IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 3 Mo 2 D **Patient Weight:** 4.04kg

Student Name: Sidney Fahnert	**Unit:** Ped Floor **Pt. Initials:** NA	**Date:** 3/2/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Respiratory Syncytial Virus- a common virus that affects the respiratory system causing cold and flu-like symptoms. This virus most commonly affects children and infants and is known to be seasonal. Spread by respiratory dropplets caused by sneezing, cough, etc, that enters the body through the nose, mouth, or eyes. The virus replicates in the nasopharynx and then spreads further down the respiratory tract.	**2. Factors for the Development of the Disease/Acute Illness:** -fall/winter season P -premature infants -children with congential heart or lung defects -compromised immune systems -infants 6 mo and younger P	**3. Signs and Symptoms:** -runny nose P -sneezing P -coughing P -fever P -decreased appetite P -irritability -lethargy P -cyanosis -wheezing -difficulty breathing
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -H and P P -mouth swab test P -blood test P -chest xray -blood cultures -urine cultures	**5. Lab Values That May Be Affected:** -increased WBC P -abnormal cultures P -positive rapid antigen detection test	**6. Current Treatment (Include Procedures):** -antipyretics P -nasal saline drops -fluid replacement P -humidified oxygen -mechanical ventilation (severe cases)

Student Name: Sidney Fahnert	**Unit:** Ped Floor **Pt. Initials:** NA	**Date:** 3/2/2022
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Swaddle- it is developmentally appropriate to swaddle the baby in a blanket to provide comfort and warmth. To swaddle correctly, the arms need to be up where the infant can touch the face. The knees need to be bent with the legs in close to provide comfort and warmth. **2.** Keep lights dim and a quiet environment. This will provide comfort allowing the infant to make a more organized sleep schedule that may be difficulty while staying in the hosptial. Loud noises can also stimulate the infant and cause stress or discomfort.	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 4.04kg X100= 404mL/day 404mL/day / 24hours = 16.8 mL/hr **Actual Pt MIVF Rate:** KVO at 2 mL/hr. **Is There a Significant Discrepancy?** Yes **Why?** Pt had fluids to keep the vein patent for treatment due to small veins and hard stick. Pt was being discharged and fluids were shortly stopped and IV discontinued.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL/kg/hr 1 X 4.04= 4.04mL/hr or 96.96 mL/day **Actual Pt Urine Output:** 550 mL/day

<table>
<tr><td>Student Name: Sidney Fahnert</td><td colspan="2">Unit: Ped Floor Pt. Initials: NA</td><td>Date: 3/2/2022</td></tr>
<tr><td>*List All Pain/Discomfort Medication on the Medication Worksheet
-acetaminophen, ibuprofen</td><td colspan="3">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 patient was swaddled and held when crying. The patient did not continue crying after being held, telling the mother and provider that the patient needed love and attention.

2. The mother was providing an opportunity for trust when she held them and talked to them, even if they were not upset. The patient was on continuous feedings through an NG tube, so feeding needs were met.

Piaget Stage: Sensorimotor
1. The patient was attempting to control their head when being picked up or moved.

2. Patient had a social smile when interacting with the nursing staff and mother.</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Fluid Volume Deficit</td><td rowspan="2">15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Monitor strict I and O's throughout hospital stay.

Evidenced Based Practice:
By monitoring strict I and O's the provider and nurse will be able to adjust fluid requirements. If the patient is not meeting minimum fluid requirements the fluid consumption may need increased, as well as, controlling factors such as the fever.

2. IV fluid replacement therapy of D5NS + 20mEq KCl.

Evidenced Based Practice:</td><td rowspan="2">16. Patient/Caregiver Teaching:
1. Teach the mother that if the patient currently has a fever to not wrap them up in blankets. Teach the mother to allow the patient to lay in bed with just a diaper on to decrease the body temperature passively. If the infant begins to shiver, a sheet can be added.

2. Teach the mother how to keep accurate track of I and O's. This includes keeping diapers for the nurse or herself to weigh and document amount of formula/breastmilk the patient is receiving through the NG tube.

3. Teach the mother how to properly administer antiemetics after discharge. The patient suffers</td></tr>
<tr><td>12. Related to (r/t):
Insensible water loss from the respiratory system, a need for higher levels of fluid, increased metabolism, increased body surface area, failure to thrive and GERD diagnosis.</td></tr>
</table>

Student Name: Sidney Fahnert	**Unit:** Ped Floor **Pt. Initials:** NA	**Date:** 3/2/2022
	The patient will benefit from intravenous fluid because of trouble keeping fluids down and the known spitting up complication. The fluid provided includes glucose and electrolytes needed to keep the patient in a normal range and not wash out the blood.	from GERD and failure to thrive and is known to throw up feedings. The medications can help to ease the stomach and promote proper dehydration. The mother can also be taught how to proper burp the infant and how to know when the baby is done feeding to avoid emetic events.
13. As evidenced by (aeb): Insensible water loss from the respiratory system secondary to the infection. A need for higher levels of fluid due to the fever, increased metabolism, and increased body surface area. Failure to thrive and GERD diagnosis leading to throwing up the breastmilk/formula provided.	**3.** Administer anti-pyretic medications as prescribed. **Evidenced Based Practice:** Fever is known to cause dehydration due to insensible fluid loss through the skin. The body begins to perfuse water to the skin to cool the body off. If the fever is controlled the patient will not be losing as much water through the skin, increasing the chance of improved rehydration.	**17. Discharge Planning/Community Resources:** **1.** Case management for home equipment and financial assitanace. **2.** Pamphlets of breastfeeding techniques and early dehydration signs and symptoms. **3.** Follow- up appointment in 2 weeks. Ensure to seek immediate medical attention if sudden change of status or emergency prior to the follow up.
14. Desired patient outcome: Patient meets minimum urine output requirements of 4.04mL/hr by 03/02/2022 at 1500.		