.7kg

<p><b>Student Name:</b> Naureen Doctolero</p>	<p><b>Unit:</b> PF    <b>Pt. Initials:</b> MC</p>	<p><b>Date:</b> 1/5/2021</p>
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b>                  The appendix is a small, fingerlike appendage about 10 cm (4in) long that is attached to the cecum just below the ileocecal valve. The appendix fills with food and empties regularly into the cecum. Because it empties inefficiently and its lumen is small, the appendix is prone to obstruction and is particularly vulnerable to infection (i.e., appendicitis). The appendix becomes inflamed and edematous as a result of becoming kinked or occluded by a fecalith (i.e., hardened mass of stool), tumor, lymphoid hyperplasia, or foreign body. The inflammatory process increases intraluminal pressure initiating a progressively severe, generalized, or periumbilical pain that becomes localized to the right lower quadrant of the abdomen within a few hours. Eventually the inflamed appendix fills with pus. Once obstructed, the appendix becomes ischemic, bacterial overgrowth occurs, and eventually gangrene occurs.</p> <p>Reference:                  Cheever, Kerry H., &amp; Hinkle, Janice L. (2010). Brunner and Suddarth's Textbook of Medical Surgical Nursing (13th ed, p. 1295). Market Street , Philadelphia, PA</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <p>Sex</p> <p>Age (P)</p> <p>Family History</p>	<p><b>3. Signs and Symptoms:</b></p> <p>Abdominal pain right lower quadrant (P)</p> <p>Fever</p> <p>Nausea (P)</p> <p>Vomiting (P)</p> <p>Loss of appetite (P)</p> <p>Constipation</p>

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b>  Abdominal X-ray (P)  Ultrasound	<b>5. Lab Values That May Be Affected:</b>  CBC (P)  CRP  Urinalysis (P)	<b>6. Current Treatment (Include Procedures):</b>  Appendectomy (P)
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. Breathing Technique  2. Music therapy  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Acetaminophen	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> $10 \text{ kg} \times 100 = 1000$ $10 \text{ kg} \times 50 = 500$ $39 \text{ kg} \times 20 = 780$  $2,280/24 = 95 \text{ ml/hr}$  <b>Actual Pt MIVF Rate:</b> 102 ml/hr  <b>Is There a Significant Discrepancy?</b> <input type="checkbox"/>  <b>Why?</b> The discrepancy is 7 mL	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> $0.5 \text{ ml/kg/hr} \times 59.7 \text{ kg} = 29.85 \text{ ml/hr}$  <b>Actual Pt Urine Output:</b> not measured

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	<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> Identity vs. Role Confusion</p> <ol style="list-style-type: none"> <li>1. MC wants to attend to a good college.</li> <li>2. She wants to have a successful business career.</li> </ol> <p><b>Piaget Stage:</b> Formal Operations</p> <ol style="list-style-type: none"> <li>1. MC loves to play Monopoly, it teaches life skill as well as working with others.</li> <li>2. Creative kid.</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Acute pain</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Place ice bag on the abdomen periodically.</li> </ol> <p><b>Evidenced Based Practice:</b> Soothes and relieves pain through the desensitization of nerve endings.</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Do not lift heavy items, avoid abdominal pulling or pushing strain.</li> <li>2. Apply support on the abdomen when coughing or moving by placing a pillow over abdominal area.</li> </ol>

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<b>12. Related to (r/t):</b> related to presence of surgical incision	<b>2.</b> Encourage early ambulation.  <b>Evidenced Based Practice:</b> Promotes normalization of organ function, example, stimulates peristalsis and passing of flatus.	<b>3.</b> Rest when you feel tired. Getting enough sleep will help you recover.
<b>13. As evidenced by (aeb):</b> as evidenced by reports of pain.	<b>3.</b> Provide diversional activities.  <b>Evidenced Based Practice:</b> Refocuses attention, promotes relaxation and may enhance coping abilities.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Contact health care provider for any concerns about surgery condition or care.  <b>2.</b> Take medicine as directed.
<b>14. Desired patient outcome:</b> The patient will demonstrate relief of pain as evidenced by a pain score of 0 out of 10.		<b>3.</b> Follow up care appointment.