

**IM5 (Pediatrics) Critical Thinking Worksheet**

Patient Age:

Patient Weight:

kg

<b>Student Name:</b> Natalie Martinez	<b>Unit:</b> Pedi Floor <b>Pt. Initials:</b>	<b>Date:</b> 5/12/2021
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>Type 1 Diabetes Mellitus is characterized by destruction of the pancreatic beta cells, which produce insulin; this usually leads to absolute insulin deficiency. Insulin is needed to support the metabolism of carbohydrates, fats, and proteins. Insulin is needed for the entry of glucose into the muscle and fat cells, prevention of mobilization of fats from fat cells, and storage of glucose as glycogen in the cells of liver and muscle. With a deficiency of insulin, glucose is unable to enter the cells, and its concentration in the bloodstream increases.</p> <p>Hockenberry, M. J., Wilson, D., Rodgers, C. C., &amp; Wong, D. L. (2022). Chapter 28/Diabetes Mellitus . In Wong's Essentials of Pediatric Nursing (pp. 952-965). essay, Elsevier.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <p>Autoimmune Idiopathic</p>	<p><b>3. Signs and Symptoms:</b></p> <p>Polyphagia (P) Polyuria (P) Polydipsia (P) Weight Loss Enuresis or Nocturia Irritability Shortened attention span Lowered frustration tolerance Dry skin Blurred vision Poor wound healing Fatigue Flushed skin Headache Frequent infections Headache</p>

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b> - 8 hour fasting blood glucose level > 126 mg/dl - Random blood glucose value of 200 mg/dl or more accompanied by classic signs of hyperglycemia - Oral glucose tolerance test (OGTT) finding of 200 mg/dl or more in the 2 hour sample - Hemoglobin A1c of 6.5% or more	<b>5. Lab Values That May Be Affected:</b> - Glucose (P) - LDL - Triglycerides - Creatinine - UA - Sodium - Potassium - Chloride - CO2 - ALT - Amylase - Lipase	<b>6. Current Treatment (Include Procedures):</b> - Check blood glucose at meals, bedtime, and 0200 - Carbohydrate counting - Insulin Lispro and Humalog - Sugar substitutes - Diabetes Education
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. Comfort Promotion: Distraction  2. Give Information  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> No Medications were administered	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> $10 \times 100 = 1000$ $6.2 \times 50 = 310$ Total Maintenance Fluid Requirement= 1310 mL  <b>Actual Pt MIVF Rate:</b> No IV Fluids  <b>Is There a Significant Discrepancy?</b> <input type="text"/>  <b>Why?</b> No IV Fluids	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> $0.5 \text{ mL} \times 16.2 \text{ kg} = 8.1 \text{ mL/hr}$  <b>Actual Pt Urine Output:</b> 83 mL/hr

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	<p><b>10. Growth &amp; 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:</b></p> <p><b>Erickson Stage:</b> Initiative vs Guilt</p> <ol style="list-style-type: none"> <li>1. Patient was playing a video game but did not complete the game</li> <li>2. Patient was interested about his blood glucose checks</li> </ol> <p><b>Piaget Stage:</b> Preoperational</p> <ol style="list-style-type: none"> <li>1. Patient had a teddy bear that he liked for me to check on</li> <li>2. Patient thought he was spiderman</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Deficient Knowledge</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Assess parents and child's understanding of disease and ability to perform procedures and care, for educational level and learning capacity, and for developmental level.</li> </ol>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Teach about the cause of disease, disease process and pathology; use pamphlets and other aids appropriate for the age of child and level of comprehension of parents.</li> <li>2. Instruct parents and child in insulin administration and about dietary planning with an importance on proper meal times and carbohydrate counting.</li> <li>3. Instruct the child to wear or carry identification and information about the disease, treatment, and physician name.</li> </ol>
<p><b>12. Related to (r/t):</b> Lack of information about the disease condition</p>	<p><b>Evidenced Based Practice:</b> Provides information essential to develop a learning program.</p> <ol style="list-style-type: none"> <li>2. Provide a quiet, comfortable environment; allow time for teaching small amounts at a time and for reinforcement,</li> </ol>	

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<b>13. As evidenced by (aeb):</b> New diagnosis of Diabetes Mellitus Type 1	demonstrations and return demonstration  <b>Evidenced Based Practice:</b> .Prevents distractions and facilitates learning.  <b>3.</b> Use family centered approaches when teaching children and adolescents.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Diabetes Educators  <b>2.</b> Refer to American Diabetes Association for information on support, educational events, and camps  <b>3.</b> Refer to Nutritional Counseling
<b>14. Desired patient outcome:</b> Parents will demonstrate appropriate blood glucose monitoring, insulin administration, dietary management by 12:30, May 12, 2021.	<b>Evidenced Based Practice:</b> Promotes understanding and support of family and feeling of security for the child.	          Martin, Paul, et al. "4 Type 1 Diabetes Mellitus Nursing Care Plans." Nurseslabs, 10 Apr. 2019, nurseslabs.com/diabetes-mellitus-type-1-juvenile-diabetes-nursing-care-plans/.