

**IM5 (Pediatrics) Critical Thinking Worksheet****Patient Age:** 3Y/M**Patient Weight:** 27kg

<b>Student Name:</b> Jordan Valadez	<b>Unit:</b> Pediatric <b>Pt. Initials:</b> TD	<b>Date:</b> 10/21/2021
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>Asthma is characterized by chronic inflammation and edema of the mucosal lining of the airways and hyperresponsiveness of the bronchial smooth muscles (bronchospasm). This causes narrowed airways and air trapping, which is why it is considered an obstructive disorder. Inflammation occurs in part because things that trigger asthma (asthma triggers) cause release of inflammatory substances such as histamine and leukotrienes. Symptoms are intermittent and generally reversible, with periods of normal airway function. Some people develop permanent changes in their airways, called remodeling; this leads to a progressive loss of lung function.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <p>The tendency to develop asthma is inherited. The most common predisposing factor is the genetic tendency to be allergic to airborne allergens such as pollen or molds. Viral respiratory infections are also a contributing factor to asthma diagnosis and exacerbation. Tobacco smoke, air pollution, early use of antibiotics, and sensitization to house-dust mites and cockroaches have also been linked to asthma development.</p>	<p><b>3. Signs and Symptoms:</b></p> <p>chest tightness, dyspnea, coughing, difficulty moving air in and out of the lungs, wheezing can be observed in patients with asthma.</p>

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b> Spirometry, patient's report of symptoms, and physical examination.	<b>5. Lab Values That May Be Affected:</b> K+ Chloride CO2 WBC Glucose	<b>6. Current Treatment (Include Procedures):</b> albuterol, methylprednisolone, and prn oxygen are what's available based on Dr.orders in this scenario
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. soft music/singing while holding  2. stuffed animal/toy  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> Ibuprofen 270mg PO q6hr prn	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> $10\text{kg} \times 100\text{mL} = 1000$ $10\text{kg} \times 50\text{mL} = 500$ $7\text{kg} \times 20\text{mL} = 140$ $= 1640 \text{ mL in 24 hours}$ $1640/24 = 68.3 = 68\text{mL/hr}$  <b>Actual Pt MIVF Rate:</b> 68mL/hr  <b>Is There a Significant Discrepancy?</b> <input type="checkbox"/>  <b>Why?</b> should equal 70mL but it is 68mL	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> $0.5\text{mL/kg/hr}$ $0.5\text{mL} \times 27\text{kg} = 13.5\text{mL/hr}$  <b>Actual Pt Urine Output:</b> 13.5mL/hr

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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. Patient seen choosing which puzzle to play with with other child.</li> <li>2. Child chooses roles in a game like duck duck goose</li> </ol> <p><b>Piaget Stage:</b> Preoperational Period</p> <ol style="list-style-type: none"> <li>1. Child believes he is captain america and he has super powers</li> <li>2. Child thinks his woody toy can talk and walk on its own</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 rapid acting bronchodilators and steroids</li> </ol> <p><b>Evidenced Based Practice:</b> to open up the bronchioles and reduce</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. eliminate triggers like allergens in the home</li> <li>2. use metered dose inhaler/nebulizer when needed and before performing exercise</li> <li>3. Manage acute episodes and know when to seek</li> </ol>

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<b>12. Related to (r/t):</b> Acute asthma exacerbation	inflammation and mucus production in the airways.  <b>2.</b> Monitor signs of respiratory distress  <b>Evidenced Based Practice:</b> assess for retraction, nasal flaring, tachypnea, low o2 sats. These are indicators of respiratory distress	medical attention
<b>13. As evidenced by (aeb):</b> wheezing, restlessness, anxiousness	<b>3.</b> Maintain hydration  <b>Evidenced Based Practice:</b> fluids help thin out the mucus and secretions to be expectorated.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Adherence with treatment regimen  <b>2.</b> follow up appointment with PCP or pulmonologist  <b>3.</b> Self monitor and know signs and symptoms
<b>14. Desired patient outcome:</b> Patient will keep O2 sats above 94% on RA and show no signs of respiratory distress by day of discharge.		