N433 Care Plan #

Lakeview College of Nursing

Sarah Brown

## Demographics (3 points)

| Date of Admission | Patient Initials | Age (in years & months) | Gender |
|---|---|---|---|
| 10/01/2020 | T.W. | 13 years & 5 months | Male |
| **Code Status** | **Weight (in kg)** | **BMI** | **Allergies/Sensitivities (include reactions)** |
| FULL | 38.5kg | 16.6 | NKA |

## Medical History (5 Points)

**Past Medical History:**

**Illnesses:** 4/2011 patient presented with a subdural hematoma as a result from falling off of a swing per chart.

**Hospitalizations:** None prior to this admission per chart.

**Past Surgical History:** None

**Immunizations:** All immunizations are up to date and mother declined the H.P.V. vaccine during this admission per chart

**Birth History:** N/A

**Complications (if any):** N/A

**Assistive Devices:** None needed

**Living Situation:** Lives at home with Mother, Father, and siblings per Father and chart

## Admission Assessment

**Chief Complaint (2 points):** Fever, vomiting, and abdominal pain in right lower quadrant

**Other Co-Existing Conditions (if any):** N/A

**Pertinent Events during this admission/hospitalization (1 points):** Appendectomy 10/1/2020

**History of present Illness (10 points):** The patient states, "my stomach started to hurt at school yesterday and got worse." The patient's Father sated the pain increased overnight per the patient, and he vomited two times, and the temperature was taken and showed a fever of 101.0F degrees. A cold and wet washcloth was placed on his head to help with feverish symptoms. He was given Tylenol at home per his Father. The pain was severe enough to interfere with the daily activities of the patient per the Father. The parents chose to bring the patient into the emergency department to get checked out per the Father.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Acute appendicitis

**Secondary Diagnosis (if applicable):**. N/A

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

Appendicitis is defined as acute inflammation of the appendix (Ricci et al., 2017). The root cause of appendicitis is an obstruction in the appendix, generally caused by fecal matter. Obstructions can also be caused by other things like foreign bodies ingested by the patient. The obstruction causes increased pressure inside the appendix that results in mucosal edema. The fecal matter obstructed in the appendix causes bacterial growth that leads to inflammation. The inflammation causes pain in the lower right quadrant of the patient. The inflamed appendix triggers fever, nausea, severe pain, and vomiting. Signs and symptoms of acute appendicitis are nausea, vomiting, pain over McBurney point on the abdomen upon palpation. “McBurney point is defined as a point that lies one-third of the distance laterally on a line drawn from the umbilicus to the right anterior superior iliac spine. Classically, it corresponds to the location of

the base of the appendix (Regmi, n.d.). Expected diagnostic tests are computed tomography (CT) of the abdomen that reveals appendicitis. Laboratory findings that indicate appendicitis are white blood cell (WBC) count elevation. This patient had an ultrasound performed that was inconclusive, a CT abdomen performed that revealed acute appendicitis without complications, and an elevated white blood cell count upon laboratory draw. Treatment of appendicitis is surgical removal of the appendix. This patient was able to have the appendix removed laparoscopically in lieu of open abdomen removal of the organ. This route is less invasive and lowers the risk of complications post-surgery (Capriotti & Parker Frizzell, 2016).

**Pathophysiology References (2) (APA):**

Capriotti, T., & Parker Frizzell, J. (2016). *Human pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Regmi, S. (n.d.). *McBurney point | Radiology reference article | Radiopaedia.org*. Radiopaedia.org, the wiki-based collaborative Radiology resource. Retrieved October 5, 2020, from https://radiopaedia.org/articles/mcburney-point?lang=us

