N433 Care Plan # 2

Lakeview College of Nursing

Andrea Cook

Demographics (3 points)

Date of Admission 10/210/2020	**Patient Initials** KW	**Age (in years & months)** 8 years 1 month 9/7/2012	**Gender** Female
Code Status Full	**Weight (in kg)** 30.3	**BMI** 19.09	**Allergies/Sensitivities (include reactions)** Amoxicillin-Hives, Rash; Omnicef-Hives, Rash; Peanuts; Penicillin-Hives, Rash; Bactrim (Sulfamethoxazole-trimethoprim)-Hives, Rash; Sulfa (sulfonamide Antibiotics)-Hives, Rash

Medical History (5 Points)

Past Medical History:

Illnesses:

- Allergic rhinitis
- Asthma
- Ear infection
- Eczema
- Eye infection
- History of allergy
- History of wheezing
- Otitis

Hospitalizations:

- NA

Past Surgical History:

- Myringotomy w/tube 2/11/16
- Adenoidectomy 2/11/2016
- Removal fecal impaction 8/14/2016

Immunizations:

- DTAP/ IPV (Kinrix) 10/7/2016
- DTAP/ IPV/ Hep B 3/12/13, 1/7/13, 11/8/12
- DTAP-Acellular: 12/10/2013
- Hep B-Interix 0.5 9/7/12
- HIB-PRP-OMP/PEDRAX 12/10/13, 1/7/13, 11/8/12
- Hep A 9/5/14, 12/10/13
- MMR/Varivax combo 10/7/16
- MMR 9/9/2013
- Pneumococcal B (PRVNAR 13) 12/10/13, 3/13/13, 1/7/13, 11/8/12
- Rotavirus (ROTARIX) 1/7/13, 11/8/12
- Varicella Virus (VARIVAX) 1/7/13, 11/8/12

Birth History: 37 weeks gestation

Complications (if any): No known complications

Assistive Devices: NA

Living Situation:

The patient lives at home with her mother.

Admission Assessment

Chief Complaint (2 points): "Abdominal pain"

Other Co-Existing Conditions (if any): The patient had a headache, fever, and complained about her throat hurting.

Pertinent Events during this admission/hospitalization (1 points):

History of present Illness (10 points):.

The initial onset of the symptoms started Monday the week before. The patient was "lethargic, sore throat, warm, belly pain, and headache." The location was "all over" when discussing the pain. The client pointed to the LRQ and ULQ. The duration of the pain was continuous. The aggerating was vomiting after she would eat. Also, there were no relieving factors. Although, the patient was given Tylenol and ibuprofen. The timing and severity of the discomfort were rated on the numeric scale. She rated head was a 5, the belly was a 9, and hand was a 3.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Constipation

Secondary Diagnosis (if applicable):. Streptococcus C

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

The patient is an eight-year-old that was diagnosed with constipation. She was sent to the pediatric floor on 10/19 with complaints of abdominal pain, vomiting, and a fever. The patient was unable to eat and was able to ingest water. She was in bed the entire time that I observed. Nevertheless, she appeared better than previous meetings noted via the physician. There is identifiable pathophysiology of constipation.

The description of constipation is intrusion with one of three chief functions of the colon; mucosal carriage, myoelectric action, or defecation courses (Hinkle & Cheever, 2018). "Stimulation of the inhibitory rectoanal reflex, relaxation of the internal sphincter muscle, relaxation of the external sphincter muscle and muscles in the pelvic region, and increased intra-

abdominal pressure" (Hinkle & Cheever, 2018, p. 1312). When exploring the signs and symptoms, the nurse must be careful when doing a physical assessment of the abdominal region. "Clinical manifestation of constipation includes fewer than three bowel movements per week; abdominal distention, pain and bloating, a sensation of incomplete evacuation, straining at stool; and the elimination of small-volume, lumpy, and, dry stools" (Hinkle & Cheever, 2018, p. 1312). These symptoms are gathered during the focused assessment and health history.

