N433 Care Plan #2

Lakeview College of Nursing

Hannah Glanzer

Demographics (3 points)

Date of Admission	Patient Initials	Age (in years & months)	Gender
10/16/2020	S.W.	4 years 5 months	Female
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
FULL	16.3 kg	21.7	No known allergies

Medical History (5 Points)

Past Medical History: Peter's anomaly (right eye)

Illnesses: acute bronchitis, pneumonia, acute febrile illness, upper respiratory infection (URI), croup

Hospitalizations: the patient has been hospitalized for ED visit, corneal transplant, and a closed fracture of the left occipital bone

Past Surgical History: corneal transplant

Immunizations: DTAP/IPV?HEPB, DTaP, Hep B, HIB-PRP-OMP, Hep A, Influenza, MMR/Varivax, Pneumococcal, Rotavirus

Birth History: no labor complications; admitted to the NICU for 16 days to manage respiratory distress

Complications (if any): respiratory distress, retained lung fluid, diagnosed with Peter's anomaly (R. corneal opacity)

Assistive Devices: None

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Living Situation: Lives at home with mom and dad

Admission Assessment

Chief Complaint (2 points): Fall

Other Co-Existing Conditions (if any): peter's anomaly

Pertinent Events during this admission/hospitalization (1 points): 1 occurrence of emesis this morning (10/17/20)

History of present Illness (10 points): A 4 year old caucasian female with significant past medical history of Peter's anomaly, who presents to Carle Hospital after falling out of a grocery cart & striking her head. Her mother reports that she stood up in the shopping cart when the mother had her back turned while putting groceries in the car and bumped the cart, which caused the child to lose her balance and fall out. The child hit her head on the ground, but the mother denies any loss of consciousness. The child cried immediately, but denied any vomiting and has since been "acting herself." A brain CT was performed showing a non-displaced fracture involving the left side of the occipital bone prompting consultation to neurosurgery.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): nondisplaced left occipital condyle fracture

Secondary Diagnosis (if applicable): n/a

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

This child suffered a nondisplaced left occipital fracture to her skull. This means that although she endured a fracture to her occipital bone, the blunt trauma that caused it did not cause a shift in the bone's placement (). OCF are fractures involving something called the craniocervical junction (CCJ) (Watts, 2020). The CCJ is essentially a portion of the head/neck that connects the cranium to the cervical spine (Watts, 2020). OCF are frequently left undiagnosed due to the reduced ability to detect them using radiography (Watts, 2020). With CT scans, there has been an increase in the number of OCF diagnosed (Waseem et al., 2014). An occipital condyle fracture (OCF) is an injury that is caused by blunt trauma (Watts, 2020). When the child fell out of the shopping cart and hit her head on the concrete, that is what caused her to sustain an OCF. OCF are caused by high energy trauma (falling out of a shopping cart) that is non-penetrating and occurs at the head/neck (Watts, 2020). Some more specific types of trauma that can cause OCF are compression trauma, direct blow trauma, or rotational/lateral bending trauma (Watts, 2020). Some associated injuries that can occur as a result of OCF include intracranial bleeding, brainstem/vascular lesions, and elevated intracranial pressure (Watts, 2020). It is due to these associated injuries that OCF have a relatively high mortality rate of 11% (Watts, 2020). Some symptoms of OCF include high cervical pain, torticollis, lower cranial nerve deficits, reduced head/neck ROM, and motor paresis (Watts, 2020). The cranial nerves most commonly affected are IX, X, and XI (Watts, 2020). Due to the superimposition of the cranial structures, plain radiographs are rarely used to diagnose OCF (Waseem et al., 2014). CT scans are more reliable and easier to diagnose with (Watts, 2020). Some criteria that may lead a physician to order a CT of the head to diagnose an OCF are altered consciousness, motor paresis, occipital pain/tenderness, impaired CCJ motion, and lower cranial nerve paresis (Waseem et al., 2014). The treatment of an OCF can involve both operative or nonoperative options. Some nonoperative options include the use of analgesic or cervical orthosis through the use of

a cervical collar (Watts, 2020). The operative form of treatment involves an occipitocervical fusion, which uses segmental fixation or posterior decompression to initiate fusion (Watts, 2020). This operative route of treatment may involve bone grafting or compression of neurovascular structures (Watts, 2020). Although this patient was lucky enough to not experience hardly any of these possible effects of OCF, she still will undergo treatment. She is not currently in any pain, but that could change very quickly. She did not experience any pain besides a slight headache after her fall. She did not lose consciousness, vomit, or have any physical signs of head trauma. She was very lucky in terms of adverse effects.

