

N433 Care Plan #1 (Remediation)

Lakeview College of Nursing

Matthew Catlett

Demographics (3 points)

| | | | |
|-------------------------------------|----------------------------------|--|---|
| Date of Admission 2/24/21 | Patient Initials E.S. | Age (in years & months) 6 years & 4 months | Gender Male |
| Code Status Full Code | Weight (in kg) 22.9 kg | BMI 15.4 | Allergies/Sensitivities (include reactions) Penicillin & Strawberries- rash |

Medical History (5 Points)**Past Medical History:**

Illnesses: Reactive Airway Disease (2016), Respiratory Syncytial Virus (2015), Bronchiolitis, Influenza B (2/4/2021)

Hospitalizations: Respiratory Syncytial Virus (2015), Reactive Airway Disease (2016).

Past Surgical History: Myringotomy (2015)

Immunizations: This client has received all necessary vaccines in congruence with the immunization schedule for a child this age.

Birth History: This client was born at 35 weeks and was placed in the neonatal intensive care unit for 2 weeks.

Complications (if any): No complications were documented for this client's birth.

Assistive Devices: This client uses no assistive devices.

Living Situation: This client lives at home with their mother, sister, and grandmother. The grandmother is a smoker but smokes outside of the house.

Admission Assessment

Chief Complaint (2 points): The client's chief complaint is difficulty breathing and shortness of breath.

Other Co-Existing Conditions (if any): No other co-existing conditions are present for this client.

Pertinent Events during this admission/hospitalization (1 points): This client is receiving nebulizer treatments to assist in treating the status asthmaticus.

History of present Illness (10 points):

The client was brought to the emergency department by the mother due to difficulty with breathing. The client also has wheezing and shortness of breath. The client received at-home medications of albuterol with no relief. The mother admitted the client to the E.R. due to complaints of difficulty breathing. The client was then transferred to this location due to the symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Status Asthmaticus

Secondary Diagnosis (if applicable): No secondary diagnosis present for this client.

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

Asthma is a chronic inflammatory airway disease that causes the bronchioles to constrict. Asthma is typically caused by allergens that create an immune response where the bronchioles constrict, causing airway obstruction. This immune response occurs when T lymphocytes are stimulated by an allergen, leading to the production of immunoglobulin

E. These immunoglobulins cause the release of histamines which cause the airway to constrict (Capriotti & Frizzell, 2016). Status asthmaticus occurs when the asthma is unable to be reversed, causing decreased gas exchange and cyanosis. If left untreated, status asthmaticus can be fatal due to the reduced oxygen availability. Some signs and symptoms of status asthmaticus include cyanosis, wheezing, chest tightness, and shortness of breath. Common vital signs for someone experiencing status asthmaticus include decreased oxygen saturation, increased heart rate, and increased, shallow respirations. If the client's asthma is left untreated, or the client has frequent asthma attacks, hemoglobin and hematocrit levels can increase due to the increased need for oxygen perfusion. In this client's situation, they have increased hematocrit and hemoglobin, likely caused by poorly maintained asthma or dehydration (Capriotti & Frizzell, 2016).

To determine if someone is experiencing asthma, PFT's may be performed. PFT's measure the forced expiratory volume (FEV) and the forced vital capacity (FVC). Using this to determine a baseline, administering a bronchodilator, and then performing this exercise again will determine if the client has asthma. If the client has asthma, there will be a 12% increase in the FEV/FVC ratio. Treatment for status asthmaticus includes beta-agonists, corticosteroids, and anticholinergic drugs. If treatment is unsuccessful, the client may need to be admitted to the hospital's intensive care unit due to increased risk of altered mental status, respiratory arrest, or pneumothorax. If the client's airway is unable to be opened, mechanical ventilation may be necessary to ensure the client receives the oxygen required for normal function (Chakraborty, 2021).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*.

Chakraborty, R. K. (2021, February 8). *Status Asthmaticus*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK526070/>.

