

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3Y/M

Patient Weight: 27kg

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<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Ineffective airway exchange related to pneumonia at age 6 months with persistent wheezing that resulted in asthma</p> <p>Per patient medical hx, was diagnosed with pneumonia at 6 months, allergic to cats, oak trees and bananas</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>Persistent wheezing from 6 months of age</p> <p>Currently presents with wheezing and bilateral lower lobes</p> <p>In ED pt O2 was 90-91% RA</p>	<p>3. Signs and Symptoms:</p> <p>Lower lobe wheezing</p> <p>Ineffective home nebulizer tx</p> <p>O2 90-91% RA</p> <p>CO2 is on low end of normal at 20, chloride 95 K+ 3.4, WBC 18</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>CO2 Chloride potassium WBC</p>	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - ABG - WBCs 	<p>6. Current Treatment (Include Procedures):</p> <p>Methylpredisone 13.5 mg 40mg/1ml Albuterol 0.083% HHN q 4 PRN O2 PRN to keep stats above 94% D51/2 NS + 20 meq KCL/liter @ 70 ml/hr IBU 270mg po every 6 hours PRN temp > 101 for discomfort Strict I & O</p>

<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Play with ball</p> <p>2. Impaired mobility: Walk the hallway</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet IBU</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1,000$; $10 \times 50 = 500$; $7 \times 20 = 140$ $1,000 + 500 + 140 = 1,640 / 24 = 68.3 \text{ ml/hr}$</p> <p>Actual Pt MIVF Rate: 1680</p> <p>Is There a Significant Discrepancy? Yes</p> <p>Why? There is a slight increase in fluid requirements due to acute exacerbation of asthma, with strict I & O being monitored</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \times 27 = 13.5 \text{ ml/hr}$ >2 years of age: 1 ml/kg/hr <2 years of age: 0.5 ml/kg/hr</p> <p>Actual Pt Urine Output:</p>
	<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> <p>1. "I do self" Negativism</p> <p>2. ritualism</p> <p>Piaget Stage: Sensorimotor</p> <p>1. imitation/mimicry</p> <p>2. object permanence</p> <p>If developmentally delayed that would place child back in trust vs mistrust related Erikson theory and Piaget they would exhibit separation mental representation</p>	

<p>11. Focused Nursing Diagnosis: Ineffective airway exchange</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Administer HHN</p> <p>Evidenced Based Practice: reduce airway obstruction</p>	<p>16. Patient/Caregiver Teaching: 1. Patient and primary caregiver need to demonstrate understanding of signs and symptoms, medication and device use, patient specific asthma triggers, peak flow education/monitoring</p>
<p>12. Related to (r/t): acute exacerbation of asthma</p>	<p>2. Methylprednisolone 13.5mg</p> <p>Evidenced Based Practice: it is recommended that pt who take albuterol regularly or who fail initial tx with albuterol should be given systemic corticosteroids</p>	<p>2. medication and device use</p> <p>3. patient specific asthma triggers, peak flow education/monitoring</p>
<p>13. As evidenced by (aeb): lower lobe wheezing O2 stats 90-91% RA</p>	<p>3. Maintain O2 stats above 94%</p> <p>Evidenced Based Practice: Pts who maintain normal O2 stats, have no or minimal wheezing on chest auscultation</p>	<p>17. Discharge Planning/Community Resources: 1. Controller for persistent asthma</p>
<p>14. Desired patient outcome: O2 stats will remain above 94% during hospital stay</p>		<p>2. Finalize and document Asthma Action Plan and Asthma education</p> <p>3. Keep all follow-up appointments</p>