

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 3**Patient Weight:** 18.1kg

Student Name: Rachel Myers	Unit: PEDI Pt. Initials:	Date: 3/22/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Nephrotic syndrome is mainly caused by podocyte and glomerular filtration barrier defects. Podocytes are cells that function to support and maintain the kidney's glomerular basement membrane filtration mechanisms. Podocytes wrap around glomerular capillaries which together form the glomerular filter. Since podocytes' cells have a limited ability to divide and regenerate, they are vulnerable to injury. Destruction of podocytes can lead to irreversible glomerular damage which can cause loss of kidney function. When the kidney function decreases, it can cause excess albumin to be released into the urine	2. Factors for the Development of the Disease/Acute Illness: Diabetic kidney disease Autosomal recessive gene Excessive sodium in the diet Blood clot in the kidney Minimal change disease Medications Membranous nephropathy Hypertension Acute kidney failure	3. Signs and Symptoms: Hyperalbuminemia (P), hypoproteinemia (P), edema (P), ascites (P), weight gain (P), High cholesterol (P), oliguria, fatigue (P), malaise (P), decreased appetite, periorbital/facial edema (P), abdominal pain/swelling, pale fingernail beds, dull hair, food intolerance or allergies, foamy urine

Student Name: Rachel Myers	Unit: PEDI Pt. Initials:	Date: 3/22/2022
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Urine tests (P) Blood tests (P) Renal ultrasound Renal biopsy	5. Lab Values That May Be Affected: Cholesterol (P) Albumin (P) Urine protein levels (P) BUN (P) Creatinine (P) Electrolytes (P) eGFR	6. Current Treatment (Include Procedures): Corticosteroids (P) Immunosuppressives Diuretics(P) Limit sodium and fluid intake
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Comfort positions 2. Distraction *List All Pain/Discomfort Medication on the Medication Worksheet No pain medications were administered	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1,000$ $1,000 + 405 = 1,405$ $8.1 \times 50 = 405$ $1,405 / 24 \text{ hours} = 58.5 \text{ mL/hr}$ Actual Pt MIVF Rate: N/A Is There a Significant Discrepancy? Why? The patient had no maintenance fluids running	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $18.1 \text{ kg} \times 0.5 \text{ mL/hr} = 9.05 \text{ mL/hr}$ Actual Pt Urine Output: Not measured

Student Name: Rachel Myers	Unit: PEDI Pt. Initials:	Date: 3/22/2022
	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: Autonomy v.s. Shame and Doubt 1. Negativism 2. Developing a sense of control Piaget Stage: Preoperational Period 1. Animism 2. Centration	
11. Focused Nursing Diagnosis: Excess Fluid Volume	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Elevate the patient's legs and encourage the use of anti-embolic stockings Evidenced Based Practice: Elevating the legs promotes fluid return to the heart, reducing the swelling in the legs. And anti-embolic stockings prevent fluid accumulation in the extremities (NurseStudy.net) 2. Place the patient in semi-fowler's or high-fowler's position	16. Patient/Caregiver Teaching: 1. Teach the patient to elevate their legs in order to decrease lower extremity edema 2. Teach the patient's parents other sources of fluids if the patient is on a fluid restriction (gelatin, soup, popsicles, etc.) 3. Teach the patient's parents to have their child sleep in a recliner or propped up in order to provide comfort and ease of breathing for the patient until the edema subsides
12. Related to (r/t): Decreased kidney function Fluid accumulation		

Student Name: Rachel Myers	Unit: PEDI Pt. Initials:	Date: 3/22/2022
13. As evidenced by (aeb): Periorbital and generalized edema and abdominal ascites	Evidenced Based Practice: Raising the head of the bed provides comfort and ease of breathing (Nurselabs) 3. Educate the patient and family members about the importance of proper nutrition, hydration, and diet modification	17. Discharge Planning/Community Resources: 1. Case management: dietary consult to teach the parents about a possible sodium restriction 2. Make and ensure the patient can attend follow up appointments 3. Home health: possible IV steroids
14. Desired patient outcome: The patient will have voided the minimum urine output for the day by 3/22 at 1900	Evidenced Based Practice: Knowledge heightens compliance with the treatment plan (Nurselabs)	