

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

Student Name: Scott Williams	Unit: Pediatric Pt. Initials: DT	Date: 10/22/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma Exacerbation- A chronic, inflammatory disease in which the airways become sensitive to various allergens (any substance that triggers an allergic reaction). Children exposed to certain triggers develop inflammation of the lining of the airways that then become swollen and inflamed. Muscles that surround the airways tighten and become constricted restricting airflow caused respiratory difficulties.	2. Factors for the Development of the Disease/Acute Illness: Family history of asthma Allergies as in this case the child is allergic to cats, oak trees, bananas exposure to tobacco smoke Pollution Previous respiratory infections	3. Signs and Symptoms: chest tightness or pain shortness of breath difficulty breathing wheezing – whistling noise when breathing. coughing (particularly at night nasal flaring sternal retractions
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Detailed medical history of child Physical exam Frequency of resp infections Airway abnormalities Lung function tests by physician	5. Lab Values That May Be Affected: BMP-CO2 may be decreased due to rising resp rate CBC- WBC's and its component Eosinophils may be high due to infection and Neutrophils may be decreased	6. Current Treatment (Include Procedures): Methylprednisolone Albuterol-Bronchodilator IV Fluids O2

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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"> 1. Having parent in the room with the patient 2. Distractopn- movies, games, books, stories, conversation <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen 270mg PO Q6 hours PRN</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>10 x 100ml = 1000ml 10 x 50 ml = 500ml 7 x 20ml = 140ml Total 1640ml/24 hrs</p> <p>Actual Pt MIVF Rate: 70 ml/hr</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? IV Fluid rate is 70ml/hr which totals 1680ml/24hr. The calculated rated is 40ml less but If medication is included in this total is becomes close to 1680ml/24 hrs</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 13.5ml/hr</p> <p>Actual Pt Urine Output: None noted at this time</p>

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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: Initiative vs Guilt</p> <ol style="list-style-type: none"> 1. Live to the Fullest 2. Stage of energetic Learning <p>Piaget Stage: Preoperational Period</p> <ol style="list-style-type: none"> 1. Magical Thought 2. Irresversibility 	
<p>11. Focused Nursing Diagnosis: Impaired Gas Exchange</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Assessment of respiratory status <p>Evidenced Based Practice: Obtain baseline respiraotry status to evaluate med and tx effectiveness</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Educate patient and parents / caregivers on how and when to use medications and rescue inhalers (age appropriate) 2. Provide education for patient / parents regarding use of maintenance medications and how to recognize and avoid triggers
<p>12. Related to (r/t): Asthma exacerbation</p>	<ol style="list-style-type: none"> 2. Assess patient's level of anxiety <p>Evidenced Based Practice: Inability to breathe can cause anxiety which may further constrict airways</p> <ol style="list-style-type: none"> 3. Position upright 	<ol style="list-style-type: none"> 3. Teach parents that lifestyle and environmental changes may be made, including pets in the home and exposure to triggers that may bring on asthma

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13. As evidenced by (aeb):	Evidenced Based Practice: Patients will need to sit upright to promote lung expansion and make breathing easier	17. Discharge Planning/Community Resources: 1. Encourage routine immunizations to help prevent diseases that may make asthma worse 2. Encourage parents to keep all follow up appointment with primary physician 3. develop and asthma action plan. An asthma action plan helps the parents, school and daycare providers to understand and control asthma in children.
14. Desired patient outcome: Patient will maintain adequate air exchange and respiratory status		