



**Signs & Symptoms**

- fever
- Bursts of coughs
- Sudden inhalation (whooping sound)
- flushed/cyanotic cheeks
- eye bulge / tongue protrudes
- thick mucus becomes dislodged with coughing
- more at night

**Pathophysiology**

- acute infection caused by *Bordetella pertussis*
- respiratory secretions is how it's transmitted

**Diagnosics/Labs**

- cultures of respiratory secretions
- CXR

**Pertussis**

**Treatment/Medication**

- Monitor respiratory
- oxygen
- suction
- antibiotics
- still contagious 5-7 days after antibiotics

**Nursing Interventions**

- remain with child while coughing
- small frequent meals
- monitor O<sub>2</sub> + respiratory
- Droplet Precaution

**Patient Teaching**

- immunizations
- active immunity
- stages of infection
- medications

**Other**

- contagious during 1st phase = catarrhal stage

**Priority Nursing Diagnosis**

- Burst of coughs followed by inhalation sound, like a whooping
- keeping the patients oxygen up

Student Name \_\_\_\_\_

Tylian Blackford

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient:

- 1. Continuous oxygen
- 2. Fever

\*List All Pain/Discomfort Medication on the Medication Worksheet

Acetaminophen  
Erythromycin  
Clarithromycin  
O<sub>2</sub>

8. Calculate the Maintenance Fluid Requirement (Show Your Work):  
Patient Wt: 7 kg

$$100 \text{ mL} \times 7 \text{ kg} = 700 \text{ mL} \\ 700 / 24 \text{ hr} = 29 \text{ mL/hr}$$

Calculated Fluid Requirement: ~~700~~ 29 mL/hr

Actual Pt MIVF Rate:        mL/hr

Is There a Significant Discrepancy? Why?

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

$$\frac{1 \text{ mL}}{\text{kg}} \times 7 \text{ kg} = 7 \text{ mL/hr}$$

Calculated Min. Urine Output: 7 mL/hr

Actual Pt Urine Output:        mL/hr

10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:  
Patient age: \_\_\_\_\_

Erickson Stage: Trust vs. Mistrust  
1. My patient began crying when we walked in but was easily consoled by her <sup>mom</sup>  
2. When the doctor held the infant she was unsure and began to cry in the mom held her  
Piaget Stage: Sensorimotor (Stage 1)  
1. The infant demonstrated separation anxiety when the doctor held the baby  
2. The infant also engaged in peek a boo

Student Name Taylor Blackford

<p>11. Focused Nursing Diagnosis: <u>Comfort</u></p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. respiratory distress with episodes Evidenced Based Practice: Oxygen levels drop + we see retraction</p>	<p>16. Patient/Caregiver Teaching: 1. Oxygen alarm will go off during episodes of coughing but we are monitoring it 2. Antibiotics will be started but she will still be contagious for 5-7 days 3. It's ok to console the baby during stay to keep her spirits up</p>
<p>12. Related to (r/t): <del>Behavioral Psychosocial</del> <del>Signs</del> Vitals and Pain Assessment</p>	<p>2. Infant cries when mother isn't available Evidenced Based Practice: mother is the only one who can calm baby</p>	<p>17. Discharge Planning/Community Resources: 1. Immunization updated 2. Active immunity from infection 3. Finish all antibiotics</p>
<p>13. As evidenced by (aeb):  Behavioral + psychosocial Signs</p>	<p>3. Infant is red and rates a 7 on the face scale Evidenced Based Practice: Face 1 legs 1 Activity 2 cry consolability 1</p>	
<p>14. Desired patient outcome:  Lower patient's pain through soothing, rocking, and playing</p>		

Student Name: Angela Blackford

Unit: Red Floor

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: AKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (precautions/contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Erythromycin	macrolides	Slows growth/ kills bacteria	PO	40-50mg/kg/day 2x a day in divided doses	/	Severe stomach pain, DIZZINESS, seizures, hearing problem	1. Complete all medication 2. Can cause diarrhea = new infection 3. Call if unusual bleeding 4. Call don't fall
Clarithromycin	macrolides	antibiotic to fight infection	PO	7.5mg/kg q12 for 7 days	/	Severe stomach pain, confusion, fast heart beat, dizziness	1. Finish all medication 2. Can use a syringe for admin 3. can cause diarrhea = new infection 4. call if you have bloody stool
							1. 2. 3. 4.
							1. 2. 3. 4.