The expected findings related to the complication of constipation are varied. "The diagnosis of constipation is based on the patient's history, physical examination, possibly the results of a barium enema or sigmoidoscopy, and stool testing for occult blood" (Hinkle & Cheever, 2018, p. 1313). Many other diagnostic tests may be performed. "An X-ray can help your doctor determine whether our intestines are blocked and whether there is present throughout the colon" (Mayo Clinic, 2019, para. 3). There are many ways this patient was diagnosed with constipation.

This patient had an x-ray perform two times. Then they performed a CT. The CT's results were different from the x-ray. They found a small ball in the rectosigmoid colon. Upon the physical examination, the patient had abdominal distention, was sore, and soft. The patient was also vomiting and unable to intake food. The treatment implemented was multiple enemas on the second day. Also, there were continuous IV fluids to ensure the client doesn't get dehydrated (Hinkle & Cheever, 2018). Several laxatives were administered in multiple ways—for example, Sennosides given PO, and NuLYTELY was given via NG tube. Plus, an antiemetic was prescribed to decrease the vomiting (Hinkle & Cheever, 2018).

There is multiple complications associated with constipation. "complication of constipation includes fecal impactions, which may lead to fecal incontinence, hemorrhoids,

fissures, rectal prolapse, and megacolon" (Hinkle & Cheever, 2018, p. 1313). Fissures are irregular creases in the rectum area (Hinkle & Cheever, 2018). To prevent a rectal fissure, the patient should stay hydrated to avoid constipation and harder stools. A Botox injection can be used to paralyze the sphincter (Mayo Clinic, 2018). "Hemorrhoids or dilated portion of anal veins" (Hinkle & Cheever, 2018, p. 1313). To prevent hemorrhoids, the patient should avoid straining when evacuating, and surgery might be required for removal (Hinkle & Cheever, 2018).

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.

Mayo Clinic. (2019, June 29). *Constipation*. https://www.mayoclinic.org/diseases-conditions/constipation/diagnosis-treatment/drc-20354259

Mayo Clinic. (2018, November 28). *Anal fissure*. https://www.mayoclinic.org/diseases-conditions/anal-fissure/diagnosis-treatment/drc-20351430

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	The patient was in bed while I was present.
Diet/Nutrition:	The patient was on clear liquid diet due to constipation.
Frequent Assessments:	Vital signs were prescribed every eight hours.
Labs/Diagnostic Tests:	The diagnostic test ordered was an x-ray and CT scan. The labs were a urinalysis and CBC.

	Additionally, there was influenza, COVID-19 19, and strep A and C cultures taken**.**
Treatments:	NG tube administration of NuLYTELY was the only treatment witnessed.
Other:	**NA**
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
NA	**NA**

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 10/22	Reason for Abnormal Value
RBC	**4.2-5.4**	**NA**	**4.76**	
Hgb	**13.5-17.7**	**NA**	**14.1**	

Hct	**40-45%**	**NA**	**42.1**	
Platelets	**150-400**	**NA**	**239**	
WBC	**4-11**	**NA**	**4.61**	
Neutrophils	**50-81%**	**NA**	**2.28**	
Lymphocytes	**14-44%**	**NA**	**34.7**	
Monocytes	**2-6%**	**NA**	**9.8**	
Eosinophils	**1-5**	**NA**	**5.4**	
Basophils	**0-1%**	**NA**	**0.4**	
Bands	**< x 10^9/L**		**NA**	

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 10/19	Today's Value	Reason For Abnormal
Na-	**133-143 mEq**	**136**	**NA**	
K+	**3.6-4.6 mEq**	**3.8**	**NA**	
Cl-	**101-111 mEq**	**104**	**NA**	
Glucose	**70-110 g/day(ATI)**	**108**	**NA**	
BUN	**6-23 mg/dL**	**NA**	**NA**	
Creatinine	**0.6-1.5 mg/ dL**	**NA**	**NA**	
Albumin	**3.5-5.0 gm/ dL**	**4.4**	**NA**	
Total Protein	**0.8 mg/dL (ATI)**	**NA**	**NA**	

Calcium	**8-11**	**9.9**	**NA**	
Bilirubin	**0.2-1.4 mg/ dL**	**NA**	**NA**	
Alk Phos	**30 to 120 units/L**	**258**	**NA**	
AST	**0 to 35 units/L**	**19**	**NA**	
ALT	**4 to 36 units/L**	**25**	**NA**	
Amylase	**30 to 220 units/L**	**NA**	**NA**	
Lipase	**0 to 160**	**NA**	**NA**	