Pathophysiology References (2) (APA):

Watts, E. (January 1, 2020). Occipital condyle fractures. *Ortho bullets.* https://www.orthobullets.com/spine/2013/occipital-condyle-fractures

Waseem, M., Upadhyay, R., Husayni, H., & Agyare, S. (January 14, 2014). Occipital condyle fracture in a patient with neck pain. *International journal of emergency medicine*. https://doi:10.1186/1865-1380-7-5

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	**the child is allowed to get up as she wants. her mother is with her and they have**

up ad lib	**been watching movies on the ipad in bed.**
Diet/Nutrition: **clear liquid diet**	**the child is on a clear liquid diet due to head injury and vomiting precautions**
Frequent Assessments: **Q4 vitals, Q4 neuros**	**the child receives vitals every 4 hours, though she fights them every time. she also receives neuro checks every 4 hours.**
Labs/Diagnostic Tests: **CBC, UA**	**done on admission**
Treatments: **pain managed as needed, ointment for eye**	**the child's pain and discomfort is managed**
Other:	
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
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	**3.84-9.92**	**5.26**		**no abnormalities noted**
Hgb	**10.2-12.7**	**12.6**		**no abnormalities noted**
Hct	**31.2-37.8%**	**31.7**		**no abnormalities noted**
Platelets	**189-394**	**391**		**no abnormalities noted**
WBC	**4.86-13.18**	**12.37**		**no abnormalities noted**
Neutrophils	**1.60-8.29**	**7.47**		**no abnormalities noted**
Lymphocytes	**1.25-5.77**	**3.21**		**no abnormalities noted**
Monocytes	**0.24-0.92**	**1.63**		**no abnormalities noted**

Eosinophils	**0.03-0.46**	**0.03**		**no abnormalities noted**
Basophils	**0.01-0.06**	**0.01**		**no abnormalities noted**
Bands	**0.0-10.0%**	**7.0%**		**no abnormalities noted**

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

*********TESTS NOT DONE ON CURRENT ADMISSION*********

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	**136-145**	**n/a**	**n/a**	**no abnormalities noted**
K+	**3.5-5.1**	**n/a**	**n/a**	**no abnormalities noted**
Cl-	**98-107**	**n/a**	**n/a**	**no abnormalities noted**
Glucose	**60-99**	**n/a**	**n/a**	**no abnormalities noted**
BUN	**7-18**	**n/a**	**n/a**	**no abnormalities noted**
Creatinine	**0.55-1.02**	**n/a**	**n/a**	**no abnormalities noted**
Albumin	**3.4-5.0**	**n/a**	**n/a**	**no abnormalities noted**
Total Protein	**6.0-8.3**	**n/a**	**n/a**	**no abnormalities noted**

Calcium	**8.5-10.1**	**n/a**	**n/a**	**no abnormalities noted**
Bilirubin	**0.2-1.0**	**n/a**	**n/a**	**no abnormalities noted**
Alk Phos	**54-369**	**n/a**	**n/a**	**no abnormalities noted**
AST	**15-37**	**n/a**	**n/a**	**no abnormalities noted**
ALT	**12-78**	**n/a**	**n/a**	**no abnormalities noted**
Amylase	**30-110**	**n/a**	**n/a**	**no abnormalities noted**
Lipase	**73-393**	**n/a**	**n/a**	**no abnormalities noted**

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

********TESTS NOT DONE ON CURRENT ADMISSION********

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	**0-22**	**n/a**	**n/a**	**no abnormalities noted**
CRP	**1.0-3.0**	**n/a**	**n/a**	**no abnormalities noted**
Hgb A1c	**4.0-5.6%**	**n/a**	**n/a**	**no abnormalities noted**
TSH	**0.35-5.5**	**n/a**	**n/a**	**no abnormalities noted**

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	**colorless-yellow**	**yellow/ clear**	**yellow/ clear**	**no abnormalities noted**
pH	**5.0-7.0**	**7.0**	**7.0**	**no abnormalities noted**
Specific Gravity	**1.000-1.030**	**1.025**	**1.030**	**no abnormalities noted**
Glucose	**(-)**	**(-)**	**(-)**	**no abnormalities noted**
Protein	**(-)**	**(-)**	**(-)**	**no abnormalities noted**
Ketones	**(-)**	**(-)**	**(-)**	**no abnormalities noted**
WBC	**0-25**	**0-3**	**0-3**	**no abnormalities noted**
RBC	**0-20**	**0-2**	**0-2**	**no abnormalities noted**
Leukoesterase	**(-)**	**(-)**	**(-)**	**no abnormalities noted**

