

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 10**Patient Weight:** 46.2kg

Student Name: Jacob Zarazua	Unit: PEDI Pt. Initials: LA	Date: 1/26/2022
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Appendicitis: the pathophysiology of appendicitis likely stems from obstruction of the appendiceal orifice. The background etiology of the obstruction might differ in the different age groups. While lymphoid hyperplasia is essential, this results in inflammation, localized ischemia, perforation, and the development of a contained abscess or frank perforation with resultant peritonitis. This obstruction may be caused by lymphoid hyperplasia, infections (parasitic), fecaliths, or benign or malignant tumors. When an obstruction is the cause of appendicitis, it leads to an increase in intraluminal and intramural pressure, resulting in small vessel occlusion and lymphatic stasis. Once obstructed, the appendix fills with mucus and becomes distended, and as lymphatic and vascular compromise advances, the wall of the appendix becomes ischemic and necrotic. Bacterial overgrowth then occurs in the obstructed appendix, with aerobic organisms predominating in early appendicitis and mixed aerobes and anaerobes later in the course. Common organisms include Escherichia coli, Peptostreptococcus, Bacteroides, and Pseudomonas. Once significant inflammation and necrosis occur, the appendix is at risk of perforation, leading to a localized abscess and sometimes frank peritonitis. The most common position of the appendix is retrocecal. While the anatomical position of the root of the appendix is mostly constant, tail positions can vary. Possible</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - Sex: more cases of appendicitis involving men than women (P) - Age: most affected patients are between 10-30 years old. - Stool, parasites, or growths that clog the appendiceal lumen - Enlarged lymph tissue in the wall of the appendix, caused by infection in the GI tract or elsewhere in the body (P) - Inflammatory bowel disease (IBD), which includes Crohn's disease and ulcerative colitis, long-lasting disorders that cause irritation and ulcers in the GI tract - Trauma to the abdomen 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> • Occurs suddenly, often waking a person at night • Occurs before other symptoms • Begins near the belly button and then moves lower and to the right (P) • Is unlike any pain felt before • Gets worse in a matter of hours (P) • Gets worse when moving around, taking deep breaths, coughing, or sneezing • Loss of appetite (P) • Nausea (P) • Vomiting (P) • Constipation or diarrhea • An inability to pass gas • A low-grade fever that follows other symptoms (P) • Abdominal swelling • The feeling that passing stool will relieve discomfort

Student Name: Jacob Zarazua	Unit: PEDI Pt. Initials: LA	Date: 1/26/2022
positions include retrocecal, subcecal, pre-and post-ileal, and pelvic.		
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> -When the abdominal pain began (P) -The exact location and severity of the pain (P) -When other symptoms appeared (P) -Other medical conditions, previous illnesses, and surgical procedures -Whether the person uses medications, alcohol, or illegal drugs <p>Physical Exam:</p> <ul style="list-style-type: none"> -Rosing's Sign (P) -Psoas Sign -Obturator Sign -Guarding Occurs -Rebound tenderness <p>Imaginig Tests</p> <ul style="list-style-type: none"> -Abdominal Ultrasound (P) -MRI (P) - CT Scan (P) 	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - Blood tests (CBC) (P) - Urinalysis (P) - Pregnancy Test 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> -IV fluids (P) -Abx Therapy (P) -Drainage -Appendectomy (P) -Laparotomy and Laparoscopy (P)

Student Name: Jacob Zarazua	Unit: PEDI Pt. Initials: LA	Date: 1/26/2022
<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. Psychological intervention (including distractions, stress management, hypnosis and other cognitive behavioral interventions) 2. 3. Support abdomen with a pillow over the area especially when having to cough or sneeze or just moving in the bed. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ofirmev IV 690mg in solution of 69ml Morphine 2.25mg IVP Q3 (PRN) pain severe (Numeric Pain Scale 7-10)</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $46.2\text{Kg} \times 10(100) = 1000$ $10(50) = 500$ $26.2(20) = 524$ $= 2024 / 24\text{hrs} = 84.3 \text{ ml/hr.}$</p> <p>Actual Pt MIVF Rate: 86ml/hr</p> <p>Is There a Significant Discrepancy? No</p> <p>Why? N/A</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 1ml/kg/hr</p> <p>Actual Pt Urine Output: N/A pt. has not yet peed yet</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: Industry VS. Inferiority</p> <ol style="list-style-type: none"> 1. He wanted to change his own gown but cannot because of the pain so he was upset . 2. Pt. told me he enjoys playing football, with his friend jason. <p>Piaget Stage: Concrete Operational</p> <ol style="list-style-type: none"> 1. Pt. discussed that he really wanted to eat jello yesterday, but cant so after surgery he really wants ice cream because now its his first favorite desert. 2. Pt. understands that the surgery is needed to back to playing with friends and feeling better 	

Student Name: Jacob Zarazua	Unit: PEDI Pt. Initials: LA	Date: 1/26/2022
11. Focused Nursing Diagnosis: Acute Pain	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Administer prescribed pain mediation Evidenced Based Practice: To alleviate the symptoms of acute abdominal pain. Pain on the righ lower quadrant of the abdomen suggest the involvement of the appendix	16. Patient/Caregiver Teaching: 1. Teach and Be sure the patient understands any pain medication prescribed, including dose, route, action, side effects. Make certain, the patient understand that he or she should avoid operating a motor vehicle or anything that could put them in danger.
12. Related to (r/t): Inflammation of Appendix along with possible performance	2. Assess the patients vital signs and characteristics of pain at lest 30 minutes after administration of medication Evidenced Based Practice: To monitor effectiveness of medical treatment for the relief of abdominal pain. The time of monitoring of vital signs may depend on the peak time of the drug administered	2. Teach patient to observe the wound and report to the physician any increased swelling, redness, drainage, odor, or seperation of the wound edges 3. Teach patient that diet can be advance to his or her normal food pattern as long as there is no gastrointestinal distress is experienced.
13. As evidenced by (aeb): Pain Score of 8 out of 10	3. Prepare the patient for appendectomy Evidenced Based Practice: The standard treatemnt for appendicitis is to remove the appendix surgically. if the appendix has ruptured and an abdominal abcess has fromed, the latter need to drain first before performing appendectomy	17. Discharge Planning/Community Resources: 1. Consult nutritonist depending on the childs age. 2. Consult physical therapy and occupational therapy. 3. Infection pervention pamplets for surgical sites
14. Desired patient outcome: The patient will demonstrate relief of pain as evicence by a pain score of) out of 10, stable vital signs, and absence of reslessness		

