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<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"><li>1. loose fitting clothes</li><li>2. Avoid irritants / applying stuff to skin to ↓ itching. only non scented soap and water/ointment</li></ol> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> <p>diphenhydramine, cetirizine, prednisone for allergy relief ↓ itchiness.</p> <p>famotidine to prevent ulcers due to stress from being at the hospital.</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b> 1st 10kg × 100ml = 1000ml Patient Wt: <u>13.5</u> kg and <u>3.5</u>kg × 50 = 175ml</p> $\begin{array}{r} 1000 \\ + 175 \\ \hline 1175 \\ \div 24\text{hr} \\ \hline 48.95 \\ \downarrow \\ \text{about } 49 \end{array}$ <p>Calculated Fluid Requirement: <u>49</u> ml/hr</p> <p>Actual Pt MIVF Rate: <u>NIA</u> ml/hr</p> <p>Is There a Significant Discrepancy? <u>INT</u></p> <p>Why?</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> <p>1 ml/kg/hr    13.5kg = 13.5 ml/hr</p> <p>Calculated Min. Urine Output: <u>13.5</u> ml/hr</p> <p>Actual Pt Urine Output: <u>67</u> ml/hr</p> <p>218 + 250 ----- 468</p> <p><math>\frac{468}{7 \text{ hrs}} = 66.85</math></p> <p>well hydrated</p> <p>(in my shift)</p>
<p><b>10. Growth &amp; 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:</b></p> <p>Patient age: <u>2-7</u> years old</p> <p>Erickson Stage: <u>Autonomy vs. shame and doubt</u></p> <ol style="list-style-type: none"><li>1. Knows what she wants &amp; what she feels and wants you to let her help you when performing skills</li><li>2. Very independent.</li></ol> <p>when doing vitals / eating she says "I was going to help do that."</p> <p>Piaget Stage: <u>Preoperational</u></p> <ol style="list-style-type: none"><li>1. knows what to expect when she sees vitals machine</li><li>2. Can talk about how things make her feel, like when taking meds, describing how her skin feels.</li></ol> <p>pt is 2 y/o</p>		

<p>11. Focused Nursing Diagnosis: Risk for impaired skin integrity</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. ↓ scratching, instead pat Evidenced Based Practice: decreases impaired skin which can lead to infection 2. as needed tx of medication /call for unreviewed itching Evidenced Based Practice: decreases need for itching which can cause impaired skin 3. avoid irritants &amp; fragrances on affected skin Evidenced Based Practice: decreases inflammation /irritation</p>	<p>16. Patient/Caregiver Teaching: 1. do not scratch affected area 2. keep skin clean, wash with soap and water 3. avoid fragrances/irritations, loose fitting clothes</p>
<p>12. Related to (r/t): frequent scratching, dry and inflamed skin</p>		
<p>13. As evidenced by (aeb): redness, swelling, itching, rash on extremities and face.</p>		<p>17. Discharge Planning/Community Resources: 1. find source of urticaria (have not done yet) 2. Teach environmental /irritations that cause reactions, follow up w/tx. 3. Teach anaphylaxis reaction that causes breathing issues and how to tx /when its important to call 911.</p>
<p>14. Desired patient outcome: - itching to stop, skin to go back to normal. - figure out what is causing the urticaria with help of PCP</p>		