

## Pediatric Case 1: Jackson Weber

### Documentation Assignments

1. Document your initial focused assessment of Jackson Weber.

On initial neurological assessment patient was alert and oriented x 3. Patient responded appropriately. Assessed pain level with FACES scale, patient reports no pain rates pain level of a 0 out of 5. Patients breath sounds and were clear and chest moving equally. Heart sounds normal no murmurs. I removed all items out of the bed for safety measures and seizure pads were up. Patient began to have a seizure, I applied oxygen via non-rebreather at 15 Liters/min and I turned patient on his right lateral side until seizure passed. Provider was notified of seizure, no changes at this time continue previous orders and precautions. The child was unconscious but stable, started to mumble when asked questions. Vital signs obtained and education provided to patients mother. Will continue to monitor.

2. Identify and document key nursing diagnoses for Jackson Weber.

Risk for injury. Risk for Trauma. Risk for impaired gas exchange due to ineffective breathing

3. Referring to your feedback log, document the nursing care you provided and Jackson Weber's response.

I introduced myself to the patient and the patient's mother. Hand hygiene was performed then I identified the patient as well as his mother that was at bedside. I verified allergies for the patient. I did a pain assessment using FACES scale, neuro, cardiac and respiratory assessment. I assessed the patient vital signs and neurological status. The patient had a seizure, I applied oxygen using a non-rebreather and turned the patient on his right lateral side and provided safety measures to prevent injuries. Provider was called and notified with no new orders or changes for the patient. Patients mother was updated and provided education.

4. Document the teaching that you would provide for Jackson Weber and his mother before discharge.

I would teach the patients mother about the importance of correct positioning to avoid choking or airway obstruction. When to call 911 if needed. Provide education about medication therapy and making sure the medication is taken at the same time everyday. Stress the importance of making sure someone is always with the patient, no swimming

unsupervised. Patient needs to wear a medical alert bracelet. Provide education about safety and making the patients environment around him a safe one to prevent injuries.

5. Document your handoff report in the situation-background-assessment-recommendation (SBAR) format to communicate what further care Jackson Weber needs.

Patient Weber is a 5 yr old male admitted with generalized tonic-clonic seizures diagnosed 2 years ago. Patient has seen a neurologist before who started him on p.o phenobarbital to help control the seizures. Patient has not seen his neurologist in the past 15 months. Patient has an IV in his left arm running D5 NS with KCl 20 meq running at 58 mL/hr with no redness, drainage or pain at the site. Patient rates pain level at 0 on FACES scale. Patients vital signs are stable. Patient was unable to take his phenobarbital. Patient needs to continuously be assessed and monitored with neuro checks every 4 hours. Maintain seizure precautions.