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

**Active Orders (2 points)**

| Order(s) | Comments/Results/Completion |
|---|---|
| **Activity:** up ad lib with parent in the room to help | This patient did well with being up ad lib, walking laps 4 times around the unit with Father at the patient's side that this student |

| | |
|---|---|
| | nurse observed. The Father stated that the patient ambulated to the bathroom to use the urinal without any issues. |
| **Diet/Nutrition:** regular diet | The Father stated the patient ate well for breakfast. Bacon and juice were tolerated well and no nausea or vomiting followed. |
| **Frequent Assessments:** vital signs obtained and assessment performed every 4 hours | Assessment was performed and vital signs were obtained at 0826. Vital signs were stable. Assessment was performed and vital signs, without blood pressure, were obtained again at the 1100 hour and were stable. |
| **Labs/Diagnostic Tests:** No new labs or diagnostic tests are ordered for today. | N/A |
| **Treatments:** IV antibiotics | IV antibiotics are administered every 6 hours and infuse for 30 minutes. (See current medication section for further details) This information was obtained from the MAR in the chart. |
| **Other:** N/A | N/A |
| **New Order(s) for Clinical Day** | |
| **Order(s)** | **Comments/Results/Completion** |
| N/A | N/A |
| N/A | N/A |

| | |
|---|---|
| N/A | N/A |

**Laboratory Data (15 points)**

**CBC Highlight All Abnormal Labs—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** | 4.03-5.29 10(3)/UL | 5.28 | Not drawn/ordered | WNL |
| **Hgb** | 11.0-14.5 10(3)/UL | 15.4 | Not drawn/ordered | The Hct is elevated along with the Hgb, and not the RBC. The correlation could be that the patient's body is attempting to make more RBC in an effort to battle the inflammation of the appendicitis (Van Leeuwen & Bladh, 2017). |
| **Hct** | 33.9-43.5% | 45.1% | Not drawn/ordered | The Hct is elevated along with the Hgb, and not the RBC. The correlation could be that the patient's body is attempting to make more RBC in an effort to battle the inflammation of the appendicitis (Van Leeuwen & Bladh, 2017). |
| **Platelets** | 175-332 10(3)/UL | 254 | Not drawn/ordered | WNL |
| **WBC** | 3.84-9.84 10(3)/UL | 10.13 | Not drawn/ordered | White blood cell count is elevated as the body is attempting to fight the infection of the appendicitis (Van Leeuwen & Bladh, 2017). |
| **Neutrophils** | Not needed per Instructor | N/A | N/A | N/A |

| | | | | |
|---|---|---|---|---|
| **Lymphocytes** | Not needed per Instructor | N/A | N/A | N/A |
| **Monocytes** | Not needed per Instructor | N/A | N/A | N/A |
| **Eosinophils** | Not needed per Instructor | N/A | N/A | N/A |
| **Basophils** | Not needed per Instructor | N/A | N/A | N/A |
| **Bands** | Not needed per Instructor | N/A | N/A | N/A |

**Chemistry Highlight All Abnormal Labs—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 mmol/L | 134 | Not drawn/ordered | This lab is only slightly lowered. |
| **K+** | 3.5-5.1 mmol/L | 4.0 | Not drawn/ordered | WNL |
| **Cl-** | 98-107 mmol/L | 100 | Not drawn/ordered | WNL |
| **Glucose** | 60-99 mg/dL | 93 | Not drawn/ordered | WNL |
| **BUN** | 7-18 mg/dL | 12 | Not drawn/ordered | WNL |
| **Creatinine** | 0.70-1.30 mg/dL | 0.69 | Not drawn/ordered | This lab is only slightly lowered. |
| **Albumin** | 3.4-5.0 g/dL | 4.2 | Not drawn/ordered | WNL |
| **Total Protein** | 6.4-8.2 g/dL | 8.7 | Not drawn/ordered | This lab is only slightly elevated. |
| **Calcium** | 8.5-10.1 mg/dL | 10.0 | Not drawn/ordered | WNL |
| **Bilirubin** | 0.2-1.0 mg/ dL | 1.1 | Not drawn/ordered | This lab is only slightly elevated. |
| **Alk Phos** | 54-369 U/L | 323 | Not drawn/ordered | WNL |
| **AST** | 15-37 U/L | 24 | Not drawn/ordered | WNL |

| | | | | |
|---|---|---|---|---|
| **ALT** | 12-78 U/L | 19 | Not drawn/ordered | WNL |
| **Amylase** | N/A | N/A | N/A | N/A |
| **Lipase** | 73-393 U/L | 73 | Not drawn/ordered | WNL |

**Other Tests Highlight All Abnormal Labs—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** | 1-15 | 14 | Not drawn/ordered | WNL |
| **CRP** | Not ordered or performed | N/A | N/A | N/A |
| **Hgb A1c** | Not ordered or performed | N/A | N/A | N/A |
| **TSH** | Not ordered or performed | N/A | N/A | N/A |

