# N433 Care Plan # 1

Lakeview College of Nursing

Emily Konrad

## Demographics (3 points)

| **Date of Admission** 1/27/2021 | **Patient Initials** AE | **Age (in years & months)** 15 years, 9 months | **Gender** Female |
|---|---|---|---|
| **Code Status** Full code | **Weight (in kg)** 112.4 kg | **BMI** 36.59 | **Allergies/Sensitivities (include reactions)** Tree nuts (hives) |

## Medical History (5 Points)

**Past Medical History:** Ovarian cyst, obstructive sleep apnea

**Illnesses:** Patient denies any history of illnesses

**Hospitalizations:** Patient denies any previous hospitalizations

**Past Surgical History:** Nasal reconstruction, adenoid surgery

**Immunizations:** Patient is up to date on immunizations

**Birth History:** Mother was gone so birth history could not be assessed. Patient stated that her birth was “normal”

**Complications (if any):** Patient denies any birth complications

**Assistive Devices:** Patient denies use of assistive devices

**Living Situation:** Patients parents are divorced. She has a good relationship with both her mother and father. The splits her time living with both her parents.

## Admission Assessment

**Chief Complaint (2 points):** stomach pain

**Other Co-Existing Conditions (if any):** ovarian cysts

**Pertinent Events during this admission/hospitalization (1 points):** Patient was first admitted to Crawford County Hospital and then transferred to Carle Hospital. Patients IV location had to

be changed due to repeated occlusion. Patient was also starting to experience nervousness and anxiety during my time at clinical. Issue was addressed with the physician; however, he was not wanting to prescribe any anxiety specific medications.

**History of present Illness (10 points):** Patient presented to the hospital complaining of stomach pain in her right lower quadrant. Pain was described as sharp and has been going on for almost a week. Patient complains of episodes of nausea and vomiting as well. Patient rated pain as an 8/10 on the number scale. Eating and activity increase the amount of pain. Patient used a heating pad and rest to help alleviate the pain.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):**Ruptured appendix

**Secondary Diagnosis (if applicable):**Abscess

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

Appendicitis occurs from an inflammation of the vermiform appendix. The vermiform appendix is a small organ that extends from the cecum (Capriotti & Frizzell, 2016). At one point in time, the appendix helped digest cellulose, but throughout time has lost its ability to function (Capriotti & Frizzell, 2016). Appendicitis most commonly occurs between childhood and young adulthood and if left untreated can rupture and causing peritonitis (Capriotti & Frizzell, 2016).

There are two main processes that initiate an appendicitis. The first is a narrowing of the appendix lumen (Capriotti & Frizzell, 2016). This happens from an obstruction that causes a loss of blood flow to the area (Capriotti & Frizzell, 2016). The second process is from the development of bacteria trapped behind the lumen due to its narrowing (Capriotti & Frizzell, 2016). The bacteria cause the appendix to distend an increase in pressure (Capriotti & Frizzell, 2016). These two processes result in the compromise of the protective outer layer of the

appendix (Capriotti & Frizzell, 2016). Bacteria attack the appendix wall and cause inflammation, eventually leading to necrosis and perforation of the appendix (Capriotti & Frizzell, 2016). If the appendix is perforated, its contents leak into the peritoneal cavity causing peritonitis (Capriotti & Frizzell, 2016).

The most popular symptom of appendicitis is abdominal pain that starts in the umbilicus and radiates to the right lower quadrant (Capriotti & Frizzell, 2016). As the disease progresses, the pain becomes more severe. The patient will display rebound tenderness from McBurney's point to the right lower quadrant. There will also be a positive Psoas sign, Rovsing's sign, and obturator sign during a physical examination (Capriotti & Frizzell, 2016). If the pain becomes severe enough, the patient will draw the legs up into the fetal position and can even become immobile (Capriotti & Frizzell, 2016). Fever and abdominal swelling are also common signs of appendicitis (Capriotti & Frizzell, 2016).

