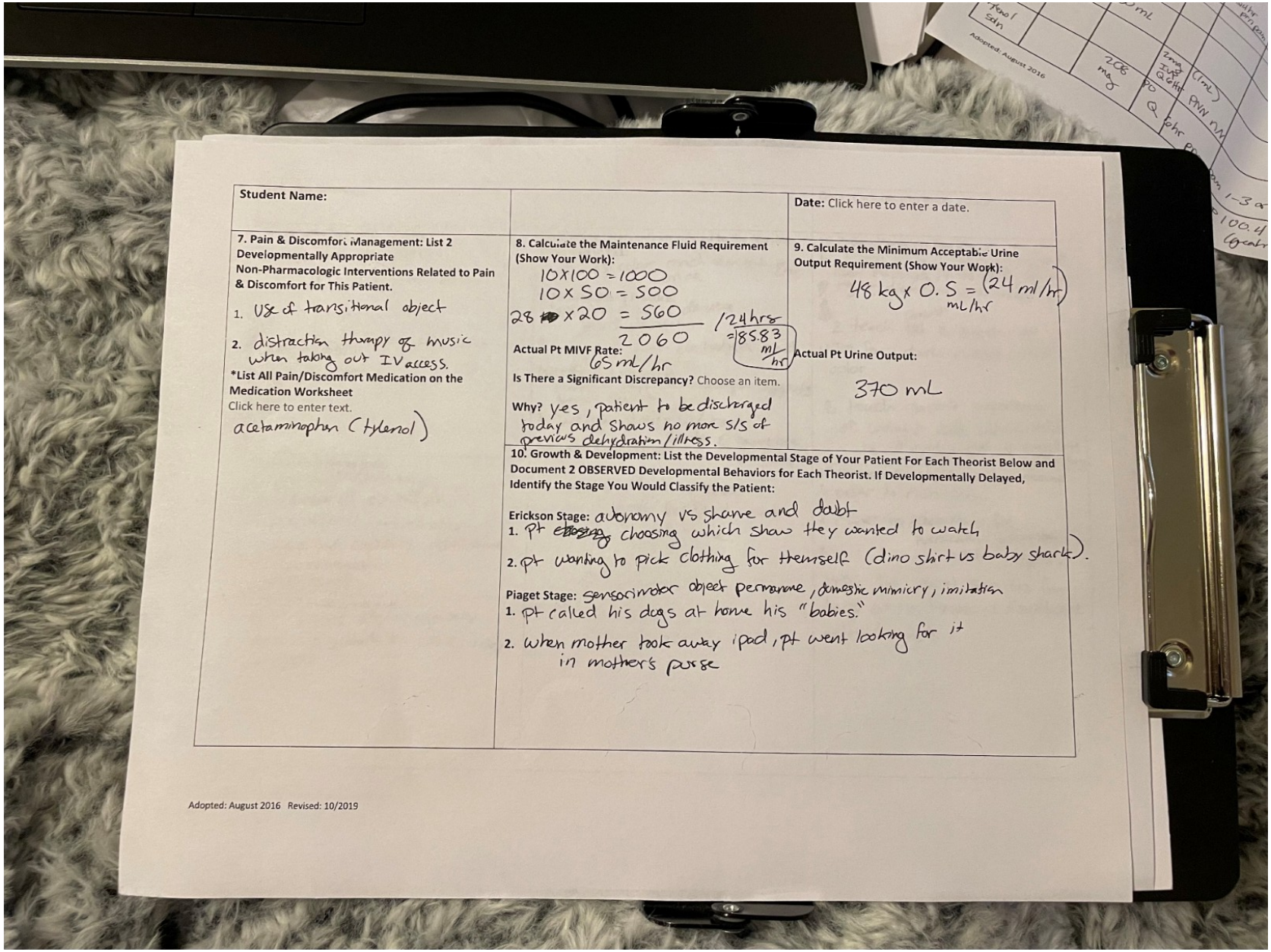
IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 9mo 2yrs Patient Weight: 48 kg

