

Pediatric Case 3: Eva Madison

Documentation Assignments

Brooke Tucker

1. Document your initial focused assessment of Eva Madison.
My patient, 5-year-old female, was noted to be dehydrated. Her mucous membranes were noted to be dry. Her capillary refill was less than 8 seconds. She had a moderate decrease in her weight and no urine output since the previous day at 2000. She was noted to be breathing rapidly and appeared to have diaphragmatic breathing but it was hard to tell because it was a simulation. I performed a respiratory assessment, I found her respirations to be clear & equal bilaterally to auscultation but rapid at 30 respirations per minute. I also assessed her abdomen and pain level because she complained of pain to her abdomen. She rated her pain 4/10 on the FACES scale. A cardio assessment was also performed because it was ordered by the provider. Tachycardia was noted with no other cardiac abnormalities heard upon auscultation. Her O2 saturation stayed at 94-95% on RA & at rest. Her tympanic temperature was 99 F.
2. Identify and document key nursing diagnoses for Eva Madison.
Fluid Volume Deficit- May be related to her inability to keep fluids down (vomiting) and diarrhea. As evidenced by decreased urine output, weight loss, dry mucous membranes, and delayed capillary refill.
3. Referring to your feedback log, document the nursing care you provided and Eva Madison's response.
Washed my hands
Verified patient- she responded with correct name and DOB
Verified relatives- Confirmed relative to be her mother
Pt. stated she felt dizzy so I elevated the HOB. No further complaints of dizziness from the pt.
I gave the patient the stuffed dog toy before I took her vitals or performed any assessments. Eva stated, "He's cute, can I keep him with me?".
I asked the pt. if she was having any pain. She said she had pain in her tummy, 4/10 on the FACES scale
I visually assessed her respirations then auscultated her lungs, heart, and abd.
I put the pulse ox on the pt.'s finger. Her O2 was at 95%.
I checked the patient's mucous membranes, skin turgor, and capillary refill. Mucous membranes were noted to be dry and skin turgor and cap. Refill were delayed.

I reassured the pt. by letting her know that we were there to help her feel better and make her as comfortable as possible.

I checked for allergies. Pt.'s mom denied her daughter having any allergies.

I asked about the patient's past medical hx. The mother denied her daughter having any past medical hx or recent illnesses.

I assessed the IV site. No redness, bleeding, or edema to IV site

I flushed the site

I administered the D5W ¼ NS that was ordered and set the rate to 62mLs per hour.

After I administered the medication that was ordered, she stated that she felt a little bit better.

I reassessed the patient's heart and lung sounds.

I provided education to the patient's mother

I called the provider using SBAR

Hand off.

4. Document the patient teaching that you would provide for Eva Madison and her parents before discharge, including teaching related to contact isolation precautions and diet progression. The simulation gave me the teaching/education information for the patient's mother. I don't remember all of it but she needed fluid replacement with ORS and meals low in fat and complex carbs, and she should avoid high sugar foods/drinks. The mother should wear a gown and gloves when entering her daughter's room and discard them before leaving the room (contact precaution).