# Week 8 Team B Worksheet

Baby M is a 4-month-old who presented to the Emergency Department with wheezing and difficulty breathing. Her mother reports that she has had a fever at home and has been getting worse over the last several hours. She exhibits tachypnea and chest retractions, and you can her both audible and auscultated wheezes. After consulting with the team, it is determined that Baby M most likely has bronchiolitis.

1. What is the most common etiology of bronchiolitis? What patient population is most at risk for this condition?
2. What symptoms from the scenario above support the diagnosis of bronchiolitis? Explain the pathophysiologic process that is causing these symptoms and identify each as subjective or objective.
3. What is meant by “chest retractions”? Think about the pathophysiology of what is occurring in her lungs, describe the location of the following retraction types: intercostal, suprasternal, supraclavicular, substernal, and sub cos.
4. Baby M’s mother asks you to give her some antibiotics to help her get better. What is your best response to her? How will you explain how you can help Baby M get better?

Baby M is admitted to the hospital for management. As her provider, you understand that she is predisposed to developing pneumonia secondary to the process occurring in her lungs.

1. What signs and symptoms would expect to change and/or develop if Baby M were to develop pneumonia? What will you instruct her parents and caregivers to be on the lookout for?
2. Identify the 3 major classifications of pneumonia. Which one do you think Baby M is most at risk for?
3. Compare and contrast these 3 different types of pneumonia, including causative organisms, pathophysiology, distribution in the lungs, onset, and significant signs and symptoms.
4. If Baby M does develop pneumonia, how would this change the interventions needed to help return her body to a homeostatic state?