

# IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 14

Patient Weight: kg 52.9

<p><b>Student Name:</b> Gabbi Bristow</p>	<p><b>Unit:</b> Pedi Floor      <b>Pt. Initials:</b></p>	<p><b>Date:</b> 09/07/2022</p>
<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p><b>Ruptured Appendicitis</b> occurs when the contents in the appendix leak into the abdomen following a rupture in the appendix. This rupture is likely due to an obstruction such as a fecal matter obstruction of the appendiceal lumen. As the appendiceal lumen becomes obstructed, it fills with mucus and swells, causing the patient pain and tenderness often in the lower right quadrant of the abdomen. This rupture then spreads inflammation and infection throughout the abdomen, also known as peritonitis.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <ul style="list-style-type: none"> <li>- Viruses</li> <li>- Bacteria in the digestive tract</li> <li>- Parasites in the digestive tract</li> <li>- A blockage in the large intestine</li> <li>- Trapped stool</li> </ul>	<p><b>3. Signs and Symptoms:</b></p> <ul style="list-style-type: none"> <li>- right lower quadrant abdominal pain (P)</li> <li>- nausea and vomiting (P)</li> <li>- fever (P)</li> <li>- loss of appetite (P)</li> <li>- abdominal bloating</li> <li>- diarrhea or constipation</li> </ul>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b></p> <ul style="list-style-type: none"> <li>- CT-scan (P)</li> <li>- Ultrasound (P)</li> <li>- MRI</li> </ul>	<p><b>5. Lab Values That May Be Affected:</b></p> <ul style="list-style-type: none"> <li>- Elevated WBC (P)</li> <li>- Elevated C-reactive protein (P)</li> </ul>	<p><b>6. Current Treatment (Include Procedures):</b></p> <ul style="list-style-type: none"> <li>- Appendectomy (pt had a laparoscopic appendectomy)</li> <li>- Altered diet (CLD, just advanced to bland diet)</li> <li>- Bed rest (ambulate as tolerated)</li> <li>- Pain management</li> <li>- Fluid and electrolyte replacement (D5 1/2NS +KCl20 infusion at 50 ml/hr)</li> </ul>

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<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>1. Ambulation-</li> <li>2. Distraction- Playing games, family visits, watching their favorite TV shows/movies, talking on the phone with friends/family (that cannot be there)</li> </ol> <p><b>*List All Pain/Discomfort Medication on the Medication Worksheet</b></p> <p>Acetaminophen 1000 mg 400 ml/hr, IVPB, q6</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b></p> <p> <math>10 \times 100 = 1000</math>  <math>10 \times 50 = 500</math>  <math>32.9 \times 20 = 658</math>  <math>1000 + 500 + 658 = 2158 \text{ ml}/24 \text{ hrs} = 89.916</math>  89 ml/hr </p> <p><b>Actual Pt MIVF Rate:</b> 50 ml/hr</p> <p><b>Is There a Significant Discrepancy? Why?</b></p> <p>Yes, there is a 39 ml/hr difference most likely due to the patient being on a clear liquid diet. Because the patient is consuming adequate fluids and calories through her clear liquid diet, her actual MIVF rate is lower to prevent fluid overload.</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> <p> <math>52.9 \times 0.5 = 26.45 \text{ ml/hr}</math>  <math>26.54 \text{ ml} \times 6 \text{ hrs} = 158.7 \text{ mL}</math> </p> <p><b>Actual Pt Urine Output:</b></p> <p>550 ml</p>

