

**IM5 (Pediatrics) Critical Thinking Worksheet****Patient Age:** 3years**Patient Weight:** 27kg

<b>Student Name:</b> Vanessa Pizana	<b>Unit:</b> Pediatrics <b>Pt. Initials:</b> T.D	<b>Date:</b> 10/21/2021
<b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b> Inflammatory reactive airway disease that is commonly chronic. Airways become edematous and congested with mucus. Air trapping occurs in the alveoli and smooth muscles of the bronchi and bronchioles constrict.  REFERENCE- HESI COMPREHENSIVE REVIEW FOR THE NCLEX-RN EXAMINATION,SIXTH EDITION	<b>2. Factors for the Development of the Disease/Acute Illness:</b> Genetics Allergies to pollen Smoking	<b>3. Signs and Symptoms:</b> Wheezing in lower lobes
<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b> Spirometry results and physical examination.	<b>5. Lab Values That May Be Affected:</b> Potassium Chloride Glucose	<b>6. Current Treatment (Include Procedures):</b> Albuterol treatments Methylprednisolone dose PRN Oxygen supplement

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<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>Soft music/singing while comforted in mothers arms.</li> <li>Stuffed animal/toy/bubbles</li> </ol> <p><b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Ibuprofen</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b></p> <p>10kg X 100ml= 1000ml  10kg X 50ml= 500ml  7kg X 20ml = 140ml  1640ml/24hours  1640/24hrs= 68ml/hr</p> <p><b>Actual Pt MIVF Rate:</b> 70ml/hr</p> <p><b>Is There a Significant Discrepancy?</b></p> <input data-bbox="753 703 991 745" type="text"/> <p><b>Why?</b> Required is 68mlhr and pt is receiving 70ml/hr. Pt is not receiving less or too much over the requirement.</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> <p>Required urine output for age 2 yrs and up should be 0.5ml/kg/hr.  Pt is 27kg.  0.5ml*27=13.5  Minimum output is 13.5ml/hr.</p> <p><b>Actual Pt Urine Output:</b> No information given about pts output. 13.5ml/hr needed.</p>

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	<p><b>10. Growth &amp; 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:</b></p> <p><b>Erickson Stage:</b> Initiative VS Guilt</p> <ol style="list-style-type: none"> <li>1. Child chooses his own coloring book to color in and another one for mom</li> <li>2. Child chooses to be the person to hide rather than the seeker.</li> </ol> <p><b>Piaget Stage:</b> Preoperational period</p> <ol style="list-style-type: none"> <li>1. Child believes he is spiderman and can throw webs</li> <li>2. Child uses stuff animal as their best friend. Talks and plays with favorite stuff animal</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Impaired Gas Exchange</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Administer nebulizers and steroids</li> </ol> <p><b>Evidenced Based Practice:</b> Bronchodilator because the smooth muscle of the bronchi constrict. Reduce inflammation and congestion in the airways.</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Eliminate triggers by reducing allergens in the home and exposure to smoking</li> <li>2. Use inhaler 30mins prior to exercise</li> <li>3. Manage acute episode and know when to seek emergency care.</li> </ol>
<p><b>12. Related to (r/t):</b> Deep &amp; rapid respirations</p>	<ol style="list-style-type: none"> <li>2. Monitor for increase in respiratory distress and pulse oximetry.</li> </ol> <p><b>Evidenced Based Practice:</b> Can indicate need for oxygen supplement. s/s</p>	

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<b>13. As evidenced by (aeb):</b> Wheezing, restlessness, and being anxious	include retractions, tachypnea, low o2 sat, increased wheezing, nasal flaring.  <b>3. Monitor Blood Gas Values</b>  <b>Evidenced Based Practice:</b> Pts can fall into respiratory acidosis	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Adhere to ordered therapy regimen  <b>2.</b> Keep follow up appointment  <b>3.</b> Self monitor s/s of asthma exacerbation
<b>14. Desired patient outcome:</b> Patient will maintain o2 sat above 95% on RA. Decrease anxiety and restlessness.		