1. **Document your initial focused assessment of Eva Madison.**

I checked skin turgor, skin temperature, and examined her mucous membranes. Her skin showed signs of tenting, was cold, and her membranes were dry and pale. I took her vitals and they were tachycardic and hypotensive.

2. **Identify and document key nursing diagnoses for Eva Madison.**

Deficient fluid volume due to vomiting, diarrhea, and inability to rehydrate

Risk for electrolyte imbalance due to vomiting and diarrhea

Ineffective peripheral tissue perfusion due to dehydration as evidenced by capillary refill over 8 seconds

3. **Referring to your feedback log, document the nursing care you provided and Eva Madison's response.**

I introduced myself, sat the child up, and offered Eva a toy, as she seemed scared and that would calm her. I took her vitals and she was in sinus tachycardia with a heart rate of 190, BP of 81/65, respirations 29 per minute, oxygen saturation at 97%, and a temperature of 99F (37.3C). I then identified the child, her relative, and if she had any allergies. This was indeed Eva Madison, with her mother, and no allergies. I asked some medical history questions, asking about any current medications, recent illnesses, or health problems, to which the mother replied no, and that she had always been a healthy child. The vitals updated and were about the same as before. I asked how she felt, she replied "…dizzy…" I asked if she needed to vomit, if she had trouble breathing, or if anything was bothering her and she said, "no." I asked the mother when the problems started and she stated, "about 3 days ago," and when asked about if she'd been eating or drinking normally, she replied, "no, she has not been eating or drinking much." I then confirmed that she had been vomiting and had diarrhea, and had not urinated since 2000 yesterday and that the urine was dark and smelled bad.

I then asked if she had any pain, the location, duration, when it started, if anything made it better or worse, and her score on the FACES pain scale with a range of 0 to 10. She responded, "yes, I have some pain, in my tummy, for a few days, started not long ago, nothing makes it better but any movement makes it worse, and she was a 4 on the FACES scale. I performed a focused assessment for dehydration, checking her skin turgor, which showed tenting, skin temperature, which was cold, mucous membranes, which were dry and pale. I had her give me a urine sample and tested it using a dipstick and culture. I also obtained a stool sample for culture, per orders. Before running the ordered IV fluid, I assessed her IV site and ensured it was patent, without redness, swelling, or pain. I reidentified the child and her allergies. I started D5 ½ NS at a rate of 62mL/hour.

45 minutes later I reassessed her mucous membranes to see if there was improvement. I assessed her breathing and capillary refill. Her breathing was at 31 breaths per minute and her capillary refill time was over 8 seconds. I asked her if she had any pain and she responded yes. I asked her to describe it to me and it had not changed from earlier. With current vitals I phoned the provider in an attempt to get her something for pain, as she did not have any pain medications on file. I reexamined her skin and it was still showing signs of tenting and was cold. Some time passed and she said she felt a bit better, but was having trouble breathing, though her oxygen saturation was 94% and she was not showing signs of difficulty breathing. I educated the patient and her mother on dehydration and handed off the patient.

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.**

When providing direct patient care at home, make sure everyone washes their hands with soap and water, not alcohol, and to sanitize surfaces with bleach and let it sit wet on the surface and dry on its own, since that is the mechanism that kills the germs.

Once she Is able to tolerate clear liquids again, progress to full liquids, puree, soft foods, progressing gradually to a regular diet.