

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 2 yrs.

Patient Weight: 15.3kg

Student Name: Kaytee Hays	Unit: PEDI Pt. Initials: 369	Date: 3/8/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Immune thrombocytopenia (ITP) is an autoimmune disorder that causes a low level of platelets in the blood which causes excessive bleeding and bruising. The immune system produces antibodies that attack the platelets. The spleen recognizes that the platelets are being destroyed and removes the platelets from the system. While the etiology of ITP is unknown, it most often presents after a viral infection. www.nurselabs.com/ITP	2. Factors for the Development of the Disease/Acute Illness: - Viral infection	3. Signs and Symptoms: -Petechiae -Bruising (P) -Bleeding from mucous membranes -Prolonged bleeding from abrasions
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -CBC	5. Lab Values That May Be Affected: -Platelets < 20,000 (P)	6. Current Treatment (Include Procedures): -Restricting activities -IVIG (P) - IV Fluids (P) - platelet transfusions (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. Distractions 2. Being held by mom <p>*List All Pain/Discomfort Medication on the Medication Worksheet -Acetaminophen</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $10 \times 100 = 1,000$ $5.3 \times 50 = 265$ $1,265 / 24 =$ 53 ml/hr <p>Actual Pt MIVF Rate: 50 ml/hr</p> <p>Is There a Significant Discrepancy?</p> <input data-bbox="751 667 991 711" type="text"/> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $0.5 / 15.3 / \text{hr}$ $\text{minimum} = 7.65 \text{ mL/hr}$ <p>Actual Pt Urine Output: My patient had a procedure done and I was not able to calculate the output.</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: Autonomy vs. Shame and Doubt</p> <ol style="list-style-type: none"> 1. Negativism: The child yells "no" at his mom when she asks him to get back in bed. 2. Autonomy: The child shows that he is making his own choices by taking his hospital gown off. He did not want it on in the first place. <p>Piaget Stage: Preoperational</p> <ol style="list-style-type: none"> 1. The mom bribes the child with candy even though he can't see it, he still asks for it. 2. The mom tells the child that he can go outside when everything is finished. He would then say "done" because he wanted to go outside. 	
<p>11. Focused Nursing Diagnosis: Risk for bleeding</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Provide the patient with normal saline sprays and emollient lip balms. <p>Evidenced Based Practice: This reduces drying and cracking of the mucous membranes and therefore reduces the risk for bleeding.</p> <ol style="list-style-type: none"> 2. Increase fluids to avoid constipation. <p>Evidenced Based Practice: Hard, dry feces can cause trauma to the mucous membranes in the colon and can cause bleeding.</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach the parents ways to prevent bleeding, such as using a soft bristle tooth brush when brushing the child's teeth. 2. Educate the parents on over the counter drugs to avoid because of the risk that they could cause bleeding. 3. Educate the family about certain herbal remedies that can cause bleeding.
<p>12. Related to (r/t): Decreased platelet count</p>		

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13. As evidenced by (aeb): Brusing all over the patient's body	Fluids can help soften the stools. 3. When labs are abnormal, administer blood products as prescribed. Evidenced Based Practice: The goal is the get the platelet count within a normal range.	17. Discharge Planning/Community Resources: 1. Routinely scheduled appointments with the pediatrician to check labs and assess the ITP. 2. Refer parents to ITP support groups to know that they are not alone and get help from other parents whose kid has the samw thing their kid has.
14. Desired patient outcome: Patient will not experience any signs or symptoms of bleeding by discharge.		3. Case management to help with expenses.