IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 4mo **Patient Weight:** 8.1kg

Student Name: Aubree Lomax	**Unit:** 3N **Pt. Initials:** 84	**Date:** 9/21/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Urinary Tract Infection (UTI) is an infection of the urinary tract caused by bacterium which enters the urinary epithelium which leads to irritation and inflammation of the cells. The infection starts at the urtethra and can progress up to the bladder, then the ureters, and finally the kidney.	**2. Factors for the Development of the Disease/Acute Illness:** - Holding in urine - Kidney stones - Diabetes - Catheterization - Wiping back to front	**3. Signs and Symptoms:** - Strong smelling urine - Fever (P) - Hematuria - Dysuria - Cloudy urine - Pelvic pain
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: - Ultrasound (P) - Urinary Analysis (P) - X-ray	**5. Lab Values That May Be Affected:** -pH -Protein -Ketones -Leukocyte esterase -Nitrites -WBC (P) -RBC -Bacteria	**6. Current Treatment (Include Procedures):** -Antibiotics (P) -Fluids (P) -Routine urine cultures

<table>
<tr><td>Student Name: Aubree Lomax</td><td>Unit: 3N Pt. Initials: 84</td><td>Date: 9/21/2022</td></tr>
<tr><td rowspan="2">7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Kangaroo Care

2. Non-nutritive sucking

*List All Pain/Discomfort Medication on the Medication Worksheet
Aceteminophen 96 mg oral q6h PRN</td><td>8. Calculate the Maintenance Fluid Requirement (Show Your Work):
8.1 kg
8.1kg x 100 / 24 = 34 mL/hr

Actual Pt MIVF Rate: 25 mL/hr

Is There a Significant Discrepancy? Yes

Why? The patient had 25 mL/hr but the pt was also receiving 28 mL/day of Ceftriaxone.</td><td>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
8.1 kg x 1 = 8.1 mL/hr

Actual Pt Urine Output: 0 mL/hr</td></tr>
<tr><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. Mom would console pt when she got fussy and pt would calm down

2. Pt cried and mom fed pt then the pt stopped crying

Piaget Stage: Sensorimotor (Primary Circular Reactions)
1. Pt turned head to mom's voice

2. Pt was looking around room and seemed curious about the environment</td></tr>
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<tr><td>11. Focused Nursing Diagnosis:
Ineffective Health Maintenance</td><td rowspan="4">15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Parents will state one reason it is important to finish antibiotic

Evidenced Based Practice:
By understanding the importance of finishing the antibiotics the parents will demonstrate understanding of why the pt needs to adhere to meds even when she "seems better" to prevent infection.

2. Parents will state two ways to prevent future urinary tract infection.

Evidenced Based Practice:
By stating how to prevent future infection the parents will be able to understand that increasing fluids, changing diapers q4h, and how to properly wipe the pt will decrease risk of future infection.

3. Parents wil be able to teach back 3 s/s of infection

Evidenced Based Practice:
By teaching back signs and symptoms of infection the parents will be able to recognize any redness, drainage, swelling, fever, and pain unresolved by medications are signs of infection.</td><td>16. Patient/Caregiver Teaching:
1. Teach the importance of finishing the antibiotics. To ensure the infection does not return.

2. Encourage parents to increase pt fluids to flush out any bacteria of the urinary tract and keep the patient from getting dehydrated.

3. Teach pt and caregiver s/s of infection: redness, swelling, tenderness, fever, and drainage.</td></tr>
<tr><td>12. Related to (r/t):
Pt has infection in the urinary tract</td><td rowspan="3">17. Discharge Planning/Community Resources:
1. Send parents home with pamphlet over proper rehydration methods.

2. Send patient home with packet of antibiotic importance and what can happen if antibiotic is not completed.

3. Send pt and caregiver home with pamphlet about s/s of infection and preventing infection.</td></tr>
<tr><td>13. As evidenced by (aeb):
Pt has fever, reddened genitalia, and increased white blood cells.</td></tr>
<tr><td>14. Desired patient outcome:
Parents will each be able to list one reason they should finish giving pt the antibiotic and one negative effect of quitting the antibiotic by discharge.</td></tr>
</table>

Student Name: Aubree Lomax Unit: 3N Pt. initials: 84 Date: 9-21-22

GENERAL APPEARANCE

Appearance: ☑Healthy/Well Nourished ☑Neat/Clean ☐Emaciated ☐Unkept
Developmental age: ☑Normal ☐Delayed

NEUROLOGICAL

LOC: ☑Alert ☐Confused ☐Restless ☐Sedated ☐Unresponsive
Oriented to: ☐Person ☐Place ☐Time/Event ☑Appropriate for Age
Pupil Response: ☑Equal ☐Unequal ☑Reactive to Light ☑Size 2mm
Fontanel: (Pt < 2 years) ☑Soft ☑Flat ☐Bulging ☐Sunken ☐Closed
Extremities: ☑Able to move all extremities ☐Symmetrically ☐Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: ☐Yes ☑No Level ____
Seizure Precautions: ☐Yes ☑No