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	**0 to 22 mm/ hr**	**NA**	**NA**	
CRP	**lower than 1.0 mg/L**	**NA**	**NA**	
Hgb A1c	**5.7% or less indicates not DM 7% indicated good control 8% to 9% fain DM control 9% or greater indicates poor control**	**NA**	**NA**	
TSH	**0.4-5.5**	**NA**	**NA**	

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 10/22	Reason for Abnormal
Color & Clarity	Straw/clear	NA	Straw/clear	
pH	4.6-8.0	NA	7.0	
Specific Gravity	1.003-1.040	NA	1.013	
Glucose	Less than 0.5 g/day(ATI)	NA	None	
Protein	0.8 mg/dL	NA	None	
Ketones	none	NA	20	"Ketones build up when the body needs to break down fats and fatty acids to use as fuel. This is most likely to occur when the body does not get enough sugar or carbohydrates" (UCSF Health, 2020, para. 10).
WBC	0-6/uL	NA	7	WBC present may show that there is inflammation int the urinary tract or kidneys (Lab Tests Online, n.d.).
RBC	0-5	NA	2	
Leukoesterase	None	NA	None	

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 10/19	Today's Value	Explanation of Findings
Urine Culture	4.5 - 7.2 normal range	NA	NA	
Blood Culture	None	NA	NA	
Sputum Culture	None	NA	NA	

Stool Culture	**Negative**	**NA**	**NA**	
Respiratory ID Panel	**Negative**	**NA**	**NA**	
Streptococcus A	**Negative**	**Negative**	**NA**	
Streptococcus C	**Negative**	**NA**	**Positive**	
Influenza	**Negative**	**Negative**	**NA**	
COVID-19 19	**Negative**	**Negative**	**NA**	

Lab Correlations Reference (APA):

American Association for Clinical Chemistry. (2020). *Bacterial sputum culture*. https://labtestsonline.org/tests/sputum-culture-bacterial

American Association for Clinical Chemistry. (2020). *Blood culture.* https://labtestsonline.org/tests/blood-culture

Assessment Technologies Institute, LLC. (2017). *RN adult medical surgical nursing: content mastery series review module*.

Food and Drug Administration. (July 16, 2020). *Coronavirus disease 2019 testing basics*. https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics

Felson, S. (2019). C-Reactive protein test: high vs. low levels, normal range. https://www.webmd.com/a-to-z-guides/c-reactive-protein-test#1

Laboratory test interpretation. (n.d.). https://www.nurseslearning.com/courses/nrp/labtest/course/section5/index.htm.

Lab Tests Online. (n.d.). *Urinalysis*. https://labtestsonline.org/tests/urinalysis

Mayo Clinic. (2019). *Sed rate (erythrocyte sedimentation rate)*. https://www.mayoclinic.org/tests-procedures/sed-rate/about/pac-20384797

Meditec. (2020). *Normal lab values - common laboratory values.* https://www.meditec.com/resourcestools/medical-reference-links/normal-lab-value

MedlinePluse. (2020). *Strep a*. https://medlineplus.gov/lab-tests/strep-a-test/

US National Library of Medicine. (2020). *Blood gases*. MedlinePlus Medical Encyclopedia. https://medlineplus.gov/ency/article/003855.htm.

UCSF Health. (2020). *Ketones urine test*. https://www.ucsfhealth.org/medical-tests/003585

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

There was an x-ray given on two occasions. “An X-ray can help your doctor determine whether our intestines are blocked and whether there is stool present throughout the colon” (Mayo Clinic, 20 19, para. 3). Unfortunately, there wasn’t a blockage shown on either x-ray. The patient is still presented with constipation.

Diagnostic Test Correlation (5 points):

The client had a CT scan completed after the x-ray showed nothing. They found a small ball in the rectosigmoid colon. “Using X-rays and special computer software, this test creates two- and three-dimensional images of your intestines. Providing alternative views of your bowel, pancreas, and other organs, CT scans help examine details that might not be visible through other imaging tests” (Stanford Health Care, n.d., para. 2). Upon the physical examination, the patient had abdominal distention, was sore, and soft. The patient was also vomiting and unable to intake food.

