

Pediatric Case 4: Brittany Long

Documentation Assignments

1. Document the patient history you obtained for Brittany Long, including previous pain crises, hospitalizations, precipitating events, medical treatment, and home management.

Admin date: 3/6/22

Brittany Long: F/5 YOA, DOB: 12/10/2016, African-American

Height: 116 cm

Weight: 16 kg

NKDA

HX: Anemia- Sickle Cell

Hospitalizations at 3 YOA for fever, at 4YOA for VOC

No “triggers” for VOC

Home meds: Acetaminophen, Ibuprofen to manage crisis episode. Folic Acid supplementation

Reason for visit: C/O RLL pain. Assessed pain using Faces pain scale, patient self reports pain at a 10 on scale. Little to no appetite.

Medical TX:

VS q4hrs.

Continuous Pulse Ox and O2 supplementation, if needed, to keep O2Sat >94%

Encourage PO fluids

IVF: D5 1/2NS at 52 mL/hr

Meds: Acetaminophen Elixr 240 mg PO q6hrs

Ibuprofen Elixr 160 mg PO at 0900 and then q6hrs

Docusate 100 mg PO qday- liquid

Morphine 2.4 mg IV X1 dose

2. Document your initial focused assessment of Brittany Long.

Initial focused assessment included checking all VS. Next, assessed pain level using Faces pain scale. Asked about pertinent patient health HX. Assessed RLL making sure not to touch since patient did not want anyone to touch d/t being in so much pain.

3. Identify and document key nursing diagnoses for Brittany Long.

Acute pain r/t tissue hypoxia d/t agglutination of sickled cells within blood cells.

Deficient knowledge regarding sickle cell crisis prevention.

Ineffective peripheral tissue perfusion r/t vaso occlusion d/t viscous red blood cells aeb skin pallor and coolness.

Activity intolerance r/t fatigue and affects of chronic anemia aeb generalized weakness.

4. Referring to your feedback log, document the nursing care you provided and Brittany Long's response.

Hand hygiene was performed.

Identified both the patient by wristband and DOB, checked allergies.

Identified family relatives/parents present in the room.

Checked all VS, assessed pain using Faces pain scale.

Attached pulse ox and looked for normal breathing.

Assessed RLL.

Asked pertinent patient health HX.

Assessed IV site.

Admin required/needed meds.

Provided education when appropriate.

5. Document the patient teaching that you would provide for Brittany Long and her family before discharge, including disease process, nutrition, signs and symptoms of crises, prevention of infection and dehydration, and pain management.

I would begin by educating the parents more on the pathophysiology of Sickle Cell Anemia. Having a good understanding of how the disease works, sometimes helps in managing or complying with treatment options. Education on "triggers" is extremely important because the patient and parents can both monitor and prevent any precipitating factors that could lead to another VOC. Sharing with the parents what signs to look out for concerning dehydration is also imperative in preventing a crisis episode. These include but are not limited to: dry mucus membranes, low urine output, unexplained weight loss, mottled skin. With this disease we want to educate parents that preventing hypoxia is our main priority. Avoid strenuous exercise/sports, high altitudes, and avoid being around sick people are important. Seeking care as soon as possible or if suspicious of a crisis episode occurring, call HCP asap. Again, preventing dehydration is extremely important so educating parents on keeping patient hydrated is top priority. Offering various things for hydration such as popsicles, and watermelon are good sources to stay hydrated. Do not withhold fluids at night, encourage taking in fluids. Making sure to stay up to date on all immunizations is important to avoid any possible infections. Providing appropriate pain meds such as acetaminophen and ibuprofen for mild to moderate pain. Morphine for severe pain if in hospital setting. And providing all the emotional psychosocial support to both patient and parents is important as well. Can refer parents to family support groups and other groups that can help with managing Sickle Cell Anemia. Case management to help financially.