**Urinalysis Highlight All Abnormal Labs—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** | Not ordered or performed | N/A | N/A | N/A |
| **pH** | Not ordered or performed | N/A | N/A | N/A |
| **Specific Gravity** | Not ordered or performed | N/A | N/A | N/A |
| **Glucose** | Not ordered or performed | N/A | N/A | N/A |
| **Protein** | Not ordered or performed | N/A | N/A | N/A |
| **Ketones** | Not ordered or performed | N/A | N/A | N/A |
| **WBC** | Not ordered or performed | N/A | N/A | N/A |
| **RBC** | Not ordered or performed | N/A | N/A | N/A |

| | | | | |
|---|---|---|---|---|
| **Leukoesterase** | Not ordered or performed | N/A | N/A | N/A |

**Cultures Highlight All Abnormal Labs—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** | Not ordered or performed | N/A | N/A | N/A |
| **Blood Culture** | Not ordered or performed | N/A | N/A | N/A |
| **Sputum Culture** | Not ordered or performed | N/A | N/A | N/A |
| **Stool Culture** | Not ordered or performed | N/A | N/A | N/A |
| **Respiratory ID Panel** | Not ordered or performed | N/A | N/A | N/A |

**Lab Correlations Reference (APA):**

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points):**

**(**10/1/2020) Ultrasound abdomen appendix

(10/1/2020) CT abdomen/pelvis with contrast

**Diagnostic Test Correlation (5 points):**

According to Van Leeuwen & Bladh (2017), an ultrasound of the abdomen can be performed to check for appendicitis and if the results are inconclusive a CT will be ordered to diagnose appendicitis. The CT was performed and "revealed acute and uncomplicated appendicitis," per the chart.

**Diagnostic Test Reference (APA):**

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications* (7th ed.). F.A. Davis Company.

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

| Brand/Generic | Zosyn/Piperacillin and tazobactam | Tylenol/acetaminophen | Ibuprofen | | |
|---|---|---|---|---|---|
| Dose | 75mL 3,375 mg of 45 mg/mL | 580 mg | 386 mg | | |
| Frequency | 150mL/hr every 6 hours | PRN for pain | PRN for pain | | |
| Route | IVPB | Oral | Oral | | |
| Classification | antibiotic | Analgesic | Analgesic | | |
| Mechanism of Action | Tazobactam prevents the destruction of piperacillin. Piperacillin stops bacteria from growing in the body. | Blocks pain receptors in the brain | Blocks pain receptors in the brain | | |
| Reason Client Taking | Rid the body of any remaining bacteria from that that caused the appendicitis. | Pain | Pain | | |
| Concentration Available | 75mL 3,375 mg of 45 mg/mL | 650 mg/20.3mL | 100mg/5mL | | |
| Safe Dose Range Calculation | 18 g/day (16 g piperacillin and 2 g tazobactam) | | | | |
| Maximum 24-hour Dose | 18 g/day (16 g piperacillin and 2 g tazobactam) | 4 grams | 400 mg | | |
| Contraindications (2) | Patients who are allergic to penicillin<br>Low blood potassium | | known hypersensitivity or idiosyncratic reaction to ibuprofen (or any of the other ingredients in the product) | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | known hypersensitivity to aspirin and other NSAIDs. | | |
| Side Effects/Adverse Reactions (2) | Nausea diarrhea | Nausea Vomiting | Nausea Vomiting | | |
| Nursing Considerations (3) | Give antibiotic at the same time every day Monitor for severe skin reactions | increased GI bleeding, monitor accordingly.<br><br>Administer drug with food or after meals if GI upset occurs. | increased GI bleeding, monitor accordingly.<br><br>Administer drug with food or after meals if GI upset occurs. | | |
| Client Teaching needs (2) | Will not treat viral infections. May need blood tests to check effectiveness | Watch for other meds that contain Tylenol stomach and take at the same time | Take with food to prevent upset stomach and take at the same time | | |

**Medication Reference (APA):**

Vallerand, A. H., Company, F. A., & Sanoski, C. A. (2020). *Davis's drug guide for nurses*.

