

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 21 days**Patient Weight:** 4.75kg

Student Name: Jamie Mills	Unit: NICU Pt. Initials:	Date: 3/10/2021
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Omphalocele- An omphalocele is a birth defect in which an infant's intestine or other abdominal organs are outside of the body because of a hole in the naval area. The intestines are covered only by a thin layer of tissue and can be easily seen.</p> <p>Reference :Omphalocele. (2021, February 26). https://Medlineplus.Gov/Ency/Article/000994.Htm. https://medlineplus.gov/ency/article/000994.htm</p>	<p>2. Factors for the Development of the Disease/Acute Illness: The exact cause for abdominal wall defects is not known. Infants with an omphalocele often have other birth defects. Defects include chromosomal abnormalities, congenital diaphragmatic hernia, and heart and kidney defects. These problems also affect the prognosis for the baby's health and survival</p>	<p>3. Signs and Symptoms: An omphalocele can be clearly seen. This is because the abdominal contents protrude through the belly button area. There are different sizes of omphaloceles. In small ones, only the intestines remain outside the body. In larger ones, the liver or other organs may be outside as well.</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Prenatal ultrasounds often identify infants with an omphalocele before birth, usually by 20 weeks of pregnancy. Testing is often not necessary to diagnose omphalocele. However, babies with an omphalocele should be tested for other problems that often go with it. This includes ultrasounds of the kidneys and heart, and blood tests for genetic disorders, among other tests.</p>	<p>5. Lab Values That May Be Affected: Elevation of maternal serum alpha-fetoprotein (MSAFP) is associated with abdominal wall defects C- reactive protein may be elevated due to inflammation.</p>	<p>6. Current Treatment (Include Procedures): Omphaloceles are repaired with surgery, although not always immediately. A sac protects the abdominal contents and may allow time for other more serious problems to be dealt with first, if necessary. To fix an omphalocele, the sac is covered with a sterile mesh material, which is then stitched in place to form what is called a silo. As the baby grows over time, the abdominal contents are pushed into the abdomen. When the omphalocele can comfortably fit within the abdominal cavity, the silo is removed and the abdomen is closed. Because of the pressure involved in returning the intestines to the abdomen, the baby may need support to breathe with a ventilator. Other treatments for the baby include nutrients by IV and antibiotics to prevent infection.</p>

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<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1.</p> <p>2.</p> <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>Actual Pt MIVF Rate:</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>Actual Pt Urine Output:</p>
	<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:</p> <p>1.</p> <p>2.</p> <p>Piaget Stage:</p> <p>1.</p> <p>2.</p>	

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11. Focused Nursing Diagnosis:	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Evidenced Based Practice:	16. Patient/Caregiver Teaching: 1. 2. 3.
12. Related to (r/t):	2. Evidenced Based Practice: 3. Evidenced Based Practice:	
13. As evidenced by (aeb):		
14. Desired patient outcome:		17. Discharge Planning/Community Resources: 1. 2. 3.