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	**(-)**	**(-)**	**(-)**	**no abnormalities noted**
Blood Culture	**(-)**	**n/a**	**n/a**	**no abnormalities noted**

Sputum Culture	**(-)**	**n/a**	**n/a**	**no abnormalities noted**
Stool Culture	**(-)**	**n/a**	**n/a**	**no abnormalities noted**
Respiratory ID Panel	**(-)**	**n/a**	**n/a**	**no abnormalities noted**

Lab Correlations Reference (APA):

EPIC.

Martin, P. (2020, May 14). Normal Laboratory Values for Nurses: A Guide for Nurses. https://nurseslabs.com/normal-lab-values-nclex-nursing/.

Capricotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): MRI/CT of brain without contrast

Diagnostic Test Correlation (5 points): A CT scan would be used to rule out brain injury, but in this case, it diagnosed an OCF. CT scans are more reliable and easier to diagnose with (Watts, 2020). Some criteria that may lead a physician to order a CT of the head to diagnose an OCF are altered consciousness, motor paresis, occipital pain/tenderness, impaired CCJ motion, and lower cranial nerve paresis (Waseem et al., 2014).

Diagnostic Test Reference (APA):

Watts, E. (January 1, 2020). Occipital condyle fractures. *Ortho bullets.* https://www.orthobullets.com/spine/2013/occipital-condyle-fractures

Waseem, M., Upadhyay, R., Husayni, H., & Agyare, S. (January 14, 2014). Occipital condyle fracture in a patient with neck pain. *International journal of emergency medicine*. https://doi:10.1186/1865-1380-7-5

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

****THIS PATIENT ONLY HAD 3 MEDICATIONS****

Brand/Generic	**acetaminophen (ACEPHEN)**	**ibuprofen (ADVIL)**	**prednisOLONE acetate 1% (OMNIPRED)**		
Dose	**246 mg (15mg/kg)**	**164 mg (10 mg/kg)**	**1 drop**		
Frequency	**every 4 hr PRN**	**every 4 hours PRN**	**4 times daily**		
Route	**oral suspension**	**oral**	**ophthalmic (to lacrimal sacs)**		
Classification	**nonopioid analgesic**	**NSAID**	**ophthalmic corticosteroid**		
Mechanism of Action	**analgesic effects are due to the activation of descending seratonergic inhibitory pathways in the CNS**	**inhibits COX 1 & 2 enzymes, which results in decreased formation of prostaglandin precursors; has antipyretic, analgesic, & anti-inflammatory properties**	**reduces inflammation by inhibiting edema, leukocyte migration, fibrin deposition, capillary proliferation & dilation, collagen deposition, and scar formation**		
Reason Client Taking	**mild pain management**	**mild pain (1-3)**	**eye anti-inflammatory agent**		

Concentration Available	**160 mg/ 5 mL**	**100 mg/ 5 mL**	**1% suspension drops**		
Safe Dose Range Calculation	**240 mg- 1222.5 mg**	**163 mg - 652 mg/day**	**n/a**		
Maximum 24-hour Dose	**75mg/kg/day**	**652 mg/day**	**n/a**		
Contraindications (2)	**severe hepatic impairment, active liver impairment**	**history of asthma, urticaria**	**untreated ocular infection, hypersensitivity to corticosteroids**		
Side Effects/Adverse Reactions (2)	**skin rash, nephrotoxicity**	**bleeding, ulceration**	**glaucoma, increased ocular pressure (IOP)**		
Nursing Considerations (3)	**evaluate therapeutic response, monitor for allergic reactions, perform hepatic labs if long-term therapy is anticipated**	**obtain diet history, monitor baseline LFT in patients with liver disease, evaluate for therapeutic response: decrease in triglycerides**	**do not abruptly withdraw, BP/pulse Q4 and notify if chest pain occurs, I & O to observe for decreased urinary output and increased edema**		
Client Teaching needs (2)	**adverse effects, can be given with/without food**	**adverse effects, give with food if it causes an upset stomach**	**adverse effects, store at room temperature, upright, with the cap on**		

