

Aaron Jackson | Hirschsprung's Disease  
MR: 1874426  
DOB: 4/8/XXXX (age 9 months)  
J. Whittingham M. D.  
NKDA



**Location:** Pediatric Unit

**Patient name:** Aaron Jackson

**Medical record #:** 1874426

**Date of birth:** April 8

**Age:** 9 months

**Sex:** Male

**Admitting provider:** John Whittingham, MD

**Scenario start day:** Day 3, Thursday

**Scenario start time:** 0800

**Chief complaint upon admission:** Planned operative procedure

**Primary diagnosis:** Hirschsprung's disease

**Secondary diagnosis:** Colostomy



<b>SBAR Hand-Off</b>	Current day and time:	Thursday 0800	Admission day and time:	Tuesday 1300
<b>Situation</b>	Name:	Aaron Jackson		
	Age:	9 months	Sex:	Male
		Ethnicity:	White	Religion:
		Non-denominational		
	Provider:	John Whittingham, MD		
	Admission diagnosis:	Hirschsprung's disease		
<b>Background</b>	Pertinent medical history:	Aaron was diagnosed with Hirschsprung's disease at 2 months of age. The disease has been managed non-surgically until recently, when the sigmoid colon became increasingly distended and unresponsive to non-surgical management.		
	Pertinent social history:	Not applicable		
	Allergies:	No known allergies		
	Code status:	Full code		
	Vital signs (most recent):	Time: 0400	T: 98.4 F (36.9 C)	BP: 112/82
		P: 98	RR: 24	O <sub>2</sub> Sat:
	Oxygen therapy:	Mode:	LPM:	
	Pain:	Rating: 1	Most recent pain medication:	Morphine sulphate 0.75 mg
		Time:	0200	
	Other recent medication:	No other PRN medications administered		
	IVs:	Site: Right hand	Type: Peripheral	Assessment:
		Fluid:	D5 1/4 NS + 20 mEq KCL / 1000 mL 30 ml/hr	
	Drains and tubes:	Site: None	Type: Not applicable	Assessment:
		Not applicable		
	Wounds:	Site: Abdomen	Type: Stoma	Assessment:
		Well approximated		
	ADLs:	Diet: Regular for age	Activity:	Not applicable
	Restrictions:	Isolation:	Standard precautions	Fall risk:
	Not applicable			
Assessments:	Neurologic:	Age appropriate. Pupils 3 bilaterally, brisk reaction.		
	Cardiac:	Normal sinus rhythm. Capillary refill within normal limits.		
	Respiratory:	Lung sounds clear throughout		
	GI/GU:	Abdomen flat, soft, tender. Bowel sounds active all quadrants. Stoma red. Voiding clear yellow urine.		
	Integumentary:	Warm, dry, intact		
	Ortho/Mobility:	Moves all extremities		
	Psychosocial:	Age appropriate		
	Other:			
Labs and diagnostics:	No labs since Wednesday morning			
<b>Assessment</b>	Nurse's assessment:	Colostomy bag is intact and a small amount of stool has been produced. Mother is in the room and supportive of care. Aaron's pain score has ranged from 0 to 6 during the night. He has responded well to IV pain medication.		
<b>Recommendation</b>	Plan of care:	Continue to monitor patient and provide stoma care. Administer pain medication as needed.		
	Tests/results pending:	None		
	Orders pending completion:	None		
	Other:			

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Start	Medication	Dose	Next Sched	History	Associated Data
Stop		Route	Ack/View Ord	Monograph	Assessment
Current Status		Frequency	Adjustment	Co-Sign	Ref Err
XX/XX/XXX X	Claforan cefotaxime 190 mg IVPB in 0.9%NS 25 mL	190 mg < 25 mL >	NOW		
		IVPB	ACK		
Active		Q6 HRS			
XX/XX/XXX X	Morphine Sulfate 10 mg/mL 1 mL vial	0.75 mg	PRN	4 HRS ago	
		IV	ACK		
Active		Q4 HRS PRN Pain			
XX/XX/XXX X	Zofran ondansetron 0.75 mg IVPB in 0.9%NS 25 mL	0.75 mg < 25 mL >	PRN	4 HRS ago	
		IVPB	ACK		
Active		PRN Nausea			
XX/XX/XXX X	Tylenol Acetaminophen Infants' Tylenol Oral Suspension 160 mg / 5 mL	100 mg	PRN	4 HRS ago	
		PO	ACK		
Active		Q4 HRS PRN Temp > 101 F			
XX/XX/XXX X	Tylenol with codeine -Acetaminophen with codeine (120 mg acetaminophen and 12 mg codeine component per 5 mL) 1.6 mL (3.75 mg codeine component/dose)	1.6 mL	PRN		
		PO	ACK		
Active		Q4HRS PRN PAIN			

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Provider Orders

SCENARIO START TIME: DAY 3, THURSDAY 0800

WEDNESDAY (0930)

1. Acetaminophen with codeine (120 mg acetaminophen and 12 mg codeine component per 5 mL)  
1.6 mL (3.75 mg codeine component/dose) PO every 4 hours PRN for pain.

J. Whittingham, M. D.

TUESDAY (2000) ADMISSION ORDERS

Weight: 16 lbs. 9 oz.

1. Admit to pediatric unit.
2. Code Status: Full Code.
3. Vital signs every 4 hours.
4. Daily weights.
5. May have clear liquid diet when fully awake; advance to regular diet for age.
6. Intake and output every shift.
7. Complete blood count, chem 7 in AM.
8. Discontinue lactated Ringer's IV.
9. Dextrose 5% in 1/4 normal saline with 20 mEq potassium chloride per 1000 mL IV to run at 30 mL/hr.
10. Cefotaxime 190 mg IV every 6 hours, first dose now.
11. Morphine sulfate 0.75 mg IV every 4 hours PRN for pain.
12. Ondansetron 0.75 mg IV PRN for nausea.
13. Acetaminophen 100 mg PO every 4 hours PRN for temperature higher than 101 F (38.3 C).
14. Consult wound ostomy care service for assessment of ostomy needs and ostomy education for caregivers.