Student Name: Serina Duran		Date: Click here to enter a date.
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Gastroenteritis can be caused by a viral, bacterial, or parasitic infection. These infections cause damage to the villous brush border of the intestine causing malabsorption of intestinal contents. This in turn causes osmotic diarrhea in an effort to release the toxins binding to specific enterocyte receptors and flush infection from the human host.	**2. Factors for the Development of the Disease/Acute Illness:** - bacterial infection - viral infection (P) - parasitic infection - regular use of pain relievers - older age - excessive alcohol use - travel - stress - child care centers (P) - October - April, date (season)	**3. Signs and Symptoms:** - abdominal pain (P) - indigestion - nausea (P) - vomiting (P) - dizziness - lethargy - fatigue - chills - dehydration (P) - loss of appetite (P) - low grade fever (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: - physical exam (P) - serum electrolytes (CBC) (P) - UA (P) - Stool culture (P)	**5. Lab Values That May Be Affected:** - WBC ↓ (Present lvl 5.01) - MPV ↓ (present lvl 9.0) - lymphocyte # auto ↓ (Present lvl 0.82) - Na^+ ↓ (134 in pt) - K^+ ↑ (5.5 in pt) - CO_2 ↓ (15↓) in pt) - BUN ↑ (19, in pt) - creatnine ↓ ((0.20 ↓) in pt) - glucose ↓ (pt lvl 45)	**6. Current Treatment (Include Procedures):** - prn Tylenol (acetaminophen) for abdominal pain / low grade fever. - prn odansetron for nausea and vomiting - admin. of maintenance fluid D5NS + KCl 20 meq/L 1000 mL to correct dehydration

Adopted: August 2016 Revised: 10/2019



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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Use of transitional object 2. distraction thrapy of music when taking out IV access. ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text. acetaminophen (tylenol)	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 10x100 = 1000 10x50 = 500 28 x20 = 560 2060 / 24hrs = 85.83 ml/hr **Actual Pt MIVF Rate:** 65 mL/hr **Is There a Significant Discrepancy?** Choose an item. **Why?** yes, patient to be discharged today and shows no more s/s of previous dehydration/illness.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 48 kg x 0.5 = 24 ml/hr mL/hr **Actual Pt Urine Output:** 370 mL
	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:** autonomy vs shame and doubt 1. Pt ~~choosing~~ choosing which show they wanted to watch 2. pt wanting to pick clothing for themself (dino shirt vs baby shark). **Piaget Stage:** sensorimotor object permanence, domestic mimicry, imitation 1. pt called his dogs at home his "babies." 2. when mother took away ipad, pt went looking for it in mother's purse	