Diagnostic Test Reference (APA):

Mayo Clinic. (2019, June 29). *Constipation*. https://www.mayoclinic.org/diseases-conditions/constipation/diagnosis-treatment/drc-20354259

Stanford Health Care. (n.d.). *Chronic constipation diagnosis*. https://stanfordhealthcare.org/medical-conditions/digestion-and-metabolic-health/chronic-constipation/diagnosis.html

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

Brand/ Generic	**Tylenol / Acetaminophen**	**AccuNeb /Albuterol**	**Rocephin / Ceftriaxone**	**Toradol /Ketorolac**	**Zofran / Ondansetron HCL**
Dose	**160/5 mL**	**2 puffs 90 mcg/actuation**	**2 g**	**14 mg**	**0.1 mg/kg** **3 mg**
Frequency	**Q 4 hr. PRN**	**Q 4 hr. PRN**	**40 mL/ hr. Over 2 hrs.**	**Q 6 hr.**	**Q 8 hr. PRN**
Route	**PO**	**Inhalation**	**IV Piggyback**	**IV push**	**Injection**
Classification	**Non-narcotic Analgesic/ Antipyretic**	**Bronchodilator**	**Antibiotic**	**Analgesic, anti-inflammatory**	**Antiemetic**
Mechanism of Action	**Produces analgesia by elevation of the pain threshold. Reduces fever by inhibiting the action of endogenous**	**Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular**	**Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglyc**	**Blocks cyclooxygenase, an enzyme needed to synthesize prostaglandins. Prostaglandins**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal**

	pyrogens on the heat-regulation center in the brain by blocking the formation and releasing the prostaglandins in the CNS. It provides temporary analgesia for mild to moderate pain. In addition, acetaminophen lowers body temperature in individuals with a fever.	**enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP). This reaction decreases intracellular levels of cAMP, as shown. Together, theses effects relax bronchial smooth-muscle cells and inhibit histamine release.**	**an strands. Peptidoglycan makes the cell membrane rigid and protective. Without it, bacterial cell rupture and die.**	**mediate inflammation response and cause local vasodilation, swelling, and pain. They also promote pain transmission from periphery to spinal cord. By blocking cyclooxygenase and inhibiting prostaglandins, this NSAID reduces inflammation and relieves pain.**	**nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine.**
Reason Client Taking	**For pain relief.**	**To treat or prevent bronchospasms in patients with reversible obstructive airway disease or acute bronchospastic attack.**	**Streptococcus C**	**For pain relief.**	**To prevent nausea and vomiting.**
Concentration Available	**15 mg/kg/dose**	**108 mcg (1 inhalation) every 4 hr. to 216 (2 inhalations) every 4 to 6**	**50 to 75 mg/kg daily or in equally divided doses every**	**30 mg per 6 hr.**	**0.15-mg/kg doses up to three, each infused over 15 min, starting with**

		hr.	**12 hr**		**first dose given 30 min before chemotherapy and second and third doses given 4 and 8 hours after first dose.**
Safe Dose Range Calculation		**Initial: 0.1 to 0.15 mg/kg three or four times daily. Maximum: 2.5 mg three or four times daily.**	**50 mg x 30.3 = 1515 mg 75 mg x 30.3= 2272.5 mg 1515 to 2272.5 is the safe dose range.**	**NA**	**4.5-mg x 3= 13.6 mg**
mgMaximum 24-hour Dose		**2.5 x 4 times daily= 10 mg**	**2 g**	**NA**	**13.6 mg**
Contraindications (2)	**1.Hypersensitivity to acetaminophen 2.Acute liver failure**	**1.Hypersensitivity to albuterol. 2.Hypetention**	**1.Calcium-containing I.V. solutions 2.Intravenous administration of ceftriaxone solutions containing lidocaine**	**1.Advance renal impairment or risk of renal impairment due to volume depletion 2.History of GI bleed.**	**1.Congenital long QT syndrome 2.Hypersensitivity to ondansetron or its components.**
Side Effects/ Adverse Reactions (2)	**1. Anorexia 2.Neutropenai**	**1.Anxiety 2.Angina**	**1.Chills 2.Abdominal cramps.**	**1.Aseptic meningitis 2.Edema**	**1.Agitation 2.Arrhythmis**
Nursing Considerations (3)	**1. Use acetaminophen cautiously in patients with hepatic impairment or active**	**1.Monitor serum potassium level because albuterol may cause transient**	**1.Use ceftriaxone cautiously in patients who are hypersensitive to**	**1.Give I.V. injection over at least 15 seconds. 2.Notify prescriber**	**1.Know that if hypokalemia or hypomagnesemia is present, these**