Active Orders (2 points)

| Order(s) | Comments/Results/Completion |
|---|-----------------------------|
| Activity: The client may move independently. | |
| Diet/Nutrition: NPO | |
| Frequent Assessments: Vital signs should be performed every 2 hours—regular and strict I&O's. Weight should be documented daily. | |
| Labs/Diagnostic Tests: Cardiac monitoring continuously. | |
| Treatments: Albuterol treatment 75mg every hour for 12 hours. Use O2 as needed according to the protocol to keep O2 saturation greater than or equal to 92%. | |
| Other: | |
| New Order(s) for Clinical Day | |

| Order(s) | Comments/Results/Completion |
|---|-----------------------------|
| Discontinue continuous albuterol treatment. | |
| Administer albuterol 2.5 mg every 2 hours via nebulizer and every hour as needed. | |
| Discontinue CBC and CMP labs today. | |
| Clear liquid diet. | Advance as tolerated. |

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 | 3.80-5.20 | N/A | 5.29 | Increased RBC count can be caused by hypoxia or low blood oxygen levels (Capriotti & Frizzell, 2016). |
| Hgb | 10.9-14.9 | N/A | 15.1 | Increased hemoglobin can be caused by hypoxia or low blood oxygen levels (Capriotti & Frizzell, 2016). |
| Hct | 33-34% | N/A | 44.8% | Increased hematocrit can be caused by hypoxia or low blood oxygen levels (Capriotti & Frizzell, 2016). |
| Platelets | 189-394 | N/A | 284 | |

| | | | | |
|--------------------|------------------|------------|-------------|--|
| | | | | |
| WBC | 4.5-14.5 | N/A | 8.06 | |
| Neutrophils | 1.5-7.5 | N/A | N/A | |
| Lymphocytes | 1.5-8.5 | N/A | 16.3 | Increased lymphocytes can be caused by immune response that initiates asthma attack (Capriotti & Frizzell, 2016). |
| Monocytes | 0-0.8 | N/A | 7.5 | Increased monocytes can be caused by immune response to asthma exacerbation (Capriotti & Frizzell, 2016). |
| Eosinophils | 0.03-0.46 | N/A | 9.1 | Increased eosinophils can be caused by immune response to asthma exacerbation (Capriotti & Frizzell, 2016). |
| Basophils | 0.01-0.06 | N/A | 0.6 | |
| Bands | | N/A | | |

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

| Lab | Normal Range | Admission or Prior Value | Today's Value | Reason For Abnormal |
|-------------------|---------------------|---------------------------------|----------------------|--|
| Na- | 136-145 | N/A | 135 | |
| K+ | 3.5-5.1 | N/A | 3.7 | |
| Cl- | 98-107 | N/A | 108 | Increased chloride levels can be caused by dehydration (Cafasso, 2018). |
| Glucose | 60-99 | N/A | 118 | Increased glucose levels in those that are not diabetic can be slightly elevated due to illness or stress (Capriotti & Frizzell, 2016). |
| BUN | 7-18 | N/A | 10 | |
| Creatinine | 0.55-1.02 | N/A | 0.86 | |

| | | | | |
|----------------------|-----------------|------------|------------|---|
| Albumin | 3.4-5.0 | N/A | 4.0 | |
| Total Protein | 6.4-8.2 | N/A | 7.8 | |
| Calcium | 8.5-10.1 | N/A | 8.8 | |
| Bilirubin | 0.2-1.0 | N/A | 0.4 | |
| Alk Phos | 54-369 | N/A | 295 | |
| AST | 16-37 | N/A | 15 | Because this AST value is mildly lowered with no other lowered liver enzymes, consultation may not be necessary. |
| ALT | 12-78 | N/A | 17 | |
| Amylase | 25-115 | N/A | N/A | |
| Lipase | 73-393 | N/A | N/A | |

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 | 3-13 mm/hr | N/A | N/A | |
| CRP | <10 mg/L | N/A | N/A | |
| Hgb A1c | <7.5% | N/A | N/A | |
| TSH | 0.55-5.31 mU/L | N/A | N/A | |

