Jonathan Paredes

Septic Arthritis

Signs & Symptoms
1) Fever
2) Joint pain - often severe
3) Joint swelling
4) Redness in infected joint
5) warmth around infected area
6) Limited use of limb
7) Guarding or Protecting affected area

Pathophysiology-
Bacteria, viruses, & fungi can infect a joint.
1) Staphylococci
2) Haemophilus influeza
3) Gram-negative bacilli
4) Streptococci

Diagnostics/Labs
1) Removal of joint fluid
2) Blood tests
3) Phlegm, spinal fluid, & urine tests
4) X-ray - check bone involvement
5) MRI
6) Radionuclide scans

Treatment/Medication
1) often needs treatment ē antibiotics immediately
2) fungal infections need antifungal medication
3) viral infections are not treated ē meds.
4) Medication for pain and fever
5) physical therapy for muscle stregth
6) A splint on the joint to ease pain

Nursing Interventions
1) Gather child's overall health & medical history
2) Find out type of bacteria, location of infection, & predisposing medical conditions
3) Child's tolerance for specific medications, procedures, & therapies

Patient Teaching
1) Teach pt / parent to take care and pay attention to IV - important for IV antibiotics & fluid
2) Teach pt / parent s/s of infection
3) Teach pt / parent how to prevent contracting bacterial / viral infections
4) Teach pt / parent to take full dose of antibiotics

Other
Pus may be drained from joint or affected area.
Pus buildup can damage the joint.
There may be a need for a drain.

Priority Nursing Diagnosis
1) Risk for infection
2) Immobility of affected limb
3) Possible systemic Sepsis.

Student Name Jonathan Paredes

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

1. This pt was a 3yo male that loved his Ipad. Mom used it as a distraction while the physicians did their work-up
2. This pt was NPO for close to 12 hrs, so the mom snuggled up to him to comfort him.

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

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

Patient Wt: 116 **kg**

1st 10kg x 100mL/kg = 1,000mL

6kg x 50mL/kg = 300mL

1,300/24 = 54.166 1,300mL in/24hrs

Calculated Fluid Requirement: 54.17 **ml/hr**

Actual Pt MIVF Rate: 50 **ml/hr**

Is There a Significant Discrepancy? no

Why?

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

(0.5 mL/kg/hr) x (16kg) =

Calculated Min. Urine Output: 8 **ml/hr**

Actual Pt Urine Output: _____ **ml/hr**

Pt did not urinat while doing my rotation.

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: 3yo

Erickson Stage: Autonomy vs. Shame & Doubt

1. Pt wanted to do things on his own, "No i'll do it"
2. Pt had a transitional object → a toy train blanket

Piaget Stage: Preoperational Period (2-7yo)

1. Centration - focused on us giving him a medication through his IV, he thout we were giving him a shot, that was going to be painful
2. Animism - he was talking to his blanket as if it was his friend

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11. Focused Nursing Diagnosis:

"Risk for infection & possible systemic sepsis"

12. Related to (r/t):

1) Septic arthritis in joints in the Right elbow & Right ankle

2) pain in the joint & a pain score of 5-6 on FACES scale

13. As evidenced by (aeb):

14. Desired patient outcome:

1) Pt's WBC's will decrease when labs are run again

2) Pt's pain scale will be a 2-3 on FACES scale by the end of shift on 2/8/23.

3) Pt will have full range of motion in affected joint areas

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

1. Handwashing c parents to a song → ABC's
   Evidenced Based Practice: Decreas risk of infection
2. Playing "patty-cake" c parent @ bedside
   Evidenced Based Practice: To promote movement in affect join → post I&D & Antibiotic therapy
3. Having pt walk to playroom
   Evidenced Based Practice: To promote blood flow & O2 to affected tissues & to promote healing.

16. Patient/Caregiver Teaching:

1. Teach proper timing & correct handwashing technique for at home.
2. Teach caregive how to have a clean environment at home to ↓ risk of infection
3. Teach pt/caregiver to leave surgical sites alone & how to properly wash them when discharged

17. Discharge Planning/Community Resources:

1. Teach pt & cargiver to follow up c orthopedic surgeon & internal medicine
2. Teach pt to take all of oral antibiotics if given at home.
3. Follow CDC guidelines to promote a clean household to prevent getting infections @ home.

