

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 5

Patient Weight: 33.4kg

<p>Student Name: Mackenzie Martin</p>	<p>Unit: Pedi Floor Pt. Initials: A.A.</p>	<p>Date: 3/10/2021</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Osteosarcoma is cancer that begins in the bone tissue (typically in the legs.) A healthy bone cell's DNA changes and begins making a mass of bone cells (tumor) that can destroy healthy cells. These cells can move from the original site and spread throughout the body. It is common for it to metastasize to the lungs. In the case of my specific patient, the osteosarcoma had spread to the right lung and the vertebrae.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Previous radiation therapy Bone disorders (Paget's disease, fibrous dysplasia, etc.) Age (between 10 and 30 years old) Gender (more common in males) (P) Race/ethnicity (more common in African Americans and Hispanic people) (P)</p>	<p>3. Signs and Symptoms: Swelling near the bone Bone/joint pain Bone injury/break Swollen lymph nodes/masses (P) Fatigue (P) Nausea (P) Weight loss/gain Pain (P) Change in eating/bowel/bladder habits</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Lower extremity CT scan (P) Muscle biopsy (P) Tibia/fibula x ray (P) Lumbar spine MRI (P) Bone osseus survey (P)</p>	<p>5. Lab Values That May Be Affected: CBC - RBCs, WBCs, H&H (P) BUN Creatinine</p>	<p>6. Current Treatment (Include Procedures): Chemotherapy (P) Brace for spine to alleviate pain (P) IV fluids for hydration since patient may be nauseated from chemotherapy (P) Port insertion for frequent medication administration (P) Amputation of the affected limb (P) Removal of any masses (P)</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> <ol style="list-style-type: none"> 1. Positioning the patient in a comfortable, side-lying position in order to avoid putting pressure on the painful masses on his spine. 2. Encouraging the child to tell me about his video game that he was playing while a painful procedure was being performed. <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): Pt wt = 33.4 kg. 1st 10 kg x 100 = 1000 mL. 2nd 10 kg x 50 = 500 mL. Remaining 13.4 kg x 20 = 268 mL. All combined = 1,768 mL/24 hours (74 mL/hr).</p> <p>Actual Pt MIVF Rate: 73 mL/hr</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? The patient's requirements are being met.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 0.5 mL/kg/hr. 0.5 mL x 33.4 kg =16.7 mL/hr.</p> <p>Actual Pt Urine Output: There were only 2 immeasurable voids in the patient's chart - one at 0900 and another at 1200. Exact amount is unknown.</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: Initiative vs Guilt</p> <ol style="list-style-type: none"> 1. When a child is in this stage, they become intrusive to other people's bodies and minds. While I was performing tasks on the patient, he liked to play with my name badge, gloves, and watch. 2. Children are in a state of energetic learning and love to play during this stage. They also initiate new activities and projects. Every time I would go in the room, he would be playing a different video game on either his gaming system or his mom's cell phone. Because of his physical deficit (below the knee amputation) and fatigue from being on chemo, he found ways to play that didn't involve too much movement. <p>Piaget Stage: Preoperational Period</p> <ol style="list-style-type: none"> 1. Children in this period tend to have a fear of body mutilation. When the nurse was going to remove the needle from this patient's port, he instantly began to panic, cry, and thrash around. 2. Children in this stage also tend to have immature logic, which can lead to increased fears. The patient would be hesitant to let me or the nurse take his vital signs, even though he has had his vital signs taken before and knew it was a painless task. 	
<p>11. Focused Nursing Diagnosis: Risk for infection</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. I will make sure the patient has his own machine for vital signs in order to avoid transmitting bacteria from another room to the patient's room. <p>Evidenced Based Practice:</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. I will encourage the family of the patient to prevent visitors from seeing the patient if they have felt sick at all recently. 2. I will encourage the patient and the patient's family to frequently wash their hands and sanitize

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12. Related to (r/t): Immunosuppression from chemotherapy	Using equipment specialized for the patient will avoid the transmission of bacteria and germs from other patients, especially because equipment like thermometers and pulse ox machines can easily carry bacteria. 2. I will have another registered nurse monitor me as I perform asptic techniques such as dressing changes, wound care, and intravenous therapy.	surfaces throughout the house. 3. I will encourage the patient and the family to avoid putting the patient in a crowded setting. Large crowds can pose a risk for getting an infection from somebody within close proximity to the patient.
13. As evidenced by (aeb): The patient received chemotherapy for treatment of the cancer in his lung and spine.	Evidenced Based Practice: Asking another nurse to supervise me while I perform asptic techniques will significantly decrease the risk of me breaking sterility without realizing it. It is easy to break sterility without realizing it, and in cases where the patient is immunosuppressed, it is crucial to maintain strict aseptic technique and not take any chances.	17. Discharge Planning/Community Resources: 1. I will recommend the CDC's Get Ahead of Sepsis educational resource in order to better help the patient's family recognize signs and symptoms of infection and identify ways to prevent it. 2. I will recommend the CDC's Tune in to Safe Healthcare webinar, which talks about infection control and prevention topics. It can be viewed on the CDC's Safe Healthcare Webinar Playlist.
14. Desired patient outcome: The patient will be free of infection as evidenced by all vital signs being within normal limits and no physical signs of infection being present on 4/10/2021 at 1200.	3. I will encourage the patient to practice deep breathing exercises, and I will assist the patient with frequent position changes. Evidenced Based Practice: Because the patient has a below the knee amputation, it is harder for him to get up and move around on his own. Assisting him with position changes and encouraging deep breathing will keep fluid from building up in his lungs, which can potentially cause a respiratory infection such as pneumonia.	3. I will recommend the American Association of Occupational Health Nurses website to the patient's family. It is filled with many resources with information about infection.