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

| Lab Test | Normal Range | Admission or Prior Value | Today's Value | Reason for Abnormal |
|----------------------------|---------------------|---------------------------------|----------------------|----------------------------|
| Color & Clarity | Colorless or | N/A | N/A | |

| | | | | |
|-------------------------|--------------------|------------|------------|--|
| | yellow | | | |
| pH | 5.0-7.0 | N/A | N/A | |
| Specific Gravity | 1.003-1.035 | N/A | N/A | |
| Glucose | Negative | N/A | N/A | |
| Protein | Negative | N/A | N/A | |
| Ketones | Negative | N/A | N/A | |
| WBC | 0 | N/A | N/A | |
| RBC | 0 | N/A | N/A | |
| Leukoesterase | Negative | N/A | N/A | |

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

| Test | Normal Range | Admission or Prior Value | Today's Value | Explanation of Findings |
|-----------------------------|---------------------|---------------------------------|----------------------|--------------------------------|
| Urine Culture | Negative | N/A | N/A | |
| Blood Culture | Negative | N/A | N/A | |
| Sputum Culture | Negative | N/A | N/A | |
| Stool Culture | Negative | N/A | N/A | |
| Respiratory ID Panel | Negative | N/A | N/A | |

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray performed on 2/24. The chest x-ray showed no signs of infiltrate but shows hyperinflation.

Diagnostic Test Correlation (5 points): This client is suffering from status asthmaticus and chronic asthma. The chest x-ray performed can determine the degree of change that has occurred within the respiratory system from the asthma. When a client suffers from chronic asthma, hyperinflation of the lungs is common. The lungs attempt to allow for greater surface area by hyperinflating to increase the intake of oxygen.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*.

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

| | | | | | |
|---------------------------------|---|--|---|--|--|
| Brand/ Generic | D5 ½ Normal Saline c 20 mEq KCl | Ventolin HFA/ albuterol sulfate | Orapred/ prednisolone | Tylenol/ acetaminop hen | Advil/ ibuprofen |
| Dose | 65 mL/hr | 2.5 mg | 23 mg (1mg/kg/da y) | 320 mg | 200 mg |
| Frequency | Continuous. | q2h, q1h PRN | BID | q6h, PRN for pain and fever >101 | q8h/ PRN for pain and fever >101 |
| Route | IV | Inhalation | Oral | Oral | Oral |
| Classification | Electrolyte Supplement | Broncho- dilator | Glucocorticoid | Antipyretic | Analgesic |
| Mechanism of Action | Potassium is a cation that causes nerve impulses in heart, brain, and skeletal muscle. | This medication attaches to the beta 2 receptors on bronchial cell membranes, causing muscle cells within the bronchioles to relax. | This medication attaches to glucocortic oid receptors and suppresses inflammati on response. | Inhibits cyclooxygen ase which blocks prostaglandi n production that causes inflammator y response. | Blocks the enzyme that creates prostaglandi ns. |
| Reason Client Taking | Corticostero ids can cause hypokalemi a. This client is taking | To treat and prevent bronchospas ms. | The client is taking this drug to treat status asthmaticus . | This client is receiving this medication to treat any pain or fever. | To relieve mild to moderate pain. |

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| | corticosteroids. | | | | |
| Concentration Available | 20 mEq | 2.5 mg | 15 mg/ 5 mL | 320 mg | 100 mg |
| Safe Dose Range Calculation | 45.8-91.6 mEq | 2-12 years >15kg: 2.5 mg/ 3 ml q6-8hr | 22.9-45.8 mg | 229-343 mg (10-15 mg/kg/dose) | 91.6-229 mg/dose |
| Maximum 24-hour Dose | 100 mEq | 10 mg | 80 mg | 1,600 mg | 916 mg (40 mg/kg/day) |
| Contraindications (2) | This medication should not be given to clients who are receiving potassium sparing diuretics. This medication should not be given to clients who suffer from stage 4 or 5 chronic kidney disease. | Hypersensitivity to albuterol. This medication should be used cautiously in clients with a history of seizures. | Client should not receive this medication if suffering from a systemic fungal infection. Client should not receive this if hypersensitive to prednisolone. | This medication should not be given to clients with severe hepatic impairment. This medication should not be given to clients with hypersensitivity to acetaminophen. | Should not be used in clients with hypersensitivity to ibuprofen. Should not be used in pediatric clients before heart surgery. |
| Side Effects/Adverse Reactions (2) | Hypervolemia; cardiac arrhythmias | Hypokalemia; hypotension. | Hepatomegaly; glucose intolerance. | Hypotension ; thrombocytopenia. | Agranulocytosis; hepatic failure. |
| Nursing Considerations (3) | Infuse potassium slowly at a controlled rate. Review client's medical history to | Use cautiously in clients with cardiac disorders. Monitor potassium levels as albuterol | Monitor serum blood glucose. Monitor I&O's, weight, and blood pressure. | Use cautiously in clients with hepatic impairment. Liver function tests should be | Risk of heart failure increases with the use of NSAIDs. Use in extreme caution with gastrointesti |

