

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

Student Name: Mary Lasap	Unit: PF-2 Pt. Initials: JF	Date: 3/9/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Cellulitis is a common bacterial skin infection that can occur anywhere on the body but mainly on the legs, face, and arms. The disease occurs when a crack or break in the skin allows the bacteria to enter and cause redness, swelling, and pain in the infected area of the skin. Scrotal cellulitis is an inflammation in the scrotal skin. The inflammation may be secondary to superficial skin infection or inflammation of the testis. Treatment is necessary to prevent the further spread of infections which may cause severe health problems.	2. Factors for the Development of the Disease/Acute Illness: <ul style="list-style-type: none">- Bacteria (P)- Injury- Animal bites- History of cellulitis- Obesity, skin conditions- Weakened immune system	3. Signs and Symptoms: <ul style="list-style-type: none">- Red area of skin that tends to expand (P)- Swelling (P), Tenderness (P)- Pain (P), Warmth (P)- Fever- Red spots-Blisters-Skin dimpling
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: <ul style="list-style-type: none">- History and physical (P)- Ultrasound of the scrotum (P)- CBC, BMP/CMP (P)	5. Lab Values That May Be Affected: <ul style="list-style-type: none">- WBC (P)- ANC (P)- Plt (P)- CPR (P)	6. Current Treatment (Include Procedures): <ul style="list-style-type: none">- Surgery (P)- wound/ dressing care (P)- family centered care (P)- Medication therapy (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. Giving pacifier. 2. Giving his toys (stuffed animals and lego). <p>*List All Pain/Discomfort Medication on the Medication Worksheet Acetaminophen and Ibuprofen: see more on medication sheet.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1000$ $2.3 \times 50 = 115 \quad = \quad 1115/24 = 46.46 \text{ ml/hr}$</p> <p>Actual Pt MIVF Rate: The patient doesn't has MIVF.</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? N/A</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $1 \text{ml} \times 12.3 = 12.3 \text{ ml}$</p> <p>Actual Pt Urine Output: 220 ml</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 & Doubt</p> <ol style="list-style-type: none"> 1. The patient verbalized "No!" "No!" when the nurse tried to give his medication. 2. I used a transitional object to distract him during medication administration. <p>Piaget Stage: Sensorimotor</p> <ol style="list-style-type: none"> 1. The patient kept saying "H!" after I introduced myself. 2. The patient understood anticipation of the event; he gave me his arm (during vital signs) when he saw blood pressure cuff. 	
<p>11. Focused Nursing Diagnosis: Disturbed sleep pattern</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Perform an assessment on the patient's sleep patterns by asking parents about the child's usual sleep pattern. <p>Evidenced Based Practice: A thorough assessment of sleep patterns provides general information and details on certain areas of sleep that need to be addressed. (NurseStudy,2022)</p> <ol style="list-style-type: none"> 2. Encourage parents to do bedtime routines just like they did at home. For example, giving a glass of milk or reading a story before bed. 	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach parents about the importance of compliance with medications to recover faster. 2. Teach pt. and parents about proper hygiene to prevent from cellulitis. 3. Teach parents how to change the proper dressing on the patient's surgical incision site to prevent infection.
<p>12. Related to (r/t): Disruption, due to illness and stress on the patient.</p>		

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<p>13. As evidenced by (aeb): Restlessness during the night and daytimes, and frequent awakenings during the night, according to parents.</p>	<p>Evidenced Based Practice: Doing bedtime routines may minimize disturbance and promote sleep. (Lecture notes)</p> <p>3. Provide a comfortable atmosphere, quiet, dim light, and less active stimulation during sleep hours.</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Consult with case manager to address patient or parents needs with resources.</p> <p>2. Inform follow-up appointments and give the contact information of whom to contact when in an emergency.</p> <p>3. Refer parents to support groups for emotional support and resources on potty training.</p>
<p>14. Desired patient outcome: The patient will be able to go back to his usual sleep pattern by 03/10/2022.</p>	<p>Evidenced Based Practice: Doing this will allow the patient to relax and promote sleep. (Lecture notes).</p>	