

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3:Y/M

Patient Weight: 27kg

Student Name: Peggy McDonald	Unit: 4 Pt. Initials: DT	Date: 10/22/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Patient has weezing in lower lung, Low O2 sats of 90-91% on room air even after 3 nedulizer treatments Asthma is a chronic obstructive airway disease charerized bt a pathophysiological triad consisting of inflimation mucosal edema, and bronchospasm.The inflamatory response causes increased sensitivity of the airways and is the most common feature of of asthma. (Swearinger P, Wright,J All in one Nursing care planning resource 5th edition Elsever2019)	2. Factors for the Development of the Disease/Acute Illness: Chronicallergies ,pneumonia 6 months previously	3. Signs and Symptoms: Wheezing SOB lowo2 sats Fever
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: ,CBC,BMP	5. Lab Values That May Be Affected: WBC,EOS,Co2 potassium,Chloride	6. Current Treatment (Include Procedures): D5 1/2 NS +20meq KCl/Liter at 70 ml/hr ,ibuprophen 270 mg po every 6 hrs prn for temp greater than 101 F or discomfort.Methylprenisole 1305 mg IV push every 12 hours,Albuterol 0.083% 3 ml HHN every 4 hrs prn

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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. distraction 2. music <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen 270 mg, Methylprednisolone 13.5</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 50 = 500 + 7 \times 20 = 140$ $+ 10 \times 100 = 1000 = 1640 / 24 = 68 \text{ ml/hr}$</p> <p>Actual Pt MIVF Rate: 70/ml/hr</p> <p>Is There a Significant Discrepancy? <input type="checkbox"/></p> <p>Why? yes</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $27 \text{ kg} \times 0.5 = 13.5 \text{ ml/hr}$</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 -shame and doubt</p> <ol style="list-style-type: none"> 1. food likes and dislikes 2. negativism <p>Piaget Stage: preoperational</p> <ol style="list-style-type: none"> 1. animism 2. magical thinking 		

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11. Focused Nursing Diagnosis: Dyspnea/Potential for insufficient airway clearance	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. assess respiratory status with each V/S check as needed Evidenced Based Practice: changes can be detected quickly enabling rapid intervention	16. Patient/Caregiver Teaching: 1. Discuss signs and symptoms and pathophysiology of asthma 2. Identify trigger for asthma 3. Personal asthma action plan .With green ,yellow and red zones specific for the child
12. Related to (r/t): Low Bronchospasm,mucosal edema,and increased mucus production	2. administer nebulizer treatment Evidenced Based Practice: decrease bronchospasm or mucosal edema. Thereby opening the airway and enabling more effective airway clearance	
13. As evidenced by (aeb): Low o2 sats, wheezes in lungs	3. Administer other medications (inhaled,IV or PO usually corticosteroids Evidenced Based Practice: corticosteroids decrease inflammation thereby improving airway clearance. antibiotics are given only if a bacterial infection is present	17. Discharge Planning/Community Resources: 1. ..When to call emergency medical services .1.The child is in severe respiratory distress .2.The child is blue/grey.3.The child is unable to answer questions or confused. 2. Referral to community resources such as the American Lung Association
14. Desired patient outcome: Within 48 Hrs of intervention adventitious breath sounds cough and increased work of breathing are decreased. within 72 Hrs the respiratory rate returns to child's normal range		3. The consortium on children's Asthma camps (Swearingen P Wright J All In One Nursing care Planning Resource 5th edition 2019 Elsevier)