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:** AOx4<br>**Orientation:** oriented<br>**Distress:** no noted distress, relaxed in laying position in the bed.<br>**Overall appearance:** Well-groomed and calm | |
| **INTEGUMENTARY (2 points):**<br>**Skin color:** pink<br>**Character:** dry<br>**Temperature:** warm, 98.7F degrees at 0826<br>**Turgor:** intact<br>**Rashes:** none<br>**Bruises:** none<br>**Wounds:** .none<br>**Braden Score:** 2<br>**Drains present: Y☐ N ☒** | |

| | |
|---|---|
| **Type:** N/A | |
| **HEENT (1 point):**<br>**Head/Neck:** normal cephalic<br>**Ears:** no noted redness or drainage<br>**Eyes:** PERRLA intact<br>**Nose:** no discharge or redness noted<br>**Teeth:** intact dentition<br>**Thyroid:** not palpated during exam | . |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:** audible S1 & S2<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):** N/A<br>**Peripheral Pulses:** +2 throughout<br>**Capillary refill:** less than 2 seconds<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** N/A | . |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character**<br>Equal & clear. Heard bilaterally | . |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:** regular<br>**Current diet:** regular<br>**Height (in cm):** 153.7 cm<br>**Auscultation Bowel sounds:** heard in all 4 quadrants<br>**Last BM:** 10/1/2020<br>**Palpation: Pain, Mass etc.:** palpation of Right Upper Quadrant revealed tenderness associated with s/p appendectomy. No masses palpated.<br>**Inspection:**<br>**Distention:** none<br>**Incisions:** laparoscopic punctures from appendectomy performed on 10/1/2020<br>**Scars:** none<br>**Drains:** none<br>**Wounds:** none<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:** N/A<br>**Feeding tubes/PEG tube Y ☐ N ☒** | . |

| | |
|---|---|
| **Type:** N/A | |
| **GENITOURINARY (2 Points):**<br>**Color:** yellow<br>**Character:** clear, not cloudy<br>**Quantity of urine:** 600 output at 0828 charted by this student nurse<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:** Not performed<br>**Catheter: Y ☐ N ☒**<br>**Type:** N/A<br>**Size:** N/A | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:** intact<br>**ROM:** Active Full ROM<br>**Supportive devices:** none needed<br>**Strength:** equal bilaterally in both arms & legs<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☒**<br>**Fall Score: 0**<br>**Activity/Mobility Status:** up ad lib with help of parent who is at bedside<br>**Independent (up ad lib) ☐ yes**<br>**Needs assistance with equipment ☐ no**<br>**Needs support to stand and walk ☐ no** | . |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☒**<br>**Orientation:** AOx4<br>**Mental Status:** alert<br>**Speech:** clear with no deficits<br>**Sensory:** no deficits<br>**LOC:** conscious, GCS of 15 per chart | . |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s) of caregiver(s):**<br>**Social needs (transportation, food, medication assistance, home equipment/care):**<br>**Personal/Family Data (Think about home environment, family structure, and** | .<br><br>Calm; cooperative. The patient verbalized emotional state of acceptance. The patient lives at home with Mother, Father, and siblings. |

| | |
|---|---|
| **available family support):** | |

**Vital Signs, 1 set (2.5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 0826 | 67 | 113 77 | 20 | 98.7F oral | 97% |

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

| | |
|---|---|
| **Pulse Rate**<br><br>(adolescent 11-15 years of age) | Awake 60-100<br><br>Sleeping 50-90 |
| **Blood Pressure**<br><br>(adolescent 11-15 years of age) | Systolic 110-131<br><br>Diastolic 64-83 |
| **Respiratory Rate**<br><br>(adolescent 11-15 years of age) | 12-20 |
| **Temperature**<br><br>(adolescent 11-15 years of age) | >97.6F |
| **Oxygen Saturation**<br><br>(adolescent 11-15 years of age) | <90% |

**Normal Vital Sign Range Reference (APA):** PALS provided by instructor

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 0826 | 1-10 numeric | Incision | 6 | Sore | Administered PRN acetaminophen |
| **Evaluation** | 1-10, | Incision | 2 | Sore | None needed at |

| | | | | | |
|---|---|---|---|---|---|
| **of pain status *after* intervention** | numeric | | | | this time |
| **Precipitating factors:** no precipitating factors; just uncomfortable s/p appendectomy. **Physiological/behavioral signs:** The patient presented as calm and laying still in the bed. The patient guarded Right Lower Quadrant upon palpitation. | | | | | |

**Intake and Output (1 points)**

| **Intake (in mL)** | **Output (in mL)** |
|---|---|
| 425 mL | 600 mL |

**Developmental Assessment (6 points)**
***Be sure to highlight the achievements of any milestone if noted in your 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. 
2. 
3. 

