

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 40^2**Patient Weight:** 3.51kg

Student Name: Serina Duran	Unit: NICU Pt. Initials: NA	Date: 5/12/2021
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Pathologic hyperbilirubinemia due to Rh incompatibility is a hemolytic disorder of the newborn that presents with jaundice in the first 24 hours of life. Within my patient this occurred due to the mother having a blood type of A- and the patient having O+ blood. During pregnancy some passage of maternal antibodies occurs through the placenta and enter fetal circulation. Due to this, the mother's immune system develops antibodies of the IgG type to the fetal blood type causing the fetus to come into contact with antigens specific against their blood. This leads to hemolysis in the blood of the newborn. This, in combination with the newborn's immature hepatic function, leads to build up of bilirubin in the blood. The newborn, being unable to clear the bilirubin waste fast enough from the blood leads to the infant presenting with jaundice of the whole body within the first 24 hours of life (Dean, 1970).</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>Maternal blood type of A- (P) Infant blood type of O+ (P) Maternal RhD- type (P) Infant RhD+ (P) Genetic infant inheritance of the D antigen from the father (P) Mother with previous pregnancy involving a fetus with O+ (RhD+) blood type (Dean, 1970)</p>	<p>3. Signs and Symptoms:</p> <p>Jaundice of the eyes and skin (P) Hypotonia (low muscle tone) Lethargy Poor feeding (Kaneshiro, 2019)</p>

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Direct and indirect bilirubin levels (P) Red blood cell count (P) Positive Coomb's test (testing for blood type and Rh incompatibility) (P) (Kaneshiro. 2019)	5. Lab Values That May Be Affected: Elevated serum bilirubin (18.6) (H) Total bilirubin (18.6) (H) Indirect bilirubin (11.8) (H) Absolute reticulocyte (0.4068) (H) Immature reticulocyte fraction (29.7) (L) RBC lowered (NA) (Dean, 1970)	6. Current Treatment (Include Procedures): Intense phototherapy Blood transfusion to decirculate maternal antigens present
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. 2. *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.	8. Calculate the Maintenance Fluid Requirement (Show Your Work): Actual Pt MIVF Rate: Is There a Significant Discrepancy? <input type="text"/> Why?	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): Actual Pt Urine Output:

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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:</p> <ol style="list-style-type: none"> 1. 2. <p>Piaget Stage:</p> <ol style="list-style-type: none"> 1. 2. 	
11. Focused Nursing Diagnosis:	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. <p>Evidenced Based Practice:</p> <ol style="list-style-type: none"> 2. 	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. 2. 3.
12. Related to (r/t):	<p>Evidenced Based Practice:</p> <ol style="list-style-type: none"> 3. <p>Evidenced Based Practice:</p>	

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13. As evidenced by (aeb):		17. Discharge Planning/Community Resources: 1. 2. 3.
14. Desired patient outcome:		