

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age:

Patient Weight:

kg

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| <p>Student Name: Katlyn Cook</p> | <p>Unit: 3N Pt. Initials: DSM</p> | <p>Date: 3/30/21</p> |
| <p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Anteriorly displaced anus- a common congenital defect of the anal region. Usually associated with constipation. Mild cases may not be noticed or diagnosed until school age. The urinary and genital tracts can also be affected. The degree of malformation is based on where the bowel ends.</p> <p>https://surgery4children.com/diagnoses-and-treatment/abdominal-disorders/anterior-ectopic-anus/</p> | <p>2. Factors for the Development of the Disease/ Acute Illness:</p> <p>Female (P)</p> <p>Genetic anomaly</p> | <p>3. Signs and Symptoms:</p> <p>Constipation (P)</p> <p>Thin ribbon like stools (P)</p> <p>Abdominal distention</p> <p>Straining when voiding</p> <p>Rectum closer to vagina or tail bone</p> |
| <p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>Physical exam (P)</p> <p>History (P)</p> <p>Anal nerve stimulator (P)</p> <p>Radiography</p> <p>Abdominal ultrasound</p> | <p>5. Lab Values That May Be Affected:</p> <p>UA</p> <p>CBC</p> <p>BMP</p> | <p>6. Current Treatment (Include Procedures):</p> <p>Anoplasty to relocate the rectum (for mild forms)</p> <p>Colostomy (temporary or permanent) (P)</p> <p>Anal dilation after anoplasty</p> <p>Stool softeners (P)</p> <p>Fiber (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. distraction 2. Deep breathing <p>*List All Pain/Discomfort Medication on the medication worksheet. Morphine sulfate (IVP)</p> | <p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): 100ml/10kg 50ml/10kg 20ml/5/.9kg = 1618 / 24 67ml/hr Actual Pt MIVF Rate: 70ml/hr</p> <p>Is There a Significant Discrepancy? No, slightly more</p> <p>Why? The patient had a day of laxatives (golytely) to remove stool before anal nerve stimulation. The increased fluid rate may be to compensate for the diarrhea she experienced.</p> | <p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 0.5ml/kg/hr 0.5ml/25/9kg/hr 12.95mL/hr</p> <p>Actual Pt Urine Output: 50ml/hr (from what was charted in the computer) strict I/o were not implemented</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: Industry vs inferiority (6-12y) <ol style="list-style-type: none"> 1. Child happy she got praise working on the bead bracelet she was making 2. She continued to work on bead bracelets after she got praised </p> <p>Piaget Stage: Concrete Operations (7-11y) <ol style="list-style-type: none"> 1. Classification and logics- she put colored beads in order by size and color 2. Egocentrism- did not understand her surgery will be later, she thought it was either now or never </p> | |

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| Student Name: Katlyn Cook | Unit: 3N Pt. Initials: DSM | Date: 3/30/21 |
| 11. Focused Nursing Diagnosis: impaired skin integrity | 15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Thoroughly drying skin after each elimination Evidenced Based Practice: keeping skin dry will prevent skin breakdown | 16. Patient/Caregiver Teaching: 1. Educate mom on the signs of dehydration and when to encourage her daughter to drink more fluids 2. Educate patient how to properly clean perineal area and apply barrier cream incase of irritation 3. Educate mom on surgery her daughter will need in the future to correct the anteriorly displaced anus |
| 12. Related to (r/t): laxatives used to relieve constipation | 2. Encouraging the patient to drink fluids, such as water or electrolytes Evidenced Based Practice: having adequate fluid volume promotes skin healing 3. Apply barrier ointment to areas of redness to prevent further skin irritation | |
| 13. As evidenced by (aeb): redness, skin breakdown, infection | Evidenced Based Practice: applying a barrier cream will protect irritated skin from breaking down further | 17. Discharge Planning/Community Resources: 1. Follow up appointment scheduled to discuss colostomy/ anoplasty to correct anteriorly displaced anus 2. Since the mother is primarily Spanish speaking, having a interpreter at all doctors appointments and allowing time for the mother to have all of her questions answered |
| 14. Desired patient outcome: Patient will be able to maintain dry and irritation free skin with the help of her mother and non have skin breakdown during the duration of my shift. | | 3. Once the child does receive a colostomy, making sure that the family is able to purchase the supplies needed or having case management set up to help them acquire supplies |

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