Student Name: Vanessa Pizaña Date: 2/9/22

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 24 hours Patient Weight: 3.1 kg

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):	2. Factors for the Development of the Disease/Acute Illness:	3. Signs and Symptoms:
The elevation of serum bilirubin levels related to the hemolysis of RBCs and subsequent reabsorption of unconjugated bilirubin from small intestines. The condition may be benign or may place neonate at risk for multiple complications/untoward effects.	• Preterm • Breastfeeding • Blood type incompatibility • Significant bruising • Sepsis • Vacuum assisted delivery • Cephalohematoma • Hypoglycemia	• Yellowing of skin & eyes. • Possibly lethargic • Poor feeder
4. Diagnostic Tests Pertinent or Confirming of Diagnosis:	**5. Lab Values That May Be Affected:**	**6. Current Treatment (Include Procedures):**
• Total serum bilirubin level	• Total serum bili • Urinalysis • CBC • Liver function test. • Elevated BUN	• Frequent feeding • Phototherapy • monitor labs

Paul Martin. (2019, June 2). For all your nursing needs. Nurseslabs. Retrieved February 11, 2022, from https://nurseslabs.com/

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Place newborn skin to skin with mother.

2. Swaddle newborn and give pacifer with sucrose drops.

***List All Pain/Discomfort Medication on the Medication Worksheet**

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

3.1kg x 100ml = 310ml/24°

310ml ÷ 24 hours = 12.9 ml/hr

13mL/hr

Actual Pt MIVF Rate: Ø

Is There a Significant Discrepancy? Why?

Newborn was not on MIVF.

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

(Birth - 2 years) 1mL/kg/hour

1ml • 3.1kg = 3.1 mL/hour

74.4 ml per 24 hours

Actual Pt Urine Output: 4 wet diapers in 24°

Newborn diapers were not weighed since newborn was not on MIVF.

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: Trust Vs. Mistrust

1. The neonate begins to fus due to hunger & then will cry until mother feeds him. The neonate is trusting in her to meet his needs for food.

2. The newborn cries after a painful procedure (circumcision) and is comforted by placing newborn skin to skin with mother.

Piaget Stage: Sensorimotor

1. The newborn learned to latch onto breast with a successful sucking reflex solving his hunger problem.

2. The newborn is calmed and comfortable with mothers voice, touch; with skin to skin & mothers odor while breastfeeding.

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11. Focused Nursing Diagnosis:

~~Hyperbilirubinemia~~ UP

- Neonatal Jaundice

12. Related to (r/t):

- Neonate age 1-7days
- Ineffective feeding pattern

13. As evidenced by (aeb):

- Yellow-orange skin; yellow sclera.
- Total serum bilirubin in the high risk ~~range~~ UP intermediate range with age.

14. Desired patient outcome:

- Decreased bilirubin level within 24-36hours of Phototherapy
- Remains free of central nervous system involvement.

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Assess initiation & adequacy of breastfeeding & encourage frequent feeding every 2-3hours for a minimum of 20minutes.

Evidenced Based Practice:
Poor caloric intake and dehydration with ineffective breastfeeding increases risk of jaundice.

2. Initiate phototherapy as ordered.

Evidenced Based Practice:
Primary therapy for neonates with unconjugated hyperbilirubinemia.

3. Keep infant warm and dry; monitor skin and temperature.

Evidenced Based Practice:
Prevents cold stress & the release of fatty acids that compete for binding sites increasing circulating bilirubin.

16. Patient/Caregiver Teaching:

1. Provide parents with telephone number and stress the importance of reporting increase jaundice or change in behavior.

2. Possible long term effects & neurological damage demonstrates the need for continued assessment & early interventions to prevent.

3. Ensure eye patches are placed properly during phototherapy to prevent retinal injury.

17. Discharge Planning/Community Resources:

1. Refer to lactation specialist to enhance & reestablish breastfeeding process.

2. Make appropriate follow up appointment/testing of serum bilirubin.

3. Home therapy is recommended only for full term infants after the first 48hours of life if serum bili under 14mg/dL, with no increase in direct reacting bili concentration.

1301 Clinical Report

Student Name: Vanessa Pizana

Rotation: PEDI	**How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?**	**What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..**
Block/Week: Block2-Week1 Dates: 01/31/22 Unit: Nursery/ms3 Assigned Preceptor: Tamera McCasland, RN Other Preceptor:	We did not have Pedi patients today. I was supervised to care for a 61 yr old female who is DNR and admitted for pancreatitis. She is currently on clear liquids and she was advanced to full liquid until tomorrow then will advance to regular diet. Smoker and alcohol abuse. Pt is in denial that alcohol was the cause of her pancreatitis. Monitoring of labs and pt has a potassium level of 2.8 today. Pts bp had been elevated the past 2 days due to the withdrawal. Pt taking po potassium. If pt can tolerate regular diet the plan is to be discharged 2/1/22. 82 yr old female admitted for rt hip fx. She stated she fell 1/30/22 and called ambulance this morning because it hurt to walk. She is currently on a regular diet and will be npo tonight for surgery sometime tomorrow 2/1/22. I learned how to put in and document the care plan for a new admitted pt as the charge nurse	-Assessment -Foley placement/purewick device placement -v/s -Care plan -Admission questions -medication administration -educated pt on purewick device.
Block/Week: Block 2-Week 1 Dates: 02/02/22 Unit: Nursery Assigned Preceptor: Tamera McCasland, RN Other Preceptor:	One newborn Babyboy was born today at 1018. Mother had an elevated GTT but not diagnosed with GDM. GA 39 4/7. G3 P3. NB initial glucose was 58. All maternal labs negative and non-reactive. Mother is on scheduled breastfeeding nb q2-3hours. Mothers goal is to be discharged after 24hours. As long as weight loss is not over 10% and bilirubin levels are within limits, both the ob physician and pedi physician have agreed to discharge the couplet 02/03/22 afternoon. The glucose tolerance test is to be below 140 to not pass. In this case the mothers was 133. If the cord bilirubin test from delivery is above 2.0 the nb needs to be closely monitored on bilirubin levels. If newborn is in cold stress it can cause glucose to drop. Sometimes nb may be somewhat jittery and if its not due to hypoglycemia it could be due to the fact the the nervous system isn't fully mature. I learned how to properly assess for a hip click in a newborn.	-Nb stimulation after birth -Apgar score -Mother and nb banded -Nb glucose check -Medication administration -NB initial teaching to mother -Assisted mother with nb latch -Nb assessment -Nb recovery process/VS -Newborn careplan

