## 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):**<br>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:**<br>Evironmental exposures<br>Recent history of pneumonia | **3. Signs and Symptoms:**<br>Peristent wheezing, low oxygen saturation, anxious appearance and restlessness |
| **4. Diagnostic Tests Pertinent or Confirming of Diagnosis:**<br>Oxygen saturation<br>CBC,<br>CMP looking at Co2 levels | **5. Lab Values That May Be Affected:**<br>CO2- levels decrease as impaired gas exchange occurs with unmanaged asthma<br>Elevated WBC are commom due to inflammatory responses and typically you will see an increase in Eosinophils | **6. Current Treatment (Include Procedures):**<br>Albuterol 0.083% 3 ml HHN every 4 hours and prn<br>Methylprednisolone 13.5 mg IV push every 12 hours<br>Ibuprofen 270 mg PO every 6 hours prn temp > 101˚ F or for discomfort<br>D5 ½ NS + 20 meq KCL/liter at 70 ml/hr<br>Strict I &O<br>VS: every 4 hours<br>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.**<br><br>1. Allow patient to be held by cargivert<br><br>**2.** Allow the patient to watch his tablet and listen to favorite song<br><br>***List All Pain/Discomfort Medication on the Medication Worksheet**<br>Ibuprofen 270 mg PO every 6 hours prn temp > 101˚ F or for discomfort | **8. Calculate the Maintenance Fluid Requirement (Show Your Work):**<br>10kg x100 = 1000<br>10kgx50= 500<br>7x20= 140<br>1000+500+140 =1640<br><br>**Actual Pt MIVF Rate:** 68 ml/hr<br><br>**Is There a Significant Discrepancy?**<br>Yes<br><br>**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):**<br>0.5x27kg= 13.5 ml/hour<br><br>**Actual Pt Urine Output:** none noted on progress notes |

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<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:<br><br>Erickson Stage: 2<br>1. The child will display want to feed himself and verbalizes "me do it"<br><br>2. The child may like a specific snack in the morning and then later in the day or the next day will refuse it.<br><br>Piaget Stage: Stage 2<br>1. The child is observed playing with a the oxygen tubing and saying "snake"<br><br>2. The displays fears of being in the hospital by saying " be here forever"</td></tr>
<tr><td>11. Focused Nursing Diagnosis:<br>Impaired gas exchange</td><td rowspan="2">15. Nursing Interventions related to the Nursing Diagnosis in #11:<br>1. Patient will maintain adequate fluid intake to reduce dry mucosal membranes and optimize ciliary action.<br><br>Evidenced Based Practice:<br><br>2. Patient will reduce exposures to allergens and chemical irritants<br><br>Evidenced Based Practice:</td><td rowspan="2">16. Patient/Caregiver Teaching:<br>1. Identify and eliminate triggers.<br><br>2. Manage acute episodes with prescribed treatment.<br><br>3. Seek emergency care if improvement does not occur.</td></tr>
<tr><td>12. Related to (r/t):<br>acute asthma exacerbation</td></tr>
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<tr><td>13. As evidenced by (aeb):<br>persitent wheezing with low oxygen saturation post albuterol treatments</td><td rowspan="2">3. Patient will use prescribed medication noting effectivenss and side effects<br><br>Evidenced Based Practice:<br>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:<br>1. Avoid environemental triggers<br><br>2. Avoid extreme change in environmental temperature<br><br>3. Recognize early symptoms of acute asthma attack and treat with prescribed medications</td></tr>
<tr><td>14. Desired patient outcome:<br>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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