

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 4**Patient Weight:** 12.92kg

Student Name: Mary Lasap	Unit: Pedi Floor Pt. Initials: ML	Date: 3/23/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Urinary tract infection is inflammation of part of the urinary system that takes urine out of the body. Most UTIs are caused by bacteria (E.coli/gram-negative organisms), which get into the urine, travel up to the bladder, and grow. UTIs are more common in females than males, but uncircumcised males less than three months of age and females younger than 12 months are at risk for UTI in children.	2. Factors for the Development of the Disease/Acute Illness: - History of UTIs - Poor toilet and hygiene habits - Abnormal backward flow (reflux) of urine or VUR - Problem in the urinary tract - Uncircumcised males less than three months of age	3. Signs and Symptoms: - Belly pain in the area of the bladder (P) - Wetting problems, even though the child is potty trained (P) - Fever (P) - Foul-smelling pee (P) - Hematuria - waking up at night a lot to go to the bathroom - Frequent urination
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: - History and physical (P) - Urinalysis - Urine culture - Voiding cystourethrogram (VCUG) - Kidney ultrasound	5. Lab Values That May Be Affected: - WBC - Hemoglobin - Hematocrit - Platelet count - Glucose - Ketones	6. Current Treatment (Include Procedures): - Monitoring urine output (P) - Antibiotics and drug therapy (P) - Monitoring I&O - Surgery

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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"> Giving him his toys. Opening cartoon for the patient. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Acetaminophen and Ibuprophen: see more on medication sheet.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1000$ $2.92 \times 50 = 146$ $= 1146/24 = 47.75\text{ml/hr}$</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): $0.5 \times 12.92 = 6.46 \text{ ml}$</p> <p>Actual Pt Urine Output: 184 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: Initiative vs. Guilt</p> <ol style="list-style-type: none"> 1. The patient was planning what he would do (such as going to school) when he got home. 2. The patient was curious and wanted to know what was happening when I was getting his vital signs. <p>Piaget Stage: Preoperational</p> <ol style="list-style-type: none"> 1. Fear of body mutilation: the patient was scared that I might do something to his finger when I was getting oxygen saturation rate through a neonate oxygen saturation monitor. 2. Animism: the patient showed me his friend, a stuffed toy. 	
<p>11. Focused Nursing Diagnosis: Deficient fluid volume</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Monitor intake and output. <p>Evidenced Based Practice: Monitoring I&O help the clinicians determine the patient's hydration status kidney function and ensure a normal fluid and nutritional status. (NurseStudy, 2021)</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach caregivers about the importance of hand hygiene and hygiene in general to prevent infection. 2. Teach the caregivers to help/remind the patient to drink fluids.
<p>12. Related to (r/t): The patient showed signs of dehydration.</p>	<ol style="list-style-type: none"> 2. Assess the patient's skin turgor by gently pinching the skin over the clavicle. <p>Evidenced Based Practice:</p>	<ol style="list-style-type: none"> 3. TTeach caregivers to give medications as prescribed by doctors and call if severe adverse reactions occur.

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<p>13. As evidenced by (aeb): According to mom, the patient vomited after breakfast and drank only two sips of water.</p>	<p>This helps determine dehydration. If tenting is present, then it means the patient is dehydrated. (Lecture note)</p> <p>3. Obtain the patient's vital signs, and check the status of peripheral pulses, capillary refill, and mucous membranes.</p>	<p>17. Discharge Planning/Community Resources:</p> <p>1. Consult with the case manager to address patient or caregivers' 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>14. Desired patient outcome: The patient will no longer show signs of dehydration by 03/24/2022.</p>	<p>Evidenced Based Practice: Vital signs, pulses, capillary refill, and mucous membranes could indicate the patient's hydration status and circulating volume adequacy. (NurseStudy, 2021)</p>	<p>3. Refer parents to support groups for emotional support.</p>