

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 6 yr Patient Weight: 17.1 kg

<p>Student Name: <i>Jackie Martinez</i></p>	<p>Unit: <i>PF</i> Pt. Initials: <i>SC</i></p>	<p>Date: Click here to enter a date. <i>3-22-2022</i></p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Mucosal ulceration triggers inflammation, which temporarily obstructs the appendix. Pressure in the distended appendix increases and the appendix contracts. Bacteria multiply, and inflammation and pressure continue to increase, restricting blood flow to the organ and causing severe abdominal pain. Inflammation may lead to infection, clotting, tissue decay and perforation of the appendix. If the appendix ruptures or perforates the infected contents spill into the abdominal cavity, causing peritonitis, the most common and dangerous complication.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: <i>Bacterial infection</i> <i>Viral infection</i> <i>More common in males (P)</i> <i>Family hx</i> <i>Age</i> <i>mucosal ulceration</i></p>	<p>3. Signs and Symptoms: <i>RLQ pain (P)</i> <i>Epigastric pain</i> <i>Periumbilical pain</i> <i>Nausea</i> <i>Vomiting</i> <i>Rebound tenderness</i> <i>Fever</i></p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: <i>Abdominal X-ray</i> <i>CT scan (P)</i> <i>Clinical evaluation</i> <i>ultrasound</i></p>	<p>5. Lab Values That May Be Affected: <i>WBC (P)</i> <i>Absolute Neutrophil (P)</i> <i>Absolute Lymphocyte count (P)</i> <i>CRP</i></p>	<p>6. Current Treatment (Include Procedures): <i>IU Fluids (P)</i> <i>Antibiotic therapy (P)</i> <i>Surgical removal of appendix (P)</i> <i>Pain management (P)</i> <i>NPO</i> <i>NG tube</i></p>

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Guided Imagery 2. Distraction with video games or movies *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text. Acetaminophen 322mg Morphine 0.86 mg	8. Calculate the Maintenance Fluid Requirement (Show Your Work): 17.1 kg $10 \text{ kg} \times 100 = 1000$ $7.1 \text{ kg} \times 50 = \frac{355}{1.355} \div 24 = 56.4$ 56 mL/hr Actual Pt MIVF Rate: 50 mL/hr Is There a Significant Discrepancy? Choose an item: <input checked="" type="checkbox"/> NO Why? Patient well hydrated	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $17.1 \text{ kg} \times 0.5 = 8.55 \text{ mL/hr}$ Actual Pt Urine Output:
Patient reports...	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: Industry vs. Inferiority 1. Mom at bedside providing support post surgery 2. Mom at bedside providing encouragement to try and eat. Patient is afraid to eat since he had his surgery. Piaget Stage: Preoperational 1. Imagining he is a superhero 2. Drawing a picture of his family	

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11. Focused Nursing Diagnosis: <i>Acute pain</i>	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. <i>Keep at rest in Semi-Fowlers position</i> Evidenced Based Practice: Gravity localizes inflammatory exudate into lower abdomen relieving abdominal tension.	16. Patient/Caregiver Teaching: 1. <i>Stress importance of finishing antibiotic treatment</i> 2. <i>Educate on signs to look for infection at incision site.</i> 3. <i>Educate on proper incision site cleaning / wound care</i>
12. Related to (r/t): <i>Presence of surgical incision</i>	2. <i>Encourage Early Ambulatory</i> Evidenced Based Practice: Promotes and stimulates peristalsis reducing abdominal discomfort. 3. <i>Provide diversional activities</i> Evidenced Based Practice:	
13. As evidenced by (aeb): <i>Reports of pain using FACES pain scale, facial grimacing, irritability.</i>	<i>ReFocuses attention, promotes relaxation, and may enhance coping abilities.</i>	17. Discharge Planning/Community Resources: 1. <i>Schedule follow-up appointment for staple/suture removal.</i> 2. <i>Incision care / wound care</i> 3. <i>Home Health care to help provide wound care.</i>
14. Desired patient outcome: <i>Patient reports satisfactory pain control at a level less than 3 on a rating scale of 0 to 10.</i>		

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Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS + KCL 20 3000/hr	Isotonic/ Hypotonic/ <u>Hypertonic</u>	Electrolyte replenishment	K ⁺ level, Glucose electrolytes	Caution in Hyperkalemia, renal patients, Diabetic patients

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Acetaminophen (Tylenol) Suspension	Analgesic Antipyretic	Pain reducer	272mg 8.5 mL PO q6h	Yes		agitation constipation nausea headache	1. Monitor for respiratory distress 2. Report rash 3. Report abdominal pain 4. Do not exceed 4,000 mg/day
Famotidine (Pepid)	Histamine H ₂ Blocker	Acid indigestion	0.5mg/kg 8.6mg BID	Yes		confusion, drowsiness, hallucinations	1. Keep in Refrigerator 2. Report dizziness 3. Use call light when getting up 4. Assess HR and heart sounds
Piperacillin Tazobactam (Zosyn)	Penicillin- class	Antibiotic therapy	1600mg/250 90'	Yes	Administer by Infusion over 30 minutes.		1. Incompatible w CR 2. 3. 4.
Ketorolac (Toradol)	NSAIDS	Anti-inflammatory Antipyretic Analgesic	8.7mg 90' PRN	Yes		GI upset impaired renal function Headache	1. Monitor PTT, PT, INR 2. Take with milk or food 3. Report abdominal pain 4. Report blood in stools
Morphine	Opioid Agonist	Pain management	0.8mg 74' PRN	Yes	IVP Pre Flush w 9 push rate 4-5mins Post Flush with same rate	Respiratory depression, severe constipation Hypotension	1. Report urine difficulty 2. Monitor bowel sounds 3. Assess respiratory rate and quality 4. Call for help before getting up

Adopted: August 2016

I did not give any medications.
This is the day my nurse went into labor.

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Unit: PF

Pt. Initials: SC

Date: 3-22-22

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS + KCl 20 50ml/hr	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
ondansetron Zofran	5-HT3 antagonist	Nausea, emesis	2.4mg injection q6 PRN N&V	YES		Headache drowsiness diarrhea	1. Assess bowel sounds 2. Call before getting up 3. Report heart racing 4. May cause drowsiness
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

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Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Soybean oil, cow's milk, soya sterol

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Cholecalciferol Vit D3	Vitamin D analogs	Support healthy bones immune system	400 units/ml p.o daily liquid	Y N		Constipation increase irritation nausea	1. Monitor Vitamin D serum level 2. Report rash 3. Educate adequate sunlight exposure 4. Can mix with food
Lansoprazole	PPI	Treat reflux disease	3mg/ml suspension 4.5mg 1mg/kg p.o daily	Y N		Constipation upset stomach diarrhea	1. Assess GI before administration 2. take 30 minutes before meal 3. Report drowsiness 4. Report upset stomach
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.

Adopted: August 2016, revised October 2018

*I did not give any meds.
This is the day my wife went into labor*