Student Name: Jonathan Paredes Unit: Pedi floor Pt. Initials: _____ Date: 2/8/23

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
D5 1/2 Normal saline	(Isotonic) Hypotonic/ Hypertonic	IV hydration	Na^+, K^+,	Hypervolemia / Hypernatremia

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	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.)
(ceftriaxone (Rocephrin)	3rd generation Cephalosporins	Used to treat or prevent bacterial infections	810mg IVP QD	(50mg/kg) x(16kg) = 810mg	810mg in Dextrose 5% IV syring (40mg/mL)	• Black, tarry stools • painful urination • sore throat	1. This med should not be given to newborns 2. Make sure to flush IV line between injections of other meds. 3. Teach pt to drink plenty of fluids 4. Once mixed give immediately
Clindamycin (cleocin)	Lincomycin derivatives	Antibiotic that fights bacteria in the body. Used to treat serious infections.	216mg IVP Q8hrs	18mL = 216mg of 12mg/mL	216mg in dextrose 5% IV syring (12mg/mL)	• Diarrhea • Skin Rash • Fever • stomach pain	1. Contraindicated with pt's c ulcerative colitis, & antibiotic-associated colitis 2. Med has been reported to appear in breast milk, should not be taken by nursing mothers 4. Monitor GI system frequently - ABD assessment
							1. 2. 3. 4.
ketorolac (toradol)	Nonsteroidal anti inflammatory (NSAID)	Used to treat inflammation & pain in the body	15mg IV8 Q8hrs	(0.5mg/kg) 47kg = 23.5mg Yes	15mg in dextrose 5% IV syringe	• upset stomach • N/V • constipation • dizziness • drowsiness	1. Contraindicated for pregnant women 2. May cause intestinal bleeding 3. Do not drink alcohol while taking this drug 4. Contraindicated for Renal pt's
Tylenol	Analgesic	Pain reliever fever reducer	325mg oral tablet PRN	320 – 480mg Q4hrs		• red peeling skin • itching skin • hoarseness • difficulty breathing	1. Do not take more than 4,000mg in 24 hrs 2. may cause liver damage 3. You may take c or without food 4. Cabbage can alter the effects of med

Student Name: Jonathan Paredes Unit: Pedi floor Date: 2/8/23

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GENERAL APPEARANCE

Appearance: ☐Healthy/Well Nourished ☒Neat/Clean ☐Emaciated ☐ Unkept
Developmental age: ☒Normal ☐ Delayed

NEUROLOGICAL

LOC: ☒Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to: ☒Person ☒Place ☒Time/Event ☒Appropriate for Age
Pupil Response: ☒Equal ☐ Unequal ☒Reactive to Light ☐ Size 5mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities: ☐ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right S Left W
Pushes: Right S Left W
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☒No Level _____
Seizure Precautions: ☐ Yes ☒No

RESPIRATORY

Respirations: ☒Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored
Breath Sounds:
Clear ☒Right ☒Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☒Room Air ☐ Oxygen
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☒Other: Room air
Trach: ☐ Yes ☒No
Size _____ Type _____

CARDIOVASCULAR

Pulse: ☒Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: ☐ Yes ☐ No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☒< 2 sec ☐ > 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: WNL
Stool Appearance: WNL
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☒Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☒Present X 4 quads ☒Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☒No
Vomiting: ☐ Yes ☒No
Passing Flatus: ☒Yes ☐ No
Tube: ☐ Yes ☐ No Type _____ Location _____ Inserted to _____cm ☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Normal diet
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐ Yes ☒No

PSYCHOSOCIAL

Social Status: ☒Calm/Relaxed ☐ Quiet ☒Friendly ☒Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family: ☐ Present ☐ Absent

IV ACCESS

Site: Right AC ☒INT ☐ None ☐ Central Line Type/Location: _____
Appearance: ☒No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: D5 ½NS

