IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 29.1 → adjusted to 33.5 wks **Patient Weight:** 1.68 kg

Student Name: Lindsey Lambert	**Unit:** NICU **Pt. Initials:** P.I.B.O.Y	**Date:** 3/30/21
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Hyperbilirubinemia: bilirubin is produced from the breakdown of hgb into unconjugated bilirubin. this binds to albumin in blood for transport to the liver (to become water-soluble) conjugated bilirubin is excreted in bile into duodenum. A decrease in UDP(enzyme) - due to prematurity causes an increase of reuptake by the enterohepatic circulation	**2. Factors for the Development of the Disease/Acute Illness:** premature P low birth weight P breast feed / emm only P - kinda, working on feeds, small amount - OG only fetal-maternal incompat. asian ethnicity	**3. Signs and Symptoms:** yellow discoloration of skin P light-colored stool P poor feeding lethargy P
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: blood draw: direct & indirect = total bili level by TSB (total serum bili) supporting dx: S/S - yellow skin, stool color	**5. Lab Values That May Be Affected:** P 3/23 / 3/30 Total bilirubin ref: 0.6-1.4 — 12.5 / 9.6 Direct bilirubin ref: 0.00-0.30 — 8.48 / 7.96	**6. Current Treatment (Include Procedures):** Ursodil - 15mg q12 (PO) ↳ bili level is decreasing, due to immature liver function. lights (phototherapy) not needed at this time

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

Allergies: NKDA

1.68kg

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
Ursodiol	gallstone dissolution agent	neonatal cholestasis (hyperbilirubinemia)	15mg 9/12 PO	yes up to 30mg if needed	/	headache dizziness diarrhea	1. use w/ caution in pts w/ chronic liver disease 2. warning of biliary obstruction: 3. maintain bile flow during therapy 4. to prevent biliary obstruction
caffine citrate	(given	on night	sniff))		~		1. 2. 3. 4.
ferrous sulfate	iron preparation	hemolytic anemia CAF: low bw & prematurity	3.5mg PO daily	yes, 2mg/kg/day in low birthweight infants	/	nausea, heartburn, constipation black stools	1. acid ↑ absorption 2. milk/eggs/caffe ↓ absorption 3. monitor Hgb & monitor stools 3wks after starting 4. give on empty stomach
multivitamins pediatric/ vit K	vitamin	vit. deficiency	0.5ml PO 9/12	Lexicomp: vary by product	/	GI upset	1. for waste, place partial vial/used vial in black container 2. admin w/ food to ↓ GI upset 3. monitor toxicity: fatal poisoning 4. store out of reach of children
							1. 2. 3. 4.

Adopted: August 2016 Source: Lexicomp