

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 2 yrs old**Patient Weight:** 12.4 kg

Student Name: Jasmine Rodriguez	Unit: Pedi Pt. Initials: A.W.	Date: 5/11/2022
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Pneumonia: Pneumonia arises from normal flora present in patients whose resistance has been altered or from aspiration of flora present in the oropharynx. An inflammatory reaction may occur in the alveoli, producing exudates that interfere with the diffusion of oxygen and carbon dioxide. White blood cells also migrate into the alveoli and fill the normally air-filled spaces. Due to secretions and mucosal edema, there are areas of the lung that are not adequately ventilated and cause partial occlusion of the alveoli or bronchi. Hypoventilation may follow, causing ventilation-perfusion mismatch. Venous blood entering the pulmonary circulation passes through the under ventilated areas and travels to the left side of the heart deoxygenated. The mixing of oxygenated and poorly oxygenated blood can result to arterial hypoxemia.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - being hospitalized - chronic disease (p) - weakened/ suppressed immune system (p) - - cerebral palsy (p) - seizures (p) - recent trauma/ surgery 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - fever(p) - chest pain - rapid and bounding pulse (p) - tachypnea (p) - purulent sputum - cough (p) - fatigue - diarrhea

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4. Diagnostic Tests Pertinent or Confirming of Diagnosis: - H&P (p) - Chest x-ray (P) - fiberoptic bronchoscopy - ABGs (p) - Pulse oximetry (p) - CBC (p) - Pulmonary function studies -	5. Lab Values That May Be Affected: - ABGs - sputum test - CBC - WBC - c reactive protein blood test	6. Current Treatment (Include Procedures): - bed rest (p) - oxygen administration (p) - antibiotics (p) - antipyretics(p) - antitussives (p) -
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Have mom sit child (pt) in arms and rock them back and forward 2. use distractions like TV, toys, coloring, music *List All Pain/Discomfort Medication on the Medication Worksheet Baclofen - muscle pain, spasms, discomfort	8. Calculate the Maintenance Fluid Requirement (Show Your Work): $10 \text{ kg} \times 100 = 1000$ $2.4 \text{ kg} \times 50 = 120 = 1120 / 24 = 46.6 \text{ ml}$ Actual Pt MIVF Rate: patient did not have IVF Is There a Significant Discrepancy? <input type="checkbox"/> Why? n/a	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $12.4 \text{ kg} \times 0.5 \text{ ml/kg} = 6.2 \text{ ml}$ Actual Pt Urine Output: 15ml

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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: pt has cerebral palsy which has caused the pt to have a developmental delay .Trust vs. mistrust</p> <ol style="list-style-type: none"> 1. development of trust - narcissism - pt would cry/ start having seizure like activity when the pt was mad 2. trusted mom grandma and nurse were going to take care of her and respond to her needs <p>Piaget Stage: sensorimotor period</p> <ol style="list-style-type: none"> 1. pt would suck on her fingers-- more of a voluntary action (primary circular reaction) 2. separation anxiety- mom or grandma would leave room and the pt would begin to cry/ feel anxious 	
<p>11. Focused Nursing Diagnosis: Ineffective Breathing Pattern</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. assess/ monitor respiratory rate and O2 saturation every hour <p>Evidenced Based Practice: It is important to take action when there is an alteration in breathing patterns to detect early signs of respiratory compromise</p> <ol style="list-style-type: none"> 2. Have patient sit in an upright position <p>Evidenced Based Practice: A sitting position permits maximum lung excursion and chest expansion.</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. teach mom/ pt to encourage rest 2. teach mom/ pt the importance of finishing antibiotics that are perscribed 3. teach mom/ pt to report any signs of acute episodes of respiratory distress
<p>12. Related to (r/t): Hypoxia</p>		

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13. As evidenced by (aeb): - abnormal breath sounds - cough w/ sputum production - changes in rate/ depth of respirations	3. Suction secretions from patients mouth as necessary Evidenced Based Practice: This is to clear the blockage in the airway	17. Discharge Planning/Community Resources: 1. case management for o2 therapy supplies 2. follow up with respiratory therapist for breathing treatment/ nebulizers 3. refer mom to a support group/ other parents that are going through the same thing
14. Desired patient outcome: By the time of discharge patient will be able to maintain an effective breathing pattern by demonstrating relaxed breathing at a normal rate and depth and will show an absence of dyspnea.		