IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 7 months **Patient Weight:** 8.12kg

Student Name: Stephanie Nelms	**Unit:** PF **Pt. Initials:** HC	**Date:** 9/14/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): RSV is spread via respiratory droplets and the incubation period is 2 to 8 days. After inoculation into the nasopharyngeal, the virus rapidly spreads into the respiratory tract. Where it targets apical ciliated epithelial cells which then leads to an immune response of small airway obstruction, plugging by mucus and cellular debris.	**2. Factors for the Development of the Disease/Acute Illness:** - Age less than 12 weeks -Premature -Chronic lung disease/bronchopulmonary dysplasia -congenital heart disease -congenital anomalies -immunodeficiency	**3. Signs and Symptoms:** -Runny nose -decrease in appetite coughing -sneezing -fever -wheezing
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: - ABG _Pulse Oximetry -Chest Xray -virus screening test	**5. Lab Values That May Be Affected:** -WBC -ABG -CBC	**6. Current Treatment (Include Procedures):** -Anitbiotics -Pain/Fever reducer -Oxygen

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Raise Head of Bed. **2.** Music (Lullabies) ***List All Pain/Discomfort Medication on the Medication Worksheet** Acetaminophen and Ibuprofen	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 8 x 100= 800 .12 x 50= 6 806/24= 33.58mL/Hr **Actual Pt MIVF Rate:** 35mL/hr **Is There a Significant Discrepancy?** No **Why?** n/a	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL x 8.12 = 8.12/hr **Actual Pt Urine Output:** 253 total for 9 hrs 253/9= 28.11

<table>
<tr><td>Student Name: Stephanie Nelms</td><td>Unit: PF Pt. Initials: HC</td><td>Date: 9/14/2022</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: Trust vs Mistrust
1. He cried and mom fed him.

2. He held his arms out and mom comforted him.

Piaget Stage: Sensorimotor
1. He kept fidgeting with his pulse ox.

2. His bottle was under his blanket and he started looking for it in/under the covers.</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Decreased Gas Exchange

12. Related to (r/t):
Airway obstruction caused by bronchiolar edema and increased mucus production occuring with respiratory infection.</td><td>15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Assess respiratory status every 2 hours.

Evidenced Based Practice:
Early identification of changes ensure prompt intervention which results in decreased severity of respiratory symptoms.

2. Position child for maximum ventilation. (Head elevated)

Evidenced Based Practice:
Children are diaphragmatic breathers until 7 yrs old. Preventing compression of the diaphram</td><td>16. Patient/Caregiver Teaching:
1. Teach parent signs of WOB.

2. Be sure to leave head of bed raised for optimal breathing.

3. Watch for signs of dehydration.</td></tr>
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<tr><td>13. As evidenced by (aeb):
Low oxygen saturation and the need for a nasal cannula.</td><td rowspan="2">enables optimal breathing effort.

3. Provide a neutral thermal environment.

Evidenced Based Practice:
An environment in which the child does not need to use any energy to cool or warm self reduces O2 demand.</td><td rowspan="2">17. Discharge Planning/Community Resources:
1. Follow up with PCP

2. Stay up to date on immunizations

3. Case manager if needing at home oxygen equipment or breathing machine.</td></tr>
<tr><td>14. Desired patient outcome:
Patient will be able to wheen off oxygen of 1L successfully while maintaining an O2 saturation greater than 90% prior to discharge.</td></tr>
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