

**IM5 (Pediatrics) Critical Thinking Worksheet****Patient Age:** 10**Patient Weight:** 29.6kg

<b>Student Name:</b> Jesus Carrasco	<b>Unit:</b> Ped. Floor <b>Pt. Initials:</b> H.P.	<b>Date:</b> 5/18/2021
<b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b> Hemolytic anemia occurs when the destruction on red blood cells outpaces the bone marrow's production of cells made from the spongy material deep within the bones. This causes a decrease in the amount of red blood cells in the bloodstream which also decreases the amount of oxygen being transported to the rest of the body and tissues. This can lead to fatigue and shortness of breath. In some cases, hemolytic anemia is the result of taking certain medications. The most severe form is caused by receiving a red blood tranfusion of the wrong blood type. (Hockenberry et al., 2022)	<b>2. Factors for the Development of the Disease/Acute Illness:</b> Infection (P) Tumors Autoimmune Disease Medication Side Effects Leukemia/Lymphoma Enlarged Spleen Epstein-Barr Virus System Lupus Erythematosus Genetics	<b>3. Signs and Symptoms:</b> Paleness (P) Fatigue (P) Fever (P) Confusion Lightheadedness Dizziness (P) Weakness (P) Dark Urine (P) Jaundice Heart Murmur Tachycardia Enlarged Spleen and Liver

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b> Physical exam (P) Liver Function Test (P) Peripheral Smear Reticulocyte Count	<b>5. Lab Values That May Be Affected:</b> CMP: Liver Panel Total Bilirubin Level- will be elevated (P)  CBC: (P) Signs of anemia WBC- increases Platelet Count- decreases Hemoglobin- decreases Hematocrit- decreases	<b>6. Current Treatment (Include Procedures):</b> Blood Tranfusion IVIG Immunosuppressants Ambulation
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. Repositioning every hour or as tolerated  2. Diversion Tactics: Coloring and Drawing  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Acetaminophen Q6 PRN PO 400mg (for pain >3/10)	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> Patient weight: 29.6 kg $100 \times 10 = 1000$ $50 \times 10 = 500$ $20 \times 9.6 = 192$ Maintenance Fluid Requirement is 1,692 mL/24hours  <b>Actual Pt MIVF Rate:</b> No I/O Output observed during shift or throughout day from nursing staff.  <b>Is There a Significant Discrepancy?</b> <input type="checkbox"/>	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> $29.6\text{kg} \times 0.5 = 14.8 \text{ mL/hr}$  <b>Actual Pt Urine Output:</b> No urine output observed during shift. Unmeasured.

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	<p><b>Why?</b> Although no I/O was observed, patient had not been eating or drinking and may possibly be dehydrated.</p>	
	<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> Industry vs. Inferiority</p> <ol style="list-style-type: none"> <li>1. Patient was interested in coloring and drawing on her Ipad while in her hospital room.</li> <li>2. I observed the patient walking in the hall. When asked how she felt walking, she mentioned that she felt dizzy and weak. She said that she walked longer that morning. Though it wasn't mentioned, she was aware of how far she had ambulated before but was unable to complete the same distance. The patient has a sense of motivation.</li> </ol> <p><b>Piaget Stage:</b> Concrete Operational Period and Preoperational</p> <ol style="list-style-type: none"> <li>1. Patient had a small collection of stuffed animals in her room. She stated "she had more at home".</li> <li>2. Even though preoperational period is classified for pre-school age, my patient showed sign of fear when it came to medications and treatment. Her fear of pain was made aware with grimace facial expressions and guarding.</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Activity Intolerance (Lewis et al., 2014)</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Assist with position changes and ambulation</li> </ol> <p><b>Evidenced Based Practice:</b> Walking stimulate circulation which can increase blood flow and help with tissue perfusion. Position</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Energy conservation to allow patient to perform activities of daily living to prevent exhaustion and fatigue.</li> <li>2. When ambulating, be sure to set measurable goals for distance to assist with assurance that</li> </ol>

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<b>12. Related to (r/t):</b> Related to the inability to ambulate more than a 100 feet in the hallway.	change will decrease the risk for skin breakdown and chances of infection.  <b>2.</b> Monitor for range of motion with stretching exercises when patient is at rest or in a chair/bed.  <b>Evidenced Based Practice:</b> Range of motion will allow nurse to know patients limit with extension and flexion. Stretching will assist in increasing blood flow to muscle groups in preparation for mobility.	patient can make a safe return. Always have a place to rest if needed.  <b>3.</b> Monitor for signs and symptoms of infection which include fever, chills or fatigue. Contact physician as soon as symptoms arise for early detection of infection.
<b>13. As evidenced by (aeb):</b> Patient noted that she felt fatigued and dizzy while ambulating and needed to sit down. It was observed that the patient needed assistance getting back into bed due to her weakness post ambulation.	<b>3.</b> Assess and monitor patients skill of pursed lip breathing and deep breathing.  <b>Evidenced Based Practice:</b> Pursed lip breathing will allow longer expansion of the lungs and improve oxygenation. This technique will also assist in tissue perfusion of the activated muscles.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Department of Health and Human Services for strategies, programs and information regarding health and management.  <b>2.</b> Case Management: In case the patient may need a mobility device such as cane or walker.
<b>14. Desired patient outcome:</b> To maintain optimal physical activity till patient reaches manageable distance to improve endurance. Patient will walk a total of 25-50 feet 3 times daily while rating their Rate of Perceived Exertion on a scale of 0-10. (0 meaning light and 10 meaning max exertion). Goal is to have patient reach a functional RPE of <3/10 by discharge on 5/20/21.		<b>3.</b> Dietician consult with local Market Street for food recommendations for hemolytic anemia. Patient may need a Iron-rich diet.