

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 1y 9m**Patient Weight:** 14.9kg

Student Name: Brooke Jones	Unit: Pedi floor Pt. Initials: ET	Date: 1/5/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Acute Bronchiolitis occurs when there is inflammation of the epithelial cells of the bronchioles causing mucus production, inflammation, and cellular necrosis of those cells. This causes an obstruction of the airway and results in wheezing and difficulty breathing. Typically caused by a virus. Reference Swearingen, P. L., & Wright, J. (2019). All-in-One nursing care planning resource - E-book: Medical-surgical, pediatric, maternity, and psychiatric-mental health. Elsevier Health Sciences.	2. Factors for the Development of the Disease/Acute Illness: Premature birth Underlying heart or lung condition Depressed immune system (P) Contact with multiple children (P) Spending time in crowded environments (P)	3. Signs and Symptoms: Early s/s: - runny nose (P) - cough (P) - slight fever (P) - stuffy nose Later s/s: - difficulty breathing (P) - wheezing (P) - otitis media - tachypnea (P) - cyanosis

Student Name: Brooke Jones	Unit: Pedi floor Pt. Initials: ET	Date: 1/5/2022
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Chest X-Ray (P) ABGs (P) Pulse Ox (P) CBC (P) BMP (P)	5. Lab Values That May Be Affected: CBC (P) BMP (P) UA (P) Oxygen sat (P)	6. Current Treatment (Include Procedures): Humidified oxygen (P) Nasal suctioning Fluids to prevent dehydration Medications (P)
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction: While experiencing pain or discomfort, the child could be provided with her favorite toys or watch TV. 2. Positive reinforcement: During and after procedures, the child is rewarded with stickers, toys, games, and positive statements. *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10\text{kg} \times 100 = 1000 \text{ mL}$ $4.9\text{kg} \times 50 = 245 \text{ mL}$ $1000 + 245 = 1245 \text{ mL/day}$ $1245/24 \text{ hrs} = 51.88 \text{ mL/hr}$ Actual Pt MIVF Rate: 0 Is There a Significant Discrepancy? <input type="text"/> Why? Pt did not have IV access and was not receiving any fluids.	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 1 mL/kg/hr $1\text{mL}/14.9 \text{ kg/hr} = 14.9 \text{ mL/hr}$ 357.6 mL/day Actual Pt Urine Output: On 1/4, patient's urine output was 858 mL.

Student Name: Brooke Jones	Unit: Pedi floor Pt. Initials: ET	Date: 1/5/2022
	<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 and Doubt</p> <ol style="list-style-type: none"> 1. During report, the other student nurse reported that this patient was cooperative and allowed him to obtain her vital signs without any difficulties. Later that day when I went to get her vital signs, she began crying and refused to let me even touch her. After showing her all of the equipment and allowing her to help, she was much more cooperative. 2. When I went in the patient's room later to do my assessment, she was not in a very good mood and did not want me to assess her. To make the assessment easier, I asked her mother if she had brought a toy from home that she could play with and luckily, she had one. After giving her the toy, she was much happier and unbothered by me. <p>Piaget Stage: Sensorimotor (stage 6)</p> <ol style="list-style-type: none"> 1. While taking the patient's vital signs, the patient saw me with the O2 saturation monitor and without me asking, placed her foot in front of me. 2. While assessing the patient's ROM in her arms, I would first do the motion that I needed her to perform and she would imitate me by doing the same motion. 	
<p>11. Focused Nursing Diagnosis: Decreased gas exchange</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Position patient for maximum ventilation (head elevated without compression of diaphragm) <p>Evidenced Based Practice: Decreasing compressions on the diaphragm allows</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Ensure the child drinks plenty of fluids to prevent dehydration 2. Promote elevation of child's head to make it easier to breathe

Student Name: Brooke Jones	Unit: Pedi floor Pt. Initials: ET	Date: 1/5/2022
12. Related to (r/t): Airway obstruction caused by bronchiolar edema and increased mucus production	better breathing quality. 2. Provide humidified oxygen to maintain O2 sat greater than 90% Evidenced Based Practice: Humidified oxygen loosens secretions and reduces the drying of the nasal mucosa as well as the mucus in the airway.	3. Prevention of bronchiolitis or RSV: good hand hygiene, avoiding people with colds or fevers, avoiding secondhand smoke, and avoiding crowds and daycares
13. As evidenced by (aeb): Pt has severe cough, subcostal retractions, wheezing, and O2 saturation was 94% on 0.25 L NC.	3. Promote coughing exercises Evidenced Based Practice: Vibrations loosen and dislodge the secretions, clearing the airway and allowing more effective breathing patterns.	17. Discharge Planning/Community Resources: 1. Follow-up appointment 2. Teach caregiver dosage, route, precautions, and potential side effects of medications 3. Contact health provider if child is experiencing wheezing that does not get better with treatment.
14. Desired patient outcome: Patient will maintain an O2 saturation of 90% or greater on RA by discharge.		