

Signs & Symptoms

itchy, raised, red welts on surface of the skin

Pathophysiology

Dermal edema resulting from vascular dilation and leakage of fluid into the skin in response to mast cells being released

Diagnostics/Labs

- CBC
- C-Reactive Protein
- ESR

Urticaria

Treatment/Medication

- Cetirizine
- Prednisolone
- methyl prednisone

Nursing Interventions

- Encourage pt to avoid aggravating factors like itching or rubbing

Patient Teaching

- Bathe or shower using lukewarm water
- Avoid rubbing to dry skin after bath

Other

Priority Nursing Diagnosis

- Patient Comfort

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Apply cool compress to skin 2. Wear loose, soft clothing *List All Pain/Discomfort Medication on the Medication Worksheet Citirizine	8. Calculate the Maintenance Fluid Requirement (Show Your Work): Patient Wt: <u>13.5</u> kg $\begin{array}{r} 10 \times 100 = 1000 \\ 10 \times 50 = 500 \\ \times 20 = 200 \\ \hline 1,700 \end{array}$ Calculated Fluid Requirement: <u>48.9</u> ml/hr Actual Pt MIVF Rate: <u>N/A</u> ml/hr Is There a Significant Discrepancy? Why?	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 1 mL/kg/hr 360 mL 110 mL $\frac{1 \text{ mL}}{1 \text{ kg}} = \frac{x}{13.5 \text{ kg}}$ Calculated Min. Urine Output: <u>13.5</u> ml/hr Actual Pt Urine Output: <u>58.75</u> 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: <u>2;10</u> Erickson Stage: Autonomy vs. Shame & Doubt 1. VERY independent and wanted to give her own meds to herself 2. Patient got to choose if she wanted the meat tray or go to cafeteria for breakfast Piaget Stage: Preoperational Stage 1. She didn't seem to understand why she needed medication, but reluctantly took it anyway 2. The mom stated you cannot use the words "the flush" or the patient would have a meltdown. She instead asked that we call it water or juice.		

11. Focused Nursing Diagnosis: • Impaired skin integrity	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Give patient a cold compress Evidenced Based Practice: 2. teach patient how to pat instead of scratch Evidenced Based Practice: 3. Teach relaxation techniques as stress can be a factor in inducing the hives Evidenced Based Practice:	16. Patient/Caregiver Teaching: 1. Bathe in lukewarm water. Extreme temps can aggravate the skin i.e. the hives 2. Do not rub hives (towel drying) as this can worsen symptoms 3. Teach parents how to assess heart rate as this can be a sign of extreme stress or onset of hives
12. Related to (r/t): Pt mom states "she has been scratching hard and broke skin several times"		
13. As evidenced by (aeb): Red scratch marks and superficial break in the skin on lower leg		17. Discharge Planning/Community Resources: 1. May use Calamine lotion at home. 2. If symptoms progress or breathing is effected, go to ER STAT. 3. Be on the lookout for environmental reasons the rash may appear.
14. Desired patient outcome: Itching to stop and for patient to stop scratching		