**Age Appropriate Diversional Activities**

1. 
2. 
3. 

**Psychosocial Development:**

**Which of Erikson's stages does this child fit?**

Adolescent, 13-20 years, Identity vs. Role confusion (subsets based on age)

**What behaviors would you expect?**

- Focuses on bodily changes and body image
- Importance placed on conformity to peer norms and peer acceptance

**What did you observe?**

None of these exact behaviors were displayed for this student nurse to observe during time with this patient

**Cognitive Development:**

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

School-Age Adolescent, 11 years+, Formal operational (subsets based on age)

**What behaviors would you expect?**

- Egocentric thinking
- Increased ability to perform abstract thinking
- Thinks they are invincible
- Likes making independent decisions

**What did you observe?**

Making independent decisions and increased ability to perform abstract thinking were observed

**Vocalization/Vocabulary:**

**Development expected for child's age and any concerns?**

No concerns noted from interaction with this adolescent

**Any concerns regarding growth and development?**

none

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

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1.**<br>Acute pain related to surgical incision as evidenced by a 6/10 pain assessment | Pain is expected after surgery and must be addressed so the patient's body doesn't become stressed and not heal properly | **1.**Patient was given PRN Tylenol for 6/10 pain assessment at 0826<br><br>**2.**Patient was repositioned for optimal comfort | The patient's pain was reduced to a 4/10 with the medication intervention and repositioning. The patient voiced appreciation. |
| **2.**<br><br>Risk for infection related to tissue trauma as evidenced by surgical incision | Infection acquired to compromised tissue after a surgery can cause secondary infections and complications | **1.**<br>Keep incision site clean and maintain proper hand washing<br>**2.**<br>Continue to | The patient and Father voiced understanding. The patient was able to maintain proper hand washing during this student nurse's shift and ate breakfast well. |

