

NEWS

IM5 (Pediatrics) Critical Thinking Worksheet Patient Age: 39<sup>5</sup> Patient Weight: kg 3.02

Student Name: Victoria Paredes		Unit: NICU	Pt. Initials: <del>#A</del> AA	Date: Click here to enter a date. 5/25/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): RESPIRATORY DISTRESS SYNDROME IS CAUSED BY THE VLBW NOT HAVING ENOUGH SURFACTANT IN THE LUNGS. SURFACTANT IS A LIQUID MADE IN THE LUNGS AT ABOUT 26 WEEKS OF PREGNANCY THAT KEEPS PRODUCING AS THE FETUS GROWS. SURFACTANT COATS THE TINY AIR SACS IN THE LUNGS AND HELPS TO KEEP THEM FROM COLLAPSING. THE AIR SACS MUST BE OPEN TO ALLOW OXYGEN TO ENTER THE BLOOD FROM THE LUNGS AND CARBON DIOXIDE TO BE RELEASED FROM THE BLOOD INTO THE LUNGS.	2. Factors for the Development of the Disease/Acute Illness: SIBLINGS WITH PDS INFECTION, TWINS OR MULTIPLE BIRTHS, C-SECTION DELIVERY (P), MOTHER HAS DIABETES INFECTION, VLBW IS SICK AT TIME OF DELIVERY (P) COVID STRESS OR HYPOTERMIA - 1 PREMATURE VLBW	3. Signs and Symptoms: FAST BREATHING VERY SOON AFTER BIRTH (P), GRUNTING SOUND WITH EACH BREATH, CHANGES IN COLOR OF LIPS, FINGERS, AND TOES, FLARING OF THE NOSTRILS WITH EACH BREATH, CHEST RETRACTIONS		
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: CXR, CBC, PHYSICAL EXAM, PULSE OX	5. Lab Values That May Be Affected: WBC (INFECTION), BLOOD GASES	6. Current Treatment (Include Procedures): OXYGEN (P - BUBBLE CPAP), ABX (P) AMP & GENT		

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Unit: MCU

Pt. Initials: VP

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Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NEFA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List diluent solution, volume, and rate of administration	IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?				
Ampicillin Sodium	penicillins ABX	Suspected infection	300 mg IVPB Q12h	150-200 mg/kg/day	45-60 mg/kg/day	1 pack/hr	1 pack/hr	rash, urticaria, diarrhea, erythema multiforme, c-diff, thrombocytopenia	1. monitor CBC 2. monitor SIS of infection 3. report watery/ bloody stool 4. report skin rash, stomatitis, or black "straw" tongue
Genamycin sulfate 2 mg/100 ml childvine	antibacterial aminoglycosides gentamicin replacement	Suspected infection	12mg IVPB Q24h	5mg/kg/24-48hr	15.1mg	1 pack/hr	1 pack/hr	OTOXICITY, Nephrotoxicity, resp tract paralysis, muscle relaxant	1. Avoid dehydration - ↑ risk for toxicity 2. report SIS of infection or nephrotoxicity 3. monitor for efficacy- resolution of infection 4. monitor respirations & respiratory

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
0.9% @ 9ml/hr	Isotonic/ Hypotonic/ <u>Hypertonic</u>	replacement therapy	glucose	hyperglycemia, DM