N433 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 09-07-2020	Patient Initials JM	Age (in years & months) 0 years, 8 months, and 6 days.	Gender Female
Code Status Full Code	Weight (in kg) 4.12 Kg	BMI 17.8kg/m^2	Allergies/ Sensitivities (include reactions) No Known Allergies.

Medical History (5 Points)

Past Medical History: Pt does not have any past medical history.

    Illnesses: n/a

    Hospitalizations: n/a

Past Surgical History: Pt does not have any past surgical history.

Immunizations: Pt is up to current date with all immunizations.

Birth History: Full term vaginal delivery with no complications.

    Complications (if any):

Assistive Devices: Pt does not use any assistive devices.

Living Situation: Pt lives at home with mom and dad.

Admission Assessment

Chief Complaint (2 points): Congestion.

Other Co-Existing Conditions (if any): n/a

Pertinent Events during this admission/hospitalization (1 points): Pt is receiving suction when needed.

History of present Illness (10 points): The patient's father said she started feeling ill two days before she was brought to the hospital. Pt was admitted on 09/07/2020 in Carle's ER. The pt has congestion in her throat and nose. This congestions and respiratory problems are continuous. The father said his daughter has been crying more because of the illness and is red around the nose. The parents tried to give liquid Tylenol for the pain and seemed to help. The parents also noticed it became harder to feed the infant during this illness and made it worse. For treatment, the parents tried using a humidifier before coming to the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Respiratory distress syndrome

Secondary Diagnosis (if applicable): n/a

Pathophysiology of the Disease, APA format (20 points):

Respiratory distress is a severe illness. It is also known as ARDS in the medical communities. Acute respiratory distress syndrome or ARDS happens when fluid forms up in the small alveoli in your patient's lungs. The fluid then keeps their lungs from inhaling enough air, which implies that less oxygen

reaches your brain and bloodstream. This then denies your organs of the oxygen they desperately need to function correctly.

Signs and symptoms can vary depending on how the illness affects the patient. It is known that severe shortness of breath is one of the hallmarks of the diseases. Labored and unusually rapid breathing is also prevalent with this disease. Low blood pressure can also be a sign when factoring in the patient's age. Confusion and extreme tiredness are some other not always so common signs and symptoms.

ARDS's mechanical principles are fluid that is dripped from the smallest blood vessels in the patient's lungs into the small air sacs where blood is oxygenated. Typically, a protecting membrane keeps the fluid in the patient's vessels. Currently, we do not have a specific test to identify ARDS. The diagnosis is thought of based on the physical exam, a chest X-ray, and the patient's oxygen levels. Doctors know that it is also important to throw out other diseases and conditions before a final diagnosis.

The primary intention of treating ARDS is to increase the levels of oxygen in the patient's blood. Patients with ARDS normally are given medication to prevent and treat infections and relieve pain and distress.

Pathophysiology References (2) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

 Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Normal	Needs supervision.
Diet/Nutrition: Normal	
Frequent Assessments: Q2	Pt needs suctioning.
Labs/Diagnostic Tests: CBC & CMP	Completed.
Treatments: Observation & Suction.	In progress.
Other: n/a	
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
Suction as needed.	In progress.
Teach father how to properly mix formula.	Completed.

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	**2.93-3.87**	**3.62**		
Hgb	9.2-11.4	11.0		
Hct	**27.7-35.1**	**32.5**		
Platelets	**331-597**	**513**		
<mark>**WBC**</mark>	<mark>**7.05-14.68**</mark>	<mark>**15.26**</mark>		"An elevated WBC can indicate a possible infection." (Pagana et al., 2018)
Neutrophils	**48-85**	**n/a**		
Lymphocytes	**6-33**	**n/a**		
Monocytes	**3-13**	**n/a**		
Eosinophils	**1-3**	**n/a**		
Basophils	**0.0-1.0**	**n/a**		
Bands	**0-5**	**n/a**		

Chemistry <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	**136-145**	**139**		

K+	**3.5-5.1**	**3.9**		
Cl-	**98-107**	**104**		
Glucose	**60-99**	**88**		
BUN	**7-18**	**12**		
Creatinine	**0.55-1.02**	**0.59**		
Albumin	**3.4-5.0**	**4.5**		
Total Protein	**15-45**	**32**		
Calcium	**8.5-10.1**	**9.3**		
Bilirubin	**0.2-1.0**	**0.6**		
Alk Phos	**54-369**	**256**		
AST	**15-37**	**24**		
ALT	**12-78**	**25**		
Amylase	**23-85**	**n/a**		
Lipase	**0-100**	**n/a**		

