

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

Student Name: Audrey Maldonado	Unit: Pediatric Pt. Initials: D.T.	Date: 10/28/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Asthma is a chronic inflammatory disease of the airways. Inflammation of the airway causes the wheezes auscultated during assessment and the inability to maintain adequate oxygenation. Reference: Saunders Comprehensive Review for the NCLEX-RN Examination.	2. Factors for the Development of the Disease/Acute Illness: Allergic reaction in the airway caused by the precipitant can result in an immediate reaction with obstructions occurring, and it can result in a late bronchial obstructive reaction several hours after the initial exposure to the precipitant.	3. Signs and Symptoms: Wheezes, decreased oxygen saturation of 90-91 % on room air, restlessness and anxiety, ineffective nebulizer treatments.
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Child's symptoms and history and physical. Chest X-Ray Laboratory Test ABGs	5. Lab Values That May Be Affected: WBC, Potassium, CO2, Chloride	6. Current Treatment (Include Procedures): Methyprednisolone, Ibuprofen prn, Albuterol HHN, IV Fluids, Supplemental Oxygen to keep oxygen saturation >94%.

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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"> Giving patient "fun" stickers and/or bandaids. Distraction with a age appropriate toy or television show. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen 270 mg PO Q6hr prn</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $10 \text{ kg} \times 100 \text{ ml} = 1000 \text{ ml} \quad \text{total} = 1640 \text{ ml}/24 \text{ hr}$ $10 \text{ kg} \times 50 \text{ ml} = 500 \text{ ml} \quad = 68.3 \text{ ml}/ \text{ hr}$ $7 \text{ kg} \times 20 \text{ ml} = 140 \text{ ml} \quad = 68 \text{ ml}/\text{hr}$ <p>Actual Pt MIVF Rate: 70 ml/hr</p> <p>Is There a Significant Discrepancy? <input type="checkbox"/></p> <p>Why? The actual difference is 1.7 ml/hr which would equal about 40 ml in 24 hours. I would make sure to clarify with physician.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>>2 years 0.5 ml/kg/hr 0.5 ml x 27 kg = 13.5 ml/hr</p> <p>Actual Pt Urine Output: Information not provided.</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. Takes initiative in starting new activities and little projects, but may not carry through. Doesn't see importance of finishing. 2. May experience guilt when they know they're not behaving properly. <p>Piaget Stage: Preoperational</p> <ol style="list-style-type: none"> 1. Immature logic- difficulty telling reality from fantasy. 2. Fear of body mutilation due to their lack of knowledge of anatomy. Important to know this to better understand why pediatric patients are afraid of simple medical procedures such as vital signs. 	
<p>11. Focused Nursing Diagnosis: Ineffective breathing pattern.</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Enter room calmly and do least invasive to most invasive parts of assessment. <p>Evidenced Based Practice: Reduced fear in pedi patient will assist patient in remaining calm and avoid increased work of breathing.</p> <ol style="list-style-type: none"> 2. Frequently assess airway patency and respiratory status. <p>Evidenced Based Practice: Closely monitor changes in status, possible</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Instruct family to eliminate environmental factors; such as second-hand smoke, sprays, strong odors, and dust/dust mites. 2. Avoid exposure to individuals with a respiratory infection. 3. Instruct the family how to recognize early symptoms of an asthma attack and to seek medical attention if medications aren't working.
<p>12. Related to (r/t): Inflammation of the airways. (Asthma)</p>		

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<p>13. As evidenced by (aeb): absence of dyspnea, maintenance of oxygen saturation >94% on room air, clear lung sounds, absence of restlessness and anxiety.</p>	<p>worsening of symptoms.</p> <p>3. Maintain IV fluids as ordered and encourage increased oral hydration.</p> <p>Evidenced Based Practice: Prevents dehydration and prevents thickened secretions.</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Review harm of second-hand smoke and offer parents information on smoking cessation support if they smoke.</p> <p>2. Notify PCP of discharge and schedule follow-up appointment.</p> <p>3. Give information on the benefits of patient receiving flu shot and give information about the local Health Department, and other places vaccines are available.</p>
<p>14. Desired patient outcome: Patient will show signs of decreased breathing effort.</p>		