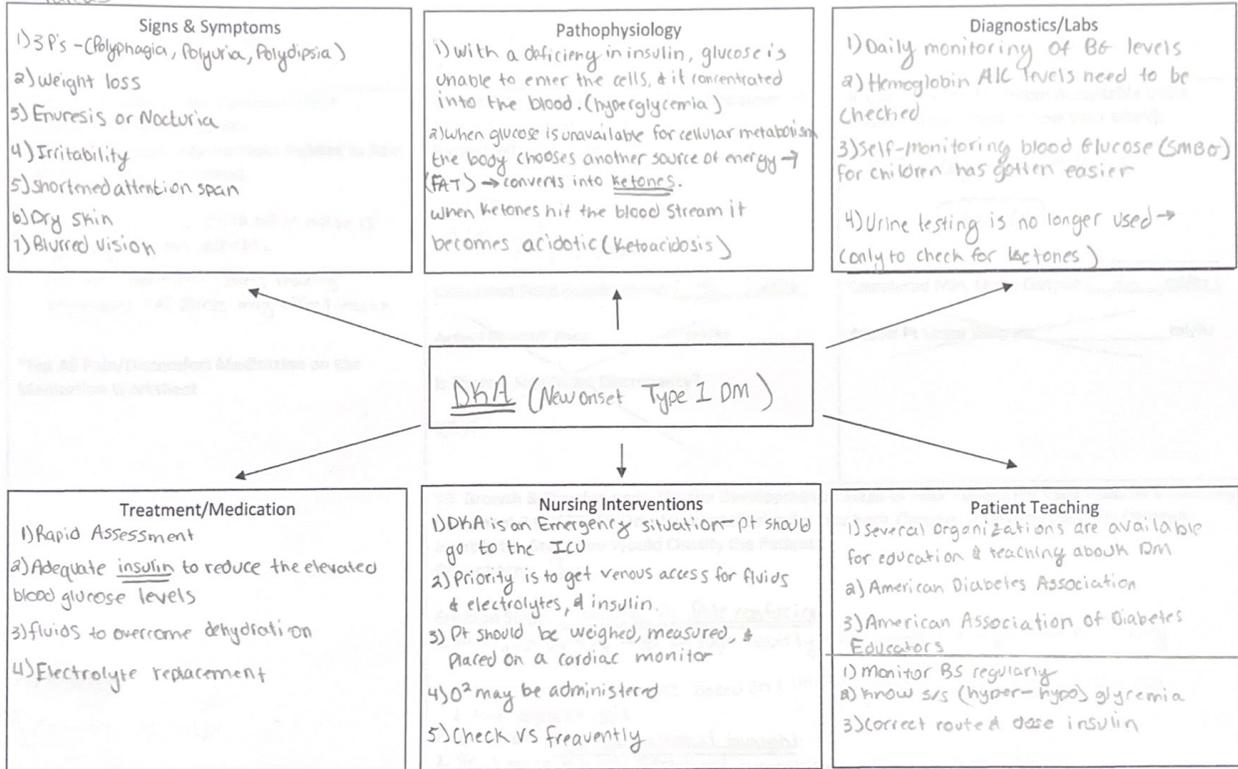


Jonathan  
Paredes



**Other**  
Definitive treatment is replacement of insulin that the child is unable to produce. However, insulin needs are affected by emotions, nutritional intake, & other life events such as illness & puberty.

**Priority Nursing Diagnosis**  
Ketoacidosis must be differentiated from other causes of acidosis or coma, including hypoglycemia, uremia, gastroenteritis, metabolic acidosis, salicylate intoxication, encephalitis, & other intracranial lesions. DKA may include presence of hyperglycemia, ketonemia, glycosuria, & ketonuria.

Student Name Jonathan Paredes

**7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.**

1. Parents can hold child while nurse is getting venous access.
2. We can implement "stress reducing" techniques - as stress may affect insulin

**\*List All Pain/Discomfort Medication on the Medication Worksheet**

**8. Calculate the Maintenance Fluid Requirement (Show Your Work):**

Patient Wt: 44 kg

$$10 \times 100 = 1,000$$

$$10 \times 50 = 500$$

$$24 \times 20 = 480$$

$$(1,080 \text{ mL} / 24 \text{ hrs})$$

Calculated Fluid Requirement: 45 ml/hr

Actual Pt MIVF Rate: \_\_\_\_\_ ml/hr

Is There a Significant Discrepancy?

Why?

