Bacterial meningitis

Signs & Symptoms

- Poor feeding
- Vomiting
- Irritibility
- Bulging fontenel
- High Pitched Cry w/ Seizures
- Stiffness in neck
- Fevers

Pathophysiology

Infection that spreads to the Cerebral Spinal fluid through a multitude of ways that causes the brain to swell, WBC to accumulate, exudate, and other Infective Processes that cause tissue damage.

Diagnostics/Labs

- Lumbar Puncture to test CSF fluid
  - Definitive way to diagnose
- Increased WBC
- Decreased glucose
- Increased serum Protien

Treatment/Medication

- Broad based antibiotics until organism is identified
- Specific antibiotics once results are Back
- Antipyretics to control fever

Nursing Interventions

- Isolation Precaution
- Initiate Antibiotic therapy
- Maintain Hydration and ventilation
- Reduce ICP (Positioning, calming, etc.)
- Reduce temperatures and Seizures
- Keep environment quiet
- Evaluate for Pain often

Patient Teaching

- Teach Parents Proper hand washing
- Teach Parents about the importance of limiting visitors until child is Better
- Teach Parents how to hold baby to Prevent ↑ ICP
- Teach about hib Vaccine

Other

- Teach / Prevent transmission of infection

Priority Nursing Diagnosis

Risk for Hyperthermia due to fever which can cause seizures / Brain damage

Gillian Ruiz

Student Name Gillian Ruiz

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

1. Non-Nutritive Sucking
2. Truraputic holding by Parents / caregivers

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

* Numbing Cream before lumbar Puncture

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

Patient Wt: 8 **kg**

Calculated Fluid Requirement: 33 **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: 8 **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: 6mo

Erickson Stage: Trust VS. Mistrust

1. Narcissism is at its highest
2. Consistency of care is given through food, warmth, and Stimulation

Piaget Stage: Secondary circular reactions - Stage 3 : Sensorimotor

1. Imitation of sounds and simple guestures
2. Object Permenace is Starting to develop

Student Name Gillian Ruiz

11. Focused Nursing Diagnosis:

Hyperthermia

12. Related to (r/t):

- High fevers
- Seizures

13. As evidenced by (aeb):

- Infection
- Bacterial Meningitis

14. Desired patient outcome:

- Prevent any Brain damage
- Get fever under control
- Manage other side effects

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Antibiotics to control infection (Ceftriaxone)

Evidenced Based Practice: ncbi.nlm.nih.gov

2. Antipyritic (Acetamenophen) to control fever

Evidenced Based Practice: Uptodate.com

Cooling mesures 1 hr after

3. antipyritic is given

Evidenced Based Practice: Wongs essential of Pediatric Nursing Book

16. Patient/Caregiver Teaching:

1. Teach S/S of infections & when to Report to PCP
2. Teach importance of finishing antibiotics
3. Give Vaccine information sheet on Haemophilus Influenza Type B

17. Discharge Planning/Community Resources:

1. City of lubbock health department website for information
2. Rest and fluids
3. follow up / check up appointments

Adopted: August 2016

Student Name: Gillian Ruiz Unit: N/A Pt. Initials: N/A Pt #1 Date: 1/24/23

Allergies: NKDA

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

No Primary fluids

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	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.)
Ceftriaxone	cephalosporins	To fight off infection	100mg/kg/day →		IV/IM	Inflammation thrombocytosis Diarrhea	1. Do not give w/ calcium products 2. Do not give w/ bleeding problems 3. Take full dose of medicine 4. Watch for allergic reactions
Acetaminophin	Antipyretic Analgesic	for fever	10-15 mg/kg PRN 4-6hrs →		ORAL solution	· Can cause liver failure if too much	1. Assess fever 30 min after giving 2. Caution w/ hepatic + renal pts. 3. Report any adverse effects 4. Do not exceed 75mg/kg/day
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.