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| | <p>ensure that the client does not suffer from any contraindicated diseases.</p> <p>Monitor serum potassium levels before and during administration.</p> | <p>can cause transient hypokalemia .</p> <p>Drug tolerance can develop with prolonged use.</p> | <p>Monitor growth in children when taking for extended periods as this may slow bone growth.</p> | <p>performed before and during long term therapy.</p> <p>Monitor renal function in client who use acetaminophen for long periods.</p> | <p>nal bleeding history.</p> <p>Use cautiously in clients with hypertension .</p> |
| <p>Client Teaching needs (2)</p> | <p>Teach client natural ways to include potassium into the diet.</p> <p>Teach client to identify abnormal pulse, and to notify doctor if abnormal pulse or rhythm occurs,</p> | <p>Do not exceed prescribed dose.</p> <p>The client should check with physician before using other inhaled drugs.</p> | <p>Educate client on taking drug exactly as prescribed.</p> <p>Caution patient to not stop this drug abruptly.</p> | <p>Do not exceed prescribed or recommended dosage.</p> <p>Teach client to recognize signs of hepatotoxicity.</p> | <p>Take tablets with a full glass of water.</p> <p>Take drug with food or after meals to decrease risk of gastrointestinal upset.</p> |

Medications Reference (APA): Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

| | |
|--|---|
| <p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p> | <p>Client is alert and oriented to their surroundings and time. Client shows signs of distress when breathing. Overall appearance shows mild distress due to breathing difficulties.</p> |
| <p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 0 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> <p>IV Assessment (If applicable to child): Size of IV: 22 gauge Location of IV: Right Antecubital Date on IV: 2/24 Patency of IV: Intact, flushes as expected without leaking or infiltration. Signs of erythema, drainage, etc.: IV dressing assessment: IV Fluid Rate or Saline Lock:</p> | <p>The client's skin is pink, dry, and warm to the touch. Skin turgor < 2 seconds.</p> |
| <p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth: Thyroid:</p> | <p>Head, neck, and trachea are symmetrical. Client's ears are clear from dirt and drainage. Sclera's are white with no hemorrhaging. Nose shows no drainage, septum is midline. Dentition is present and appropriate for the client's age.</p> |
| <p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses:</p> | <p>S1 and S2 heart sounds are present. The client's cardiac rhythm is regular without deviation. Peripheral pulses are 2+. Capillary refill <3 seconds.</p> |

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| <p>Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p> | |
| <p>RESPIRATORY (2 points): Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p> | <p>Client's breathing is labored. Wheezing present with breathing in upper airway.</p> |
| <p>GASTROINTESTINAL (2 points): Diet at home: Regular Current diet: N/A Height (in cm): 121.9 cm Auscultation Bowel sounds: Last B.M.: N/A Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Client's bowel sounds are normoactive and present in all four quadrants. Client has no nausea, vomiting, or diarrhea. Client has no abdominal pain.</p> |
| <p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p> | <p>Client's urine is slightly yellow. No catheter present. Output has not been recorded for this client.</p> |
| <p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 0 Activity/Mobility Status: N/A</p> | <p>Client has full range of motion in all extremities. No muscle weakness present.</p> |

| | |
|--|---|
| <p>Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p> | |
| <p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p> | <p>Client is slightly confused due to low oxygen saturation. Client shows signs of impaired consciousness.</p> |
| <p>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):</p> | <p>Client may need extra emergency medication for asthma treatment in the home. Client's family structure is strong and mother helps client when needed.</p> |

