

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 10

Patient Weight: 29.6kg

Student Name: Analise Jimenez	Unit: 3N Pt. Initials: H.P	Date: 5/19/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Anemia is the removal and destruction of red blood cells with membrane alterations by the macrophages of the spleen and liver. Circulating blood is filtered continuously through thin-walled splenic cords into the splenic sinusoids. Normal red blood cells can deform and pass through opening of the splenic cord. In anemic patients, red blood cells structure is altered (on the membrane surface). These red blood cells are unable to go through this network and are phagocytosed and destroyed by macrophages (Dhaliwal et al., 2004).	2. Factors for the Development of the Disease/Acute Illness: Premature/low birth weight Living in poverty Early use of Cow's milk Diet low in iron/vitamins/minerals Long term illness (infections) (P) Kidney or liver disease Family history of anemia	3. Signs and Symptoms: Pallor (P) Fatigue (P) Tachycardia Weakness (P) Increased respirations Dizziness (P) Headache (P) Irritability (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: CBC (P) Reticulocyte count (P) Bone marrow analysis (P) UA	5. Lab Values That May Be Affected: Low RBC count (P) Low hemoglobin count (P) Low Hematocrit count (P) Low MCV/MCH/MCHC (P)	6. Current Treatment (Include Procedures): Blood transfusions (P)

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<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Distraction: have the patient watch a movie, read a book, etc. 2. Relaxation: use relaxation techniques (like deep breathing) to reduce discomfort <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \text{ kg (100)} = 1,000 \text{ mL} + 10\text{kg (50)} = 500 + 9.6\text{kg (20)} = 192$: Total- $1692/24 \text{ hrs} = 70.5 \text{ mL/hr}$</p> <p>Actual Pt MIVF Rate: 64</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? This patient was not eating or drinking well. Perhaps, a small increase in MIVF was to keep her hydrated.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \text{ mL (29.6)} = 14.8 \text{ mL/hr}$ or $355.2\text{mL}/24 \text{ hrs}$</p> <p>Actual Pt Urine Output: Urine output not tracked in the hospital</p>

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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: Industry vs Inferiority</p> <ol style="list-style-type: none"> 1. She wanted very much to get out of bed but due to her condition, she didn't feel well enough at the time I was caring for her. 2. She was also very hesitant of anyone wearing scrubs. Once she was feeling better, she was deeply humorous. <p>Piaget Stage: Concrete Operational Period</p> <ol style="list-style-type: none"> 1. This patient understood that her IV site was inside of a vein and that medicine would be going through it to make her feel better. 2. She also understood the medicine going down her throat was going to make her head feel better and her fever go down. 	
<p>11. Focused Nursing Diagnosis: Activity intolerance (Vera et al., 2017)</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Give blood components (generally, RBCs) through an IV. <p>Evidenced Based Practice: A blood transfusion will increase the number of RBCs circulating in the blood. As a result, the oxygen carrying capacity of the blood will increase</p> <ol style="list-style-type: none"> 2. Develop a schedule for daily activities and rest. Slowly aid in a gradual increase of activities to tolerance. <p>Evidenced Based Practice:</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach the patient and the family/parents the signs and symptoms of physical overactivity and overexertion. 2. Teach the importance of pacing between activities to decrease fatigue/activity intolerance. 3. Teach the importance of setting realistic goals as increasing tolerance can be a slow process.
<p>12. Related to (r/t): decreased hemoglobin and diminished oxygen-carrying capacity of the blood</p> <p>Imbalance between oxygen supply and demand</p>		

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13. As evidenced by (aeb): Increased rest requirements Report of fatigue and lack of energy Inability to maintain usual level of activity Generalized weakness Deconditioned state	Spreading out activities of daily living will ensure that energy reserves are not depleted. Gradually increasing activities will help the patient develop their endurance in way that will not deplete their energy sources (as well as prevent any issues caused by prolonged bedrest). 3. Have the patient dangle their legs from the bed side for 10-15 minutes	17. Discharge Planning/Community Resources: 1. Provide the patient w/ adapative equipment needed for completing ADLs ('til activity tolerance has reached near normal) 2. Refer to home aid services to support patient and family through changing levels of activity tolerance.
14. Desired patient outcome: At the time of discharge, the patient will walk 20 feet. The patient will report a decrease in fatigue. Evidenced by verbal report, decreased rest period, generalized weakness, and shortness of breath. Functional pain level at 2/10	Evidenced Based Practice: Due to oxygenation issues, patients may experience orthostatic hypotension going from one position to another. This can manifest as lightheadedness. Dangling their feet will decrease the risk of orthostatic hypotension.	3. Refer to nutritionists to ensure patient is getting proper nutrition for disease process.