

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 22 y.o.

Patient Weight: 15.4kg

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| Student Name: Stephanie Nelms | Unit: PF Pt. Initials: KR | Date: 9/21/2022 |
| 1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Hypernatremia: Occurs with inadequate water intake, excess water loss, or, rarely sodium gain. Because sodium is the major determinant of ECF osmolality, hypernatremia causes hyperosmolality. ECF hyperosmolality causes water to move out of the cells to restore equilibrium, leading to cellular dehydration. | 2. Factors for the Development of the Disease/Acute Illness: -insufficient water intake -excessive water loss -kidney disease -uncontrolled diabetes -diabetes insipidus -dementia -diarrhea | 3. Signs and Symptoms: -thirst -restlessness -fatigue -irritability -altered LOC -dry mouth -fast heart rate -insufficient urine production |
| 4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -Blood test -Urine test | 5. Lab Values That May Be Affected: -Serum electrolytes (Na ⁺ , K ⁺ , Ca ²⁺) -Glucose level -Urea -Creatinine -Urine electrolytes (Na ⁺ , K ⁺) -Urine and Plasma osmolality -24-hr urine volume | 6. Current Treatment (Include Procedures): -IV fluids |

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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"> Turn patient Q 2hrs (pt is immobile) Physical Therapy (pt has contractions) <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): $10 \times 100 = 1000$ $5.4 \times 50 = 270$ $1000 + 270 = 1270 \text{ mL/hr}$</p> <p>Actual Pt MIVF Rate: 350</p> <p>Is There a Significant Discrepancy? <input type="text"/></p> <p>Why? Because patient has hypernatremia and you don't want to cause fluid overload.</p> | <p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \times 15.4 = 7.7 \text{ mL/hr}$</p> <p>Actual Pt Urine Output: 0700=290 0800=136, 1000=190 Total 616</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: Trust vs Mistrust</p> <ol style="list-style-type: none"> 1. Patient could just give her mom a look and mom would know what she wanted and would do it. 2. Patient would rub at her face and mom would come over and scratch it and move her hair out of her face. ** Pt was nonverbal and immobile so it is hard to think of behaviors for this. <p>Piaget Stage: Sensorimotor</p> <ol style="list-style-type: none"> 1. Patient kept rubbing at her IV and NG tube. 2. ???Again, pt is nonverbal and immobile. She can pick up her arms enough to get her hands up at her face, but they are closed and not open. | |
| <p>11. Focused Nursing Diagnosis: Delayed wound healing</p> | <p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Assess for decreased or excessive inflammatory response. <p>Evidenced Based Practice: these are signs of impaired healing.</p> | <p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach caregiver how to use aseptic technique when doing dressing change. 2. Show caregiver how to reposition immobile patient every 2 hours to help prevent further delay in wound healing. |
| <p>12. Related to (r/t): neurological impairment causing pt to be unable to ambulate and severe malnutrition.</p> | <ol style="list-style-type: none"> 2. Ensure good hand hygiene and use universal precautions with wound care. <p>Evidenced Based Practice: This prevents cross-contamination.</p> <ol style="list-style-type: none"> 3. Apply prescribed dressings following wound | <ol style="list-style-type: none"> 3. Good high calorie and protein diet to help with wound healing. |

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| <p>13. As evidenced by (aeb): Pt being bed bound and weighing only 15.4 kg at 22 y.o.</p> | <p>cleasing.</p> <p>Evidenced Based Practice: The dressings help keep healthy wound tissue moist.</p> | <p>17. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> 1. Home Health 2. Keep appointment with PCP 3. Follow up with wound care specialist. |
| <p>14. Desired patient outcome: Patient's wound will exhibit signs of healing and will not show signs of necrotic tissue by day of discharge.</p> | | |