Diagnosis of appendicitis occurs from physical examination, abdominal x-ray, CT, and ultrasound, and an elevated c-reactive protein and white blood cell count (Capriotti & Frizzell, 2016). Ultrasound is unable to show a normal appendix, but one that is inflamed and diseased will (Capriotti & Frizzell, 2016). Urinalysis is generally performed to rule out a kidney stone or any other genitourinary cause (Capriotti & Frizzell, 2016). The urinalysis is likely to show a high 5-HIAA if there is appendicitis (Capriotti & Frizzell, 2016). It is also important to perform a pelvic exam and beta-HCG on females to rule out pregnancy or other disorders (Capriotti & Frizzell, 2016)

Early treatment of appendicitis is important. Antibiotics should be provided before surgery and need to continue until 48 hours after the procedure (Capriotti & Frizzell, 2016). Immediate surgery is often indicated for appendicitis (Hinkle & Cheever, 2018). An

appendectomy is performed under general anesthesia and can be done laparoscopically (Hinkle & Cheever, 2018). It is no longer advised for doctors to insert a drain after the surgery unless indicated from abscess formation (Hinkle & Cheever, 2018). This patients appendix ruptured, with lead to the creation of an abscess, therefore indication the need for a drain to help remove the infection from the body (Hinkle & Cheever, 2018).

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

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives.* (1st ed.). Philadelphia, PA: F.A. Davis Company.

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

**Active Orders (2 points)**

| Order(s) | Comments/Results/Completion |
|---|---|
| **Activity:** Increase activity as tolerated | Continue until discharge, patient walked 3 laps on 1/29 |
| **Diet/Nutrition:** Regular diet | Until discharge, Strict I&O |
| **Frequent Assessments:** Every 8 hours | Include pulse ox, keep O2 above 92% |
| **Labs/Diagnostic Tests:** Aerobic culture, Anaerobic culture | Results pending |
| **Treatments:** JP drain care, IV antibiotics3.93 | Pigtail bulb suction, lower abdominal flush with 10 mL NS BID |
| **Other:** | |
| **New Order(s) for Clinical Day** | |

| Order(s) | Comments/Results/Completion |
|---|---|
| No new orders for today | Continue care as planned |
| | |
| | |

**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** | 3.93 – 4.90 | 4.24 | | |
| **Hgb** | 10.8 – 13.3 | 10.9 | | |
| **Hct** | 33.4 - 40.4 | 34.2 | | |
| **Platelets** | 194 – 345 | 404 | | There is new evidence that an increase of platelets is a result of inflammation or infection (Hinkle & Cheever, 2018). |
| **WBC** | 4.19 – 9.43 | 14.0 | | Typical physical exam findings of appendicitis include an elevated WBC count (Capriotti & Frizzell, 2016). |
| **Neutrophils** | 1.82 – 7.47 | 9.05 | | Elevated neutrophil count is an indication of infection, due to the appendicitis (Hinkle & Cheever, 2018). |
| **Lymphocytes** | 1.16 – 3.33 | 14.6 | | |
| **Monocytes** | 0.2 - 8.0 | 7.5 | | |
| **Eosinophils** | 0.1 – 4.0 | 0.6 | | |
| **Basophils** | 0.1 – 0.6 | 0.4 | | |
| **Bands** | 0 - 500 | 130 | | |

