

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3Y/M

Patient Weight: 27kg

<p>Student Name: Laura Juarez LVN</p>	<p>Unit: MS Pt. Initials: T.D</p>	<p>Date: 10/26/2021</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma Exacerbation: Inflammation and narrowing in the airways. Causing muscles in the airway to tighten and the linings of airways to swell. Patient is showing wheezing in bilat lower lobes.</p> <p>(Fast Facts for the Pediatric Nurse) Diana Rupert & Kathleen Young</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Viral infections (lower respiratory) Genetics Allergies</p>	<p>3. Signs and Symptoms: Anxious, restlessness, wheezing to lower lobes bilaterally.</p> <p>Non productive cough, SOB intercostal retractions c/o chest tightness</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Physical exam Recurrent episodes of SOB Wheezing Non productive cough use of pulse ox ABG's Chest- Xray Allergy testing</p>	<p>5. Lab Values That May Be Affected: pH Co2 PaCO2 K+ Chloride WBC</p> <p>(Saunders comprehensive Review)</p>	<p>6. Current Treatment (Include Procedures): Strict I & O Diet as tolerated D5 1/2 NS +20KCL/Liter at 70 ml/hr Ibuprofen 270 mg PO Q6HR PRN temp > 101 F or discomfort Methylprednisolone 13.5 mg IV push Q12HR Albuterol 0.083% 3ml HHN Q4HR and PRN Lab: CBC CMP O2: PRN to keep O2 sats >94%; Notify MD for sats consistently < 90%</p>

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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. Parents to participate in care of the child when able to. (Holding the child, distracting the child) 2. Therapeutic play allowing the child to touch the equipment. 3. Soothing with child's own toy or blanket. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen 270 mg PO Q6HR PRN temp > 101 F or discomfort</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>10kg X 100ml = 1,000 10kg X 50ml = 500 7kg X 20ml = 140 TOTAL 1640 ml</p> <p>Actual Pt MIVF Rate: 70ml/hr 70ml/hr X 24hr = 1680</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? Only over by 40ml</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>0.5ml/kg/hr 0.5ml X 27kg = 13.5 ml/hr</p> <p>(lecture PP)</p> <p>Actual Pt Urine Output:</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: Autonomy Vs Shame/Doubt</p> <ol style="list-style-type: none"> 1. Holding on & letting go 2. Trying to do things on his own <p>Piaget Stage: Sensorimotor/Preoperational</p> <ol style="list-style-type: none"> 1. Animism, if my stuffed animal isn't afraid 2. Egocentric only know they are afraid 	
<p>11. Focused Nursing Diagnosis: Anxiety</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Monitor O2 <p>Evidenced Based Practice: No signs of hypoxia</p> <ol style="list-style-type: none"> 2. Assess for anxiety 	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. keep client calm prevent over exertion 2. monitor for s/s of respiratory distress, nose flaring and use of accessory muscles 3. medications
<p>12. Related to (r/t): change in enviroment</p>	<p>Evidenced Based Practice: anxiety can cause rapid shallow breathing</p> <ol style="list-style-type: none"> 3. calm quiet enviroment <p>Evidenced Based Practice:</p>	

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13. As evidenced by (aeb): anxious and visibly restless	reduced O2 consumption	17. Discharge Planning/Community Resources: 1. Follow up appt with PHCP 2. Case management refferal 3. Call if any questions
14. Desired patient outcome: decrease in anxiety with calm demeanor		