

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 4 y/o

Patient Weight: 12.9kg

Student Name: Briana Marin	Unit: Pedi floor Pt. Initials:	Date: 3/23/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Urinary tract infection, bacteria gets access of the inside of the urinary tract. The bacteria avoids being rinsed out when voiding by attaching to the epithelial of the urinary tract. The defense mechanism is then evaded by the host. Inflammation sets in as defense mechanism reaction to bacteria. (Hockenberry, page 855 - 861)	2. Factors for the Development of the Disease/Acute Illness: Females Boys uncircumcised Spina Bifida (P) (Hockenberry, page 855 - 861)	3. Signs and Symptoms: Fever (P) Foul smelling urine (P) Vomiting (P) Decrease activity (P) Decrease appetite (P) Dysuria Abdominal pain (P) Burning sensation when urination(P) Frequency (P) Urgency Nocturia (Hockenberry, page 855 - 861)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Urine culture (P) Bagged specimen (P) CT scan Ultrasonography (Hockenberry, page 855 - 861)	5. Lab Values That May Be Affected: WBC (P), HGB(P), HCT(P), PLT Count(P), Urinalysis specific gravity(P), glucose(P), ketones(P) (Hockenberry, page 855 - 861)	6. Current Treatment (Include Procedures): Antibiotic (P) Hydrating fluids (Hockenberry, page 855 - 861)

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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. Guided imagery 2. Distraction putting on their favorite movie. <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): $10 \times 100 = 1000$ $2.9 \times 50 = 145$</p> $\frac{1145}{24} = 47.7 \text{ mL/hr}$ <p>Actual Pt MIVF Rate: INT</p> <p>Is There a Significant Discrepancy? Choose an item.</p> <p>Why? N/A</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $12.9\text{lb} \times .5 = 6.45 \text{ mL/hr}$</p> <p>Actual Pt Urine Output: 90mL at 1600. (wet diaper on scale results)</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: Initiative vs. guilt</p> <ol style="list-style-type: none"> 1. Patient did not want to get vital signs checked and parent scolded patient. Patient started to cry. 2. After getting vital signs checked, patient checked stuffed puppy vital signs. <p>Piaget Stage: Preoperational period</p> <ol style="list-style-type: none"> 1. Patient played with stuffed puppy. Patient stated puppy was 1 year old and moved puppy around stating it was running. 2. Patient was afraid to have pulse ox placed. Patient was afraid the red light was going to go through finger and poke like a needle. 	
<p>11. Focused Nursing Diagnosis: Risk for dehydration</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Encourage patient to drink prescribed amount of fluids and be creative with fluids offered to patient such as popsicle or soup. <p>Evidenced Based Practice: It is indicated for mild fluid deficit and it is cost effective method for oral replacement treatment.</p> <ol style="list-style-type: none"> 2. Provide patient with light sheets. <p>Evidenced Based Practice: This will prevent overheating and sweating preventing further fluid loss.</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach caregiver how to monitor intake and output at home. 2. Teach caregiver if antibiotics are given to make sure patient drinks all as prescribed even if feeling better, unless HCP says otherwise. 3. Teach caregiver to increase fluid intake. This is one of the number one interventions that decreases amounts of UTI from recurring.
<p>12. Related to (r/t): Not drinking enough fluids.</p>		

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13. As evidenced by (aeb): Dark amber urine.	3. Encourage fluid rich foods. Evidenced Based Practice: This can allow continued interest in eating while getting hydrated.	17. Discharge Planning/Community Resources: 1. Print pamphlets with education and reminders about preventing UTIs. 2. Make a follow up appointment for patient. 3. Provide a list of programs that assist in healthy nutrition for patient and family.
14. Desired patient outcome: Patient will have clear, yellow urine with no pain by 03/24/22 1400.		

