

Signs & Symptoms

- Chest pain with breathing and coughing
- Cough (maybe productive)
- Fatigue
- Fever, sweating, and chills
- N/V/D
- SOB

Pathophysiology

an infection of the bronchioles and airways of the lungs <sup>be come</sup> inflamed and filled with fluid.

Diagnostics/Labs

- CBC to check for elevated WBC
- CXR
- Sputum culture

# Pneumonia

Treatment/Medication

- Antibiotics (depending on the culture)
- Antitussives
- Antipyretics
- Analgesics

Nursing Interventions

- Elevate HOB
- Manage fever by removing clothing, giving meds, etc.
- Encourage fluids and monitor daily weights and I+Os
- Monitor respiratory function using VS and a thorough respiratory assessment

Patient Teaching

- Don't swallow the phlegm you cough up
- Make sure to drink plenty of fluids
- Eat calorie dense foods
- We will manage your pain/fever by checking frequently and keeping a regular dosing schedule
- We will work on having you take deep breaths to prevent further complications

↳ also take full course of antibiotics

Other

- Secondary Acute Asthma exacerbation

Priority Nursing Diagnosis

Hypoxia

<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <ol style="list-style-type: none"> <li>1. Watching cartoons</li> <li>2. Talking to family in room and holding hands with them (therapeutic touch)</li> </ol> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> <p>Acetaminophen</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b>          Patient Wt: <u>21.1</u> kg</p> $100 \times \frac{10}{50} = 1000$ $50 \times \frac{10}{20} = 500$ $20 \times \frac{1.1}{1} = 22$ <p>Calculated Fluid Requirement: <u>63</u> ml/hr</p> <p>Actual Pt MIVF Rate: <u>N/A</u> ml/hr</p> <p>Is There a Significant Discrepancy?</p> <p>Why?</p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> $0.5 \text{ ml/kg} \times 21.1 \text{ kg} = 10.5 \text{ ml/hr}$ <p>Calculated Min. Urine Output: <u>10.5</u> ml/hr</p> <p>Actual Pt Urine Output: <u>5</u> ml/hr</p> <p>↪ Approximate d/t patient not voiding while I was there. I had to pull UO from past 24 hrs from the chart.</p>
<p><b>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:</b>          Patient age: <u>5</u></p> <p>Erickson Stage: <u>Initiative vs. Guilt</u></p> <ol style="list-style-type: none"> <li>1. She wanted to know what was happening to her and to be in control</li> <li>2. She centered on pain and what everyone was going to do to her</li> </ol> <p>Piaget Stage: <u>Preoperational Period</u></p> <ol style="list-style-type: none"> <li>1. She was afraid of getting hurt when nurses/doctors came to see her (fear of mutilation)</li> <li>2. She wanted her cousins to stay with her even though they had school (egocentrism)</li> </ol> <p>*note: when I was in there, she had a high fever and wasn't feeling good, so there wasn't much to observe.</p>		

<p>11. Focused Nursing Diagnosis:  <b>Hypoxia / Impaired O<sub>2</sub> Exchange</b></p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:  <b>1. Gradual weaning of O<sub>2</sub> via NC</b>   Evidenced Based Practice: <b>We do this so the body can adapt to not having supplemental O<sub>2</sub>.</b></p>	<p>16. Patient/Caregiver Teaching:  <b>1. Make sure to finish the full course of antibiotics</b>  <b>2. S/S of respiratory distress and what to do.</b>  <b>3. Closure of Chest-tube site, dressings, and S/S of infection</b></p>
<p>12. Related to (r/t):  <b>Pain from chest tube and copious mucus secretions d/t pneumonia.</b></p>	<p><b>2. Warmed and humidified oxygen</b>   Evidenced Based Practice: <b>Reduces discomfort and loosens phlegm in the chest.</b></p>	
<p>13. As evidenced by (aeb):  <b>Oxygen saturation of 88% on room air</b></p>	<p><b>3. Elevated HOB</b>   Evidenced Based Practice: <b>Aids in breathing by improving the expandability of the lungs.</b></p>	<p>17. Discharge Planning/Community Resources:  <b>1. Make sure she's up to date on vaccines</b>  <b>2. get child life involved in process of integrating back to normal life</b>  <b>3. Contact case worker for financial resources d/t length of stay</b></p>
<p>14. Desired patient outcome:  <b>O<sub>2</sub> saturation &gt; 95% on room air by discharge</b></p>		