IM5 (Pediatrics) Critical Thinking Worksheet   Patient Age: 8   Patient Weight: 20.7kg

Student Name: Kambree Irvin	Unit: 3 N Pt. Initials:	Date: 1/4/2022
1. **Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):** Thrombocytopenia is a common coagulation disorder. It results in a decreased number of platelets. It can be caused by deficient production of thrombocytes, accelerated platelet destruction, thrombotic thrombocytopenia purpura, idiopathic thrombocytopenic purpura, disseminated intravascular coagulation, or damage by dialysis. Some triggers could be spleen malfunction, autoimmune disorder, or severe vascular injury. Thrombocytopenia can be the first sign of SLE, which is suspected in this patient. This disorder, no matter the cause, affects coagulation and hemostasis. Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health. Elsevier.	**2. Factors for the Development of the Disease/Acute Illness:** -Autoimmune disease (possibility for patient) -Exposure to certain toxic chemicals -Reaction to medication -Have certain viruses (P) -Genetics -Certain types of cancers -Some types of anemia -Bacteria in the blood	**3. Signs and Symptoms:** -history of mild bleeding from the mouth, nose, GI tract, or GU tract. -Increased bruising or petechiae -Fever -Splenomegaly -weakness -lethargy (P) -Gum bleeding -acute and severe bleeding episodes -Blood in stool or urine, rectal bleeding

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Platelet count (P) Peripheral blood smear Lactate dehydrogenase Bilirubin Complete blood count (P) Bone marrow aspiration (P) Antibody screen Doppler ultrasound (P)	**5. Lab Values That May Be Affected:** -Platelet count (P) -CBC (P)	**6. Current Treatment (Include Procedures):** The patient had a platelet transfusion, which raised the platelets from 42 to 182. She experiences absence seizures and is being medicated for them. She is also positive for strep so she is taking amoxicillin. It is suspected that she has lupus. She has had a bone marrow aspiration done.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction- Movies, games, books, music 2. Playroom activities ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text.	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 20.7kg 10x100=1,000 10x50=500 0.7x20=14 1,514/24hr=63.1 **Actual Pt MIVF Rate:** 0 **Is There a Significant Discrepancy?** **Why?** The patient is INT, receiving zero fluids.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5ml/kg/hr= 10.35ml/hr **Actual Pt Urine Output:** 3 unmeasureable voids, patient uses restroom by herself

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	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:** Industry versus Inferiority 1. Childrens attitude towards work develops at this stage. When I was in the patients room so was asking her mother if she was going to miss school and stated that she didn't want to miss homework. 2. During this stage children wonder "how can i be good". When I told her I was going to check her vitals, she sat up and held her arm out for me to put the cuff on. When I asked her for her finger to put the pulse ox on she did that as well. **Piaget Stage:** Concrete Operational Period 1. When I first entered the room, the patient seemed a little skeptical. She was very quiet and looked at her mom most of the time. She knows that not everyone is good, so it took her a while to talk to me and trust me more. 2. This patient has a box of legos in her room and her mom stated that she likes to build them. Building legos can teach conservation.	
11. Focused Nursing Diagnosis: Risk for bleeding	**15. Nursing Interventions related to the Nursing Diagnosis in #11:** **1.** Prevent symptoms that can trigger bleeding such as vomiting, coughing, or straining with bowel movements. **Evidenced Based Practice:**	**16. Patient/Caregiver Teaching:** **1.** Avoid giving your child aspirin or NSAIDs. These can cause bleeding and bruising. **2.** Monitor the activites that your child participates in. Wear shoes and slippers to protect feet.

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12. Related to (r/t): Thrombocytopenia	Straining and similar actions can result in intracranial pressure leading to intracranial hemorrhage. **2.** Teach patient to use soft bristle toothbrush, avoid cutting nails, avoid walking in bare feet, and wearing tight clothing.	**3.** Purchase your child a soft toothbrush and washcloth. This can prevent gums from bleeding.
13. As evidenced by (aeb): Low platelet count of 42	**Evidenced Based Practice:** These can possibly minimize risk for injury and hence bleeding. 3. Assess skin anf mucous membranes for signs of petechiae, bruising, or hematoma formation. **Evidenced Based Practice:** Patients with reduced platelets or impaired clotting may experience bleeding into tissues.	**17. Discharge Planning/Community Resources:** **1.** Follow up appointment for blood tests. **2.** Call healthcare provider immediately if experiencing blood in urine or stool, headaches, confusion, or changes in vision. **3.** Carry medical alert identification.
14. Desired patient outcome: Patient remains free of infection, as evidence by normal vital signs and no signs and symptoms of infection by time of discharge.		