Taylor Blackford

Signs & Symptoms

Sore throat  
abdominal pain/vomit  
Rash 12-24 hr later  
Enanthema  
Strawberry tongue  
Strawberry pinpoint lesions  
Exanthema- sandpaper feel

Pathophysiology

Occurs with group A strep  
toxins cause a local inflammatory response

Diagnostics/Labs

Throat culture  
rapid antigen detection test

Scarlet Fever

Treatment/Medication

Antibiotics

Nursing Interventions

fluids  
relieve sore throat  
Droplet Precautions  
fever reduction

Patient Teaching

Bed rest  
Timeline of infection

Other

Priority Nursing Diagnosis

sore throat  
fever  
strawberry tongue

Student Name Tyler Blackford

<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</p> <p>1. Warm/cool compress for throat</p> <p>2. Saltwater gargle</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> <p>Penicillin Amoxicillin Acetaminophen</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>Patient Wt: <u>26</u> kg</p> $100 \times 10$ $50 \times 10 = 1620 \text{ ml/day}$ $20 \times 6$ <p>Calculated Fluid Requirement: <u>26</u> ml/hr</p> <p>Actual Pt MIVF Rate: _____ ml/hr</p> <p>Is There a Significant Discrepancy? Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $0.5 \text{ ml} \times 26 \text{ kg} = 13 \text{ ml/hr}$ <p>Calculated Min. Urine Output: <u>13</u> ml/hr</p> <p>Actual Pt Urine Output: _____ ml/hr</p>
<p>10. Growth &amp; Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:</p> <p>Patient age: <u>8yrs</u></p> <p>Erickson Stage: Industry v Inferiority</p> <p>1. Industry I asked the patient to play a game &amp; they refused because he wasn't good at it</p> <p>2. The patient was excited to do his math homework because he thinks it's easy &amp; wanted to demonstrate it</p> <p>Piaget Stage:</p> <p>1. My patient chose to participate in the activities that used abstract thinking</p> <p>2. The patient did better when we established rules together</p>		

Student Name Tyler Blackford

<p><b>11. Focused Nursing Diagnosis:</b> Pain management</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b> 1. Cool/warm compress <b>Evidenced Based Practice:</b> to help drainage + swelling</p>	<p><b>16. Patient/Caregiver Teaching:</b> 1. Take all of the prescribed antibiotics 2. Different stages of the infections 3. Wash hands frequently and dispose of tissues properly</p>
<p><b>12. Related to (r/t):</b> Difficulty swallowing</p>	<p>2. gargling salt water <b>Evidenced Based Practice:</b> to help loosen mucus/lessen inflammation</p>	<p><b>17. Discharge Planning/Community Resources:</b> 1. Taking all medications 2. Throw away old tooth brushes 3. Signs + symptoms to look for in other family members</p>
<p><b>13. As evidenced by (aeb):</b> watching them swallow their medications</p>	<p>3. Eating Peppermints <b>Evidenced Based Practice:</b> menthol in peppermints cools the inflammation and reduces swelling</p>	
<p><b>14. Desired patient outcome:</b> To swallow without pain by the end of my shift</p>		

Student Name: Tyler Blackford

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: 1/26/23

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: AKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (precautions/contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Penicillin	Natural Penicillins	Treat infections caused by bacteria	IM Every 3-4 weeks 60,000 units	60,000 units every 3-4 weeks		/	Nausea, itching, flushing	1. Avoid taking antidiarrhea medication 2. Take all of your medication 3. Notify if you have a burning in your eyes 4. will not treat viral infections
Acetaminophen	Misc Analgesics	Pain reliever/ fever reducer	5ml PO	24-35 lbs 5ml		/	Stomach pain loss of appetite fret, dark urine Jaundice	1. Treats moderate to severe pain 2. no more than 5 doses in 24hrs 3. Notify if develop a rash or skin redness 4. repeat dose every 4 hours
								1. 2. 3. 4.
								1. 2. 3. 4.