	hepatic disease. **2.Monitor liver function test results, including AST, ALT, Bilirubin, and creatinine levels.** **3. Monitor the end of a parenteral infusion to prevent the possibility of air embolism.**	**hypokalemia** **2.Be aware that drug tolerance can develop with prolonged use.** **3.Administer pressurized inhalations of albuterol during second half of inspiration, when airways are open wider and aerosol distribution is more effective.**	**Penicillin because cross-sensitivity has occurred in about 1% to 3% of such patients.** **2.Obtain culture and sensitivity results, if possible and as ordered, before giving drug.** **3.Assess for arthralgia, bleeding, ecchymosis, and pharyngitis ; they may indicate blood dyscrasia.**	**if pain relief is inadequate or if breakthrough pain occurs between doses because supplemental of an opioid analgesic may be required.** **3.Monitor CBC for decreased hemoglobin and hematocrit because drug may worsen anemia.**	**electrolyte imbalances should be corrected before ondansetron is administered because of increased risk for QT interval prolongation, which could predispose the patient to develop torsade de pointes.** **2.By aware that ondansetron may mask symptoms of adynamic ileus or gastric distention after abdominal surgery.** **3.Monitor patient closely for serotonin syndrome, which may include agitation, chills, confusion, diaphoresis, diarrhea, fever, hyperactive reflexes, poor**

					coordination, restlessness, shaking, talking or acting with uncontrolled excitement tremor, and twitching.
Client Teaching needs (2)	**1.Tell patient that tablets may be crushed or swallowed whole. 2.Teach patient to recognize signs of hepatotoxicity.**	**1.Instruct patient to wash mouthpiece with water once a week and let it air-dry. 2. Advise patient to wait at least 1 minute between inhalations if dosage requires more than one inhalation.**	**1.Tell patient to repost evidence of blood dyscrasia or superinfection to prescriber immediately. 2.Advise patient to repot any hypersensitivity reactions. Such as a rash, itching skin, or hives, to prescriber immediately and to stop taking the drug.**	**1.Caution patient not to use ketorolac for more than 5 days, as serious adverse effects may occur. 2.Teach patient proper oral hygiene measures, and encourage him to use a soft-bristled toothbrush while taking ketorolac.**	**1.Advise patient to immediately report signs of hypersensitivity, such as rash. 2.Reassure patient with transient blindness that it will resolve within a few minutes to 48 hours.**

Brand/Generic	**D5-0.9% NaCl w/KCL 200**	**Senokot /Sennosides**	**NuLYTELY /Polyethylene GLYCD**		
Dose	**20 mEq 70 mL/hr.**	**8.6 mg**	**10 mg/ 30 kg**		
Frequency	**Continuous**	**Daily**	**150 mL per**		

			hr,		
Route	**IV**	**PO**	**NG tube**		
Classification	**Nonpyrogenic solution for fluid and electrolyte replenishment.**	**Laxative**	**Laxative**		
Mechanism of Action	**Is a sterile, nonpyrogenic solution for fluid and electrolyte replenishment in single dose containers for intravenous administration. It contains no antimicrobial agents. The nominal pH is 5.5 (4.5 to 7.0).**	**Sennoside A and B, the components of senna, are metabolized by gut bacteria into the active metabolite rheinanthrone Rheinanthrone2. Rheinanthrone Rheinanthrone appears to increase cyclooxegenase 2 (COX2) expression in macrophage cells leading to an increase in prostaglandin E2 (PGE2)2. This increase in PGE2 is associated with a decrease in aquaporin 3 expression in mucosal epithelial cells of the large intestine2. A decrease in aquaporin 3 expression likely produces the laxative effect by restricting water reabsorption by**	**The primary mode of action is thought to be through the osmotic effect of polyethylene glycol 3350 which causes water to be retained in the colon and produces a watery stool.**		