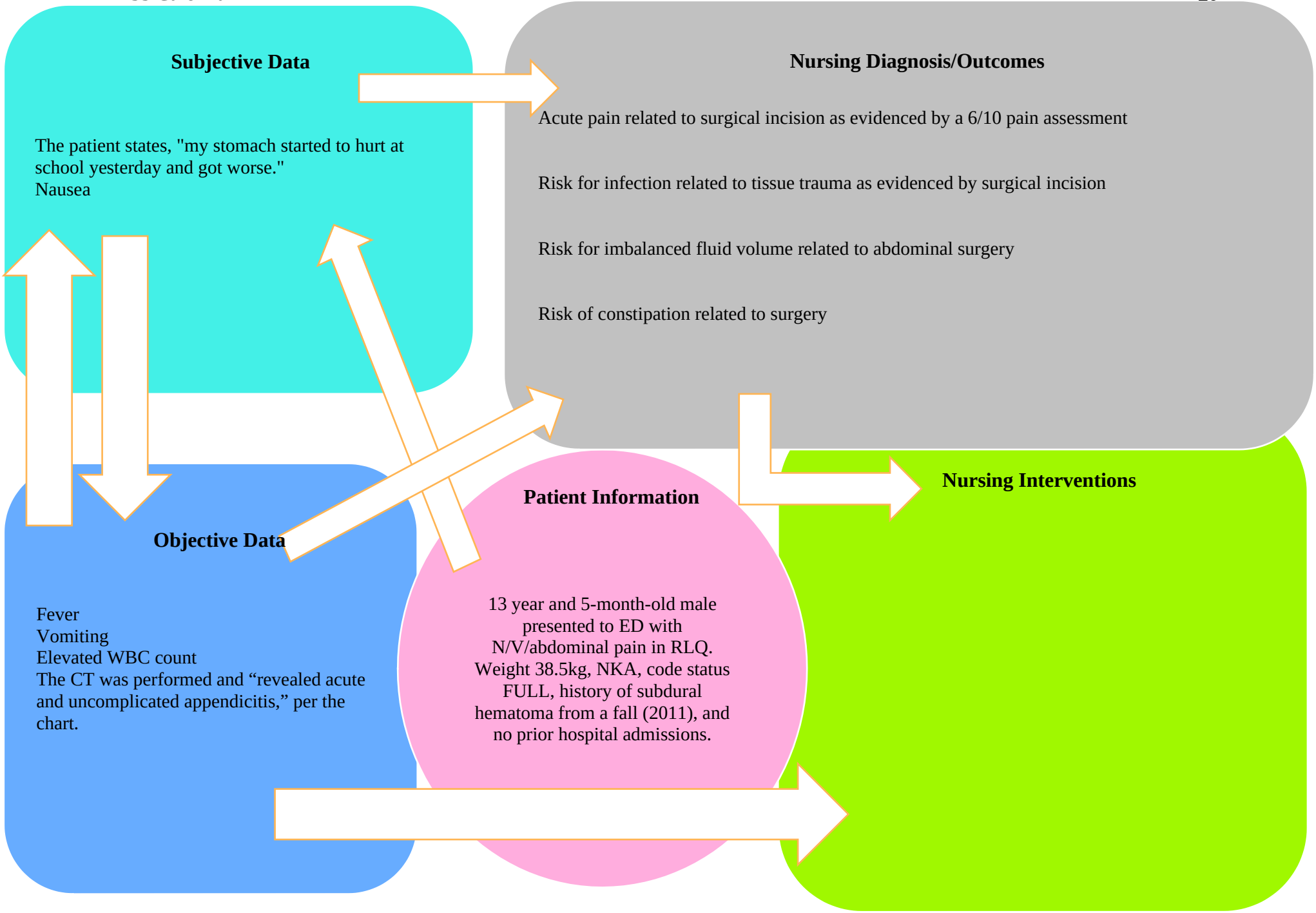
| | | | |
|---|---|---|---|
| | | improve nutritional status to promote incision healing. | |
| **3.**<br><br>Risk for imbalanced fluid volume related to abdominal surgery | A decrease, increase, or rapid shift in fluid within the body can compromise health of the patient. | **1.**<br>Promote adequate hydration and assess patient for signs of dehydration or excess fluid volume at each assessment<br>**2**.<br>Strict intake and output monitored and charted. | The patient's Father and patient voiced understanding of the need to stay hydrated, report any symptoms of fluid deficit or excess, and use urinal and allow staff member to observe the output before flushing. |
| **4.**<br><br>Risk of constipation related to surgery | Constipation is a potential risk for post-surgical patients, though this patient did not take opioid analgesics post-surgery. | **1.**<br>Educate the patient to not strain to have bowel movements and use a stool softener if needed.<br>**2.**<br>Report to healthcare professional if less than 3 bowel movements a week | Father of patient and patient voiced understanding of not straining during bowel movements, use of stool softener if needed, and when to call the healthcare professional**.** |

**Other References (APA):**

Axton, S. E., & Fugate, T. (2009). *Pediatric nursing care plans for the hospitalized child*. Prentice Hall.

Carpenito, L. J., & Carpenito-Moyet, L. J. (2013). *Nursing diagnosis: Application to clinical practice*. Lippincott Williams & Wilkins.

**Concept Map (20 Points):**


Subjective Data
The patient states, "my stomach started to hurt at school yesterday and got worse."
Nausea
Nursing Diagnosis/Outcomes
Acute pain related to surgical incision as evidenced by a 6/10 pain assessment
Risk for infection related to tissue trauma as evidenced by surgical incision
Risk for imbalanced fluid volume related to abdominal surgery
Risk of constipation related to surgery
Objective Data
Fever
Vomiting
Elevated WBC count
The CT was performed and "revealed acute and uncomplicated appendicitis," per the chart.
Patient Information
13 year and 5-month-old male presented to ED with N/V/abdominal pain in RLQ. Weight 38.5kg, NKA, code status FULL, history of subdural hematoma from a fall (2011), and no prior hospital admissions.
Nursing Interventions