Other Tests <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	**3-13**	**n/a**		
CRP	**0.00-0.29**	**0.22**		
Hgb A1c	**4-6**	**n/a**		

TSH	3-120	n/a		

Urinalysis <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Clear Slight yellow	yellow		UA – Dipstick only.
pH	5-7	7.0		
Specific Gravity	1.003-1.035	1.014		
Glucose	Negative	negative		
Protein	Negative	negative		
Ketones	Negative	negative		
WBC	2-5	2-5		
RBC	2-5	2-5		
Leukoesterase	negative	negative		

Cultures <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	n/a			
Blood Culture	n/a			
Sputum Culture	n/a			
Stool Culture	n/a			

Respiratory ID Panel	**n/a**			

Lab Correlations Reference (APA): Pagana, K. D., Pagana, T. J., & Pagana,

T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.).

Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Xray chest AP or PA only.

Diagnostic Test Correlation (5 points): Focal opacities in both LL.

Left greater than the right. Covid rule out.

Diagnostic Test Reference (APA): Pagana, K. D., Pagana, T. J., & Pagana,

T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.).

Mosby.

Current Medications (8 points)
Complete _ALL_ of your patient's medications

Brand/Generic	Acetaminophen TYLENOL	Albuterol Sulfate AccuNeb			
Dose	160mg	1mg			
Frequency	Q4 PRN	Q8 PRN			
Route	PO	Nebulizer			
Classification	Analgesic	Beta-Adrenergic Agent.			
Mechanism of Action	Inhibits the synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS. Has no	Binds to beta2-adrenergic receptors in airway smooth muscle, leading to activation of adenyl cyclase and increased levels of cyclic-3, 5-adenosine monophosphate (cAMP). Increases in cAMP activate kinases, which inhibit the phosphorylation of myosin and decrease intracellular			

	significant anti-inflammatory properties or GI toxicity.	calcium.			
Reason Client Taking	Pain or to reduce fever.	Used as a quick-relief agent for acute bronchospasm			
Concentration Available	80mg	2.5mg			
Safe Dose Range Calculation	10– 15 mg/kg/dose q 6 hr. as needed	1.25 mg/dose q 8 hr. via nebulization			
Maximum 24-hour Dose	(not to exceed 5 doses/24 hr.)	Not to exceed 8mg			
Contraindications (2)	Previous hypersensitivity; Products containing alcohol, aspartame, saccharin, sugar, or tartrazine (FDC yellow dye #5) should be avoided in patients who have hypersensitivity or intolerance to these compounds	Hypersensitivity to adrenergic amines Excess inhaler use may lead to tolerance and paradoxical bronchospasm			
Side Effects/Adverse Reactions (2)	neutropenia, pancytopenia	headache, insomnia			
Nursing Considerations (3)	● Assess overall health status and alcohol usage before administering Assess amount, frequency, and type of drugs taken in patients self-medicating, especially with OTC drugs To prevent fatal medication	Assess lung sounds Note amount, color, and character of sputum produced. Monitor pulmonary function tests before initiating therapy and periodically during therapy			

	errors, ensure dose in milligrams (mg) and milliliters				
Client Teaching needs (2)	● Advise patient to take medication exactly as directed and not to take more than the recommended amount. ● Advise patient to discontinue acetaminophen and notify health care professional if rash occurs	Instruct patient to contact health care professional immediately if shortness of breath is not relieved by medication Instruct patient to take albuterol as directed			

Medication Reference (APA): Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Pt awake & crying. Overall appearance normal and fine.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 08** **Drains present: Y☐ N ☐**	**Skin color normal** **Warm to touch** **Turgor <3** **No rashes** **no bruising.** **No wounds.** **No drains.**

Type:	
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Head normal size and neck centered. Ears and nose clear and free of discharge. Nose is not deviated. Teeth not present and gums appear healthy. Unable to assess thyroid.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	**Normal S1 and S2 sounds. No murmur or abnormality.** **Pulses bilateral x2** **Cap refill < 3**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal breath sounds auscultated throughout.** **In the ER, the nurse noted possible crackles.**

GASTROINTESTINAL (2 points):
Diet at home: Normal
Current diet: Normal
Height (in cm): 64cm
Auscultation Bowel sounds: sounds in all 4 quads.
Last BM: 09-10-2020
Palpation: Pain, Mass etc.:
Inspection:
   Distention:no
   Incisions: no
   Scars: no
   Drains: no
   Wounds: no
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☐ N ☒
   Type:
	.

