

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 1M 5D**Patient Weight:** 4.68kg

Student Name: Stephanie Pigg	Unit: Pediatric Pt. Initials: BB	Date: 9/7/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Bronchiolitis is an acute viral inflammation of the lower respiratory tract involving the bronchioles and alveoli. Accumulated thick mucus, exudate, and cellular debris and the mucosal edema from the inflammatory process obstruct the smaller airways. The obstruction interferes with gas exchange, and in severe cases hypoxemia and hypercapnia, which can lead to respiratory acidosis. Resource: Nurselabs	2. Factors for the Development of the Disease/Acute Illness: RSV pts. Young infants Young children Immunocompromised	3. Signs and Symptoms: Runny nose/nasal congestion Chest congestion (P) Wheezing Difficulty breathing (P) Fever (P) Cough (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: CXR Viral Blood Culture Pulse oximetry	5. Lab Values That May Be Affected: ABGs	6. Current Treatment (Include Procedures): O2 supplementation Respiratory support

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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"> Pick up and comfort patient if crying longer than 1-2 minutes Schedule and provide rest periods in a quiet, comfortable environment. <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): $4.68 \times 100 = 468/24 = 19.5 \text{ mL/HR}$</p> <p>Actual Pt MIVF Rate: 0</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? Only taking PO & no INT</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $4.68 \times 1 = 4.68 \text{ mL/HR}$</p> <p>Actual Pt Urine Output: 31.25 mL/HR</p>
	<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"> The father had the patient laying in his lap rubbing his belly and chest while the patient was sleeping. The mother was holding the patient while discussing care with the doctors and he showed that he trusted her when he stopped crying and fell asleep. <p>Piaget Stage: Sensorimotor period: stage 1</p> <ol style="list-style-type: none"> While taking vital signs he would grab my finger due to the grasping reflex. When I was checking the patient's pulse oximetry, his father went to place his pacifier in his mouth and I noticed the rooting reflex. 	

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11. Focused Nursing Diagnosis: Ineffective breathing pattern	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Position HOB up or place child in position of comfort on parent's lap, if crying or struggling in crib or bed. Evidenced Based Practice: Position facilitates improved aeration and promotes a decrease in anxiety and energy expenditure. Resource: Nurselabs.com 2. Encourage frequent rest periods Evidenced Based Practice: Extra activity can worsen shortness of breath Resource: Nurselabs.com 3. Instruct parents on the importance of limiting the number of visitors and screening them for any recent illnesses. Evidenced Based Practice: Prevent transmission of the disease to others; prevent further complications in the child with RSV.	16. Patient/Caregiver Teaching: 1. Teach about limiting exposure to others, even after discharge if cough continues. 2. Teach about proper hydration & signs of possible dehydration. 3. Teach good handwashing technique for patient and family members.
12. Related to (r/t): Increased work of breathing		17. Discharge Planning/Community Resources: 1. Consult Dietary to prevent FTT 2. Consult for follow-up appointment upon discharge 3. Consult respiratory therapist about low O2 when off of NC 0.5 L
13. As evidenced by (aeb): Subcostal retractions when off NC 0.5L		14. Desired patient outcome: Child will maintain effective breathing pattern, which will be seen through relaxed breathing at an appropriate rate and depth with an absence of dyspnea by end of shift on 9/8/2021.