

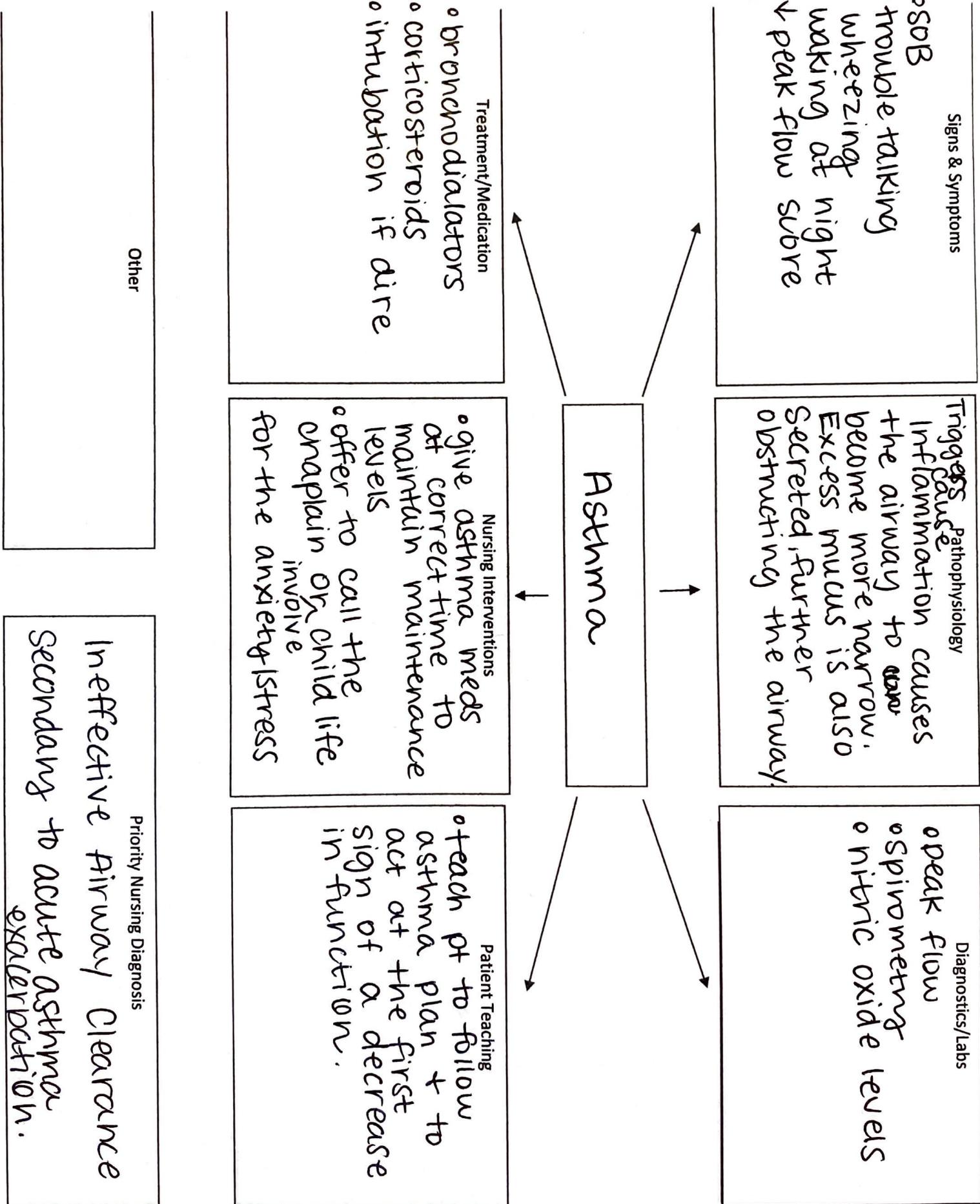
Student Name: Asthma patient Unit: pedi floor Pt. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

allergies: n/a

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Drug 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?			
Albuterol	Broncho-dilator	relax / widen airway	90-180mg po inhalation q4-6h	yes		/	• headache	1. teach to refill before gone. 2. baseline HR → reassess for ↑ 3. teach pt to take as prescribed 4. monitor O <sub>2</sub> sat/s/resp assess.
<del>Fluticasone</del> Inhaler Budesonide	corticosteroids (inhaled) glucocorticoids	↓ inflamm. ↓ mucous production	180mcg BID inhaled	yes		/	• glaucoma • cataracts	1. teach pt to rinse mouth 2. teach pt this is with water maintenance med. 3. use at same time daily 4. teach pt to avoid grapefruit juice
								1. 2. 3. 4.