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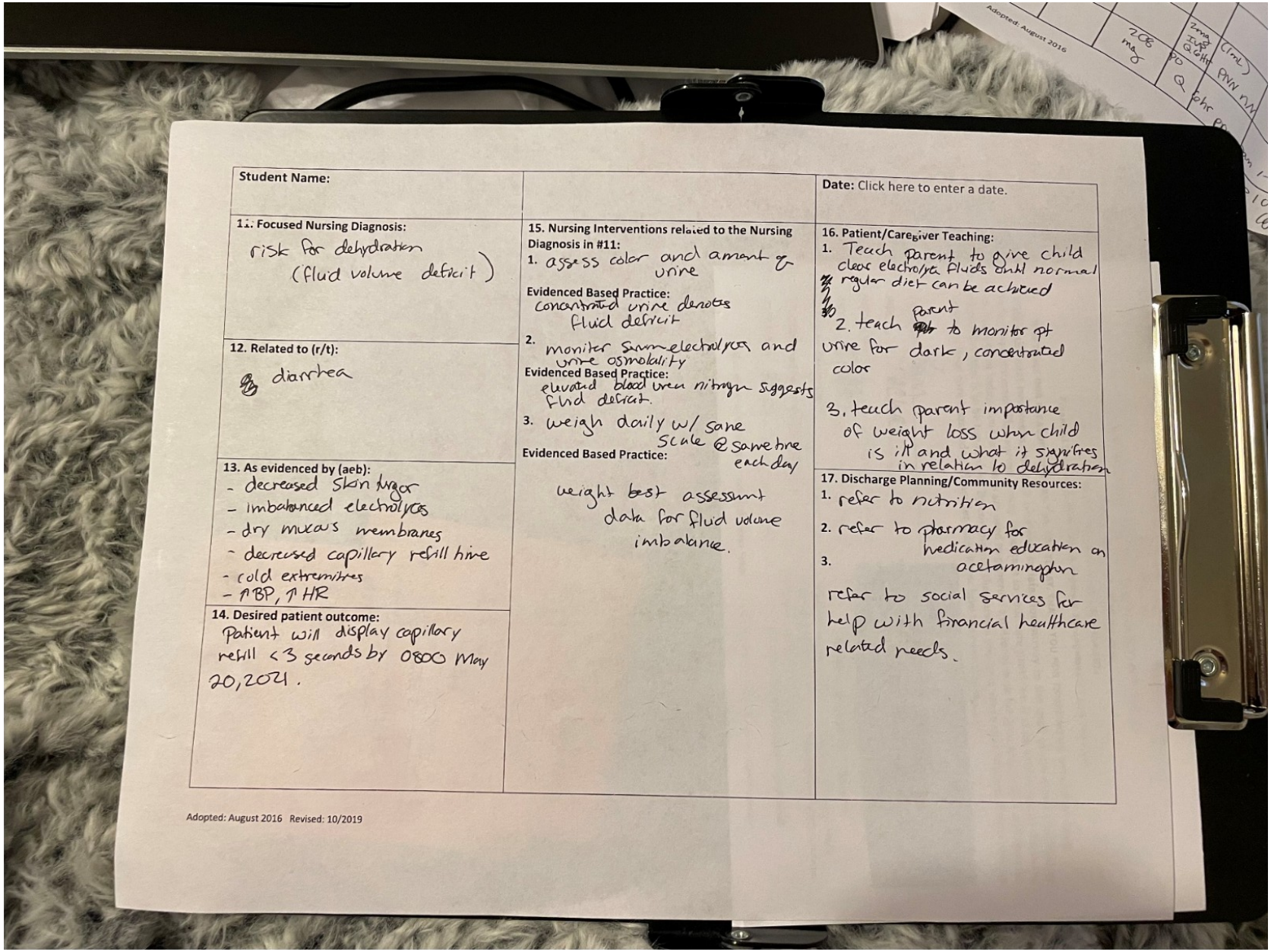

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11. Focused Nursing Diagnosis:
risk for dehydration (fluid volume deficit)

12. Related to (r/t):
diarrhea

13. As evidenced by (aeb):
- decreased skin turgor
- imbalanced electrolytes
- dry mucous membranes
- decreased capillary refill time
- cold extremities
- ↑BP, ↑HR

14. Desired patient outcome:
Patient will display capillary refill < 3 seconds by 0800 May 20, 2021.

15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. assess color and amount of urine

Evidenced Based Practice:
concentrated urine denotes fluid deficit

2. moniter sum electrolytes and urine osmolality

Evidenced Based Practice:
elevated blood urea nitrogen suggests fluid deficit.

3. weigh daily w/ same scale @ same time each day

Evidenced Based Practice:
weight best assessment data for fluid volume imbalance.

16. Patient/Caregiver Teaching:
1. Teach parent to give child clear electrolyte fluids until normal regular diet can be achieved
2. teach parent to monitor pt urine for dark, concentrated color
3. teach parent importance of weight loss when child is ill and what it signifies in relation to dehydration

17. Discharge Planning/Community Resources:
1. refer to nutrition
2. refer to pharmacy for medication education on acetaminophen
3. refer to social services for help with financial healthcare related needs.

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