Student Name: Briana Marin

Unit: Pedi floor

Pt. Initials: 67

Date: 03/23/22

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

Allergies: Latex

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

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)	Nonopioid analgesics	Antipyretic	195.2 mg, oral, Q4hrs PRN	10 – 15 mg/kg/dose 129 – 193.5 No, old wt. 13.2 kg, new wt. 12.9kg	N/A	Hepatotoxicity, Atelectasis, Constipation	1. Teach caregiver to discontinue and notify HCP if rash occurs. 2. Teach caregiver to avoid taking more than one product containing acetaminophen at a time to prevent toxicity. 3. Chronic excessive use of >4g/day = hepatotoxicity. 4. May be given with food or on an empty stomach.
Ibuprofen (Motrin, Advil)	Nonopioid analgesics	Non-steroidal anti-inflammatory agent	132 mg, oral, Q6hrs PRN	10mg x kg 10mg x 12.9kg = 129mg No, old wt. 13.2 kg, new wt. 12.9kg	N/A	GI bleeding, Hypersensitivity reactions, Hepatitis	1. Teach caregiver s/s of GI bleeding. Tarry stools, light headedness, Hypotension. 2. Teach caregiver if rash appears to discontinue. 3. Teach caregiver to not to give when dehydrated increases risk of renal dysfunction. 4. Teach caregiver to calculate and measure device supplied with product
							1. 2. 3. 4.

Citation

Hockenberry, M. J., Wilson, D. & Rodgers, C.C (2022). *Wong's essentials of pediatric nursing*. Elsevier. (page 855 - 861)

Epocrates app.

Student Name: Briana Marin

Unit: Pedi floor

Pt. Initials: 71

Date: 03/23/22

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

Allergies: Latex, Shellfish, Red Dye, Corn

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS+20mEq KCL	Isotonic/ Hypotonic/ <u>Hypertonic</u>	Hydration	Potassium, Sodium, Chloride	Potassium should never be admin. IV push/Bolus.

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)	Nonopioid analgesics	Antipyretic	2 x 325mg tablet, Oral, Q6hr, PRN	400 – 800mg 3 – 4 times daily, Yes	N/A	Hepatotoxicity, Atelectasis, Constipation	<ol style="list-style-type: none"> 1. Teach caregiver to discontinue and notify HCP if rash occurs. 2. Teach caregiver to avoid taking more than one product containing acetaminophen at a time to prevent toxicity. 3. Chronic excessive use of >4g/day = hepatotoxicity. 4. May be given with food or on an empty stomach.
Ibuprofen (Motrin, Advil)	Nonopioid analgesics	Non-steroidal anti-inflammatory agent	400mg Tablet, Oral, Q6hr PRN	325 – 650 mg, Q6hr, Yes	N/A	GI bleeding, Hypersensitivity reactions, Hepatitis	<ol style="list-style-type: none"> 1. Teach caregiver s/s of GI bleeding. Tarry stools, light headedness, Hypotension. 2. Teach caregiver if rash appears to discontinue. 3. Teach caregiver to not to give when dehydrated increases risk of renal dysfunction. 4. Teach caregiver to calculate and measure device supplied with product

Famotidine (Pepcid)	Histamine H2antagonists	Antiulcer agents	20mg, IVP, 2 times daily	20mg, Q12hrs, Yes	Dilute 2 mL famotidine with 8mL of NS, Rate over at least 2 mins	Arrythmias, Agranulocytosis, Aplastic anemia	<ol style="list-style-type: none"> 1. Rapid admin. can cause hypotension. 2. May cause dizziness, instruct patient to press call light for assistance when getting up to prevent fall. 3. Teach to avoid products containing aspirin may cause increase GI irritation. 4. Teach to minimize constipation to increase fluid and fiber.
Hyoscyamine Sulfate disintegrating	Anticholinergics	Antispasmodics	0.25mg tablet, Oral, Q4hrs PRN, Daily max dose 1.5mg/day	0.125 – 0.25mg every 3 – 4 times, Yes	N/A	Blurred vision, dry mouth, tachycardia	<ol style="list-style-type: none"> 1. When admin. teach patient to use dry hands, place tablet on tongue, to disintegrate and swallow with saliva. 2. Antacids may interfere with absorption. Admin Hyoscyamine before meals and antacids after meals. 3. Teach to relieve dry mouth to do oral rinses, sugarless gum, or candy, and frequent oral hygiene. 4. Teach to minimize constipation to increase fluid and fiber.
							<ol style="list-style-type: none"> 1. 2. 3. 4.