RESPIRATORY

Respirations: ☑Regular ☐Irregular ☐Retractions (type) ____ ☐Labored
Breath Sounds:
Clear ☑Right ☑Left
Crackles ☐Right ☐Left
Wheezes ☐Right ☐Left
Diminished ☐Right ☐Left
Absent ☐Right ☐Left
☑Room Air ☐Oxygen
Oxygen Delivery:
☐Nasal Cannula: ____L/min
☐BiPap/CPAP: ____
☐Vent: ETT size____@____cm
☐Other: ____
Trach: ☐Yes ☑No
Size ____ Type ____
Obturator at Bedside ☑Yes ☐No
Cough: ☐Yes ☑No ☐Productive ☐Nonproductive
Secretions: Color____
Consistency____
Suction: ☐Yes ☑No Type ____
Pulse Ox Site Lt foot 9/21-AL
Oxygen Saturation: 97

CARDIOVASCULAR

Pulse: ☑Regular ☐Irregular ☑Strong ☐Weak ☐Thready ☐Murmur ☐Other ____
Edema: ☐Yes ☑No Location ____ ☐1+ ☐2+ ☐3+ ☐4+
Capillary Refill: ☑< 2 sec ☐> 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Not observed
Stool Appearance: Not observed
☐Diarrhea ☐Constipation ☐Bloody ☐Colostomy

GASTROINTESTINAL

Abdomen: ☑Soft ☐Firm ☐Flat ☐Distended ☐Guarded
Bowel Sounds: ☐Present X 4 quads ☑Active ☐Hypo ☐Hyper ☐Absent
Nausea: ☐Yes ☑No
Vomiting: ☑Yes ☐No
Passing Flatus: ☑Yes ☐No
Tube: ☐Yes ☑No Type ____
Location ____ Inserted to ____cm
☐Suction Type: ____

NUTRITIONAL

Diet/Formula: Regular BF
Amount/Schedule: BF - mom
Chewing/Swallowing difficulties: ☐Yes ☑No

MUSCULOSKELETAL

☐Pain ☐Joint Stiffness ☐Swelling ☐Contracted ☐Weakness ☐Cramping ☐Spasms ☐Tremors
Movement: ☐RA ☐LA ☐RL ☐LL ☑All
Brace/Appliances: ☑None
Type: ____

MOBILITY

☐Ambulatory ☑Crawl ☐In Arms ☐Ambulatory with assist ____
Assistive Device: ☐Crutch ☐Walker ☐Brace ☐Wheelchair ☐Bedridden

PSYCHOSOCIAL

Social Status: ☑Calm/Relaxed ☑Quiet ☑Friendly ☑Cooperative ☐Crying ☐Uncooperative ☐Restless ☐Withdrawn ☐Hostile/Anxious
Social/emotional bonding with family: ☑Present ☐Absent

IV ACCESS

Site: ®AC 24g ⓛAC 22g ☑INT ☐None
☐Central Line
Type/Location: ____
Appearance: ☑No Redness/Swelling ☐Red ☐Swollen ☐Patent ☐Blood return
Dressing Intact: ☑Yes ☐No
Fluids: ®AC 24g - D5½NS @ 5mL/hr -AL

SKIN

Color: ☑Pink ☐Flushed ☐Jaundiced ☐Cyanotic ☐Pale ☑Natural for Pt
Condition: ☑Warm ☐Cool ☑Dry ☐Diaphoretic
Turgor: ☑< 5 seconds ☐> 5 seconds
Skin: ☑Intact ☐Bruises ☐Lacerations ☐Tears ☐Rash ☐Skin Breakdown
Location/Description: ____
Mucous Membranes: Color: pink
☑Moist ☐Dry ☐Ulceration

PAIN

Scale Used: ☐Numeric ☑FLACC ☐Faces
Location: ____
Type: ____
Pain Score:
0800 0 1200 0 ~~1600~~ ____

WOUND/INCISION

☑None
Type: ____
Location: ____
Description: ____
Dressing: ____

TUBES/DRAINS

☑None
☐Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

ent Name: Aubree Lomax Unit: 3N Pt. Initials: 84 Date: 9-21-22

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake				BF-30 min	BF-30 min								BF - 60 min
Intake – PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water													0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	5	5	5	25	25	25							90mL
IV Meds/Flush													0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													0
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													0
Other													0

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: (0) 1 2 3
Cardiovascular	Circle the appropriate score for this category: (0) 1 2 3
Respiratory	Circle the appropriate score for this category: (0) 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) _____ Score 0-2 (Green) – Continue routine assessments Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 1/2 NS 5mL/hr	Isotonic ☐ Hypotonic ☐ Hypertonic ☒	Fluid replacement	Electrolytes, acid-base disturbance, volume status	Hyperkalemia, high chloride levels, Thomsen disease

Student Name: Aubree Lomax		**Unit:** 3N	**Patient Initials:** 83		**Date:** 9/21/2022	**Allergies:** NKA	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**IVP – List diluent solution, volume, and rate of administration** **IVPB – List concentration and rate of administration**	**Adverse Effects**	**Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)**
Ceftriaxone	Third-generation cephalosporin	Anti-infective	40mg/mL 28mL/hr IV daily	Yes Yes	IVPB- 560mg, 28mL/hr	Seizures, hearing loss, dyspnea, C. diff,	1. Use with caution in penicillin allergies 2. Finish antibiotics 3. Report blood in stool 4. Monitor for changes in LOC and neuro changes
							1. 2. 3. 4.
							1. 2. 3. 4.