IM5 (Pediatrics) Critical Thinking Worksheet Patient Age: 8yo F Patient Weight: 34.3kg

Student Name: Chase Mosley	Unit: 3N Pt. Initials: L.H.	Date: Click here to enter a date. 1/13/21
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Diabetes Mellitus (Type 1) is an auto immune/insulin dependent disorder where a production of autoantibodies target and kill the beta cells of the pancreas. This leads to the decline in and ultimate lack of insulin secretion. The complete destruction of beta cells leads hyperglycemia and protein catabolism.	2. Factors for the Development of the Disease/Acute Illness: • Stress • Trauma • Heredity P • Environmental • Steroids P	3. Signs and Symptoms: • Polyuria P • Polydipsia P • Nocturia P • Dehydration P • Fatigue P • Enuresis P • Polyphagia P • Weight loss P • Vision changes • Numbness
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: • Fasting Blood Glucose P • Hgb A1C P • Blood glucose challenge	5. Lab Values That May Be Affected: • Glucose P • A1C P • Urine ketones P	6. Current Treatment (Include Procedures): • Fluids P • Insulin P • Diet controll P

Adopted: August 2016

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Use of guided imagery

2. Provide pt. with coloring books to distract from pain

***List All Pain/Discomfort Medication on the Medication Worksheet**

N/A - Pt. had no reported pain

8. Calculate the Maintenance Fluid Requirement (Show Your Work): 34.3 Kg

10 Kg x 100mL = 1000mL
10 Kg x 50mL = 500mL
14.3Kg x 20mL = 286mL
34.3Kg => 1786mL/day = 74mL/hr

Actual Pt MIVF Rate: ~~74mL/hr~~ IV - INT NO IVF

Is There a Significant Discrepancy? Why?
Pt. was PO and maintaining 140mL/hr PO intake.

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

34.3 Kg x 0.5mL/Kg/hr =
17.15 mL/hr = 17mL/hr

Actual Pt Urine Output: 425mL/6hrs
71mL/hr

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:

Erickson Stage: Industry v.s. Inferiority

1. Pt shows intention to learn her disease process by attentively listening during diabetic education meeting.

2. Pt states that she enjoys school and playing basketball. Stating that she wants to get better ~~she~~ so she can get back to it.

Piaget Stage: Concrete Operations

1. Pt. cries and seeks comfort from mom when educator talks about a lifelong treatment plan.

2. Pt. began asking appropriate diet questions. "Can I have more vegetables instead of fruit."

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11. Focused Nursing Diagnosis:

Imbalanced Nutrition: Less than body requirements

12. Related to (r/t):

Inability to produce Insulin

13. As evidenced by (aeb):

elevated A1C, gross ketones in urine, polyuria

14. Desired patient outcome:

Pt. will begin to identify nutritional requirements that are appropriate for Type 1 DM, by her discharge 1/15/21 @ 1800. she will do this by demonstrating understanding of counting carbs.

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Assess parent and childs understanding of disease process and its effects and their ability to perform procedures and diet control.

Evidenced Based Practice:

Provides essential information to develop a learning program.

2. Include all family members in education topics

Evidenced Based Practice:

Promotes understanding and support of family and feeling of security for the child.

3. Monitor pts urine output and urine ketone level.

Evidenced Based Practice:

Provides real-time evaluation of pts condition & understanding of maintaining adequate fluid intake.

16. Patient/Caregiver Teaching:

1. Teach pt/family how to admin insulin injections appropriately and safely.

2. Teach pt/family how to monitor blood glucose level; appropriate sites and collection technique.

3. Teach pt/family how to calculate insulin admin for carb intake.

17. Discharge Planning/Community Resources:

1. Provide pt with on-call nurse number for questions/concerns after discharge.

2. Consult social worker to assist family with getting necessary supplies to monitor pts blood glucose.

3. Consult dietician to provide family with resources on how to better prepare meals for Type 1 DM child.

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GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished X Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age: X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to: X Person X Place X Time/Event X Appropriate for Age
Pupil Response: X Equal ☐ Unequal X Reactive to Light X Size 3mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities: X Able to move all extremities X Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes X No Level _____
Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes X No
Size _____ Type _____
Obturator at Bedside X Yes ☐ No
Cough: ☐ Yes X No ☐ Productive ☐ Nonproductive
Secretions: Color_____ Consistency_____
Suction: ☐ Yes X No Type _____
Pulse Ox Site _____
Oxygen Saturation: 100%

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular X Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: ☐ Yes X No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 2 sec ☐ > 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Yellow/clear
Stool Appearance: No BM ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm X Flat ☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: ☐ Yes X No
Tube: ☐ Yes X No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Reg
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐ Yes X No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement: ☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: X None
Type: _____

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family: ☐ Present ☐ Absent

IV ACCESS

Site: 22ga (L) AC X NT ☐ None
☐ Central Line
Type/Location: (L) AC
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen
X Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: INT

SKIN

Color: X Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool ☐ Dry ☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: Pink X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: X Numeric ☐ FLACC ☐ Faces
Location: None
Type: _____
Pain Score:
0800 0 1200 0 1600 ____

WOUND/INCISION

X **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

X **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake				360mL	240mL	240mL	?						840mL
Intake – PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water													0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													0
IV Meds/Flush													0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine					275mL	150mL							425mL
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

Pediatric Early Warning Signs (PEWS)/Assessment	
Behavior	(0) pts – playing, alert, appropriate, at baseline
	1 pt – sleep, fussy but consolable
	2 pts – irritable/inconsolable
	3 pts – lethargic, confused, reduced response to pain
Cardiovascular	(0) pts – pink, cap refill 1-2 sec
	1 pt – pale, cap refill 3 sec
	2 pts – grey, cap refill 4 secs, HR 20 above normal
	3 pts – grey, mottled, cap refill 5 secs or more, HR 30 above normal, bradycardia
Respiratory	(0) pts – within normal parameters, no retractions
	1 pt – RR 10 above normal, use of accessory muscles, 30+% FiO2, 3+ Liters/minute O2
	2 pts – RR 20 above normal, retractions, 40+% FiO2, 6+ Liters/minute O2, trach/vent dependent
	3 pts – RR below normal wit retractions, grunting, 50+% FiO2, 8+ Liters/minute O2
	*Asthma pts on continuous albuterol nebs will automatically score 3 pts due to respiratory status
PEWS Total Score	
PEWS Total Score	Total Score (points) 0 Green
	Score 0-2 (Green) – Routine reassessment/score
	Score 3 (Yellow) – reassess with RN/CN, plan & collaborate with health care team, determine time of next reassessment/score
	Score 4 or Score of 3 in ANY category above (Orange) – Notify MD, consider Rapid Response for Inpatients, plan & collaborate with health care team, consider transfer to higher level of care, determine time of next reassessment/score
	Score ≥ 5 (Red) – Notify MD, CN/Nursing supervisor and/or activate Rapid Response for inpatients, plan & collaborate care with health care team, consider transfer to higher level of care, frequent assessment until condition improves or patient transferred

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Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
None	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Insulin Lispro	Rapid Insulin	Blood sugar Control	1unit for every 50mg/dL >150 SQ, AC/HS, 0200	yes		Inj. site reaction, Hypoglycemia, Hypokalemia	1. Routine blood glucose checks 2. Teach pt. importance of eating no more than 15 min p injection 3. Teach pt. proper technique/placement 4. s/s of Ketoacidosis
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

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