

IM5 Clinical Worksheet – Pediatric Floor

| | |
|--|---|
| Student Name: Gadi Sullivan Date: | Patient Age: 3 y.o. Patient Weight: 18.3 kg F |
| 1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words) Acute Appendicitis with perforation, generalized peritonitis, and abscess of intra abdominal abscess | 2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Abdominal Assessment, Vital Signs |
| 3. Identify the most likely and worst possible complications. Most Likely - Infection, Peritonitis Worst possible - Sepsis, Bowel Obstruction | 4. What interventions can prevent the listed complications from developing? Antibiotics (prophylactic), Proper wound care, monitoring vital signs, Drainage tubes, IV fluids, NPO |
| 5. What clinical data/assessments are needed to identify these complications early? WBC ↑, vital signs - fever/ tachycardia, abdominal exams, high CRP, CT scans, blood cultures | 6. What nursing interventions will the nurse implement if the anticipated complication develops? Fluid resuscitation, obtain cultures, Antibiotic admin., Monitor mental status change, keep pt NPO |
| 7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Utilize familiar toys, puzzles, coloring books, or bubble blowing to reduce tension. 2. Reduce stimulation - dim the lights and minimize noise to create a calm environment and lower anxiety. | 8. Patient/Caregiver Teaching: Wound care - keep the area clean and dry. Showering is usually allowed after 48 hours, but no submerging in baths for at least 1/2 week. No strenuous activity, running games or lifting for 2 weeks to prevent hernia/strain. 3. Manage pain w/ scheduled meds. Start w/ bland diet (soups, rice, crackers) as tolerated, encouraging Any Safety Issues identified: <u>no</u> encouraging Instruct parents on fluids to prevent dehydration. what to do if the tube pulls out (ex-call doctor immediately). |

GI Lab Reflection Questions

1. What types of patients (diagnoses/ procedures) did you see in the GI lab?
6 year old male who had an esophageal stricture so he came to get an esophageal dilation procedure done.
2. What prep is required for patients based on scheduled procedure?
NPO at midnight
3. How did growth and development come into play when caring for patients?
It helped me adapt care by knowing their age and developmental level to be able to meet their care needs.
4. What is the process for obtaining consents for the procedure?
pre-procedure info (explanation, purpose, benefits, risks, alternatives) → medical assessment → direct consultation → signing form → final verification
5. What are some common post-procedure instructions given to the patient/caregivers?
May have bleeding, might be drowsy when waking up, possible vomiting, and eat/drink as tolerated.
6. Give examples of non-pharmacological comfort nursing interventions you saw.
Baseball pillow to relax finger that was hurting on, tablet to distract, popsicle to help soothe throat, apple juice to get taste out of mouth
7. What complications (red flags) from sedation did you watch for and how did you monitor?
respiratory depression - monitored all vital signs (during surgery + after)
8. What is the flow of the patient throughout the department? Give examples of how staff worked as a team?
Everyone has a set job so everything flowed quickly and efficiently on the unit. (One nurse charted pre-procedure, while the other nurse was doing some teaching, then doctors came to talk to mom and patient)
9. How does the NPO status change based on age or if infant takes breast milk vs formula?
≤ 6 months (breast milk - 4 hrs, formula 4-6 hrs), 6-36 months (formula/milk 6 hours), > 36 months (formula/solid foods 6-8 hrs)
10. What role does the Child Life Specialist play in the GI lab? If not observed, how could they be part of your interdisciplinary team?
They helped to ease the child's nerves before the procedure, and to provide any behavioral help needed. (While one of the nurses got the operating room prepped.)

Breast milk: due to its faster gastric emptying, it has a shorter, 4-hour, requirement

Formula/cow's milk: takes longer to digest (similar to solid food), requiring a 6-hour, fast.

General Guidelines: As children get older, their digestive systems can handle longer, more complex meals, leading to longer required fasts (up to 8 hours for a full meal in older children)