Signs & Symptoms

- SOB
- trouble talking
- wheezing
- waking at night
- ↓ peak flow
- subre

Triggers Pathophysiology

Inflammation causes the airway to ~~become~~ become more narrow. Excess mucus is also secreted, further obstructing the airway.

Diagnostics/Labs

- peak flow
- Spirometry
- nitric oxide levels

Asthma

Treatment/Medication

- bronchodilators
- corticosteroids
- intubation if dire

Nursing Interventions

- give asthma meds at correct time to maintain maintenance levels
- offer to call the onaplain or <sup>involve</sup> child life for the anxiety/stress

Patient Teaching

- teach pt to follow asthma plan + to act at the first sign of a decrease in function.

Other

Priority Nursing Diagnosis

Ineffective Airway Clearance  
Secondary to acute asthma exacerbation.

SOURCES: Mayo clinic, AAFPA, NIH

<p><b>1. Focused Nursing Diagnosis:</b></p> <p>Ineffective Airway Clearance</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <p>1. administer bronchodilator. Evidenced Based Practice: will allow airway to widen</p> <p>2. administer corticosteroids Evidenced Based Practice: will reduce inflammation + mucus production.</p> <p>3. Re-evaluate + readminister Evidenced Based Practice: as needed</p>	<p><b>16. Patient/Caregiver Teaching:</b></p> <p>1. teach pt to follow asthma plan. 2. teach pt to inform teachers (if desired) 3. teach pt to avoid triggers - possibly keep a journal for asthma</p>
<p><b>2. Related to (r/t):</b></p> <p>acute asthma exacerbation.</p>	<p>↳ multiple doses may be required to return pt to baseline.</p>	<p><b>17. Discharge Planning/Community Resources:</b></p> <p>1. connection to support groups. 2. financial support - meds, hospitalization 3. case management - coordinate w/ school for resources and appropriate activities.</p>
<p><b>3. As evidenced by (aeb):</b></p> <p>pt inability to speak in full sentences</p>	<p><b>4. Desired patient outcome:</b></p> <p>Airway is dilated/ returns to baseline size and patient has adequate air to speak freely.</p>	

Ident Name \_\_\_\_\_

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

guided imagery

distraction

List All Pain/Discomfort Medication on the  
Medication Worksheet

albiterol

corticosteroids

<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): Patient Wt: <u>28</u> kg</p> $\begin{array}{r} 10 \times 100 = 1000 \\ 10 \times 50 = 500 \\ 8 \times 20 = 160 \\ \hline 1660 \end{array}$ <p>Calculated Fluid Requirement: <u>109.2</u> ml/hr</p> <p>Actual Pt MIVF Rate: <u>109</u> ml/hr</p> <p>Is There a Significant Discrepancy? <u>yes</u></p> <p>Why? <u>answer must be rounded to whole #.</u></p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $28 \times 0.5 = 14$ <p>Calculated Min. Urine Output: <u>14</u> ml/hr</p> <p>Actual Pt Urine Output: <u>na</u> 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: Patient age: <u>9</u> years</p> <p>Erickson Stage: <u>Industry v Inferiority</u></p> <ol style="list-style-type: none"><li>1. <u>Pt is concerned with falling behind in schoolwork</u></li><li>2. <u>Pt displays frustration at being unable to pass a fitness test that peers master easily.</u></li></ol> <p>Piaget Stage: <u>concrete operational</u></p> <ol style="list-style-type: none"><li>1. <u>Is curious about other pts on the floor.</u></li><li>2. <u>Pt shows pictures to nurse of rock collection at home, and explains similarities &amp; differences.</u></li></ol>	