

IM5 (Pediatrics) Critical Thinking Worksheet

4M, 17D
 Patient Age: 140 days Patient Weight: 2.79 kg (2790g)

<p>Student Name: Sarah Kearney</p>		<p>Date: Click here to enter a date. 3/2/21</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Respiratory Distress Syndrome (RDS) is a condition characterized by a deficiency of surfactant and immature development of structures necessary for adequate breathing. The alveoli are underdeveloped and cannot inflate properly. The deficiency of surfactant causes poor alveoli inflation and collapse of alveoli on expiration. As a result, it is difficult for the neonates lungs to expand and requires more effort. Since the infant is using more energy to breath, they become fatigued, and are able to open fewer alveoli over time. This can ultimately cause atelectasis, increased pulmonary vascular resistance, and negative effects to circulation and oxygenation.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Low Gestational Age (P) Male Predominance (P) Maternal Diabetes Perinatal Depression</p>	<p>3. Signs and Symptoms: Rapid, Shallow Breaths (P) - Tachypnea Apnea Periods (P) Longer than normal Nostril Flaring Retractions when breathing Expiratory Grunts Central Cyanosis Diminished cardiac Inflow Low arterial blood pressure See-saw Breathing Gray-Dusky Skin Lethargic Hypotonic "Ground Glass on X-ray"</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Chest X-ray (P) Echocardiogram (P) Arterial Blood Gas (P) Lecithin/Sphingomyelin (L/S) ratio Phosphatidylcholine (PC) Test Phosphatidylglycerol (PG) Test TDx Fetal Lung Maturity assay (FLM)</p>	<p>5. Lab Values That May Be Affected: ABG PO₂/FI₂ Ratio Capillary pH ↑ (P) Capillary pCO₂ (P) Capillary pO₂ (P) Blood Glucose Level</p>	<p>6. Current Treatment (Include Procedures): Ventilator (P) - Discontinued High-flow O₂ - 5L, 21% FI₂ (P) Artificial Surfactant Replacement Fluid and Metabolic Management (P) ↳ TPN (P) Oxygen Supplementation Maintain neutral-thermal environment (P) Maintain acid/base balance</p>

Reference: (Hockenberry and Wilson, 2017) and (Haynes, 2021)
 See reference page for full citation.

Student Name: Sarah Kearney

Unit: NICU

Pt. Initials: _____

Date: 3/2/21

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
TPN with Lipids 14.7 ml/hr → 1.1 ml/hr	Isotonic/ Hypotonic/ Hypertonic	Nutrition, Supplemental	BMP, Electrolytes, Blood Sugar, Weight	Complication: Electrolyte imbalance contraindication: If infant is able to breast/bottle feed adequately.

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
Erythromycin Ethylsuccinate SUSP. (40mg/mL)	Macrolides	GI Motility	4 mg/ 0.1 mL PO Q6hr	30 mg/kg (day 30 (2.79) = 83.7 mg NO using for side effect - not	as directed	Nausea, Vomiting, Diarrhea, Stomach pain/ cramping	1. Associated with QT prolongation, observe heart sounds 2. Assess for signs of cholestatic jaundice 3. Discontinue if malaise, abdominal colic, or fever occur. 4. Caution of overgrowth of bacteria or fungi
Glycerin NICU Micro Enema	Laxative, Osmotic Emollient	Enema - GI Motility	0.3 mL Rectal Q8hr	YES	—	Burning Sensation, cramping, rectal irritation	1. Contraindicated for GI obstruction or severe impaction. 2. Frequent or prolonged use may result in dependence. 3. Assess for and record bowel movements or lack of. 4. Do not use over 1 week
Nystatin Powder 15 gm bottle	Polyenes	Fungal Skin Infections (to neck folds)	4 appl. Topical BID	Yes	—	Contact dermatitis, Stevens-Johnson Syndrome Well tolerated by all age groups	1. Discontinue immediately if signs of hypersensitivity reaction occur. 2. Discontinue if irritation occurs at application site. 3. For external use only - be careful to not get in mouth 4. Assess affected skin for changes or break-
Lorazepam Ativan	Anti-Anxiety Agents, Anxiolytics Benzodiazepine	Agitation	0.26mg (0.13mL) IVP Q3hr PRN	Yes	2mg/1 mL concentration Dilute in NaCl 15 min, with pump Volume: 0.13 mL	Sedation, Weakness, Fatigue, drowsiness	1. Do not use concomitantly with opioids. 2. Limit dosage and duration to minimum required 3. Physical dependence can occur, even when used as prescribed 4. Assess for signs of respiratory depression
Metronidazole 19mg in 3.8 mL NaCl 0.9% (Flagyl)	Antibiotic, Nitroimidazole	Anaerobic Infection	19 mg IVPB Q8hr	Yes	5mg/1 mL concentration Dilute in NaCl Over 1 hr with pump Volume: 3.8 mL	Appetite loss, candidiasis, Diarrhea, Ataxia	1. Superinfection may occur with long term use 2. Monitor CBC to prevent neutropenia or leukopenia. 3. Previously unrecognized candidiasis may present more prominent symptoms - Assess mouth closely. 4. Assess closely for neurological disturbances and watch for unexpected changes in head circumference.

See reference page for full citation.
(Medscape, 2021).