IM5 Clinical Worksheet – Pediatric Floor

Student Name: Sadie Burrow **Date: 05/06/25**	**Patient Age:** 16 Y.O **Patient Weight:** 54.5 kg
1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Immune thrombocytopenia is an autoimmune disease where there is increased platelet destruction and impaired platelet production.	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Would monitor for S/S of bleeding and monitor lab values of platelets & H&H.
3. Identify the most likely and worst possible complications. - bleeding - intracranial hemorrhage	**4. What interventions can prevent the listed complications from developing?** - Corticosteroids - IVIG - Platalet transfusions - Avoid contact sports - Mindful of meds that increase bleeding - Soft toothbrush
5.What clinical data/assessments are needed to identify these complications early? S/S of bleeding: Tachycardia Bruising Nose bleeds Tachypnea Petechiae	**6. What nursing interventions will the nurse implement if the anticipated complication develops?** - Monitor for S/S of bleeding enterally - restrict activities when platelets are below 50,000 - prevent bleeding andf promote safe environment - monitor lab values - minimize invasive procedures - avoid aspirin
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Cold application 2. **Deep breathing exercises, listening to music, meditation**	**8. Patient/Caregiver Teaching:** 1. teaching s/s of bleeding so pt can monitor 2. **Avoiding contact sports** 3. **Avoid aspirin and NSAIDS and anticoagulants** **Any Safety Issues identified:**

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Abnormal Relevant Lab Tests	Current	Clinical Significance	
Complete Blood Count (CBC) Labs			
P Platelet	14	Very low number of plt we want it above 150,000	
Metabolic Panel Labs			
Misc. Labs			
Absolute Neutrophil Count (ANC) (if applicable)			
Lab TRENDS concerning to Nurse?			
This is very concerning because the patients platelets levels are extremely low and need to avoid risks of bleeding.			

11. Growth & Development:
*List the Developmental Stage of Your Patient For Each Theorist Below.
*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.   **Stated doing puzzles was a hobby of hers**

2.   **Communicated well with a visitor in the room that was her age**

Piaget Stage: Formal operational stage

1.   **Patient was doing a puzzle and having to use logical reasoning**

2.   **Patient was having to translate English to Spanish for the parents**

Please list any medications you administered or procedures you performed during your shift:

Pediatric Floor Patient #