

Nursing Notes

Initials/Signature: LC/ L.Cook, SNB and AB/A. Benson, SNB

Rm No: _____

Actual Patient Problem: Impaired Gas Exchange

Clinical Reasoning: retractions, grunting, SpO2 89% on RA, yellow copious secretions, capillary refill 4 seconds, lung sounds crackles anteriorly and posteriorly b/l

Goal: (Child will cleared of nasal secretions throughout my time of care.) Met: Unmet:

Goal: (Pt will stay above 92% on RA during my time of care.) Met: Unmet:

Actual Patient Problem: Deficient Fluid Volume

Clinical Reasoning: oliguria, skin turgor slow to recoil, capillary refill 4 seconds, sunken anterior fontanel, urine output of 19mL over 8 hrs

Goal: (Urine output will 3 to 12 mL per hour during my time of care.) Met: Unmet:

Goal: (Capillary refill will less than 3 seconds by the end of my time of care.) Met: Unmet:

Deficient fluid volume	1115	Capillary refill 4 seconds, sunken anterior fontanel, skin turgor slow to recoil	1140	IV bolus NSS 120 mL using the push pull method	1155	BP 58/34, HR 145, no urine output present, capillary refill 2 seconds
Impaired gas exchange	1137	SpO2 dropped from 96% to 89% on RA	1147	Called provider about SpO2 at 89% on RA. Raised HOB > 45 degrees. Provided O2 NC on 3L with humidifier.	1150	SpO2 100% on 3L
Impaired gas exchange	1140	Expiratory grunting, retractions, labored breathing. RR 51	1153	Administered Dexamethasone IVP 0.2 mL, 0.9 mg, over 1 minute	1205	No retractions present or labored breathing, expiratory grunting absent

Additional Patient Problems: Impaired skin integrity, Risk for electrolyte imbalance

Patient Problem	Time	Relevant Assessments Indicate pertinent assessment findings.	Time	Multidisciplinary Team Intervention What interventions were done in response to your abnormal assessments?	Time	Reassessment/Evaluation What was your patient's response to the intervention?
Impaired gas exchange	1155	Crying, SpO2 92%, secretions present around nares	1200	Nasal suctioning provided	1210	Crying ceased, no retractions or labored breathing. RR 46
Impaired skin integrity	1205	Diaper rash present	1210	Applied barrier cream to diaper rash	1220	Barrier cream still applied under new, dry diaper
Deficient fluid volume/Risk For Electrolyte Imbalance	1207	Potassium 4.0 up from 3.5 post 20mEqKCL in D5NS admin	1215	Maintained D5NS10mEqKCl 1,000mL, 24mL/hr	1230	Fluids still running at prescribed rate upon departure from unit. Unable to reassess Potassium until next lab draw
Impaired gas exchange	1210	Patchy infiltrates with small area of consolidation in RUL on CXR	1217	Administered Cefotaxime 300mg, 25mL, 50mL/hr, over 30 min	1231	Cefotaxime Abx still running at prescribed rate upon departure from unit.

Significant Event Documentation: Use the area below to document any significant events that happened during your time of care.
