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

Student Name: Kristin Pitts	**Unit:** Pediatric **Pt. Initials:** DT	**Date:** 10/20/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Inflammatory reactive airway resulting in a narrow brinchiole pathway with production of mucus that inhibits oxygen to freely pass to the lungs. Induced by environmental exposures.	**2. Factors for the Development of the Disease/Acute Illness:** Evironmental exposures Recent history of pneumonia	**3. Signs and Symptoms:** Peristent wheezing, low oxygen saturation, anxious appearance and restlessness
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Oxygen saturation CBC, CMP looking at Co2 levels	**5. Lab Values That May Be Affected:** CO2- levels decrease as impaired gas exchange occurs with unmanaged asthma Elevated WBC are commom due to inflammatory responses and typically you will see an increase in Eosinophils	**6. Current Treatment (Include Procedures):** Albuterol 0.083% 3 ml HHN every 4 hours and prn Methylprednisolone 13.5 mg IV push every 12 hours Ibuprofen 270 mg PO every 6 hours prn temp > 101˚ F or for discomfort D5 ½ NS + 20 meq KCL/liter at 70 ml/hr Strict I &O VS: every 4 hours O2: prn to keep O2 sats > 94%; notify MD for sats consistently < 90%

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Allow patient to be held by cargivert **2.** Allow the patient to watch his tablet and listen to favorite song ***List All Pain/Discomfort Medication on the Medication Worksheet** Ibuprofen 270 mg PO every 6 hours prn temp > 101˚ F or for discomfort	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 10kg x100 = 1000 10kgx50= 500 7x20= 140 1000+500+140 =1640 **Actual Pt MIVF Rate:** 68 ml/hr **Is There a Significant Discrepancy?** Yes **Why?** The current order is set for 70ml/hour. I will call the provider to discuss the discrepancy.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5x27kg= 13.5 ml/hour **Actual Pt Urine Output:** none noted on progress notes

<table>
<tr><td>Student Name: Kristin Pitts</td><td>Unit: Pediatric Pt. Initials: DT</td><td>Date: 10/20/2021</td></tr>
<tr><td></td><td colspan="2">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:

Erickson Stage: 2
1. The child will display want to feed himself and verbalizes "me do it"

2. The child may like a specific snack in the morning and then later in the day or the next day will refuse it.

Piaget Stage: Stage 2
1. The child is observed playing with a the oxygen tubing and saying "snake"

2. The displays fears of being in the hospital by saying " be here forever"</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Impaired gas exchange</td><td rowspan="2">15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Patient will maintain adequate fluid intake to reduce dry mucosal membranes and optimize ciliary action.

Evidenced Based Practice:

2. Patient will reduce exposures to allergens and chemical irritants

Evidenced Based Practice:</td><td rowspan="2">16. Patient/Caregiver Teaching:
1. Identify and eliminate triggers.

2. Manage acute episodes with prescribed treatment.

3. Seek emergency care if improvement does not occur.</td></tr>
<tr><td>12. Related to (r/t):
acute asthma exacerbation</td></tr>
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<tr><td>13. As evidenced by (aeb):
persitent wheezing with low oxygen saturation post albuterol treatments</td><td rowspan="2">3. Patient will use prescribed medication noting effectivenss and side effects

Evidenced Based Practice:
4. Patient will remain in upright postion during acute episode to maintain adequate lung expansion and reduce stress on airway</td><td rowspan="2">17. Discharge Planning/Community Resources:
1. Avoid environemental triggers

2. Avoid extreme change in environmental temperature

3. Recognize early symptoms of acute asthma attack and treat with prescribed medications</td></tr>
<tr><td>14. Desired patient outcome:
Wheezing will resolve, O2 saturation will be maintianed over 94% on room air, CO2 levels will be within normal limits within 24 hours.</td></tr>
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