**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):**

$$(0.5 \text{ mL/kg/hr}) \times (44 \text{ kg}) =$$

$$\boxed{22 \text{ mL/h}}$$

Calculated Min. Urine Output: 22 ml/hr

Actual Pt Urine Output: \_\_\_\_\_ ml/hr

**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:**

Patient age: 13 yo

**Erickson Stage:** Identity vs. Role confusion

1. He is just starting to go through puberty & his reproductive organs are functioning

2. His relationships are more based on (intimat / romantic) portions of relationships & the opposite sex

**Piaget Stage:** Formal Operational thought

1. He is going through Adolescent egocentrism - (Imaginary Audience)

2. The last executive functions to develop are

1) setting priorities

2) planning

3) organizational thoughts

4) suppressing impulses

5) weighing consequences

Student Name Jonathan Paredes

|  |   |  |
|--|---|--|
| <p><b>11. Focused Nursing Diagnosis:</b></p> <ol style="list-style-type: none"> <li>1) Vital signs need to be monitored regularly</li> <li>2) Check BP for Hypotension</li> <li>3) Check for elevated -Temp S/S infection</li> <li>4) Check I&amp;O's</li> </ol> | <p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"> <li>1. Hypotension caused by dehydration can be hazardous to the heart, lungs, &amp; kidneys.<br/><b>Evidenced Based Practice:</b> <u>Hochmberg Book</u></li> <li>2. An Elevated Temperature may indicate infection &amp; should be reported so that treatment can be implemented immediately <u>CDC.gov</u></li> <li>3. Level of consciousness is assessed at frequent intervals. Unconscious children given treatment → regain consciousness<br/><u>Hochmberg Book</u></li> </ol> | <p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"> <li>1. Meal planning <math>\bar{c}</math> child</li> <li>2. Injection of Insulin Procedure</li> <li>3. BS monitoring</li> <li>4.) S/S (hyper-hypo) glycermia</li> </ol> |
| <p><b>12. Related to (r/t):</b></p> <ol style="list-style-type: none"> <li>1) Contracted Blood volume</li> <li>2) dehydration state may cause decreased peripheral blood flow</li> <li>3) Report S/S of infection immediately &amp; treat fast</li> </ol>        | <p><b>17. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"> <li>1. American Diabetes Association</li> <li>2. Juvenile Diabetes Research Foundation International</li> <li>3. National Institute of Diabetes</li> </ol>   |  |
| <p><b>13. As evidenced by (aeb):</b></p> <ol style="list-style-type: none"> <li>1) Complete blood count</li> <li>2) Specific gravity of urine</li> <li>3) WBC's from CBC</li> </ol>  |   |  |
| <p><b>14. Desired patient outcome:</b></p> <ol style="list-style-type: none"> <li>1) lowered Blood Sugar</li> <li>2) Regulated Blood pressure</li> <li>3) free from any microbes causing infection</li> </ol>  |   |  |

Student Name: Jonathan Paredes Unit: \_\_\_\_\_ Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

Allergies: NKA

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type                 | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
|  | Isotonic/ Hypotonic/ Hypertonic |                   |                                     |                                 |

| Generic Name       | Pharmacologic Classification | Therapeutic Reason           | Dose, Route & Schedule          | Therapeutic Range?                        | IVP – List diluent solution, volume, and rate of administration<br>IVPB – List concentration and rate of administration | Adverse Effects                  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)   |
|--------------------|------------------------------|------------------------------|---------------------------------|---|---|----------------------------------|---|
|                    |                              |                              |                                 | Is med in therapeutic range? If not, why? |   |                                  |   |
| Insulin lispro     | Insulin                      | lowers levels of blood sugar | (0.1U/kg/hr) over IV (1-2hrs)   | 0.05 - 0.1 unit/kg/hr                     |   | low blood sugar<br>low potassium | 1. Know S/S hypoglycemia<br>2. know S/S hyperglycemia<br>3. May cause itching<br>4. May have weight gain                                      |
| 0.9% normal saline | IV maintenance fluid         | Rehydrate my dehydrated pt   | Bows (10-20ml/kg) over (1-2hrs) |   |   | Fluid overload<br>hypervolemia   | 1. Do not give if pt has renal impairment<br>2. Check S/S hypervolemia<br>3. Closely monitor plasma electrolytes<br>4. Check S/S hyponatremia |
|                    |                              |                              |                                 |   |   |                                  | 1.<br>2.<br>3.<br>4.  |
|                    |                              |                              |                                 |   |   |                                  | 1.<br>2.<br>3.<br>4.  |
|                    |                              |                              |                                 |   |   |                                  | 1.<br>2.<br>3.<br>4.  |