		the large intestine thereby increasing fecal water content2. The exact mechanism by which rheinanthrone increases COX2 expression is unknown2. Rheinanthrone Rheinanthrone also stimulates peristalsis in the large intestine although the mechanism behind this effect is unknown6. Rhein Rhein, another active metabolite is thought to excite submucosal acetylcholinergic neurons resulting in increased chloride and prostaglandin secretion8,9. The movement of chloride ions into the large intestine would also help to draw water into the lumen9.			
Reason Client Taking	**Electrolyte replenishment.**	**To relieve the patient's constipation.**	**To relieve the patient's constipation.**		
Concentration Available	**Children 20+kg 1500 mL + 20**	**326 mg/5 g; 8.6 mg; 652 mg; 218 mg/5 mL; 8.8**	**10 mg/ 30 kg**		

	mL/kg every kg over 20 kg	**mg/5 mL; 15 mg; 25 mg; leaf extract 176 mg/5 mL; 7.5 mg/5 mL; 33.3 mg/mL; 600 mg; 1.65 g/2.5 g; 217 mg; 8.8 mg/mL; 17 mg; 17.2 mg**			
Safe Dose Range Calculation	**30.3 kg / 10.3 x 20 = 210 mL 1500 mL + 210 mL= 1710 mL**	**Sennosides 8.6 mg: 2 tablets orally once a day at bedtime -Maximum dose: 8 tablets/day**	**300 mg**		
Maximum 24-hour Dose	**NA**	**Maximum dose: 8 tablets/day**	**300 mg**		
Contraindications (2)	**1.Diuresis 2.Corticosteroids**	**1.Abdominal spasm 2.intestinal mucosa pigmentation.**	**1.Bowel perforation 2.Toxic colitis or toxic megacolon.**		
Side Effects/Adverse Reactions (2)	**1.Fibrile 2.Hypervolimia**	**1.Black, tarry stools 2. nausea or vomiting.**	**1.Vomiting 2.Swelling of the abdominal**		
Nursing Considerations (3)	**1.Assess fluid balance. 2.Assess symptoms of hyponatremia. 3.Check the IV line.**	**1.Failure to have a bowel movement or occurrence of rectal bleeding after use should be reported to health care prover. 2.Check with patient for stomach pain. 3.Check for e electrolyte abnormalities.**	**1.Ensure the patient hasn't had any red and purple liquids. 2.After capping the container, shake vigorously several times to ensure that ingredients are dissolved. 3.Follow the recommended dosage.**		
Client Teaching	**1.Explain to the**	**1.Explain that**	**1.Educate the**		

needs (2)	**client why they are taking the intravenous solution. 2. Explain the signs & symptoms of hypervolemia.**	**this medication is used for constipation. 2.Report to the doctor if there is abdominal cramps.**	**patient about clear diet. 2.Educate patient to report vomiting.**		

Medication Reference (APA):

DRUGBANK. (n.d.) *Sennosides*. https://go.drugbank.com/drugs/DB11365

Drugs.com. (2020). *Senna*. https://www.drugs.com/senna.html

Drugs.com. (2020). *Nulytely*. https://www.drugs.com/pro/nulytely.html

Jones & Bartlett Learning. (2017). *2020 Nurse's Drug Handbook* (18th ed.). Jones & Bartlett Learning.