Medication Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook.* Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:**	**alert and oriented to person, place, time** ^^

Distress: **Overall appearance:**	**crying upon vitals and assessment** **patient appears to be in mild distress**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: n/a** **Drains present: Y☐ N X** **Type:**	 **pale (appropriate for race)** **in-tact, clean** **warm** **good turgor** **no rashes** **small bruise on head** **no wounds** **no drains present**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	 **head is normocephalic, no lesions/lacerations** **no redness, drainage, or swelling** **some ocular drainage noted** **no drainage or redness** **intact, oral mucosa is pink and moist, normal dentition** **no abnormalities noted**
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:**	 **no abnormalities noted, S1 S2 heard, no murmurs, clicks, or gallops** **normal sinus rhythm** **(+)** **< 3 seconds** **no vein distention noted** **no edema noted** **n/a**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X**	 **no accessory muscle use**

Breath Sounds: Location, character	**breath sounds are clear and equal bilaterally in all lung fields**
GASTROINTESTINAL (2 points): **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size: n/a** **Feeding tubes/PEG tube Y ☐ N X** **Type: n/a**	 **normal diet at home (no restrictions)** **clear liquid diet currently** **86.7 cm** **bowel sounds heard and equal in all 4 quadrants** **today 10/17/20** **no pain or masses upon abdominal palpation** **no abnormalities noted** **no abdominal distention** **no incisions** **no scars** **no drains** **no wounds** **no ostomy** **no NG** **n/a**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	 **yellow** **clear, no odor, adequate output** **not measured (3 occurrences during rotation)** **no pain with urination** **no dialysis** **no abnormalities noted** **no catheter** **n/a** **n/a**
MUSCULOSKELETAL (2 points): **Neurovascular status:**	 **appropriate for situation--A&O x 3**

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y X N ☐** **Fall Risk: Y ☐ X** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) X** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**ROM equal bilaterally** **n/a** **equal bilaterally** **needs assistance with some ADLs due to developmental age** **no fall risk** **n/a** **up ad lib** **yes** **no** **no**
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y ☐ N X** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both X** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **equal bilaterally** **corneal implant** **equal strength in arms and legs bilaterally** **A&O x 3** **appropriate for developmental stage** **appropriate for developmental stage** **no sensory deficits besides corneal implant** **appropriate**
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):**	 **mother is at bedside, father is at work** **parents have received education on eye drops as well as how to manage the skull fracture** **family is dedicated to the health and support of the child**

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**122**	**155/106**	**24**	**98.8 F**	**97%**

****vitals were taken when child was upset and scared, which is believed to be the cause of increased pulse rate and blood pressure****

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

Pulse Rate	**80-120 bpm**
Blood Pressure	**89/46 - 112/72**
Respiratory Rate	**20-28**
Temperature	**97.4 - 99.6 F**
Oxygen Saturation	**95-100 %**

Normal Vital Sign Range Reference (APA):

Nall, R. (March 20, 2017). A mom's guide to pediatric vital signs. Healthline. https://www.healthline.com/health/pediatric-vital-signs#Toddlers%20(3%5years%3old%3and%5up)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**FLACC**	**n/a**	**0/10**	**the child was in no pain or distress**	**none needed at this time**
Evaluation of pain status *after* intervention	**FLACC**	**n/a**	**0/10**	**the child was in no pain or distress**	**none needed at this time**
Precipitating factors: skull fracture **Physiological/behavioral signs: calm, quiet, unbothered**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
not measured	**not measured** **(3 urine occurrences and 1 stool occurrence while on the floor today)**

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. **4 year olds will have improved hand-eye coordination and can complete tasks such as puzzles**
2. **By this age, most 4 year olds are usually potty-trained**
3. **4 year olds are becoming more aware of their feelings and may start experiencing emotions such as fear and excitement**

Age Appropriate Diversional Activities

1. **4 year olds may enjoy doing puzzles as a diversional activity**
2. **4 year olds will develop more close friendships and may even have a "best friend"**
3. **4 year olds will be very interested in books as diversional activities**

Psychosocial Development:

Which of Erikson's stages does this child fit?

According to Erikson's stages of development, this child should fit in the "Initiative vs Guilt" stage ().

What behaviors would you expect?

During this stage, children may take initiative to be leaders within their friend groups or at school (). If the child is discouraged in his/her endeavors, they are likely to develop a guilty mentality where they are ashamed ().

