

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 8 yrs old**Patient Weight:** 62.7kg

Student Name: Gladys Dominguez	Unit: PICU Pt. Initials: z	Date: 5/25/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Necrotizing Fasciitis is a skin and soft tissue infection characterized by the death, or necrosis, of soft tissue. It infects fascial tissue through a break in the skin and rapidly escalates over the course of several days. Staphylococcus is the primary contributor to this kind of infection.	2. Factors for the Development of the Disease/Acute Illness: minor trauma or other skin opening P	3. Signs and Symptoms: disproportionate pain in area of injury P fever P dizziness P weakness/malaise P dehydration
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: biopsy CT scan P MRI CRP gram stain	5. Lab Values That May Be Affected: CRP P WBC P Hgb P sodium creatinine glucose	6. Current Treatment (Include Procedures): Antibiotic/antimicrobial therapy P surgery/debridement P soft tissue reconstruction hyperbaric oxygen therapy

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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. distractions such as TV 2. guided imagery <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $10 \times 100 = 1000$ $10 \times 50 = 500$ $42.7 \times 20 = 854$ $1000 + 500 + 854 = 2354/24 \text{ hrs} = 98 \text{ mL}$ <p>Actual Pt MIVF Rate: 98 mL</p> <p>Is There a Significant Discrepancy?</p> <input data-bbox="739 701 976 743" type="text"/> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $0.5\text{mL}/62.7 \text{ kg/hr} = 31.35/\text{hr}$ <p>Actual Pt Urine Output: 40 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: industry vs. inferiority</p> <ol style="list-style-type: none"> 1. Patient was embarrassed she needed help to go to the restroom because she was bedridden and needed assistance using the bed pan. 2. Patient argued with sister about not knowing how to connect airpods to her phone while I was completing my assessment <p>Piaget Stage: concrete operational period</p> <ol style="list-style-type: none"> 1. The patient asked me to explain what necrotizing fasciitis is to her sister because she didn't understand 2. When asked how she was going, she responded then followed up with "and you?" 	
<p>11. Focused Nursing Diagnosis: Impaired skin integrity</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. encourage a diet that promotes healing <p>Evidenced Based Practice: high protein and high calorie diets promote healing</p> <ol style="list-style-type: none"> 2. educate patient on reporting pain early 	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. educate caregiver the importance of following a diet that promotes healing 2. teach the patient to avoid scratching incision/laceration to prevent secondary infection 3. educate the patient and caregiver proper handwashing, dressing changes, and changes to monitor for appropriate wound care
<p>12. Related to (r/t): break in skin</p>	<p>Evidenced Based Practice: pain is better controlled when treated early</p> <ol style="list-style-type: none"> 3. use pillows and other pressure-reducing devices to prevent pressure on the laceration/incision 	

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13. As evidenced by (aeb): laceration of the leg caused by branch	Evidenced Based Practice: additional pressure to an area of tissue that is already damaged can further skin breakdown/damage	17. Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. instruct caregiver and patient to attend follow-up visits to monitor infection/incision progression. 2. instruct patient to finish full course of antibiotics 3. consult physical therapy to improve movement and strength of extremity after discharge
14. Desired patient outcome: no further skin damage/deterioration occurs after debridement		