IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 16 **Patient Weight:** kg 90.2

Student Name: Ashley Robinson	**Unit:** **Pt. Initials:**	**Date:** Click here to enter a date. 10/5/22
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): ITP Thrombocytopenia Impairment in CD4+ T regulatory cells and dendritic cell leads to ITP. IgG anti platelets binds to platelet surfaces antigens such as glycoprotein. Platelets with bound autoantibodies are recognized by macrophages with Fcy receptors, causing antibody mediated platelet phagocytosis and destruction. There is also a impaired platelet production due to targeting anti platelet autoantibodies or CD8= T cell in the bone marrow.	**2. Factors for the Development of the Disease/Acute Illness:** Idiopathic means "unknown cause" Having certain types of cancers Aplastic anemia Autoimmune disease *lupus Reactions to certain medicines	**3. Signs and Symptoms:** Petechia Purpura Hemorrhage Nonpalpable sleep Spontaneous bleeding
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Isolated thrombocytopenia on a CBC CT scans Bone marrow aspirations No definitive test	**5. Lab Values That May Be Affected:** CBC low platelet ele counts WBC if there is an infection from not having spleen to filter blood Pt/INR ApTT	**6. Current Treatment (Include Procedures):** First line corticosteroids, intravenous immunoglobulins and anti-D immunoglobulins Subsequent treatments include Rituximab, splenectomy or thrombopoietin receptor agonist. Treatment goal: maintaining platelet count greater that 20-30 x 10(9)/L for symptomatic patients Cellcept Prophylaxis penicillin

Student Name: **7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Music therapy 2. Distraction- movies, games, stories, books ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text. No pain meds	**Unit:** **Pt. Initials:** **8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 90kg 100 x 10 = 1000 50 x 10 = 500 20 x 70 = 1400 = 2900/day **Actual Pt MIVF Rate:** Patient did not have any fluid running **Is There a Significant Discrepancy?** Choose an item. **Why?**	**Date:** Click here to enter a date. **9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 30 x 24 = 720 mL/day **Actual Pt Urine Output:** Patient voided twice no measurement we taken
	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:** Identity vs. role confusion 1. Patient was talking and texting with friends 2. It could be confusing to her to know have to know and ask questions about her medical condition. When we asked if she had any questions. Maybe she did but have to figure out more abut her condition to ask **Piaget Stage:** Formal operational 1. Patient was waiting for doctors to come in before she went for a walk so they would not have to wait for her or miss her. 2. Patient asked was it ok to take a walk down to the cafeteria with her mom. She wanted to make sure she was following the rules.	

Student Name:	15. Nursing Interventions related to the Nursing Diagnosis in #11:	18. Patient/Caregiver Teaching:
11. Focused Nursing Diagnosis: RISK for infection	**1.** Encourage increased fluid intake **Evidenced Based Practice:** Fluid helps promote diluted urine. Reduces the risk of bladder infection **2.** Recommend the use of soft-bristled toothbrushes and stool softener to protect mucus membranes **Evidenced Based Practice:** Hard bristles can compromise the integrity of the mucous membranes and serves as a point of entry for pathogens **3.** **Evidenced Based Practice:** 3. Encourage sleep and rest EBP: adequate sleep is essential modulator of immune responses	**1.** **2.** **3.** 1. Avoid contact sports due to risk for bleeding. 2. Avoid lifting weights at school 3. Try things such as swimming.
12. Related to (r/t): Related to low platelet count		
13. As evidenced by (aeb): As evidence by patient coming in to the hospital with a platelet count of 1		**17. Discharge Planning/Community Resources:** **1.** Follow up with rheumatologist **2.** Teach patient to apply pressure to any Bleed for 10 mins if it don't stop get medical help **3.** Encourage a high proteins to decrease risk fir infection and iron to help with anemia and vitamin c to help absorb iron
14. Desired patient outcome: Patient will remain infection free. As evidence by normal vital signs and no signs of infection by discharge at 6pm October 5.		

Immune thrombocytopenia (ITP). Pathology Outlines - Immune thrombocytopenia (ITP). (n.d.). Retrieved October 7, 2022, from https://www.pathologyoutlines.com/topic/spleenITP.html