

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 4 mo

Patient Weight: 7.6 kg

<p>Student Name: Mayra Garcia</p>		<p>Date: Click here to enter a date. 3/2/2022</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Bronchiolitis results in the inflammation of the lower respiratory tract involving the bronchioles and alveoli. The bronchioles are obstructed from accumulated thick mucus, exudate, debris, and mucosal swelling due to the inflammation. The obstruction causes difficulty breathing, air trapping, and hyperinflation of the alveoli. All of this interferes with gas exchange and if severe, can cause hypoxia which will lead to respiratory acidosis.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: Viral infection- most commonly Respiratory Syncytial Virus (RSV) Direct contact with nose and throat fluids of someone who has the illness- sneeze, cough or touching an object that carries germs from an infected person More prevalent in Males Premature infants Children who have not been breastfed Chronic lung or heart conditions Children living in crowded conditions</p>	<p>3. Signs and Symptoms: First few days- the S/SX are similar to that of a common cold: Runny nose/Stuffy nose/Congestion Cough Slight fever- may not be present More serious respiratory S/SX that will occur later on: Difficulty breathing- fast and shallow Otitis media Rapid heartbeat Grunting/Flaring of the nostrils/Wheezing Retractions Irritability, fatigue, difficulty sleeping Poor appetite/dehydration- sunken eyes, dry mouth/skin, sluggishness, little or no urine output Vomiting after coughing</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Physical exam Auscultation of the lungs Pulse Ox If a more severe case of Bronchiolitis: CXR Viral testing- to test for the virus causing Bronchiolitis Blood tests- to check WBC, level of O2 in body</p>	<p>5. Lab Values That May Be Affected: CBC CRP r/t inflammation WBC Hgb Hct UA Sputum sample Electrolyte levels</p>	<p>6. Current Treatment (Include Procedures): Nebulized albuterol to help thin out thick mucus ABX- to treat possible pneumonia or otitis media infection Hospital care: Humidified O2- to maintain sufficient O2 IV Fluids to prevent dehydration Tube inserted into trachea to facilitate breathing Methods to help keep comfortable and manage obstructed airway: Cool mist humidifier or vaporizer to moisten air Keep child upright Encourage/increase fluids Saline nasal drops Smoke free environment</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. Kangaroo Care- skin to skin 2. Nonnutritive sucking- sucrose solution <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text: None</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): My patient had no IV fluids running the day of my clinical. They were discharged after 3 hours of my arrival. However, if they did- these would be the Maintenance Fluid Requirements: $7.6\text{kg} \times 100\text{mL} = 760\text{mL}/24\text{hrs}$. $760\text{mL}/24\text{hrs} = 32\text{mL}/\text{hr}$ Actual Pt MIVF Rate: None</p> <p>Is There a Significant Discrepancy? Choose an item. NA Why? NA</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>$1\text{mL}/7.6\text{kg}/\text{hr} = 7.6\text{mL}/\text{hr}$</p> <p>Actual Pt Urine Output: 52mL</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: Trust versus Mistrust</p> <ol style="list-style-type: none"> 1. Mistrust from the infant was established when the mother took too long to get the infant's next feeding promptly. A prolonged delay resulted in the infant becoming frustrated and ultimately, a sense of mistrust was formed by the infant towards his mother. 2. After feeding the infant, the mother swaddled her child and laid him on her chest while sitting on the rocking chair. He was swaddled in a blanket and warmth was provided through that and from mom nestling him in her chest. <p>Piaget Stage: Sensorimotor Period- Stages I-IV</p> <ol style="list-style-type: none"> 1. I observed the "Bundle of Reflexes" as the child sucked his pacifier, cried waiting for his bottle, and grasping the blanket. 2. The infant repeated pleasurable actions such as sucking his thumb. 	

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<p>11. Focused Nursing Diagnosis: Ineffective Airway Clearance</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. The nurse will elevate the HOB at least 30 degrees. Evidenced Based Practice: Promotes better lung expansion and improved air exchange. 2. The nurse will reposition the infant on sides (proper body alignment) q2hr. Evidenced Based Practice: Prevents accumulation and pooling of secretions. 3. The nurse will suction secretions as needed to remove them. Evidenced Based Practice: Suctioning will keep the airway patent and clear.</p>	<p>16. Patient/Caregiver Teaching: 1. Educate the parents on the importance of fluid intake at frequent intervals, if possible. Teach that fluids help minimize mucosal drying d/t dehydration and help the cilia in the throat move mucus up and out of the lungs. 2. Educate the parents to take all meds prescribed, if any, and for the entire course regimen in order to promote the best outcome possible. 3. Educate the parents on correct suctioning techniques to perform on child, if needed. If they become familiar with suctioning techniques, they are promoting patient safety.</p>
<p>12. Related to (r/t): Thick secretions from infectious process</p>		
<p>13. As evidenced by (aeb): Increased mucus and nasal discharge</p>		<p>17. Discharge Planning/Community Resources: 1. Refer parents or family to Case Manager to receive resources in attaining any necessary equipment needed at home, if any, to help manage S/SX. Such as a humidifier or vaporizer. 2. Advise parents to avoid environments that may contribute to complications of Bronchiolitis. For example, cigarette-smoking environments, or other environmental factors such as pollutants that will affect child's ventilation and respiratory status. 3. Advise parents to make and keep any follow-up appointments necessary.</p>
<p>14. Desired patient outcome: The patient will have clear lung sounds bilaterally by discharge.</p>		