

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 6 months**Patient Weight:** 7.52kg

Student Name: Alexis Villarreal	Unit: Pedi Floor Pt. Initials: ME	Date: 8/17/2021
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Respiratory Syncytial Virus "RSV" the virus replications in the nasopharynx which travels down to the epithelial lining in the small airways of the lungs causes a lower respiratory infection. The infection causes edema, excess mucus production, and necrosis and regeneration of the epithelial cells. This causes obstruction and air trapping.</p> <p>https://www.aafp.org/afp/2011/0115/p141.html</p>	<p>2. Factors for the Development of the Disease/Acute Illness: chronic lung disease weight less than 5 kg congenital heart disease immune compromised exposure to smoke premature birth (P)</p> <p>https://www.aafp.org/afp/2011/0115/p141.html</p>	<p>3. Signs and Symptoms: History of upper respiratory infection rhinorrhea (P) pharyngitis coughing sneezing, wheezing (P) refusing to nurse or bottle feed (P) nasal secretions retractions crackles cyanosis diminished breath sounds tachypnea (P) Mrs. Haynes Lecture</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Nasopharyngeal Secretions - RSV Antigen Detection history and physical chest x-ray patient diagnosed with RSV prior hospitalization</p>	<p>5. Lab Values That May Be Affected: WBC may be elevated patient did not have any labwork done so far while in the hospital</p>	<p>6. Current Treatment (Include Procedures): Contact isolation (P) humidified O2 with pulse ox (P) IV fluids if not getting adequate oral intake nasal suctioning (P) antibiotics bronchodilators racemic epinephrine ribavirin Mrs. Haynes Lecture</p>

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Mom gave patient pacifier 2. Mom swaddled patient *List All Pain/Discomfort Medication on the Medication Worksheet Motrin, Tylenol	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $7.52 \times 100 = 752 / 24 = 31.33 \text{ mL/hr}$ Actual Pt MIVF Rate: No IV fluids running Is There a Significant Discrepancy? No Why? patient is getting adequate PO intake	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $7.52 \times 1 = 7.52 \text{ mL/hr}$ 80mL + 1 unmeasured pampers 80/6 hours (the time we were there) Actual Pt Urine Output: 13.33mL/hr
	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: Trust vs Mistrust 1. Patient began to become fussy and cry when she felt mom holding her arms and the nurse in front of her with the suction. 2. Consoled afterwards with mom breastfeeding and swaddling patient. Piaget Stage: Piaget Secondary Circular Reactions 1. Imitation- mom placed patient on the scale and started smiling and child smiled back. 2. Did not see another piaget secondary circular reaction but I did notice the patient's moro reflex. While trying to take vital signs, I accidently pulled the contious pulse ox and the machine fell to the floor. Patient was sleeping but the loud noise startled her and you could see the patients movement.	

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11. Focused Nursing Diagnosis: Impaired Gas Exchange	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Observe skin for cyanosis. Check color of mucous membranes and tongue Evidenced Based Practice: In central cyanosis, the skin and mucous membranes are discolored due to impaired pulmonary function	16. Patient/Caregiver Teaching: 1. Teach mom signs and symptoms of respiratory distress. 2. Teach mom how to reduce stress for child to avoid increase of respiratory workload. For example, slow feeds with rest, look for signs before patient starts to cry.
12. Related to (r/t): RSV infection	2. ABG's checked 30-60 minutes after oxygen is started Evidenced Based Practice: High-flow oxygen nasal cannula improves gas exchange and oxygenation.	3. teach mom the importance of handwashing and to stress to visitors before touching the patient.
13. As evidenced by (aeb):	3. If patient has difficulty maintaining oxygen position patient prone. Evidenced Based Practice: "oxygenation levels have been shown to improve in the prone position, probably because of decreased shunting and better perfusion of the lungs" p. 423	17. Discharge Planning/Community Resources: 1. Ask mom if patient is exposed to second-hand smoke if so give resources to stop and encourage the importance of stopping for mom and patient.
14. Desired patient outcome: Wean patient off of oxygen. Patient is currently at 2 L by 1200 of August 17. 2021 patient will be at 1.5 L nasal canula. Longterm outcome: Patient be completely off oxygen before being discharged.	Nursing Diagnosis Handbook Twelfth Edition Ackley, Ladwig, Makic, Martinez-Krats, Zanotti (used this book for this whole page)	2. Make sure patient is up to date with immunizations before discharge and encourage the flu vaccine to prevent patient from getting other illnesses that may trigger RSV again or respiratory issues. 3. Teach mom signs and symptoms that are important to bring child into the emergency room. Follow up with health care provider to make sure the child is improving and resolves from the virus.

