

Signs & Symptoms

- Dry and hyperpigmented skin
- Flesh colored papules on skin
- Pruritis / intense itching

Pathophysiology

No specific etiology,
A chronic relapsing,
inflammatory skin
disorder

Diagnostics/Labs

- Test for secondary skin infections

Atopic Dermatitis

Treatment/Medication

- Oral Antihistamines
- Topical steroids

Nursing Interventions

- Bathing child in tepid water
- Applying non-prescription ointments
- Patient and family education
- Keeping nails short

Patient Teaching

- Keep skin hydrated
- Wash hands frequently and avoid scratching to prevent infection
- Avoid hot baths / showers
- Don't use topical and oral antihistamines together

Other

Priority Nursing Diagnosis

Control I
at risk for secondary
infection due to
intense itching

Gillian Ruiz

| | | |
|---|---|--|
| <p>11. Focused Nursing Diagnosis:</p> <p>Secondary Infection</p> | <p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none">1. Knowing how to apply ointment to prevent infection Evidenced Based Practice: Eczema.org Antihistamines at night to2. Reduce flares ups Evidenced Based Practice: Wongs essentials of Pediatric nursing3. Recognizing S/S of infection Evidenced Based Practice: healthline.com | <p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none">1. Teach about hypocallemic Diets2. Teach how to use topical medications3. Teach signs / symptoms of lesions becoming infected |
| <p>12. Related to (r/t):</p> <ul style="list-style-type: none">• Intense itching | | |
| <p>13. As evidenced by (aeb):</p> <ul style="list-style-type: none">• Skin lesions• Atopic dermatitis | | |
| <p>14. Desired patient outcome:</p> <ul style="list-style-type: none">• Control itching• Keep skin from drying• Make pt comfortable | | <p>17. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none">1. follow up with dermatologist for meds / treatment of flares www.eczemaexposed.com2. www.nationaleczema.org |

Student Name Millian Ruiz

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

1. Having Parents there to decrease Anxiety and Pain
2. Use Distraction such as their favorite movie or video game

*List All Pain/Discomfort Medication on the Medication Worksheet

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

Patient Wt: 40 kg
 $10 \times 100 = 1000$
 $10 \times 50 = 500$
 $20 \times 20 = 400$
 $= \frac{1900}{24} = 79.16$

Calculated Fluid Requirement: 79 ml/hr

Actual Pt MIVF Rate: N/A ml/hr

Is There a Significant Discrepancy?

Why?

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

Calculated Min. Urine Output: 20 ml/hr

Actual Pt Urine Output: N/A 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: 10y0

Erickson Stage: Industry VS Inferiority

1. Their Attitude towards work develops
2. They feel a sense of inferiority when they cannot master a skill

Piaget Stage: Concrete Operational Period

1. They understand conservation + reversibility
2. They become more objective than egocentric

Student Name: Gillian Ruiz

Unit: U/A

Pt. Initials: PT#2

Date: 1/24/23

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

Allergies: NKDA

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
| none | Isotonic/ Hypotonic/ Hypertonic | N/A | — | — |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|------------------|------------------------------|--|---|------------------------------------|---|--|---|
| | | | | Is med in therapeutic range? | | | |
| | | | | If not, why? | | | |
| Hydroxy-zine | Antihis-timine | To help w/ Itching | 50-100 mg/day PO Q 6hrs | Yes, that is the therapeutic range | PO med | DRY MOUTH drowsiness | <ol style="list-style-type: none"> 1. Caution in pt w/ prolonged QT 2. Take at nighttime 3. Don't take if using topical Antihis-timine 4. May cause confusion |
| Hydro-cortiso-ne | Cortico-steroid | To help with flake UPS + Inflammation! | ← Apply to affected areas 2-3 times/Day | | cream | osteoporosis Hypersensitivity mood changes Insomnia | <ol style="list-style-type: none"> 1. Not for long term use 2. use only during flare UPS 3. Wash hands & apply properly 4. Teach S/S of infections |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |