



Student Name Jonathan Paredes

<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Parents encouraging rest during febrile phase 2. Parents can try to positively encourage antibiotics (All of them)</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): Patient Wt: <u>20</u> kg</p> <p>$10 \times 100 = 1,000$ $10 \times 50 = 500$ $(1,500) / 24$</p> <p>Calculated Fluid Requirement: <u>62.5</u> ml/hr</p> <p>Actual Pt MIVF Rate: _____ ml/hr</p> <p>Is There a Significant Discrepancy? Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>$(0.5 \text{ ml/kg/hr}) \times (20 \text{ kg})$</p> <p>Calculated Min. Urine Output: <u>10</u> ml/hr</p> <p>Actual Pt Urine Output: _____ ml/hr</p>
	<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: Patient age: <u>6yo</u></p> <p>Erickson Stage: <u>Industry vs. Inferiority</u></p> <p>1. He will feel some sort of inferiority in tasks he cannot do 2. The child will desire real achievement</p> <p>Piaget Stage: <u>Preoperational Period</u></p> <p>1. will shift from egocentric thought to social awareness 2. will eventually move into concrete operation period in 1 year</p>	

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<p>11. Focused Nursing Diagnosis: 1) Droplet precautions 2) compliance & antibiotics 3) Encourage rest</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Institute Standard & droplet precautions Evidenced Based Practice: CDC.</p>	<p>16. Patient/Caregiver Teaching: 1. Relieve discomfort of sore throat analgesics, gargles, lozenges 2. Encourage fluids 3. Advise parents to consult practitioner if fever continues</p>
<p>12. Related to (r/t): 1) contacting droplets 2) PCN 3) Febrile seizures</p>	<p>2. Ensure compliance & antibiotics Evidenced Based Practice: CDC.</p> <p>3. Encourage fluids during febrile stage Evidenced Based Practice: CDC.</p>	
<p>13. As evidenced by (aeb): 1) contamination from contact & droplets 2) PCN will help fight infection that was diagnosed 3) seizures brought on by ↑ fever</p>		<p>17. Discharge Planning/Community Resources: 1. Purchase analgesics, lozenges, antiseptic throat sprays, & cool mist humidifier 2. Avoid irritating liquids 3. Avoid rough foods begin & soft diet</p>
<p>14. Desired patient outcome: 1) Prevent the spread of disease 2) Take full load of antibiotics 3) Prevent febrile seizures</p>		

Student Name: Jonathan Paredes Unit: _____ Pt. Initials: _____ Date: _____

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

Allergies: NKOA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List solution to dilute and rate to push.	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?	IVPB – concentration and rate of administration		
<u>PCN</u>	<u>Natural PCN's</u>	Anti-biotic	50mg/kg q4hrs	/	/	1) Possible Allergic reactions 2) Respiratory issues	1. Check s/s anaphylaxis 2. may cause itching 3. may cause N/V 4. can cause "hoarse tongue"
<u>Ibuprofen</u>	<u>NSAIDs</u>	Control fever & help w/ throat pain	200-400mg <u>PRN</u>	/	/	Liver Toxicity If taking too much	1. NO more than 4,000mg in 24hrs 2. take w/ food lessen stomach irritation 3. pt w/ heart disease need to monitor HR 4. May cause GI bleed/ ulcers
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.