

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 3 YEARS**Patient Weight:** 12 kg

Student Name: MICHAEL ARANDA	Unit:	Pt. Initials:	Date: 8/25/2021
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>FECAL IMPACTION IS THE CONTINUOUS CONTACT BETWEEN THE HARD FECES AND THE COLONIC MUCOSA CAUSING AN INCREASE IN MUCUS SECRETION. IT ALSO CAUSES AN INCREASE IN INTRALUMINAL PRESSURE IN THE COLON WHICH CAUSES A DECREASE IN PERFUSION OF THE COLONIC MUCOSA AND WALL. THE RESULTING LOCALIZED INFLAMMATION CAN GIVE RISE TO COLITIS AND ULCERATIONS. WHEN STERCOAL PERFORATION OCCURS, THE MOST FREQUENT SITE IS THE SIGMOID COLON. STERCORAL PERFORATION THAT OCCURS IN THE RECTOSIGMOID REGION IS ATTRIBUTED TO FECES BEING HARDEST IN THE RECTOSIGMOID. ALSO, THE DIAMETER OF SIGMOID IS THE NARROWEST IN THE COLON. THESE FACTORS LEAD TO AN INCREASED INTRALUMINAL PRESSURE AND RESULT IN HYPOPERFUSION OF THE ANTIESENTERIC WALL CAUSING PERFORATION.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>LIMITED FLUID INTAKE LOW FIBER DIET (P) LACK OF ACTIVITY DEHYDRATION ILLNESS HISTORY OF CONSTIPATION (P) MENTAL STRESS TUMOR DEPRESSION SEDETARY LIFESTYLE INSUFFICIENT NUTRIENT INTAKE (P)</p>	<p>3. Signs and Symptoms:</p> <p>LEAKAGE OF FLUID OR STOOLS ABDOMINAL DISCOMFORT (P) ABDOMINAL PAIN (P) FEELING THE NEED TO PUSH NAUSEA VOMITING HEADACHE UNEXPLAINED WEIGHT LOSS NOT WANTING TO EAT (P)</p>	

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: X RAY (P) PHYSICAL EXAMINATION (P) :DETAILED HISTORY OF CLINICAL MANIFESTATIONS SIGMOIDSCOPY COLONOSCOPY ANORECTAL MANOMETRY	5. Lab Values That May Be Affected: CBC (P) MCV (P) UA FECAL OCCULT BLOOD TEST	6. Current Treatment (Include Procedures): MEDICATIONS FLUIDS (CLEAR LIQUID DIET) ENEMAS LAXATIVES ENCOURAGING WITH PRIVACY PHYSICAL ACTIVITY
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. TRANSITIONAL OBJECT 2. HAVE PARENT IN ROOM AT ALL TIMES *List All Pain/Discomfort Medication on the Medication Worksheet IBUPROFEN, MIRALAX, SENNAKOT, ZOFRAN	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 * 100 = 1000$ $2 * 50 = 100$ $1000/24 = 42$ Actual Pt MIVF Rate: 48 MLS/ HOUR Is There a Significant Discrepancy? <input type="text"/> Why? NO SIGNIFICANT DISCREPANCY	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 * 12\text{KG} * \text{HR} = 6\text{MLS}/\text{HOUR}$ Actual Pt Urine Output: $390/24 = 16 \text{MLS}/\text{HOUR}$

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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: AUTONOMY VS SHAME AND DOUBT</p> <ol style="list-style-type: none"> 1. IRRITABILITY WITH DIAPER BEING ON 2. KEPT SAYING "NO" TO INTERVENTIONS AND VITAL SIGNS <p>Piaget Stage: PREOPERATIONAL STAGE</p> <ol style="list-style-type: none"> 1. CHILD SEES MEDICAL STAFF AND AUTOMATICALLY THINKS SHOT 2. CHILD STATED THE BLOOD PRESSURE CUFF WAS GIVING ARM A HUG 	
<p>11. Focused Nursing Diagnosis: CONSTIPATION</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. URGE PATIENT FOR SOME PHYSICAL ACTIVITY AND EXERCISE <p>Evidenced Based Practice: MOVEMENT PROMOTES PERISTALSIS. ABDOMINAL EXERCISE STRENGTHEN ABDOMINAL MUSCLES THAT FACILITATE DEFECTION.</p> <ol style="list-style-type: none"> 2. ENCOURAGE FLUIDS IF NOT CONTRAINDICATED MEDICALLY <p>Evidenced Based Practice: SUFFICIENT FLUID IS NEEDED TO KEEP THE FECAL</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. IMPORTANCE OF INCREASING FIBER AND FLUIDS 2. TEACH S/S OF CONSTIPATION: DISTENDED ABDOMEN, STOMACH ACHE, AND FIRM STOMACH TO PARENTS 3. TELL PARENT OR CAREGIVER THE IMPORTANCE OF ACTIVITY TO PROMOTE BETTER OUTCOME OF STOOLING
<p>12. Related to (r/t): FECAL IMPACTION</p>		

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<p>13. As evidenced by (aeb): DISTENDED ABDOMEN AND ABDOMINAL PAIN UPON ASSESSMENT</p>	<p>MASS SOFT.</p> <p>3. ASSIST PATIENT TO TAKE IN MORE FIBER.</p> <p>Evidenced Based Practice: FIBER ADDS BULK TO STOOL AND MAKES DEFECATION EASIER BECAUSE IT PASSES THROUGH THE INTESTINE ESSENTIALLY UNCHANGED</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. FOLLOW UP APPOINTMENT WITH HEALTH CARE PROVIDER</p> <p>2. CONSULT DIETARY TO SEE WHAT FOODS ARE HIGH IN FIBER AND WHAT FLUIDS ARE GOOD FOR CONSTIPATION</p> <p>3. FIND RESOURCES LIKE "KIDSHEALTH.ORG" TO SEE WHAT EXERCISES ARE GOOD FOR YOUNG KIDS TO AVOID CONSTIPATION</p> <p>RESOURCES: NCBI.NLM.NIH.GOV WONG'S ESSENTIALS OF PEDIATRIC NURSING NURSING LABS</p>
<p>14. Desired patient outcome: PATIENT WILL SHOW LESS DISTENTION AND PAIN BY HAVING MORE FREQUENT STOOLS BY DISCHARGE.</p>		