**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 | 138 | | |
| **K+** | 3.5 – 5.1 | 3.8 | | |
| **Cl-** | 98 – 107 | 106 | | |
| **Glucose** | 60 – 99 | 98 | | |
| **BUN** | 7 – 18 | 12 | | |
| **Creatinine** | 0.55 – 1.02 | 0.66 | | |
| **Albumin** | 3.4 – 5.0 | 2.7 | | Low albumin levels can be seen in patients with inflammation (Hinkle & Cheever, 2018). |
| **Total Protein** | 6.4 – 8.2 | 6.6 | | |
| **Calcium** | 8.5 – 10.1 | 8.5 | | |
| **Bilirubin** | 0.2 – 1.0 | 0.4 | | |
| **Alk Phos** | 45 – 117 | 73 | | |
| **AST** | 15 – 37 | 25 | | |
| **ALT** | 12 – 78 | 46 | | |
| **Amylase** | 30 – 110 | NA | | |
| **Lipase** | 0 -160 | 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** | Female: 0-20<br>Male: 0-15 | NA | | |
| **CRP** | <3.0 | 94.5 | | Elevated CRP levels is a typical indication of appendicitis (Capriotti & Frizzell, 2016). |
| **Hgb A1c** | < 5.7 | NA | | |
| **TSH** | 0.4 – 4.0 | 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 | Reason for Abnormal |
|---|---|---|---|---|
| **Color & Clarity** | Colorless-clear/yellow | NA | | |
| **pH** | 5.0 – 7.0 | NA | | |
| **Specific Gravity** | 1.005 – 1.035 | NA | | |
| **Glucose** | Negative | NA | | |
| **Protein** | Negative | NA | | |
| **Ketones** | Negative | NA | | |
| **WBC** | 0.25 | NA | | |
| **RBC** | 0.20 | NA | | |
| **Leukoesterase** | Negative | NA | | |

**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** | Negative | NA | | |
| **Blood Culture** | Negative | NA | | |
| **Sputum Culture** | Negative | NA | | |
| **Stool Culture** | Negative | NA | | |
| **Respiratory ID Panel** | Negative | NA | | |

**Lab Correlations Reference (1) (APA):**

Normal values referenced from Epic charting

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives.* (1st ed.). Philadelphia, PA: F.A. Davis Company.

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

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points):** In the patients notes there was mention of a CT scan performed at Crawford County Hospital, however the results of the CT could not be located.

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

A CT is a good test to determine if the appendix is inflamed. If it is inflamed, removal is warranted (Capriotti & Frizzell, 2016).

**Diagnostic Test Reference (1) (APA):**

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives.* (1st ed.). Philadelphia, PA: F.A. Davis Company.

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

| | | | | | |
|---|---|---|---|---|---|
| **Brand/ Generic** | Pepcid/ famotidine | Zosyn/ piperacillin and tazobactam | Zoloft/ sertraline hydrochloride | D5-0.9% NaCl w/KCl 20 mEq | Tylenol/ acetaminophen |
| **Dose** | 20 mg | 4.6 g | 50 mg | 125 mL/hour | 650 mg |
| **Frequency** | 2 times daily | Every 6 hours | Once daily at bedtime | continuous | Every 4 hours |
| **Route** | Oral | IV PB | Oral | IV | Oral |
| **Classification** | Chemical: thiazole derivative<br><br>Therapeutic: antiulcer agent, gastric acid secretin inhibitor | Chemical: Penicillin combination<br><br>Therapeutic: antibiotic | Chemical: Naphthylamine derivative<br><br>Therapeutic: antianxiety, antidepressant, antiobsessant, anti-panic, antiposttraumatic stress, anti menstrual dysphoric | Chemical: Monosaccharide<br><br>Therapeutic: antidiabetic, nutritional supplement | Chemical: Nonsalicylate, paraminophenol derivative<br><br>Therapeutic: antipyretic, nonopioid analgesic |
| **Mechanism of Action** | Reduces HCl formation by preventing histamines from binding with H2 receptors. This helps prevent peptic ulcers from forming and also helps to heal ones that already exist. | Prevents the final stage of bacterial cell wall completion by binding to penicillin proteins within the cell. Bing to the protein causes cell wall destruction. | Prevents the reuptake of serotonin from the neurons in the CNS. This increases the amount of serotonin available in the nerve synapsis which helps to elevate mood and reduce symptoms of depression and anxiety. | Prevents protein and nitrogen loss and acts as a osmotic diuretic. It is readily metabolized and goes through oxidation which results in carbon dioxide and water. | Interferes with pain impulse generators in the PNS. It also helps with temperature regulation with by preventing the synthesis of prostaglandin E. |
| **Reason** | GERD | Appendicitis | Anxiety | To replace | Pain or fever |