1301 Clinical Report

Student Name: Vanessa Pizana

Rotation: PEDI	How many patients were under your supervised care? Briefly describe what was going on with your patients? Include age & sex, no initials please! What did you learn?	What skills did you have opportunity to perform? Ex: IV start, medication administration, V/S, teaching, assessment, etc..
Block/Week: Block2-Week 2 Dates: 02/08/22 Unit: Nursery Assigned Preceptor: Tamera McCasland,RN Other Preceptor:	#1 Newborn delivered today via primary c-section at 0832 for failure to progress. GA 38 3/7wks Mother is a carrier of alpha-thallasemia but father is not. Newborn male apgar was 9-9. Mother breastfeeding newborn. #2 Newborn male delivered via NSVD at 1032. Mother G4 AB1 P3 and GA-40wks. Apgar score 9-9. Recovered well. Initial glucose was 42. Per pedi providers they like it above 50. Newborn fed 15ml of formula and glucose rechecked 30mins after feeding, glucose increased to 57. #3 Newborn delivered baby girl by vacuum assisted primary c section at 1831 for recurrent late decels. Mother is now G1 P1. GA was 37 6/7wks Apgar score 8-9. No maternal hx. Initial glucose was 35 nb was also had a low temp. nb warmed and fed 15ml of formula. Rechecked glucose and increased to 54. I learned how to set up and use the units new neopuff new set up. How to adjust the setting for the PIP and PEEP levels. The unit got these in to decrease the risk of pushing in to much air or causing pneumothorax with the neonate ambu bags.	-Pre registered newborn prior to delivery -Scrubbed in for c section delivery -Apgar scoring -NB assessment & recovery process -Care plan -newborn initial education discussed with mother -Assisted with nb latch -Newborn initial medication administration
Block/Week: Block 2-Week 2 Dates: 02/09/22 Unit: Nursery Assigned Preceptor: Tamera McCasland,RN Other Preceptor:	#1 Newborn is having trouble with feedings. Weight loss was 2.4%. Passed CHD, and passed bilateral hearing screen. Bilirubin level was in the high intermediate zone possibly due to the poor feeding pattern. Mother needs a lot of education and demonstration. Continued to work with mother on feeding nb throughout the day. Nb started on double phototherapy with one banked light on high. Repeat tsb bili level 12 hours after phototherapy started. Newborn also has chin/jaw slightly depressed that is causing problems with feeding. #2 Newborn continues to feed very well. Mother breastfeeding and supplementing with formula. Newborn passed hearing screen, CHD, and tcb bili level was in the low intermediate zone. Weight loss was 3.7%. #3 Newborn continues to be breastfed with formula supplemented. Weight loss for nb was 0.4%. Newborn also passes hearing screen, CHD, and tcb bili level was low risk. Continue to educate mother on newborn care and safety. Newborn is in the 15th percentile with weight and GA. Newborn needs to be watched for jaundice due to the risk of the vacuum assist at birth. No cephalohematoma present only caput. Anything below the 10th percentile range newborn is considered small for gestational age. Cephalohematoma does not cross the suture lines and caput does cross suture lines. I was also taught about pierre robins syndrome which the nb is not diagnosed with, I was taught that those nb who have that usually have to feed in a prone position that makes it very difficult. The pedi called it retrognathism on our newborn which will need to be followed up on during routine follow up appointments.	-Assessments -Vital signs -Hearing screens -PKU screenings -Transcutaneous Bili level - CHD testing -Bathed newborns -Newborn education on safety and care. -Assisted with circumcision procedure -Gastric lavage -Discharge education

Vanessa Pizaña 02-09-22

Generic Name	Pharmacologic Classification	Therapeutic Use	Dose, Route, and Schedule	IVP- List diluent solution, volume, and rate of administration IVPB-List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions
Erythromycin ointment	macrolide Abx	Anti-infectives	0.5%. 1gm Both eyes once	N/A	• burining to eyes • Temp blurred vision. • Redness • Hypersensitivity	• This is given to NB p birth to prevent eye infections. • Do not wipe off the ointment • Watch for swelling, crusting, or drainage and report.
Hepatitis B	Vaccine	Fight against viral infection	10mcg/0.5ml IM once	N/A	• Sore & swelling to injection site. • Fever, headache • Tachycardia • Hives	• Helps produce antibodies against disease. • The second dose will be given in one munth & again at 6 months of age.
Vitamin K	Vitamin	Prevent bleeding & synthesis of blood clotting	1mg/0.5mL Im once	N/A	• Flushing • SOB • sweating • Tachycardia • Hypersensitivity	• Can help blood clot better, preventing bleeding problems. • must have before circumcision procedure. • given after delivery