

**IM5 (Pediatrics) Critical Thinking Worksheet****Patient Age:** 9 yo**Patient Weight:** 25 kg

<b>Student Name:</b> Francesca Abuda	<b>Unit:</b> PD floor <b>Pt. Initials:</b> EH	<b>Date:</b> 1/26/2021
<b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b>  Vesicouretral reflex is the retrograde flow of urine from the bladder into the ureters. During voiding, urine is swept back to the ureters and then flows back to the bladder, which act as reservoirs where bacteria growth occurs. Primary reflux results from congenitally abnormal insertion of ureters into the bladder; secondary reflux occurs as a result of an acquired condition. (Reference: Genitourinary Disorders ppt by Ms Jody Tidwell)	<b>2. Factors for the Development of the Disease/Acute Illness:</b>  -Bladder and bowel dysfunction - Race -Infants and children- P - Female- P -Family Hx	<b>3. Signs and Symptoms:</b>  -strong, persistent urge to urinate - burning sensation when urinating -dysuria-P - cloudy urine - fever- P -flank pain or abdominal pain -Irritability- P -UTI- P

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b>  -Abdominal Xray- P - Kidney and bladder ultrasound - Voiding Cystourethrogram	<b>5. Lab Values That May Be Affected:</b>  - Proteinuria - Creatinine - Urine culture -WBC	<b>6. Current Treatment (Include Procedures):</b> - Urethral implantation-P - Prophylactic Antibiotics for UTI - Annual VCUG - Routine urine cultures - fluids-P - Routine culture - Regular voiding or double voiding
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. Application of heat/cold pack  2. television watching  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Ketorolac Tromethamine, Acetaminophen	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> $(100 \times 10) + (50 \times 10) + (20 \times 5) = 1600/\text{day}, 66.67/\text{hr}$  <b>Actual Pt MIVF Rate:</b> 100 ml/hr  <b>Is There a Significant Discrepancy?</b> <input type="checkbox"/>  <b>Why?</b> Liberal fluid administration help recovery and and symptoms of dehydration in pts undergoing minor surgery	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> $0.5 \times 25 \text{ kg} = 12.5 \text{ ml/hr}$  <b>Actual Pt Urine Output:</b> 100 ml/hr

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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> Industry vs Inferiority</p> <ol style="list-style-type: none"> <li>1. EH when asked how her pain is, she says its painful but says it'll be okay, like she is trying to cope the pain as best as she could w/o help</li> <li>2. Although EH is afraid of the thought of accidentally removing her urinal catheter, she feels competent to do so when we encouraged her.</li> </ol> <p><b>Piaget Stage:</b> Concrete- operational</p> <ol style="list-style-type: none"> <li>1. EH was quietly talking to us as she knew her mom was asleep</li> <li>2. EH asked if she could have 1 strawberry ice cream, after having a choolate ice cream.</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. Administer supplemental analgesics as ordered to keep patient's pain lvl at comfort-function goal</li> </ol> <p><b>Evidenced Based Practice:</b> An order of PRN supplemental analgesic doses between regular doses is essential in providing comprehensive pain management</p> <ol style="list-style-type: none"> <li>2. I will keep the television on with her preferred channel to keep her distracted and entertained.</li> </ol> <p><b>Evidenced Based Practice:</b> Complementary therapies such as relaxation,</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Reinforce the importance of taking pain medications to maintain comfort-function goal, but also try to include non-pharmacologic ways like music therapy and application of heat/cold packs.</li> <li>2. Teach parent that taking opioids for pain relief is not addiction and is very unlikely to occur.</li> <li>3. Teach the client to use the self report pain tool to rate the intensity of past and current pain.</li> </ol>
<p><b>12. Related to (r/t):</b> - recent uretal implantation - urinary catheter placement</p>		

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<b>13. As evidenced by (aeb):</b> -Pt not wanting to move around - Frequent complains of pain in abdominal area	distraction, hypnotics, art therapies, and imagery may play an important role in holistic pain management  <b>3.</b> I will assess for the presence of pain using a valid and reliable pain scale based on age, cognitive development, and the child's ability to provide a self-report.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Follow up with HCP with condition of surgery site and pt condition  <b>2.</b> Follow up with wound care nurse for more questions regarding proper care of surgical site  <b>3.</b> I will provide written materials about the medications they will be taking at home and side effects to watch for.
<b>14. Desired patient outcome:</b> Pt will be able to perform ADLs by 1/30/21	<b>Evidenced Based Practice:</b> Children are able to optimally quantify using self-report tools that correlate pain levels with numbers.	