| | | | | | |
|---|---|---|---|---|---|
| **Client Taking** | | | | calories | |
| **Concentration Available** | 20 mg capsules | Piperacillin 4 g, tazobactam 0.5 g | 25 mg tablets | 5% dextrose, 0.9% NS with KCl. | 325 mg tablets |
| **Safe Dose Range Calculation** | 20 mg twice a day | 4.5g every 6-8 hours | 50 mg one daily | 20 – 30 mEq | 650 mg every 4 to 6 hours as needed |
| **Maximum 24-hour Dose** | 40 mg per ay | 18 g per day | 200 mg daily | Based on need for fluids | 3,250 mg |
| **Contraindications (2)** | Hypersensitivity interactions | Penicillin antibiotic allergy, kidney disease | Concurrent use of disulfiram, hypersensitivity reactions | Diabetic coma excessively elevated glucose levels, overhydration | Hypersensitivity reactions, severe hepatic impairment |
| **Side Effects/ Adverse Reactions (2)** | Anxiety, nausea & vomiting | Stomach pain, hypokalemia | Anxiety, nervousness | Confusion, fever | Anxiety, abdominal pain |
| **Nursing Considerations (3)** | Shake oral suspension for 5 to 10 seconds before administering.<br><br>Dilute injection form with NS and give IV injection over 2 minutes | Do not use if medication has changed colors or has particles in it.<br><br>It can affect the results of certain medical tests | Should not be given to patients with bradycardia, long QT syndrome, hypokalemia, hypomagnesemia, or recent MI.<br><br>Watch closely for suicidal tendencies. | Assess infusion site regularly for signs of infiltration.<br><br>Monitor patient for signs of hypervolemia. | Use cautiously in patients with hepatic impairment.<br><br>Store suppositories under 80 degrees F.<br><br>Do not confuse dosage in mg with a dose in mL. Always base the dose on patients weight |
| **Client Teaching needs (2)** | Store oral suspension at room temperature and prevent | Use medication for the full amount of time that it is | Do not stop taking the drug abruptly, plan to taper | Patient should monitor glucose levels. | Tablets can be crushed or swallowed whole. |

| | | | | | |
|---|---|---|---|---|---|
| | from freezing.<br><br>Chew tablets thoroughly before swallowing. | prescribed.<br><br>The medication needs to be kept in a refrigerator. | drug to avoid withdrawal symptoms.<br><br>Warn family members to watch out for suicidal thinking especially during initiation of therapy, dosage changes, and if the patient is a child or adolescent | Report any signs of discomfort, pain, or infection at the IV site. | Advise patient to not go over recommended dosage or to take other medications containing acetaminophen |

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

## Assessment

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Patient is ANO x 3. She responded appropriately to the questions asked and appeared good overall. She had a happy and positive demeanor and was easy to talk to. |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:** 4<br>**Drains present:** **Y☒** **N ☐**<br>**Type:** closed suction drain RLQ bulb | Braden score: 4<br><br>Patients skin was warm, dry, intact, and appropriate for race. There were no rashes or bruises noted. Patient had a drain in her RLQ. IV was changed on 1/29 to the left antecubital area. New IV was patent with no signs of infiltration or erythema. |

| | |
|---|---|
| **IV Assessment (If applicable to child):**<br>**Size of IV:** 20g<br>**Location of IV:** left antecubital<br>**Date on IV:** 1/29/21<br>**Patency of IV:** patent<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:**<br>**IV Fluid Rate or Saline Lock:** | |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:**<br>**Thyroid:** | Head and neck were normocephalic. Pupils were equal, round, reactive to light, and accommodate. No deviated septum noted. Oral mucosa is moist and there are no signs of dental carries. Thyroid was palpable with no nodules present. |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | S1 an S2 present with normal rate and rhythm. Strong peripheral pulses at a rate of 73 beats per minute. Capillary refill was noted at less than 3 seconds. No signs of JVD or edema present. |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | No noted accessory muscle use. Both anterior and posterior breath sounds were clear to auscultation. |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current diet:**<br>**Height (in cm):**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒** | Patient is on a regular diet at home. Current diet is to continue diet as tolerated. Patient is 112.4 kg and 36.59 cm tall. Bowel sounds were present in all 4 quadrants. Her last bowel movement was the morning of 1/29. Pain was noted in the area of her JP drain. No other pain or masses palpable. Inspection showed no signs of distention. JP drain in located in the RLQ. |

