

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 2 y/o**Patient Weight:** 13.8 kg

Student Name: Adelita Reyna	Unit: PEDI Pt. Initials: B.H	Date: 4/5/2022
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Angelman syndrome is a genetic disorder that primarily affects the nervous system. Characteristic features of this condition include developmental delay, intellectual disability, severe speech impairment, problems with movement and balance (ataxia), epilepsy, and a small head size. Individuals with Angelman syndrome typically have a happy, excitable demeanor with frequent smiling, laughter, and hand-flapping movements. This results from the loss of function of a gene called UBE3A. Chromosomal 15 called ubiquitin protein ligase E3A</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>possible genetic malformation from each parent of the UBE3A on Chromosome 15 some cases the person inherits two copies of chromosome 15 from his/her father instead of one from each parent, called paternal uniparental disomy. or chromosomal rearrangement called translocation or by a mutation of defect of DNA that controls the activation of UBE3A gene. some cases there is no familial history or genetic link.</p>	<p>3. Signs and Symptoms:</p> <p>Absent speech Ataxia, behavioral abnormality blue eyes brachycephaly seizures severe speech impairment developmental delay frequent smiling and laughter happy, excitable personality sucking or feeding difficulty hand flapping/arms lifted while walking, scoliosis, stiff or jerky movements hair, skin and eyes that are light in color</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>EEG Genetic Testing paternal DNA pattern missing chromosomes gene mutation Developmental delays Physical assessments</p>	<p>5. Lab Values That May Be Affected:</p> <p>genetic testing cbc cmp</p>	<p>6. Current Treatment (Include Procedures):</p> <p>EEG ibuprofen acetaminophen lorazepam PT/OT regular diet fall risk</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. Distraction by playing music, favorite TV Show, and toys. 2. Comfort care such as holding them, rocking, transitional object, interaction with them. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Ibuprofen and Acetaminophen</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \times 100 = 1000$ $3.8 \times 20 = 76$ $= 1076/24 = 44.8\text{mL/HR}$</p> <p>Actual Pt MIVF Rate: N/A</p> <p>Is There a Significant Discrepancy? <input type="checkbox"/></p> <p>Why? The patient did not require any maintenance fluid.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \times 13.8 = 6.75\text{mL/HR}$</p> <p>Actual Pt Urine Output: N/A diaper was not weighed when the mother changed her diaper. .</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: trust vs mistrust</p> <ol style="list-style-type: none"> 1. trusting that her needs will be met when shes hungry, so they provided her bottle and snacks. 2. could tell that she was comforted when snuggled up in the bed as she was trying to sleep. <p>Piaget Stage: sensorimotor</p> <ol style="list-style-type: none"> 1. when the aunt was playing peek-a-boo with her she was trying to open the hands to look in between for her aunts face. 2. when I was getting her blood pressure she held her arm out as she knew what i was needing her to do after all vitals have become routine while staying in the hospital. 	
<p>11. Focused Nursing Diagnosis: Risk for falls</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. assure the bed is at its lowest setting. <p>Evidenced Based Practice: with the appropriate side rails up to prevent the patient from falling out of bed.</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach the parent to report any signs and symptoms of seizure like activity. 2. Advise the parent that it is okay to take a break and get some food, while we step in and care for the child.
<p>12. Related to (r/t): Related to neurological disorder</p>	<ol style="list-style-type: none"> 2. Assist the patient while ambulating to prevent thr risk of falling. <p>Evidenced Based Practice: providing added support and balance will help the patient with gross motor movement.</p>	<ol style="list-style-type: none"> 3. Teach the parent about the importance of maintaining safety while the patient is experiencing a seizure.

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13. As evidenced by (aeb): Seizure episode that caused generalized weakness causing her to fall resulting in a left frontal brain contusion.	3. Assure that the room is free of clutter and trash. Evidenced Based Practice: while the patient is wearing nonskid socks the clean neat room will diminish the risk of tripping hazards.	17. Discharge Planning/Community Resources: 1. Follow up appointment with Neurologist doctor at Cook's Hospital. 2. Consult Physical therapy/Occupational Therapy 3. Consult speech therapy
14. Desired patient outcome: Patient will be able to ambulate down the hall and back with assistance by Wednesday 1200.		