

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 4 months**Patient Weight:** 4.98kg

Student Name: Nikaele McCoy	Unit:	Pt. Initials: H.?	Date: 8/10/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Hirschsprung Disease is defined as a mechanical obstruction from inadequate motility of part of the intestine due to the absence of ganglion cells. Ganglion cells are nerve cells that are primarily responsible for moving material through the intestines and aids in peristalsis. Without the nervous system stimulation from the ganglion cells the internal sphincter loses the ability to relax and results in stool not being able to pass through the rectum. If left untreated, stool can accumulate in the colon and Enterocolitis may develop	2. Factors for the Development of the Disease/Acute Illness: Congenital anomaly		3. Signs and Symptoms: Abdominal distention (P) Vomiting Constipation (P) Palpable stool mass Fever Undernourished appearance Growth failure
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Abdominal radiographs (P) Unprepared barium enema Rectal biopsy (P)	5. Lab Values That May Be Affected: Increased WBC count (P) CBC with differentials		6. Current Treatment (Include Procedures): Colostomy (P) Transanal endorectal pull through procedure (P) IV fluids (P) Analgesic (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. Nonnutritive sucking - Pacifier 2. Being held by caregiver <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): $4.98 \text{ kg} \times 100 = 498/\text{day} / 24 = 20.7 = 21 \text{ mL/hr}$</p> <p>Actual Pt MIVF Rate: 20 mL/hr</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? Patient is not receiving the exact rate of 21 mL/hr, but patient able to receive fluids through Pedialyte as well.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $1 \text{ mL} \times 4.98 \text{ kg} = 4.98 \text{ mL/hr} = 5 \text{ mL/hr} = 120 \text{ mL/day}$</p> <p>Actual Pt Urine Output: 150 mL</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: Trust vs. Mistrust</p> <ol style="list-style-type: none"> 1. Patient cried during vital signs which prompted caregiver to get up and console the patient which allowed her to obtain the comfort she was seeking 2. Patient became fussy when her diaper was needing to be changed which caused the caregiver to call for assistance. Once replaced with a fresh diaper patient was content in her bed <p>Piaget Stage: Sensorimotor: Primary Circular Reaction</p> <ol style="list-style-type: none"> 1. Patient seeked out caregiver for security and protection during periods of invasive care 2. Patient spit out pacifier, would cry a few minutes later which would bring the caregiver to the patient's side to place the pacifier back in the patients mouth. This trend was observed a few times during bedside charting 	
<p>11. Focused Nursing Diagnosis: Risk for Impaired Skin Integrity</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Apply appropriate skin barrier cream for skin protection <p>Evidenced Based Practice: A barrier cream can help prevent skin irritation from pouch adhesive</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach caregiver importance of measuring stoma periodically during the first 6 weeks 2. Demonstrate how to empty and cleanse colostomy pouch 3. Educate on early signs of stomal necrosis (discoloration such as bluish purple, black, dark red, mucosa may be hard and dry)
<p>12. Related to (r/t): Colostomy Placement</p>	<ol style="list-style-type: none"> 2. Clean the surrounding area with warm water and pat dry <p>Evidenced Based Practice: Keeping the affected area clean and dry helps to prevent skin breakdown</p>	

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13. As evidenced by (aeb):	<p>3. Support surrounding skin when removing colostomy pouch</p> <p>Evidenced Based Practice: Supporting the skin while removing pouch for routine maintenance can aid in tissue irritation prevention</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Follow up appointment with primary HCP</p> <p>2. Wound care consult</p> <p>3. Group support or Mentor/Navigator for the caregiver</p>
<p>14. Desired patient outcome: Skin integrity will be maintained around the stoma upon discharge</p>		