| | |
|---|---|
| **Type:** | |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | Patient voided 90 cc and it was yellow in color and clear in character. Patient denied pain with urination No dialysis or catheter noted. Patient denied inspection of genitals. |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☒**<br>**Fall Score:** 20<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)** ☒<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk**☐ | Fall score: 20 (Low risk)<br><br>The patient was able to perform active range of motion in both the upper and lower extremities. Equal strength noted bilaterally in all four extremities. Patient does not need assistance with ADL and is independent. |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☒**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | The patient moves all extremities well and her pupils were equal, round, reactive to light, and accommodate. Her strength was equal bilaterally in all extremities. English was her primary language and she was ANO x 3. Her mental status is appropriate for her age. There was no change in LOC noted. Deep tendon reflexes were intact. |
| **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 available family support):** | Patients parents are divorced, and she splits her time at home between them. Patient stated she has a great relationship with both her mother and father. Her mother has been staying at the hospital with her. |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 1540 | 73 | 150/62 | 18 | 98.6 | 100% |
| | | | | | |

**Vital Sign Trends:** Vital signs are stable at this time.

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

| | |
|---|---|
| **Pulse Rate** | 55-95 |
| **Blood Pressure** | 110-128/60-80 |
| **Respiratory Rate** | 12-18 |
| **Temperature** | 98.6 F |
| **Oxygen Saturation** | 95-100% |

**Normal Vital Sign Range Reference (1) (APA):**

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 1425 | Number | Right hip | 3-4 | Sharp | Acetaminophen |
| **Evaluation of pain** | Number | Right hip | 1 | Sharp | Rest |

| | | | | | |
|---|---|---|---|---|---|
| **status *after* intervention** | | | | | |
| **Precipitating factors:** Walking and activity<br>**Physiological/behavioral signs:** Increased respirations, grimaces when moving | | | | | |

**Intake and Output (1 points)**

| **Intake (in mL)** | **Output (in mL)** |
|---|---|
| 200 cc | 70 cc – JP drain<br><br>90 cc - urine |

**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. Height between 144.8 cm and 173.6 cm (Ricci et al., 2021).
2. Weight between 27.24 kg and 82.47 kg
3. Sebaceous glands become more active on the face, back, and genitals (Ricci et al., 2021).

**Age Appropriate Diversional Activities**

1. Physical activity
2. Electronics (phone, Ipad, gaming device)
3. Reading

**Psychosocial Development:**

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

This patient fits under Erickson's identity vs. role confusion stage.

**What behaviors would you expect?**

Behaviors to expect are adjustment to body image, different roles within peer groups, need for acceptance from peers, interest in attracting the opposite gender, time of greatest conflict with parents (Ricci et al., 2021).

**What did you observe?**

With this patient I observed an adjustment to body image. During her assessment, she was at times uncomfortable with displaying parts of her body especially her abdominal. She was also displaying some difficulty adjusting to the JP drain. The patient vocalized feelings of it being uncomfortable and "feeling like it should not be there." She had a very positive and strong relationship with her mother, which was very surprising. When talking with her

**Cognitive Development:**

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

This patient fits in the middle stage for ages 14-17.

**What behaviors would you expect?**

During this stage you would expect an increase in abstract and idealistic thinking, use of scientific methods to solve problems, views self as invincible and partakes in risky behaviors, and begins to be concerned with society and politics (Ricci et al., 2021).

**What did you observe?**

Piaget's cognitive developmental stages were difficult to assess with this patient. She had an overall positive attitude and understanding of her situation. She was able to make appropriate decisions about her care while her mother was away from the hospital, but preferred for her mother to be there as support.

**Vocalization/Vocabulary:**

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

During adolescence, language should be comparable to those of an adult (Ricci et al., 2021).

**Any concerns regarding growth and development?**

There are no concerns about this patient's growth and development.

