IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 8 **Patient Weight:** 48.8 kg

Student Name: Emanuel Cabrera	**Unit:** Pediatric **Pt. Initials:**	**Date:** 5/25/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Appendicitis (also known as epityphlitis) is the inflammation of the appendix. The appendix is a small, finger-like appendage attached to the cecum just below the ileocecal valve. Because the appendix empties into the colon inefficiently and its lumen is small, it is prone to becoming obstructed and is vulnerable to infection (appendicitis). The pain becomes localized to the right lower quadrant of the abdomen within a few hours.	**2. Factors for the Development of the Disease/Acute Illness:** Infection (P) Trauma to the appendix A buildup of hardened stool Intestinal worms Tumors	**3. Signs and Symptoms:** Pain (P) Tenderness (P) Nausea (P) Vomiting (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: CT scan (P) Abdominal x-ray Laparoscopy	**5. Lab Values That May Be Affected:** WBC (P) CRP Neutrophils	**6. Current Treatment (Include Procedures):** IV fluids Antibiotics Antiemetics

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Music therapy **2.** Video games ***List All Pain/Discomfort Medication on the Medication Worksheet** N/A	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 10 kg x 100 ml= 1000 ml + (10 kg x 50 ml= 500 mL) + (28.8 kg x 20 mL= 576 mL)= 2076 mL/ 24 hr= 87 mL/ hr **Actual Pt MIVF Rate:** 50 mL/hr **Is There a Significant Discrepancy?** Yes **Why?** Due to complaint of stiffness in patient's arm.	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 48.8 kg x 0.5 mL= 24.4 mL/hr **Actual Pt Urine Output:** 17 mL/hr

<table>
<tr><td>Student Name: Emanuel Cabrera</td><td>Unit: Pediatric Pt. Initials:</td><td>Date: 5/25/2022</td></tr>
<tr><td></td><td colspan="2">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:

Erickson Stage: Industry versus Inferiority
1. Patient showed pride when complimented on his drawing and coloring.

2. Patient showed hesitiation to talk about inability to reach the toilet before an accident.

Piaget Stage: Concrete operational period
1. Patient was skeptical of me and my role when first interacting with him.

2. Patient corrected parent on mistake they made while having a conversation.</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Fluid volume deficit

12. Related to (r/t):
Preoperative vomitting</td><td>15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Weigh the patient daily.

Evidenced Based Practice:
Weight is the best assessment data for possible fluid volume imbalance.

2. Provide a comfortable environment by covering the patient in light sheets.

Evidenced Based Practice:
Drop situations where patients can experience overheating to prevent further fluid loss.</td><td>16. Patient/Caregiver Teaching:
1. Teach family members how to monitor output at home.

2. Teach signs of fluid volume deficit.

3. Teach importance of ambulation to prevent DVT.</td></tr>
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<tr><td>13. As evidenced by (aeb):
Decreased urine output</td><td rowspan="2">3. Adminster parenteral fluids as prescribed.

Evidenced Based Practice:
Fluids are necessary to maintain hydration status.</td><td rowspan="2">17. Discharge Planning/Community Resources:
1. Attend any follow up appointments.

2. Monitor patient for complications and wound healing.

3. Have patient drink plenty of fluids.</td></tr>
<tr><td>14. Desired patient outcome:
Patient will meet the minimum acceptable urine output requirement for his body weight.</td></tr>
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