

**IM5 (Pediatrics) Critical Thinking Worksheet**

**Patient Age:** 10

**Patient Weight:** 30kg

<p><b>Student Name:</b> Adelita REyna</p>	<p><b>Unit:</b> PICU <b>Pt. Initials:</b> E. W.</p>	<p><b>Date:</b> 5/18/2022</p>
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b>                  An arteriovenous malformation (AVM) is an abnormal tangle of blood vessels connecting arteries and veins, which disrupts normal blood flow and oxygen circulation. Arteries are responsible for taking oxygen-rich blood from the heart to the brain. Veins carry the oxygen-depleted blood back to the lungs and heart. If the AVM is in the brain and ruptures, it can cause bleeding in the brain (hemorrhage), stroke or brain damage. The cause of AVMs is not clear. They're rarely passed down among families. (Mayo Clinic, 2022)</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b>                  hereditary hemorrhagic telangiectasia (HHT)                  Osler-Weber-Rendu Syndrome                  Possible familial link to hypertension                  hemorrahe                  seizures                  headaches                  head injury</p>	<p><b>3. Signs and Symptoms:</b>                  headaches                  nausea                  vomiting                  seizures                  loss of consciousness                  weakness of muscle                  paralysis                  dizziness                  progressiec loss of neurological function                  loss of coordination that can cause problems with gait                  unusual numbness, tingling</p>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b>                  cerebral angiography                  CT-scan                  MRI                  MRA                  X-ray</p>	<p><b>5. Lab Values That May Be Affected:</b>                  CBC                  sputum culture                  arterial blood gas</p>	<p><b>6. Current Treatment (Include Procedures):</b>                  surgery to minimize the bleeding                  trache placement                  G-tube placement                  enteral feeding                  intravenous replenishment of electrolyte and nutrition                  oxygen support via ventilator                  oral care                  pain management                  PT/OT                  reposition Q2 hours to prevent skin breakdown</p>

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<b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  1.  2.  <b>*List All Pain/Discomfort Medication on the Medication Worksheet</b> <a href="#">Click here to enter text.</a>	<b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b>   <b>Actual Pt MIVF Rate:</b>  <b>Is There a Significant Discrepancy?</b> <input type="text"/>  <b>Why?</b>	<b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b>   <b>Actual Pt Urine Output:</b>
	<b>10. Growth &amp; 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:</b>  <b>Erickson Stage:</b> 1.  2.  <b>Piaget Stage:</b> 1.  2.	

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<b>11. Focused Nursing Diagnosis:</b>	<b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b> 1.  <b>Evidenced Based Practice:</b>	<b>16. Patient/Caregiver Teaching:</b> 1.  2.  3.
<b>12. Related to (r/t):</b>	2.  <b>Evidenced Based Practice:</b>  3.  <b>Evidenced Based Practice:</b>	
<b>13. As evidenced by (aeb):</b>		
<b>14. Desired patient outcome:</b>		<b>17. Discharge Planning/Community Resources:</b> 1.  2.  3.