IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 11m **Patient Weight:** 9.08 kg

Student Name: Katlyn cook	**Unit: 3N** **Pt. Initials:** KM	Date: 4/6/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Hirschsprung's Disease Missing nerve cells in a portion of the large intestine cause problems passing stool This is a congenital condition, and must be fixed with surgery **https://www.mayoclinic.org/diseases-conditions/hirschsprungs-disease/symptoms-causes/syc-20351556**	**2. Factors for the Development of the Disease/ Acute Illness:** having a sibling with Hirschsprung's disease Being male Having other conditions such as down syndrome and congenital heart disease	**3. Signs and Symptoms:** newborns: swollen belly, vomiting, constipation or gas, diarrhea, failing to pass meconium after birth Older children: swollen belly, chronic constipation, gas, failure to thrive, fatigue
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Abdominal xray with or without contrast Anal manometry Biopsy of colon tissue	**5. Lab Values That May Be Affected:** CBC BMP	**6. Current Treatment (Include Procedures):** pull-through surgery Colostomy

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction 2. Containment from mom or dad ***List All Pain/Discomfort Medication on the Medication Worksheet** Ofirmev 89mg IVPB q4hr prn	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 9.08kg/100mL 980mL/24hr 40.83ml/hr 41mL/hr **Actual Pt MIVF Rate:** 36mL **Is There a Significant Discrepancy?** Yes, 5mL less than requirement **Why?** patient was able to take clear liquids until midnight, surgery at 10am	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1ml/kg/hr 1ml/9.08kg/hr 9.08ml/hr **Actual Pt Urine Output:** Unseen (in OR)
	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: **Erickson Stage:** trust vs mistrust **1.** Patient held his arms up and cried, mom picked him up and he stopped crying **2.** Patient had separation anxiety once he saw his parents leaving before surgery **Piaget Stage:** sensorimotor 1. Patient grabbed my stethoscope and played with it while we were walking to the OR 2. Cried when dad stepped behind door, the patient knew the dad still existed and wanted him (object permanence)	

<table>
<tr><td>Student Name: Katlyn cook</td><td>Unit: 3N Pt. Initials: KM</td><td>Date: 4/6/2021</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
risk for fluid/electrolyte imbalance</td><td rowspan="4">15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Give balanced IV solutions as directed

Evidenced Based Practice:
to even out the patient’s fluid and electrolyte balance
2. monitor vital signs q4hr or as ordered

Evidenced Based Practice: having frequent vital signs and noticing trends can help determine patient’s fluid status

3. Monitor intake and output hourly and 24hr totals

Evidenced Based Practice:
inadequate fluid level can put the patient at risk for dehydration and poor outcomes</td><td rowspan="2">16. Patient/Caregiver Teaching:
1. If the patient is vomiting, small frequent drinks will be easier to keep down than larger infrequent drinks

2. after surgery, your child may have a ostomy, it may be temporary depending on degree of intestinal involvement

3. after surgery and after the surgical site had healed, bowel functions should be normal (if all the affected cells were removed)</td></tr>
<tr><td>12. Related to (r/t):
decreased body fluids or inability to absorb fluids by intestinal tract</td></tr>
<tr><td>13. As evidenced by (aeb):
vomiting or diarrhea</td><td rowspan="2">17. Discharge Planning/Community Resources:
1. have follow up appointment scheduled before the patient leaves the hospital

2. Educate parents on caring for possible ostomy before they leave and have them practice

3. Educate parents on what is normal and abnormal</td></tr>
<tr><td>14. Desired patient outcome:
Patient will maintain accurate fluid balance and accurate I/Os will be measured every hour for 12 hours.</td></tr>
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Adopted: August 2016