What did you observe?

This child fits this stage well because she told the doctor she was in charge and wanted to answer the doctor's questions herself. Because the mother and doctor allowed this to a certain extent, the child's sense of initiative was fulfilled.

Cognitive Development:

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

According to Piaget, this child would fit into the preoperational stage ().

What behaviors would you expect?

During this stage, children begin to engage in symbolic play (). An example of this is treating an object as if it is something else, such as using a broom and pretending like you are riding a horse ().

What did you observe?

During her stay, this child was treating her call light as a phone. She would hold it to her ear and pretend like she was talking to her mom across the room and they would have a conversation.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

A 4 year old should be expected to have some vocal deficits, such as using words incorrectly in context or not knowing how to communicate exactly what they are feeling (). There are no concerns for the child's development as of right now.

Any concerns regarding growth and development?

There are no concerns regarding growth and development.

References

McLeod, S. (2018). Erik Erikson's stages of psychosocial development. *Simply psychology*. https://www.simplypsychology.org/Erik-Erikson.html

McLeod, S. (2018). Jean Paiget's theory and stages of cognitive development. *Simply psychology*. https://www.simplypsychology.org/piaget.html

Morin, A. (March 4, 2019). 4 year-old child development milestones. *Very well family*. https://www.verywellfamily.com/4-year-old-developmental-milestones-2764713#when-to-be-concerned

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.
1. risk for injury related to developmental age as evidence by falling out of a shopping cart	the child has a decreased sense of balance due to her developmental age	1. do not leave the child unattended, especially on an elevated surface 2. do not put the child in the large part of the cart without a belt on	the mother understands the risk of having her child unsecured in the shopping cart as well as leaving her unattended for even just a second
2. risk for trauma related to fall as evidence by left occipital fracture	the child fell and fractured her skull on the concrete	1. educate parents on fall precautions 2. teach parents how to manage care for a skull fracture	the mother understands the importance of maintaining her daughter's safety and is being taught how to prevent further damage while the fracture is healing
3. fear related to unfamiliarity with environmental	the child's fear when vitals are being taken result	1. create a diversional activity for the child	the child being calm allows for proper and accurate neuro