RxList. (2020). *Nulytely*. https://www.rxlist.com/nulytely-drug.htm

Shields, K. M., Fox, K. L., & Liebrecht, C. (2018). *Pearson nurses drug guide*. Pearson.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient exhibits no signs of impaired memory and is oriented to person, place, time, and situation. A & O x 4. Patient is awake and alert. Patient is responsive to stimuli. The Patient's speech is clear and regular.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:**	The skin was normal fand warm — no noted edema. Pulses were felt and were strong at 3+ each. The extremity pulses were all detected at 3+. No abnormal dermal sensations detected. No

Rashes: **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	rashes, bruises, wounds or drainage noticed during the inspection of the skin. The skin was dry and intact— Braden scale on 22. The skin had good turgor. No drains or ports were present on this patient.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Pupils are 3 mm equal, round, and reactive to light with a 2-step method bilaterally. Accommodation with convergence and constriction bilaterally. EOMs are intact bilaterally. Patient eyes had normal conjunctiva, no scleral icterus bilaterally. Ears: Soft and no cerumen noticeable in both ears bilaterally. Nose: No deviations present. The mucosa is pink and moist. The patient reports no nose bleeds. Mouth: Lips are symmetrical and dry. Oral mucosa is moist and pink. All teeth were visible. Neck: Trachea appears midline. Thyroid was not palpable along with tonsillar, submandibular, and submental lymph nodes. No pulsations present bilaterally.
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:**	. Heart sounds were heard while auscultating in the aortic, mitral, tricuspid, Erb's point, and pulmonic. Heart sounds were heard clearly as Lub Dub. There wasn't a murmur or gallop detected. Capillary refill is less than 3 seconds on all extremities bilaterally. Radial, Brachial, carotid, popliteal, dorsal pedal, and tibialis posterior pulses were all felt and strong bilateral at 3+. No abnormal neck distention. No edema on all extremities bilaterally. .
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.Breathing is regular, with normal expansion seen bilaterally. Posterior and anterior lung sounds were clear bilaterally. No accessory muscles were used.
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 ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	The patient is on a clear diet. No incisions, scars or wounds were visible. No ostomy or drains were present. Nasogastric tubes were implemented. No known BM. Professor King stated to not palpate or auscultate the stomach.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine color is straw colored and clear. No pain when urinating. No Dialysis. No catheter was implemented.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Her hand grip was normal bilateral. Foot flex was normal bilateral. She is mobile with no assistance needed and has a good ROM. The patient is independent. The patient does not need assistance or equipment. No support needed to stand or walk. The patient was not a fall risk. The patient scored a 20 on the fall risk scale due to the IV site.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	Patient exhibits no signs of impaired memory and is oriented to person, place, time, and situation. A & O x 4. Patient is awake and alert. Patient is responsive to stimuli. The Patient's

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	speech is clear and regular. Pupils are 3 mm equal, round, and reactive to light with a 2-step method bilaterally. Accommodation with convergence and constriction bilaterally. EOMs are intact bilaterally. Patient eyes had normal conjunctiva, no scleral icterus. Arms and legs were equal strength bilaterally. Speech was normal. Mental status was normal.
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):**	.The patient coping methods were healthy. She used the stuffed animal to help her cope. The mother was very supportive. The mother was in good health and promoted healthy habits. No social assistance will be needed.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:55 am	70	109/70 86 mean	20	98.0 F	97%

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

Pulse Rate	60 to 110 depending on activity
Blood Pressure	91 to 122/ 54 to 83
Respiratory Rate	19 to 21/min
Temperature	36.8 C

Oxygen Saturation	95-100%

Normal Vital Sign Range Reference (APA):

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). *RN nursing care of children review module (11th ed.)*. Assessment Technologies Institute, LLC.

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

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
7:55 am **11:45 am**	**Numeric**		**0-10**		
Evaluation of pain status *after* intervention	Numeric	Hand Abdomen Head	3/10- 4/10 9/10- 9/10 5/10- 9/10	Overall hurting.	There was acetaminophen giving during the clinical hours.
Precipitating factors: The IV wasn't placed well. **Physiological/behavioral signs:** The client was in a fetal position the entire clinical time.					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
IV fluids: 2424 mL NG tube: 150	Urination 130 mL

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. Bicycling
2. Skating
3. Swimming (Ricci et al., 2017).

Age Appropriate Diversional Activities

1. Video games
2. Board games
3. Card games (Ricci et al., 2017).

Psychosocial Development:

Which of Erikson's stages does this child fit?

- Industry vs. inferiority (Ricci et al., 2017).

What behaviors would you expect?

- Increased interest in knowledge
- Increased interactions with peers.
- Success in personal and social tasks (Ricci et al., 2017).

What did you observe?