**Developmental Assessment Reference (1) (APA):**

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**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.** Acute pain related to inflammatory process and drain insertion as evidence by patient pain rating of 6. | Patient complained of pain near the drain site as a 6/10. Walking increased the amount of pain even after medication administration. | **1.**Encourage patient to request medication before pain becomes too severe<br><br>**2.**Help position patient for optimal comfort | Patient responded well to nurses suggestion of using a pillow to support herself when sitting in the chair. Pain control methods and timing was discussed with patient and she responded to the teaching. |
| **2.** Body image disturbance related to the presence of JP drain as evidence by verbalization | Patient discussed being uncomfortable with the JP drain and not liking having it there. | **1.** Acknowledge denial, anger, and other feelings as normal<br><br>**2.**Encourage patient to participate in the | Importance of drain was discussed with the patient. She was receptive to the idea of talking about the drain and learning how to care for it. |

| | | | |
|---|---|---|---|
| of negative feelings about the drain. | | care to help provide a sense of control over the situation | |
| **3.** Ineffective health maintenance related to lack of exercise, increased caloric intake, poor food choices, and stress of adolescence. | Patient has a BMI of 36.59 | **1.** Have adolescent keep a detailed food and exercise diary for 1 week to determine current patterns of eating and exercise<br><br>**2.** Discuss ways to decrease temptation to overeat, such as eating slowly, putting down the fork between bites serving food on smaller plates, and counting mouthfuls. | The patient responded well and wants to engage in health maintenance behaviors and lose weight at an appropriate rate by increasing exercise and making appropriate eating choices. |
| **4.** Ineffective coping related to inability to deal with life stressors as evidence by patients anxiety | Patient discussed increased level of anxiety throughout the day. | **1.** Encourage the discussion of thoughts and feelings.<br><br>**2.** Provide positive feedback for appropriate discussion of stressors because this increases the likelihood that the patient will continue to discuss. | We discussed the importance of talking about feelings and came up with ideas to help get her mind off of her stressors. |

**Other References (APA):**

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

**Concept Map (20 Points):**

## Subjective Data

Pain in right hip
Sharp
Anxious
6/10

## Nursing Diagnosis/Outcomes

Acute pain related to inflammatory process and drain insertion as evidence by patient pain rating of 6.
Outcome: Patient responded well to nurses suggestion of using a pillow to support herself when sitting in the chair. Pain control methods and timing was discussed with patient and she responded to the teaching.
Body image disturbance related to the presence of JP drain as evidence by verbalization of negative feelings about the drain.
Outcome: Patient responded well to nurses suggestion of using a pillow to support herself when sitting in the chair. Pain control methods and timing was discussed with patient and she responded to the teaching.
Ineffective health maintenance related to lack of exercise, increased caloric intake, poor food choices, and stress of adolescence.
Outcome: The patient responded well and wants to engage in health maintenance behaviors and lose weight at an appropriate rate by increasing exercise and making appropriate eating choices.
Ineffective coping related to inability to deal with life stressors as evidence by patients anxiety
Outcome: We discussed the importance of talking about feelings and came up with ideas to help get her mind off of her stressors.

## Objective Data

JP drain
BMI 36.59
Appendicitis
CRP = 94.5
WBC = 14.0

## Patient Information

Age: 15 years, 9 months
Sex: Female

Patient presented to the hospital complaining of stomach pain in her right lower quadrant. Pain was described as sharp and has been going on for almost a week. Patient complains of episodes of nausea and vomiting as well. Patient rated pain as an 8/10 on the number scale. Eating and activity increase the amount of pain. Patient used a heating pad and rest to help alleviate the pain.

## Nursing Interventions

Encourage patient to request medication before pain becomes too severe

.Help position patient for optimal comfort

Acknowledge denial, anger, and other feelings as normal

Encourage patient to participate in the care to help provide a sense of control over the situation

Have adolescent keep a detailed food and exercise diary for 1 week to determine current patterns of eating and exercise

Discuss ways to decrease temptation to overeat, such as eating slowly, putting down the fork between bites serving food on smaller plates, and counting mouthfuls

Encourage the discussion of thoughts and feelings.

Provide positive feedback for appropriate discussion of stressors because this increases the likelihood that the patient will continue to discuss.