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	<p><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></p> <p><b>Erickson Stage:</b> Identity vs Role Confusion</p> <ol style="list-style-type: none"> <li><b>1. The pt talked about her friends often with her mother, as well as talking on the phone with them often, since they are back home in Odessa.</b></li> <li><b>2. The patient talked about her new group of friends that she started hanging out with since she entered high school earlier this year.</b></li> </ol> <p><b>Piaget Stage:</b> Formal Operational Thought</p> <ol style="list-style-type: none"> <li><b>1. The patient discussed what her plans were for the future, and what she wants to achieve and do during and after high school.</b></li> <li><b>2. The patient exhibited signs of imaginary audience/adolescent egocentrism as she was appeared to be shy and self conscious through her body language and communication.</b></li> </ol>	
<p><b>11. Focused Nursing Diagnosis:</b> Risk for Deficient Fluid Volume</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li><b>1. Administer IV fluids/electrolytes</b></li> </ol> <p><b>Evidenced Based Practice:</b> Administering IV fluids and monitoring how the pt tolerates them, will help replenish fluid volume, as well as allowing the nurse to assess the pts hydration and electrolyte balance.</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li><b>1. Do not flush urine or stool or other output (for monitoring strict I&amp;Os)</b></li> <li><b>2. Make sure the pt is drinking the fluids the nurse is bringing in to replenish fluid loss</b></li> <li><b>3. Call if increased pain or nausea/vomiting begins to occur</b></li> </ol>
<p><b>12. Related to (r/t):</b> Nausea/Vomiting, decreased appetite from pain and discomfort, lack of appetite/anorexia due to prescribed diet</p>	<ol style="list-style-type: none"> <li><b>2. Encourage oral fluids (CLD)</b></li> </ol>	

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<b>13. As evidenced by (aeb):</b> Pt has been experiencing nausea/vomiting since presenting with ruptured appendicitis last week, causing a loss of fluids and a decrease in the pts total fluid volume	<b>Evidenced Based Practice:</b> Encouraging oral fluids by giving the pt a variety of choices (based on the CLD) allow the pt to choose something that they actually like and are willing to	<b>17. Discharge Planning/Community Resources:</b> <ol style="list-style-type: none"> <li>1. Follow-up appt with PCP/Surgeon/Doctor</li> <li>2. Teach how to care for incision site (how to clean, how to shower, how to assess for infection)</li> <li>3. School/work notes for the days the pt and</li> </ol>

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<p><b>14. Desired patient outcome:</b> Pt will replenish fluids by consuming adequate fluids, IV therapy and not experiencing nausea or vomiting for 24 hours.</p>	<p>eat, therefore helping the pt gain the fluids they need to replenish fluid volumes.</p> <p>3. Monitor Pt pain levels and pain management</p> <p><b>Evidenced Based Practice:</b> By monitoring and managing the pts pain, the pt is more willing to eat, ambulate, and less likely to experience nausea and vomiting as a result of pain, therefore the pt will not be losing as much fluids and gaining more orally.</p>	<p>parent(s) have missed work and school</p> <p><b>Resources:</b> Mayo Foundation for Medical Education and Research. (2021, August 7). <i>Appendicitis</i>. Mayo Clinic. Retrieved September 8, 2022, from <a href="https://www.mayoclinic.org/diseases-conditions/appendicitis/diagnosis-treatment/drc-20369549">https://www.mayoclinic.org/diseases-conditions/appendicitis/diagnosis-treatment/drc-20369549</a></p> <p><i>Appendicitis</i>. Johns Hopkins Medicine. (2021, December 9). Retrieved September 8, 2022, from <a href="https://www.hopkinsmedicine.org/health/conditions-and-diseases/appendicitis#:~:text=Appendicitis%20may%20be%20caused%20by,then%20becomes%20sore%20and%20swollen.">https://www.hopkinsmedicine.org/health/conditions-and-diseases/appendicitis#:~:text=Appendicitis%20may%20be%20caused%20by,then%20becomes%20sore%20and%20swollen.</a></p> <p>Vera, M. (2022, March 18). <i>4 appendectomy nursing care plans</i>. Nurseslabs. Retrieved September 8, 2022, from <a href="https://nurseslabs.com/4-appendectomy-nursing-care-">https://nurseslabs.com/4-appendectomy-nursing-care-</a></p>

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			<a href="#">plans/2/</a>  Epocrates. (2014). Epocrates 2013 Mobile Trends Report: Maximizing Multi-Screen Engagement Among Clinicians.