

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 9 yo

Patient Weight: 35kg

Student Name: Kambree Irvin	Unit: 3N Pt. Initials:	Date: Click here to enter a date.
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>In nephrotic syndrome, there may be metabolic, biochemical, physiochemical, or immune mediated disturbance. These cause the basement membrane of the glomeruli to become permeable to protein. In this disease the albumin level is decreased which leads to a decreased colloidal osmotic pressure in the capillaries. Tubular reabsorption of sodium and water is increased as an attempt to increase intravasular volume.</p> <p>Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health. Elsevier.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none">-Family history of kidney disease-gender; boys are more affected-NSAIDS & antibiotics-Certain Infections- HIV, Hep B &C, malaria-Environmental factors	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none">-Weight gain-Facial edema-Abdominal swelling-Pleural effusion-Labial & scrotal swelling-ankle/leg swelling-irritability-fatigue-lethargic-decreased BP-decreased urine volume

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Urine test Colorimetric reagent strip Sulfosalicylic acid test Ultrasound of the kidney CT & MRI Kidney biopsy Blood tests	5. Lab Values That May Be Affected: Decreased protein albumin Serum creatinine Blood urea	6. Current Treatment (Include Procedures): Steriod therapy Diuretics Vaccinations - advised to have the pneumococcal vaccine. Possibly chicken pox between relapses. Home monitoring- regular weight checks and urine examinations
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Music therapy 2. Pet therapy *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1000$ $10 \times 50 = 500$ $15 \times 20 = 300 \dots = 1,800 / 24 = 75 \text{ mL/hr}$ Actual Pt MIVF Rate: unknown Is There a Significant Discrepancy? <input type="text"/> Why?	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \times 35 = 17.5 \text{ mL/hr}$ Actual Pt Urine Output: unknown

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	<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: Industry versus Inferiority</p> <ol style="list-style-type: none"> 1. Patient starts a task and is motivated to finish it 2. If patient cannot master a task, he/she may feel ashamed <p>Piaget Stage: Concrete operational Stage</p> <ol style="list-style-type: none"> 1. Patient can understand that once an IV is inserted the needle is taken out and only the catheter remains. 2. Patient is skeptical of strangers and hides behind mom 	
<p>11. Focused Nursing Diagnosis: Excess fluid volume</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Weigh child daily using same scale every time <p>Evidenced Based Practice: Weight can indicate hydration status. Weight gain can suggest fluid retention</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Educate about diet and importance of fluid intake 2. Keep record of I &O's and daily weights 3. Teach caregiver s/s of fluid retention and to recognize relapse
<p>12. Related to (r/t): Fluid accumulation</p>	<ol style="list-style-type: none"> 2. Monitor intake and output closely <p>Evidenced Based Practice: Accurate measurement can determine the fluid balance</p> <ol style="list-style-type: none"> 3. Administer steroid as prescribed 	

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13. As evidenced by (aeb): Decreased urine output	Evidenced Based Practice: Therapy continues until the urine is free of protein and stays that way for 2 weeks	17. Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. Follow up appointment with PCP 2. Refer to nephrologist 3. Send caregiver home with dipstick urine testing and urine collection to keep record of results
14. Desired patient outcome: Patient will maintain ideal body weight without excess fluids by discharge		