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### Nursing Problem Worksheet

<b>Anticipated Patient Problem</b>  <b>and</b>  <b>Goals</b>	<b>Relevant Assessments</b>  (Prewrite) What assessments pertain to your patient's problem? Include frequencies.	<b>Multidisciplinary Team Intervention</b>  (Prewrite) What will you do if your assessment is abnormal?
<p><b>Problem: Ineffective Airway Clearance</b></p> <p>Reasoning: URI w/ increased WOB.</p> <p>Goal: Will maintain patent airway as evidenced by decreased work of breathing, RR 30-60 br/min, minimal or no retractions, and clear breath sounds after suctioning/intervention during my care.</p> <p>Goal: Will demonstrate adequate oxygenation as evidenced by SpO2 <math>\geq</math> 94% on room air (or baseline), normal skin color for ethnicity and capillary refill <math>&lt;</math> 2 seconds, and improved comfort during feeding/sleeping w/o respiratory distress during my care.</p>	Assess breath sounds, SpO2, and RR Q2 hours.	Suction oral cavity according to protocol.
	Assess skin for color and capillary refill Q2 hours.	Position infant in semi-Fowler's or upright position to promote optimal ventilation/improve oxygenation.
	Assess feeding tolerance Q4-6 hours.	Offer small, frequent feeds, and allow rest periods during feeds to reduce fatigue, and hold or modify feeds if respiratory distress increases.

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<p><b>Problem: Risk for Imbalanced Fluid-Electrolytes</b></p> <p>Reasoning: Prescribed D5 NS w/ KCl and Ondansetron (indicating vomiting).</p> <p>Goal: Will maintain adequate hydration as evidenced by <math>\geq</math> 6 wet diapers/day, moist mucous membranes, soft/flat fontanelle, and adequate tear production during my care.</p> <p>Goal: Will demonstrate stable fluid and electrolyte balance as evidenced by normal electrolyte values on labs (Na 135-145 mEq/L, Cl 95-105 mEq/L, K 3.5-5.5 mEq/L), capillary refill <math>&lt;</math> 2 seconds, and no signs of dehydration (tachycardia beyond illness baseline, sunken eyes) during my care.</p>	Assess electrolyte labs as they result/Qshift.	Administer D5 NS w/ KCl according to providers orders.
	Assess for signs of dehydration (sunken eyes, dry mucous membranes, depressed fontanelle, and minimal tear production.) Q2 hours.	Ensure adequate fluid maintenance needs being met: 6 kg, so 600 mL/day.
	Assess HR (should be 80-160 bpm) and rhythm Q2 hours.	Report tachycardia or bradycardia to the provider promptly (signs of worsening dehydration/fluid overload).