

**IM5 (Pediatrics) Critical Thinking Worksheet****Patient Age:** 23mo**Patient Weight:** 12.3kg

<b>Student Name:</b> Kambree Irvin	<b>Unit:</b> 3N <b>Pt. Initials:</b>	<b>Date:</b> 3/10/2022
<b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b> Cellulitis is an acute, spreading infections of the dermis or subcutaneous layer of the skin. After organisms enter the skin through a cut, bite, wound, or scratch, the tissue spaces and planes of cleavage, hyaluronidases break down the substances composed of polysaccharides. Fibrinolysins digest fibrin barriers and lecithinases destroy cell membranes. This overwhelms the normal cell defense that normally contain and localize inflammation and cellular debris occurs. Stewart, J. G. (2018). Anatomical Chart Company Atlas of Pathophysiology. Wolters Kluwer.	<b>2. Factors for the Development of the Disease/Acute Illness:</b> Bacterial infections- streptococcus or staphylococcus aureus Chronic illness Diabetes mellitus Immunodeficiency Impaired circulation Obesity Chronic swelling of arms or legs (lymphedema)	<b>3. Signs and Symptoms:</b> Fever and warmth Pain at site and surrounding area Regional lymphadenopathy or lymphangitis Erythema and edema due to inflammatory response Tenderness, blisters, skin dimpling, red spots

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<b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b> Based upon clinical manifestations Using the touch preparation, potassium hydroxide is applied to a microscope slide containing a skin lesion specimen that detects the presence of yeast or mycelial forms of fungus Culture and gram stain results of fluid from abscesses and bulla are positive for the offending organism CT or MRI, ultrasound	<b>5. Lab Values That May Be Affected:</b> WBC count may show mild leukocytosis with a shift to the left ESR rate is mildly elevated CRP, creatinine, CBC	<b>6. Current Treatment (Include Procedures):</b> Pain medication as needed Elevation of infected extremity Surgical drainage or debridement for abscess formation Oral or IV penicillinase resistant penicillin Antibiotic selection for treatment depends on the clinical presentation Warm soaks to the site to help relieve pain and decrease edema by increasing vasodilation
<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1. Put on child's favorite cartoon to distract him from the pain  2. Call child life specialist  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> <a href="#">Click here to enter text.</a>	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> $100 \times 10 = 1000$ $50 \times 2.3 = 115 / 24 = 46 \text{ mL/hr}$  <b>Actual Pt MIVF Rate:</b> 0  <b>Is There a Significant Discrepancy?</b> <input type="text"/>  <b>Why?</b> Patient is INT, receiving no fluids	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b> 12.3mL/hr  <b>Actual Pt Urine Output:</b> 130 ml for ~ 6 hours 18.6 mL/hr

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	<p><b>10. Growth &amp; 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:</b></p> <p><b>Erickson Stage:</b> Autonomy vs Shame &amp; Doubt</p> <ol style="list-style-type: none"> <li>1. This patient had a pacifier as a transitional object. When the pacifier would fall, out he would cry. When I gave it back to him, he calmed down. The pacifier brings him comfort and security.</li> <li>2. The first time I went to take his vitals, the patient was okay with it and didn't cry or move. The second time, he was kicking and screaming and didn't want to be touched at all. This is because of the sense of control toddlers develop during this stage.</li> </ol> <p><b>Piaget Stage:</b> Sensorimotor Phase: Inventions of new means</p> <ol style="list-style-type: none"> <li>1. When I put the blood pressure cuff on the patient he started crying and kicking. He knew that it would start to squeeze his leg because toddlers develop a sense of timing during this stage. After I took it off, he calmed down.</li> <li>2. The patient had a toy that was underneath the covers. Even though he couldn't see it, he knew it was there and starting moving the covers to find it.</li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Acute Pain</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Look for signs of itching and scratching.</li> </ol> <p><b>Evidenced Based Practice:</b> Scratching can cause open lesions which can increase risk of infection leading to increased pain.</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Avoid scratching/touching the affected area to reduce further infection</li> <li>2. Practice good hand hygiene to prevent spreading the infection</li> <li>3. Elevated the affected site above the level of your heart if possible, this can reduce swelling</li> </ol>
<p><b>12. Related to (r/t):</b> Impaired skin integrity</p>	<ol style="list-style-type: none"> <li>2. Educate patients family about the importance of adequate nutrition and hydration.</li> </ol> <p><b>Evidenced Based Practice:</b> This can help sustain skin turgor, moisture, and suppleness which gives elasticity to prevent skin damage due to pressure.</p>	

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<b>13. As evidenced by (aeb):</b> Inflammation, pain, swelling, erythema	<b>3.</b> Clean the wound accordingly. Instruct patient's family about correct wound care techniques.  <b>Evidenced Based Practice:</b> Aseptic techniques are required in wound cleaning. This reduces risk for infection.	<b>17. Discharge Planning/Community Resources:</b> <b>1.</b> Make follow up appointment with HCP  <b>2.</b> Continue to take antibiotics as prescribed, do not stop until finished  <b>3.</b> Monitor temperature daily once discharged, call HCP if fever is present
<b>14. Desired patient outcome:</b> The patient's pain is reduced at the affected site and can move with lesser discomfort by discharge.		