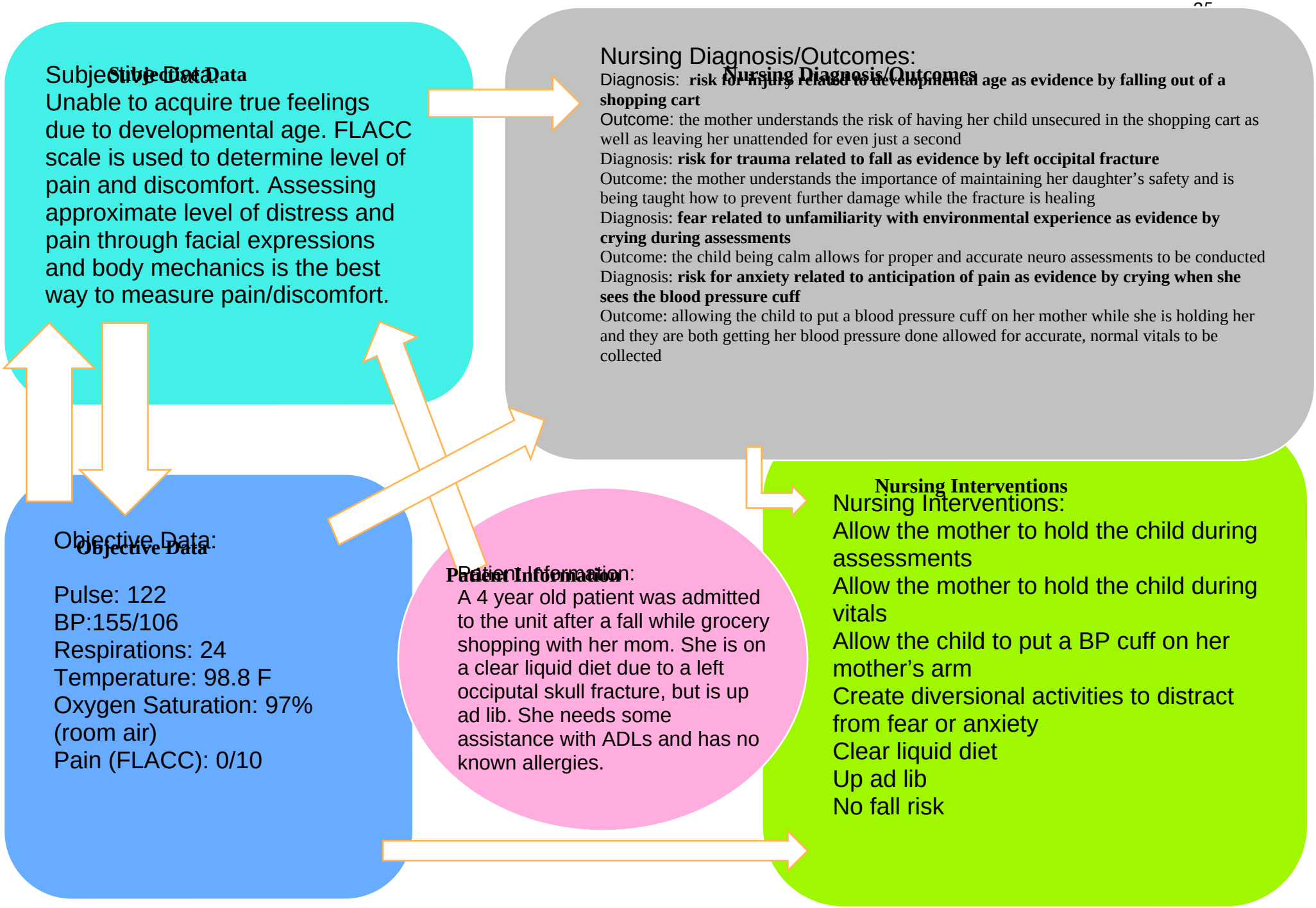
experience as evidence by crying during assessments	in an inaccurate measurement every time	2. Have the mother hold the child while assessments are being done	assessments to be conducted
4. risk for anxiety related to anticipation of pain as evidence by crying when she sees the blood pressure cuff	severe anxiety every time she is assessed can lead to other undetectable medical problems	1. have the mother hold the child during as much of the assessment as possible 2. allow the child to put the blood pressure cuff on her mother	allowing the child to put a blood pressure cuff on her mother while she is holding her and they are both getting her blood pressure done allowed for accurate, normal vitals to be collected

Other References (APA):

Skidmore-Roth, L. (2017). *Mosby's 2016 Nursing Drug Reference*. St Louis, MO: Elsevier.

Vera, M. (2020, June 06). Nursing Diagnosis: Everything You Need to Know to Master Diagnosing. *Nurseslabs*. https://nurseslabs.com/nursing-diagnosis/.

Concept Map (20 Points):


Subjective Data:
Unable to acquire true feelings due to developmental age. FLACC scale is used to determine level of pain and discomfort. Assessing approximate level of distress and pain through facial expressions and body mechanics is the best way to measure pain/discomfort.
Nursing Diagnosis/Outcomes:
Diagnosis: risk for injury related to developmental age as evidence by falling out of a shopping cart
Outcome: the mother understands the risk of having her child unsecured in the shopping cart as well as leaving her unattended for even just a second
Diagnosis: risk for trauma related to fall as evidence by left occipital fracture
Outcome: the mother understands the importance of maintaining her daughter's safety and is being taught how to prevent further damage while the fracture is healing
Diagnosis: fear related to unfamiliarity with environmental experience as evidence by crying during assessments
Outcome: the child being calm allows for proper and accurate neuro assessments to be conducted
Diagnosis: risk for anxiety related to anticipation of pain as evidence by crying when she sees the blood pressure cuff
Outcome: allowing the child to put a blood pressure cuff on her mother while she is holding her and they are both getting her blood pressure done allowed for accurate, normal vitals to be collected
Objective Data:
Pulse: 122
BP:155/106
Respirations: 24
Temperature: 98.8 F
Oxygen Saturation: 97% (room air)
Pain (FLACC): 0/10
Patient Information:
A 4 year old patient was admitted to the unit after a fall while grocery shopping with her mom. She is on a clear liquid diet due to a left occiputal skull fracture, but is up ad lib. She needs some assistance with ADLs and has no known allergies.
Nursing Interventions:
Allow the mother to hold the child during assessments
Allow the mother to hold the child during vitals
Allow the child to put a BP cuff on her mother's arm
Create diversional activities to distract from fear or anxiety
Clear liquid diet
Up ad lib
No fall risk