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale ☒Natural for Pt
Condition: ☒Warm ☐ Cool ☐ Dry ☐ Diaphoretic
Turgor: ☐ < 5 seconds ☒> 5 seconds
Skin: ☒Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☒Skin Breakdown
Location/Description: Axilla sz
Mucous Membranes: Color: _____ ☒Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☒Numeric ☐FLACC ☐ Faces
Location: N/A
Type: N/A
Pain Score: 0800 0 1200 0 1600 _____

WOUND/INCISION

☐ None

Student Name: _____ Unit: _____ Date: _____

Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes ☒ No
☐ Productive ☐ Nonproductive
Secretions:
Color N/A
Consistency N/A
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site
O2
Oxygen Saturation:
100%

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☒ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☒ LA ☐ RL ☐ LL ☐ All
Brace/Appliances: ☐ None
Type: _____

MOBILITY

☒ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair
☐ Bedridden

Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☐ None
☒ Drain/Tube
Site: left axilla
Type: Penrose
Dressing: Gauze & tegaderm
Suction: _____
Drainage amount: _____
Drainage color: white - clear

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Student Name: Jonathon Paredes Unit: Peds floor Date: 2/8/23

GENERAL APPEARANCE

Appearance: ☒ Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age: ☒ Normal ☐ Delayed

NEUROLOGICAL

LOC: ☒ Alert ☐ Confused ☒ Restless ☐ Sedated ☐ Unresponsive
Oriented to: ☒ Person ☒ Place ☒ Time/Event ☒ Appropriate for Age
Pupil Response: ☐ Equal ☐ Unequal ☐ Reactive to Light ☐ Size 3mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities: ☐ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right W Left 5
Pushes: Right W Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☒ No Level _____
Seizure Precautions: ☐ Yes ☒ No

RESPIRATORY

Respirations: ☒ Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored
Breath Sounds:
Clear ☒ Right ☒ Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☒ **Room Air** ☐ **Oxygen**
Oxygen Delivery: ☐ Nasal Cannula: ____L/min ☐ BiPap/CPAP: _____ ☐ Vent: ETT size_____@_____cm ☐ Other: _____
Trach: ☐ Yes ☒ No Size _____ Type _____

CARDIOVASCULAR

Pulse: ☒ Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: ☒ Yes ☐ No Location R-elbow - R-foot ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☐ < 2 sec ☒ > 2 sec
Pulses:
Upper R 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear-yellow
Stool Appearance: WNL
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☒ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☐ Present X ____ quads ☒ Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☒ No
Vomiting: ☐ Yes ☒ No
Passing Flatus: ☒ Yes ☐ No
Tube: ☐ Yes ☒ No Type _____ Location _____ Inserted to _____cm ☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: NPO - MRI
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐ Yes ☒ No

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☒ Crying ☐ Uncooperative ☒ Restless ☒ Withdrawn ☒ Hostile/Anxious
Social/emotional bonding with family: ☐ Present ☐ Absent

IV ACCESS

Site: Left- dorsal PINT ☐ None ☐ Central Line Type/Location: _____
Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: D5 1/2 NS

SKIN

Color: ☒ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale ☒ Natural for Pt
Condition: ☒ Warm ☐ Cool ☐ Dry ☐ Diaphoretic
Turgor: ☐ < 5 seconds ☒ > 5 seconds
Skin: ☒ Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: R-elbow, R-foot
Mucous Membranes: Color: _____ ☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☐ (Faces) 8
Location: Right hand
Type: _____
Pain Score:
0800 8 1200 _____ 1600 _____ FACES

WOUND/INCISION

☐ None

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Student Name: _____ Unit: _____ Date:

Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes ☒ No
☐ Productive ☐ Nonproductive
Secretions:
Color N/A
Consistency _____
Suction: ☐ Yes ☒ No Type _____
Pulse Ox Site
Finger
Oxygen Saturation:
99-100%

MUSCULOSKELETAL

☒ Pain ☒ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☐ All
Brace/Appliances: ☐ None
Type: _____

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms
☒ Ambulatory with assist
Leg hurts
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair
☐ Bedridden

Type: Surgical incision
Location: Right elbow & Right Ankle
Description: Almost heale
Dressing: _____

TUBES/DRAINS

☒ None
☐ Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____