GENITOURINARY (2 Points): **Color: yellow** **Character: clear** **Quantity of urine: 12ml** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: normal** **Catheter: Y ☐ N ☒** ** Type:** ** Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM: normal** **Supportive devices: no** **Strength: equal on both sides** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 09** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Pt is laying in crib on her back. Pt needs assistance with all ADLs due to age.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pt is an 8-month-old infant. Unable to assess speech, sensory or orientation.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Pt is being taken care of mom and dad. Both parents prefer to speak Spanish but know little English. The father was taught how to mix formula and will continue to do so at home. The family owns a car and can always go to the doctor's appointments.**

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0755 1045	122 136	86/58 n/a	22 26	97.8F (36.6c) 98.2F	99% RA 98% RA

Normal Vital Sign Ranges (2.5 points)
Need to be specific to the age of the child

Pulse Rate	100 to 160
Blood Pressure	80 to 100/55 to 65 mm Hg
Respiratory Rate	24 to 30 bpm
Temperature	97.4 F to 99.6 F
Oxygen Saturation	>92 %

Normal Vital Sign Range Reference (APA): Ricci, S. S., Carman, S., & Kyle, T. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0758	Pt vitals were within normal ranges. No visible	n/a	n/a	n/a	

	distress. Nurse informed me no pain interventions needed.				
Evaluation of pain status _after_ intervention					
Precipitating factors: **Physiological/behavioral signs:**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
816ml	**573ml**

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in y our child. Be sure to highlight any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading

Age Appropriate Growth & Development Milestones

1. transition to eating more solid foods

2. Attempting to sit up.

3. Attempting to pick up food with the pointer finger

Age Appropriate Diversional Activities

1. **Crib lights.**

2. **Toys**

3. **Music**

Psychosocial Development:

Which of Erikson's stages does this child fit? Trust vs. Mistrust

What behaviors would you expect? Crying to see if the parent would

pay attention to the child.

What did you observe? Infant wanting to be held by dad.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference?

Sensorimotor

What behaviors would you expect? Object permanence behaviors

What did you observe? While I did not observe it, I would expect the

infant to know items still exist when not seen.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? No

Any concerns regarding growth and development? no

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
Ineffective Breathing Pattern related to retained secretions as evidenced by the need for suction.	Pt has serious congestion and it is impairing her airway.	Suction PRN Q2 Respiratory assessment done Q2	Pts family understands the need for suction.
Ineffective Airway Clearance related to secretions as evidenced by coughing.	Pt has trouble with her respiratory system.	Suction PRN Q2 Keep environmental pollution to a minimum.	Teaching was done to help keep the home and air around the baby as clean as possible.
Risk for infection related to impaired immune system as	Pt was brought into the ER by her mother. A	Proper hand washing.	Goal of teaching how to be safe and protected during this time.

evidenced by being in a hospital's emergency room.	couple days later her mother became ill.	Limiting people around the infant.	
Risk for injury related to related to patients age as evidenced by patient unable to care for herself.	Pt is an infant and needs to be cared for and watched.	Proper supervision Education on infant safety at home.	The pts father will receive education from the nurse on proper infant home safety.

Other References (APA):

Axton, S. E. (2009). _Pediatric nursing care plans for the hospitalized child_ (3rd

ed.). Pearson Prentice Hall.

Concept Map (20 Points):

Subjective Data

Pt is going to be cared for at home by dad until mom is safe to return home.

Pt is going to be on formula and soon attempting to eat beginner foods.

Objective Data

Vitals are normal

Pts labs are normal

Urinalysis is normal

Patient Information

Pt is a eight month old girl. She lives at home with her mom and dad. The pt developed a respiratory problem and she began to have trouble breathing.

Outcomes

Pts airway will clear up as the

Pt will

to

nu

mo

Nursing Diagnosis
Include full nursing diagnosis with "related to" and "as evidenced by" components

Ineffective Breathing

Pattern related to retained

secretions as evidenced by

the need for suction.

Nursing Interventions

Implement proper safety precautions

Vitals signs taken q6

Hourly rounding

Nursing Diagnosis/Outcomes