- I observed the client wanting to understand how the pain scale was implemented.

Cognitive Development:

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

- Concrete operational (Ricci et al., 2017).

What behaviors would you expect?

- Can reverse thought process
- Starts collections of items.
- Understands concepts of time (Ricci et al., 2017).

What did you observe?

- Understands concepts of time

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

There were no developmental concerns for the child regarding vocabulary.

Any concerns regarding growth and development?

There aren't any growth concerns at this time.

Reference

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

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 deficient fluid volume related to low fluid intake as evidenced by vomiting.	**The patient reported vomiting.**	**1.Maintain IV line and administer IV fluids as ordered to maintain fluid volume.** **2.Assess hydration status**	**The patient will be taking in fluids as per prescribed by the end of the hospital stay.** **The patient will have adequate fluid volume as evidenced by elastic skin turgor.**
2. Constipation related to GI obstruction as evidenced by abdominal distention	**The patient was diagnosed with constipation.**	**1. Administer medications as prescribed.** **2.Encourage adequate fluid intake**	**The patient will experience improvement in constipation by passing daily soft bowel movement with pain or staining by the end of the hospital stay.** **The patient abdomen will be less distended by the end of the hospital stay.**
3. Risk for nutrition imbalance related to no food intake as evidenced by	**The patient is on a clear diet.**	**1. Encourage favorite foods when able to eat** **2. Add butter, gravy, or cheese as**	**The child will start to eat by the end of the hospital stay.** **The child will have gained the weight**

loss of weight.		**appropriate to foods when able eat.**	**appropriately by the end of the hospital stay.**
4. Risk for poor nutritional status related no intake for a prolonged period as evidenced by vomiting.	**The patient had no intake for a prolonged period.**	**1. Check skin turgor every VS.** **2. Verify the child changes position**	**The patient will remain free from redness, rash, and excoriation for the rest of the hospital stay.** **The skin will stay intact during the rest of the hospital stay.**

Other References (APA):

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

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

Swearingen, P. L. (2015). *All-in-one Care planning resource*. Mosby.

Concept Map (20 Points):

Subjective Data

The patient complained of abdominal pain
The caregiver reported that the child was warm.
The caregiver reported that the child wasn't eating.

Nursing Diagnosis/Outcomes

Risk for deficient fluid volume related to low fluid intake as evidenced by vomiting.
The patient will be taking in fluids as per prescribed by the end of the hospital stay.
The patient will have adequate fluid volume as evidenced by elastic skin turgor.
Constipation related to GI obstruction as evidenced by abdominal distention
The patient will experience improvement in constipation by passing daily soft bowel movement with pain or staining by the end of the hospital stay.
The patient abdomen will be less distended by the end of the hospital stay.
Risk for nutrition imbalance
The child will start to eat by the end of the hospital stay.
The child will have gained the weight appropriately by the end of the hospital stay.
Risk for poor nutritional status related no intake for a prolonged period as evidenced by vomiting.
The patient will remain free from redness, rash, and excoriation for the rest of the hospital stay.
The skin will stay intact during the rest of the hospital stay.

Objective Data

Blood pressure was 109/70
CT scan showed a small bowel obstruction.
Ketones of 7 was detected in the urinalysis.
Glucose of 20 was detected in the urinalysis.

Patient Information

The initial onset of the symptoms started Monday the week before. The patient was "lethargic, sore throat, warm, belly pain, and headache." The location was "all over" when discussing the pain. The client pointed to the LRQ and ULQ. The duration of the pain was continuous. The aggerating was vomiting after she would eat. Also, there were no relieving factors. Although, the patient was given Tylenol and ibuprofen. The timing and severity of the discomfort were rated on the numeric scale. She rated head was a 5, the belly was a 9, and hand was a 3.

Nursing Interventions

Risk for deficient fluid volume
Maintain IV line and administer IV fluids as ordered to maintain fluid volume.
Assess hydration status
Constipation
Administer medications as prescribed.
Encourage adequate fluid intake
Risk for nutrition imbalance
Encourage favorite foods
Add butter, gravy, or cheese as appropriate to foods.
Risk for poor nutritional status
Check skin turgor every VS.
The skin will stay intact during the rest of the hospital stay.