

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 6

Patient Weight: 25kg

Student Name: Katy Anderson	Unit: Pedi Pt. Initials:	Date: 3/8/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Acute lymphocytic leukemia is malignant disease of the bone marrow in which early lymphoid precursors proliferate and replace the normal hematopoietic cells of the marrow. This leads to a significant decrease in RBCs, WBCs, and platelets.	2. Factors for the Development of the Disease/Acute Illness: Child younger than 14 (P) Male (P) Caucasian (P) Adults over the age of 50 Radiation exposure Chemical exposure Genetic syndrome	3. Signs and Symptoms: Weight loss (P) Fever Fatigue (P) Loss of appetite (P) Night sweats Enlarged lymph nodes Swollen abdomen Bone/joint pain (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Bone marrow biopsy (P) Bone marrow aspiration (P) Lymph node biopsy Lumbar puncture	5. Lab Values That May Be Affected: RBC (P) WBC (P) Plt (P) Neut % (P) Lymphocyte % (P) Hematocrit (P) Bands % Chromosomal translocation	6. Current Treatment (Include Procedures): Chemotherapy Steroid therapy

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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. Patient went on a short walk around the unit to help with the aching in his hip. He stated that being able to get out of the bed helped it feel better. 2. When I was taking the patients vital signs, he stated that if he turned the cartoon volume up then the blood pressure cuff and pulse oximeter wouldn't bother him as much. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p> $10 \times 100 = 1000$ $10 \times 50 = 500$ $5 \times 20 = 100$ $1000 + 500 + 100 = 1600$ $1600 / 24 = 66.7 \text{ ml/hr}$ </p> <p>Actual Pt MIVF Rate: No fluids running</p> <p>Is There a Significant Discrepancy?</p> <input data-bbox="751 701 991 743" type="text"/> <p>Why? NA</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>$25 \times 0.5 = 12.5 \text{ ml/hr}$</p> <p>Actual Pt Urine Output: Not recorded, discussed with Mrs. Gordey</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: Industry vs Inferiority</p> <ol style="list-style-type: none"> 1. Patient was working on solving some sort of puzzle or game on their tablet. He was working on the same one the two different times I saw him. 2. Patient was talking to his mom how it was unfair that he was unable to stay in teen toon to finish the movie he was wathcing, establish a sense of fairness. <p>Piaget Stage: Concrete operational stage</p> <ol style="list-style-type: none"> 1. I asked patient to use the faces pain scale, but he said he often uses the numeric pain scale and when I asked him to tell me the difference in numbers and how they would feel, he was able to accurately describe how pain progresses according to the numbers. 2. I was able to explain to him that when he gets nervous while someone is taking his vitals, it can cause the numbers to rise. This is when he told me that if the cartoons can be turned up, he wouldn't be nervous. 	
<p>11. Focused Nursing Diagnosis: Imbalanced nutrition, less than body requirements</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Determine time of day when patient's appetite is at its peak and off the highest calorie meal then. <p>Evidenced Based Practice: Patient's with ALL often have their largest appetite once a day, then it will diminish whether or not they ate during that time.</p> <ol style="list-style-type: none"> 2. Encourage family to bring meals from home if possible. <p>Evidenced Based Practice: Patients with preferences may not enjoy the food</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach family and patient about the benefit of eating 5-6 smaller meals a day rather than 3 large ones. 2. Teach patient and family how to use prescribed Zofran to combat the nausea to allow patient to eat. 3. Teach the family and patient the importance of eating healthy meals as much as patient is able to tolerate in order to get the correct nutrients to help with his overall health.
<p>12. Related to (r/t): Nausea secondary to ALL</p>		

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<p>13. As evidenced by (aeb): Weight loss</p>	<p>from the hospital, especially if they have had it before during treatment.</p> <p>3. Consider six small nutrient-dense meals instead of three larger meals daily to lessen the feeling of fullness.</p> <p>Evidenced Based Practice: Eating small, frequent meals lessens the feeling of fullness and decreases the stimulus to vomit.</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Send diet plan printout with patient to help maintain proper nutrition to aid with healing.</p> <p>2. Collaborate with case management to see if patient qualifies to be sent home with a supply of nutritional boost kids.</p> <p>3. Communicate with patient's family to see if they need any resources for food banks, WIC, or other resources for food for the home.</p>
<p>14. Desired patient outcome: To consume nutrition boost kids prescribed by dietitian by 1900 on 3-8-22.</p>		<p>Seiter, MD, K. (2021, November 5). Acute lymphoblastic leukemia (ALL). Practice Essentials, Pathophysiology, Etiology. Retrieved March 10, 2022, from https://emedicine.medscape.com/article/207631-overview</p> <p>Belleza, RN, M. (2021, February 11). Acute lymphocytic leukemia nursing care management: Study guide. Nurseslabs. Retrieved March 10, 2022, from https://nurseslabs.com/acute-lymphocytic-leukemia/</p>