

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3mo. 8d

Patient Weight: 5.8kg

<p>Student Name: Kaytee Hays</p>	<p>Unit: Pedi floor Pt. Initials: 386</p>	<p>Date: 3/3/2022</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Bronchiolitis is an acute inflammatory injury of the bronchioles that is caused by a virus, most commonly RSV. The virus first starts in the upper respiratory tract and then spreads down to the lungs. The inflammation and mucus obstruct the bronchioles which causes air trapping and hyperinflation in the alveoli. The obstruction causes many problems with the gas exchange in the body. All of the mucus and inflammation block the air that goes in and out of the infants lungs. www.nurselabs.com/bronchiolitis</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - RSV - Rhinovirus - Parainfluenza - Adenovirus - Influenza 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - Cough (P) - Congestion - Fever (P) - Wheezing (P) - Fast/ Hard Breathing (P) - Irritability - Vomiting - Apnic episodes - Grunting - Nasal flaring - Cyanosis
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - Chest Xrays - Blood tests or Blood Gas - Pulse oximetry(P) - Nasopharyngeal swab 	<p>5. Lab Values That May Be Affected: Pt. did not have any labs drawn</p> <ul style="list-style-type: none"> - possible elevated WBC - possible elevated CRP - decreased O2 sat (P) 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Humidified oxygen by NC 1L (P) - Acetaminophen for fever (P) - Suction if needed - Contact precautions (P) - Hydration - Continuous pulse oximetry (P) - Monitoring airway/respirations closely (P)

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<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. Swaddling 2. Nonnutritive sucking <p>*List All Pain/Discomfort Medication on the Medication Worksheet - Acetaminophen</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $5.8 \text{ kg} \times 100 = 580$ $580 / 24 = 24.2$ 24ml/hr</p> <p>Actual Pt MIVF Rate:</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? Patient did not have fluids. If they did, this would be the maintenance fluid requirement.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $1 \text{ mg} / 5.8 \text{ kg/hr} = 5.8 \text{ ml/hr}$</p> <p>Actual Pt Urine Output: 10ml/hr</p>

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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: Trust vs. Mistrust</p> <ol style="list-style-type: none"> 1. Patient cries when getting vital signs taken. Patient was concerned about what was happening and was crying when having the blood pressure taken. Patient was expecting mom or dad to save them from the pain of the blood pressure cuff. 2. Patient was crying when getting hungry. The patient expresses that they are hungry and that mom or dad needed to feed them, <p>Piaget Stage: Sensorimotor: Use of Reflexes (stage 1)</p> <ol style="list-style-type: none"> 1. Patient sucking on bottle when getting fed. 2. Patient grasps my finger while performing assessment. 	
<p>11. Focused Nursing Diagnosis: Ineffective Airway Clearance</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Encourage fluid intake frequently, maybe even more than usual. <p>Evidenced Based Practice: Fluids help maximize the action to move secretions.</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Hand washing to decrease the spread of germs. 2. Keep baby away from adults and children who are sick or who have been sick recently. 3. Teach parents to sit the patient in their lap in an upright position to help increase lung expansion.
<p>12. Related to (r/t): Obstruction of the bronchioles</p>	<ol style="list-style-type: none"> 2. Reposition infant on sides frequently. <p>Evidenced Based Practice: Prevents accumulation and pooling of secretions</p> <ol style="list-style-type: none"> 3. Use cluster care when caring for the patient. 	

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13. As evidenced by (aeb): Wheezes when auscultating	Evidenced Based Practice: Cluster care allows you to disturb the patient as little as possible and prevents wasting of energy. Patient needs their energy to help them breathe.	17. Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. Follow up appointment with pediatrician to confirm that patient is recovering from sickness. 2. Respiratory therapy to help with education about new medications or breathing treatments. 3. Educate the parents on the use of a humidifier as it can help loosed secretions.
14. Desired patient outcome: Patient will be able to keep oxyegen saturation above 95, without nasal canula, by discharge.		