IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 2 yr old **Patient Weight:** 11.8 kg

Student Name: Chelsie Callesen	**Unit:** Pedi 3N **Pt. Initials:** A.B.	**Date:** 9/20/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Iron deficiency anemia (IDA) is a hypochromic-microcytic anemia where your red blood cells (RBCs) are abnormally small and you have low levels of hemoglobin (hgb). Despite the cause, IDA occurs when the body's iron demand exceeds that of it's supply. lron is essential for the production of hemoglobin. The depletion of iron stores may result from blood loss, decreased intake, impaired absorption, or increased demand. Iron-deficiency anemia could also occur due to gastrointestinal bleeding.	**2. Factors for the Development of the Disease/Acute Illness:** A diet that is low in iron (P), the body not being able to absorb iron, heavy menstrual bleeding, internal bleeding, pregnancy, chronic kidney disease, and chronic conditions that cause ongoing inflammation.	**3. Signs and Symptoms:** Extreme fatigue (P), weakness, pale skin (P), chest pain, fast heartbeat or shortness of breath, headache, dizziness or lightheadedness, cold hands and feet (P), inflammation or soreness of your tongue, brittle nails, unusual cravings for non-nutritive substances (ice, dirt or starch), poor appetite (especially in infants and children with iron deficiency anemia) (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Blood test: complete blood count (CBC) (P)	**5. Lab Values That May Be Affected:** Hgb (P), Hct (P), MCV, Low ferritin, FE High transferrin or total iron-binding capacity (TIBC), low iron saturation	**6. Current Treatment (Include Procedures):** Ferrous Sulfate liquid iron supplement (P)

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Have the parents bring a transitional object for the child to have. If they don't have one, contact child life to bring something (stuffed animal, blanket, etc.). **2.** Allow the parents to hold and or console the child as needed ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text.	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** Weight: 11.8 kg: First 10 kg x 100 = 1,000 Remaining 1.8 kg x 50 = 90 Total 1,090 mL /24 hours or 45 mL/hour **Actual Pt MIVF Rate:** 45 mL/hr **Is There a Significant Discrepancy?** No **Why?** Patient at beginning of shift had D5 1/2 NS 20 kCl mEq running at 45 mL/hr. However, they stopped that and INT the IV due to preparing for DC	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5 mL x 11.8 kg = 5.9 mL/hr **Actual Pt Urine Output:** 350 mL out at 1000. Other than that, was not going frequently.

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<tr><td>Student Name: Chelsie Callesen</td><td>Unit: Pedi 3N Pt. Initials: A.B.</td><td>Date: 9/20/2022</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: Autonomy vs. Shame and Doubt
1. Didn't want to do anything for himself. Consistently looked towards mom to move things and help with anything, especially when the nurse or I entered the room. When you would try to touch him, he would grab your hand and move it away.

2. Mom acted as his transitional object. Anytime he was upset, he immediately started grabbing for mom or turning towards mom.

Piaget Stage: Sensorimotor phase
1. Anytime the nurse or I would walk in the room, he would immediatelt start crying as if he knew that we had to be there to do something to him, even if we were just coming to talk to the parents.

2. When it came to unhooking his IV, he didn't want us touching or doing anything to it. It was as if he thought we were taking something of his.</td></tr>
<tr><td>11. Focused Nursing Diagnosis:
Fatigue

12. Related to (r/t):
R/T: Related to decreased hemoglobin and diminished oxygen-carrying capacity of the blood</td><td>15. Nursing Interventions related to the Nursing Diagnosis in #11:
1. Develop a schedule for daily activity and rest periods.

Evidenced Based Practice:
E/B: Energy reserves may be depleted, requiring an increased need for rest. Scheduling period of rest can aide in diminishing any added fatigue when completing necessary tasks.

2. Provide supplemental oxygen therapy as needed

Evidenced Based Practice:
E/B: Oxygen saturation should be kept at 90% or</td><td>16. Patient/Caregiver Teaching:
1. Educate on a well rounded diet and foods containing iron (green leafy vegetables, legumes, iron fortified formula or cereal, etc.)

2. Educate on the importance of giving an iron supplement on an empty stomach and with citrus juices.

3. Educate on the expected tarry stool appearance after patient has received iron supplementation.</td></tr>
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13. As evidenced by (aeb): As evidenced by an inability to maintain usual level of physical activity	greater. **3.** Anticipate the need for the transfusion of packed RBCs. **Evidenced Based Practice:** E/B: Packed RBCs increase the oxygen-carrying capacity of the blood.	**17. Discharge Planning/Community Resources:** **1.** Provide the family with a pamphlet educating on iron deficiency anemia, what to look for, and how to prevent it. **2.** Consult/have a nutritionist come and speak with the family at length about what diet changes may be necessary in preventing this in the future. **3.** Have a follow up appointment in place with the patient's PCP to monitor the Hgb and Hct levels to ensure their improving and not worsening.
14. Desired patient outcome: Patient will have increased energy and ability to perform desired activities by 1900 on 9/20/2022.		