IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 2m 27d **Patient Weight:** 5.6kg

Student Name: Dina Dang	**Unit:** PF **Pt. Initials:** CQ	**Date:** 8/17/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): RSV (respiratory syncytial virus) is a single-strand, negative strand RNA virus in the same genus as Pneumovirus. It is spread from person to person via repsiratroy droplets. It takes about 2-8 days to incubate then spreads into nasopharyngeal, conjjucitval secretions, then eventually into the respiratory tract. In the respiratory tract it targets apical cilated epitherlial cells and begins presenting with many consequences involving small airway obstruction and plugging by mucus, debris, and DNA. Some complications that arise with RSV can include alveolar obstriction and bronchiolitis.	**2. Factors for the Development of the Disease/Acute Illness:** -infants/premature 6 months & younger (P) -children born with CHD or chronic disease -weakended immune system/chemotherapy -neuromuscular disorders	**3. Signs and Symptoms:** -runny nose (P) -decrease in appetite (P) -coughing (P) -sneezing -fever (P) -wheezing (s/s do not occur all at once, appear in stages)

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -real time reverse transcriptase-polymearse chain reaction (rRT-PCR) swab test (P) -antigen test -viral culture	**5. Lab Values That May Be Affected:** -elevated WBW -decreased O2 levels (P)	**6. Current Treatment (Include Procedures):** -supportive care (P) -oxygen therapy (P) -encourage fluids (P) -nasal secretions (P) (no specific treatment,, infection goes away on its own in 1-2 weeks)
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Mother holding/coddling **2.** Dark/quiest environment ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text.	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 5.6kg x 100mL = 560mL/24hr= 23mL/hr **Actual Pt MIVF Rate:** n/a **Is There a Significant Discrepancy?** Choose an item. **Why?** Patient does not have any IV sites so no fluids are being administered.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 5.6kg x (1mL/kg) x 1hr= 5.6mL/hr **Actual Pt Urine Output:** 2 unmeasured voids in diaper

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<tr><td>Student Name: Dina Dang</td><td>Unit: PF Pt. Initials: CQ</td><td>Date: 8/17/2021</td></tr>
<tr><td></td><td colspan="2">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. Sleeping peacefully in mom's arms

2. Mom holding/consoling after vitals taken because he was crying during and after.

Piaget Stage: Sensorimotor Stage
1. Sucking on pacifier as soon as it touched his lips. (reflexive)

2. When he was put down on the scale to be weighed, he would reach his hands out to try to touch things infront of his face, which was my face. When his mom would lay him down in the crib, he would reach his hands out again looking for something to grab. (Primary circular reaction)</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
impaired gas exchange

12. Related to (r/t):
acute respiratory distress and hypoxia</td><td>15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Suction as necessary.

Evidenced Based Practice:
Suction clears scretions if the patient is not able to in order to clear the airway and allow for ventilation.

2. Cluster care to allow for long periods of rest and minimal fatigue.

Evidenced Based Practice:
The patient is already hypoxic and has limited reserves, constant disruptions can increase stress</td><td>16. Patient/Caregiver Teaching:
1. Contact precaution (wear proper PPE)

2. Feed every 3-4hr to maintain hydration and nutrients.

3. Proper handwashing and hygeine to prevent transmission to other siblings at home.</td></tr>
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13. As evidenced by (aeb): RSV (respiratory syncytial virus)	on patient leading to increased hypoxia. **3.** Position patient in a semi-fowler's position in bed or when being held. **Evidenced Based Practice:** Being in an upright position allows for increased thoratic capacity.	**17. Discharge Planning/Community Resources:** **1.** Avoid kissing, sharing, and/or close contact until infection is gone. **2.** Clean pacifiers, toys, and surfaces frquently. **3.** Limit time in child-care cneters or contaguous settings during fall, winter, and spring if possible.
14. Desired patient outcome: Adjust and gradually ween off oxygen viz nasal canula by the time of discharge.		