

**IM5 (Pediatrics) Critical Thinking Worksheet**

**Patient Age:** 4

**Patient Weight:** 15kg

<p><b>Student Name:</b> Lila Flores</p>	<p><b>Unit:</b> N/A    <b>Pt. Initials:</b> N/A</p>	<p><b>Date:</b> 2/3/2021</p>
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b>                  The pathophysiology for Wilms Tumor is when there is an abnormal proliferation of the metanephric blastemal cells. These are embryologic cells of the kidney and changes in these cells lead to the formation of Wilms Tumor. Wilms tumors show a mimicry of nephrogenesis as the tumor comprises undifferentiated blastemal cells, differentiated epithelial cells and stromal cells.                  Reference:  <a href="http://atlasgeneticsoncology.org/Tumors/WilmsID5034.html">http://atlasgeneticsoncology.org/Tumors/WilmsID5034.html</a></p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b>                  Can be sporadic or familial                  hx of GU malformations                  More common in girls before age 5                  Genetic abnormalities of WT1 or WT2 gene</p>	<p><b>3. Signs and Symptoms:</b>                  painless, palpable abdominal mass                  abd pn                  hematuria                  fever                  anorexia                  N/V                  HTN</p>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b>                  Abdominal Ultrasound                  Abd CT/MRI                  Chest CT</p>	<p><b>5. Lab Values That May Be Affected:</b>                  CBC                  UA                  LFT                  RFT                  BLOOD CHEMISTRY</p>	<p><b>6. Current Treatment (Include Procedures):</b>                  Surgery, remove tumor, kidney, and adjacent adrenal gland                  Chemotherapy                  Radiation</p>

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<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>1. Playroom activities</li> <li>2. Distraction- movies, games, books, stories</li> </ol> <p><b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Acetaminophen</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b>  <math>1250 \text{ ml/hr}</math>  <math>10 * 100 = 1000</math>  <math>5 * 50 = 250</math>  <math>1000 + 250 = 1250</math></p> <p><b>Actual Pt MIVF Rate:</b> N/A</p> <p><b>Is There a Significant Discrepancy?</b>  <input type="text"/></p> <p><b>Why?</b> N/A</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b>  <math>7.5 \text{ ml}</math>  <math>0.5 * 15 = 7.5 \text{ ml}</math></p> <p><b>Actual Pt Urine Output:</b> N/A</p>

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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> Initiative v. Guilt</p> <ol style="list-style-type: none"> <li>1. In this stage, the child will start new projects but do not see value in completing them.</li> <li>2. The child will also begin to take initiative but feel guilt when they do not behave accordingly.</li> </ol> <p><b>Piaget Stage:</b> Preoperational: Egocentrism, animism, magical thought, irreversibility, centration</p> <ol style="list-style-type: none"> <li>1. In this stage, the child will have difficulty in telling reality from fantasy because their immature logic is not fully developed.</li> <li>2. They also will still give life-like/ human qualities to animals and inert objects and are unable to mentally reverse an operation.</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Anxiety</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Have the parents stay with the child or encourage open visitation</li> </ol> <p><b>Evidenced Based Practice:</b> Doing this promotes care and support of the child by parents</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Teach parents and child about the disease process, surgical procedure, and what to expect with procedures pre and postoperatively</li> <li>2. Teach parents to never palpate the abdomen, as doing so can cause cancer cells to spill out into circulation.</li> </ol>
<p><b>12. Related to (r/t):</b> Change in health status and age of child when diagnosed</p>	<ol style="list-style-type: none"> <li>2. Use therapeutic play, drawings, and models for instruction to the child</li> </ol> <p><b>Evidenced Based Practice:</b> These assist the child to learn and understand what will be experienced and to verbalize their feelings</p>	<ol style="list-style-type: none"> <li>3. Teach parents and child about proper mouth care while receiving chemotherapy to prevent sores. (brush teeth with a soft-bristle toothbrush following every meal, don't use floss if you bleed easily, check mouth and tongue for thrush)</li> </ol>

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<p><b>13. As evidenced by (aeb):</b> Increased apprehension and fear of treatment r/t tumor</p>	<p><b>3.</b> Provide consistent nurse assignment with the same personnel; encourage parents to participate in care</p> <p><b>Evidenced Based Practice:</b> This promotes trust, ease, and familiarity with the staff giving care.</p>	<p><b>17. Discharge Planning/Community Resources:</b></p> <p><b>1.</b> Provide parents and child with information about community agencies and support groups</p> <p><b>2.</b> Consult with dietary since chemo will make the child feel sick and they will have difficulty wanting to eat.</p> <p><b>3.</b> Consult with case management to make sure family is able to afford care for their child.</p>
<p><b>14. Desired patient outcome:</b> By discharge patient will have posture, facial expressions, gestures, and activity levels that reflect decreased distress.</p>		