

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 11

Patient Weight: 43.5kg

Student Name: Jenna Dixon	Unit: PF2 Pt. Initials:	Date: 1/26/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Appendicitis- Mucosal ulceration triggers inflammation, which temporarily obstructs the appendix. The obstruction blocks mucus outflow. Pressure in the now distended appendix increases, and the appendix contracts. Bacteria multiply, and inflammation and pressure continue to increase, restricting blood flow to the organ and causing severe abdominal pain. Lippincott Williams and Wilkins (2010) Atlas of Pathophysiology Philadelphia PA	2. Factors for the Development of the Disease/Acute Illness: - fecal mass -mucosal ulceration -stricture -viral infection -neoplasm -foreign body	3. Signs and Symptoms: -RLQ abdominal pain -nausea and vomiting -low grade fever -loss of appetite -abdominal swelling -spasm, followed by brief cessation of abdominal pain
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -CT scan -X-ray	5. Lab Values That May Be Affected: -CBC -WBC	6. Current Treatment (Include Procedures): -NPO -antibiotic -pain meds -laproscopic appendectomy

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<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Distraction- tablet 2. Music therapy <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p> $100 * 10 = 1000$ $50 * 10 = 500$ $20 * 23.5 = 470$ $1000 + 500 + 470 = 1,970$ $1,970 / 24\text{hr} = 82.08\text{mL/hr}$ </p> <p>Actual Pt MIVF Rate: 85 mL/hr</p> <p>Is There a Significant Discrepancy?</p> <input data-bbox="753 703 991 745" type="text"/>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>$43.5 \text{ kg} * 0.5\text{mL} = 21.75\text{mL/hr}$</p> <p>Actual Pt Urine Output: 26.97 mL/hr</p>

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	<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: Industry vs Inferiority</p> <ol style="list-style-type: none"> 1. Patient spent the morning in teen town socializing with peers and playing games 2. Patient was excited and talked about walking down three hallways today <p>Piaget Stage: Concrete operational</p> <ol style="list-style-type: none"> 1. After assessing child's radial pulse, patient put hand on wrist in the same place to feel pulse, making sure it was still there. 2. Patient solved that turning on side caused more pain than laying supine. 	
<p>11. Focused Nursing Diagnosis: Acute pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Acknowledge and accept the client's pain <p>Evidenced Based Practice: it is important to always record the patient's pain as they rated it, even if they may "appear" like they do not have much pain</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. teach pt and family to avoid laxatives, enemas, and heat because they may stimulate bowel activity which is a risk for perforation. 2. Teach patient and family the importance of ambulating.
<p>12. Related to (r/t): surgery</p>	<ol style="list-style-type: none"> 2. Provide pain medications as ordered <p>Evidenced Based Practice: Making sure pain meds get administered when they are due is important in managing patient's pain.</p>	<ol style="list-style-type: none"> 3. Teach patient and family not to wait until pain is severe to take pain medications

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13. As evidenced by (aeb): guarding, grimace, patient stated abdominal pain while pointing to right lower quadrant	3. Perform "PQRST" pain assessment Evidenced Based Practice: Using this mnemonic will help guide the pain assessment and help the nurse get a better understanding of where the pain is and what kind of pain it is.	17. Discharge Planning/Community Resources: 1. Follow up with HCP 2. follow up with child life specialist 3. maintain adequate pain control plan on discharge
14. Desired patient outcome: Patient describes satisfactory pain management and rates pain less than a 4 on a pain scale of 0-10 by 1600 on 1/26/21.		