J. Whittingham, M.D.

### Complete Blood Cell Count

Lab Test	Result	Result Reference Range
Red Blood Cell Count (RBC)	4.5 RBC × 106/μl	2 to 8 weeks: 4.0 to 6.0 2 to 6 months: 3.5 to 5.5 6 months to 1 year: 3.5 to 5.2 1 to 6 years: 4.0 to 5.5 6 to 18 years: 4.0 to 5.5 (RBC × 106/μl or RBC × 1012/L [SI units])
Hemoglobin (Hgb)	12.5 g/dL	0 to 2 weeks: 12 to 20 g/dL 2 to 6 months: 10 to 17 g/dL 6 months to 1 year: 9.5 to 14 g/dL 1 to 6 years: 9.5 to 14 g/dL 6 to 18 years: 10 to 15.5 g/dL
Hematocrit (Hct)	38 Percent (%)	2 to 8 weeks: 39% to 59% 2 to 6 months: 35% to 50% 6 months to 1 year: 29% to 43% 1 to 6 years: 30% to 40% 6 to 18 years: 32% to 44%
RBC Indices: Mean Corpuscular Volume (MCV)	89 μm <sup>3</sup>	80 to 95 μm <sup>3</sup>
RBC Indices: Mean Corpuscular Hemoglobin (MCH)	pg	27 to 31 pg
RBC Indices: Mean Corpuscular Hemoglobin Concentration (MCHC)	g/dL Percent (%)	32 to 36 g/dL (or 32% to 36%)
RBC Indices: Red Blood Cell Distribution (RDW)	Percent (%)	
White Blood Cell Count (WBC)	11,000 mm <sup>3</sup>	Child = 2 years: 6200 to 17,000/mm <sup>3</sup> Child Greater than 2 years: 5000 to 10,000/mm <sup>3</sup> or 5 to 10 × 10 <sup>9</sup> /L (SI units)
Blood Smear	Text	Normal quantity of red and white blood cells (RBCs WBCs) and platelets Normal size shape and color of RBCs Normal WBC differential count Normal size and granulation of platelets
Platelet Count	300,000 mm <sup>3</sup>	Infant: 200,000 to 475,000/mm <sup>3</sup> Child: 150,000 to 400,000/mm <sup>3</sup>
Mean Platelet Volume (MPV)	___ fL	7.4 to 10.4 fL

### Basic Metabolic Panel

Lab Test	Result	Result Reference Range
Blood Urea Nitrogen (BUN)	10 mg/dL	Child: 5 to 18 mg/dL Infant: 5 to 18 mg/dL
Calcium (Ca)	9.5 mg/dL	Total calcium 10 days to 2 years: 9.0 to 10.6 Child: 8.8 to 10.8  Ionized calcium 2 months to 18 years: 4.80 to 5.52
Chloride (Cl)	98 mEq/L	90 to 110 mEq/L
Carbon Dioxide (CO <sub>2</sub> )	24 mEq/L	Child: 20 to 28 mEq/L Infant: 20 to 28 mEq/L
Creatinine	0.4 mg/dL	Adolescent: 0.5 to 1.0 mg/dL Child: 0.3 to 0.7 mg/dL Infant: 0.2 to 0.4 mg/dL
Glucose	89 mg/dL	Infant: 40 to 90 mg/dL or 2.2 to 5.0 mmol/L Child less than 2 years: 60 to 100 mg/dL or 3.3 to 5.5 mmol/L Child greater than 2 years: Fasting: 70 to 110 mg/dL or less than 6.1 mmol/L (Fasting is defined as no caloric intake for at least 8 hours.) Casual: Less than or equal to 200 mg/dL (Less than 11.1 mmol/l) (Casual is defined as any time of day regardless of food intake.)
Potassium (K)	3.5 mEq/L	Child: 3.4 to 4.7 mEq/L Infant: 4.1 to 5.3 mEq/L
Sodium (Na)	138 mEq/L	Child: 136 to 145 mEq/L Infant: 134 to 150 mEq/L

## SimChart\* Assignment Scenario PED 09: Aaron Jackson



Jackson, Aaron

MRN: 8196287

Room: 625

Health Care Provider: J Whittingham, MD

Sex: M Weight: 16 lbs 9 oz

Code Status: 0 1

Isolation: 0 0

Food Allergies: 00

Diet: 0 1

Hospital Floor:

Age: 9 M Height: 2' 4"

Alerts: 0 0

Drug Allergies: 00

Env. Allergies: 00

BMI: 14.9

Pediatric

## General Consultation Form

Consultation Type: Wound/Ostomy Care

Day: Wednesday

Time: 15:00

Reason for Consultation: Newly placed colostomy

Referral Source: J Whittingham, MD

History of Present Illness: Patient was diagnosed with Hirschsprung's disease at the age of 2 months. Disease was managed with enemas to promote bowel movements. Surgery for partial colectomy was completed Tuesday afternoon.

Findings: Newly placed colostomy. Stoma red; no bleeding noted. Mucous discharge noted. Mother very anxious about management of colostomy at home.

Impression: Requires teaching for management of newly placed colostomy.

Plan: Begin teaching with family today for management of newly placed colostomy.

Name: Ashley Thomas, RN

Signature: A Thomas, RN

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