Vital Signs, 1 set (2.5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|---------|--------|-----------|--------|-----------|
| 0800 | 100 bpm | 100/60 | 22 | 98.2 F | 92% 3L/NC |
| 1000 | 96 bpm | 98/60 | 22 | 98.2 F | 93% 3L/NC |

Vital Sign Trends: Vital signs remained within the same limits over the 2 hour time span.

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

| | |
|-------------------------|---------------------|
| Pulse Rate | 75-118 |
| Blood Pressure | 97/57-120/80 |
| Respiratory Rate | 18-25 |
| Temperature | 98.6 F |

| | |
|--------------------------|----------------|
| | |
| Oxygen Saturation | >98% |

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

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|--|--------------|-----------------|-----------------|---------------------------------|---|
| 0800 | FACES | Chest | 2/10 | Chest tightness present. | The intervention used was distraction to bring the child's attention away from the pain. |
| Evaluation of pain status <i>after</i> intervention | N/A | | | | |
| Precipitating factors: N/A | | | | | |
| Physiological/behavioral signs: N/A | | | | | |

Intake and Output (1 points)

| Intake (in mL) | Output (in mL) |
|---|---|
| No intake is documented for this client. | No output is documented for this client. |

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. Child should gain 2-3 kg per year.**
- 2. Child should grow 5 cm per year.**

3. **Client should start to develop permanent teeth.**

Age Appropriate Diversional Activities

1. **Relaxation techniques such as listening to stories.**
2. **Allowing the child to read fun and interesting books.**
3. **Allowing the child to listen to their favorite music.**

Psychosocial Development:

Which of Erikson's stages does this child fit?

This child fits into the "Industry vs Inferiority" stage.

What behaviors would you expect?

This child would be interested in learning new tasks and abilities.

What did you observe?

N/A

Cognitive Development:

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

This child fits into the "concrete operations" stage.

What behaviors would you expect?

This child will begin to learn how to tell time, as well as seeing the world from others' perspectives.

What did you observe?

N/A

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

This child is now able to conversate with their peers and understand more complex information.

Any concerns regarding growth and development?

No concerns for this child’s growth and development.

Developmental Assessment Reference (1) (APA):

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

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

| Nursing Diagnosis | Rational | Intervention (2 per dx) | Evaluation |
|--|--|--------------------------------|--|
| <ul style="list-style-type: none"> • Include full nursing diagnosis with "related to" and "as evidenced by" | <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen | | <ul style="list-style-type: none"> • How did the patient/family respond to the nurse's actions? |

| | | | |
|---|--|---|---|
| <p>components</p> | | | <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan. |
| <p>1. Ineffective airway clearance related to asthma as evidenced by obstructed airway.</p> | <p>The client's airway is restricted from the status asthmaticus.</p> | <p>1.Administer bronchodilator.</p> <p>2. Administer oxygen via nasal cannula.</p> | <p>The outcome of the client could not be evaluated.</p> |
| <p>2. Disruption of has exchange related to asthma as evidenced by decreased oxygen saturation.</p> | <p>The client's oxygen saturation is decreased due to the asthma exacerbation.</p> | <p>1. Administer steroids to reverse the asthma exacerbation.</p> <p>2.Elevate head of bed to make breathing easier.</p> | <p>The outcome of the client could not be evaluated.</p> |
| <p>3. Decreased tissue perfusion related to impaired gas exchange as evidenced by decreased oxygen saturation.</p> | <p>The client's lungs are unable to receive oxygen to move oxygen throughout the vascular system.</p> | <p>1. Administer oxygen via nasal cannula to supplement the oxygen being introduced into the lungs.</p> <p>2. Perform neurologic assessments regularly.</p> | <p>The outcome of the client could not be evaluated.</p> |
| <p>4. Impaired verbal communication related to asthma as evidenced by obstructed airway.</p> | <p>The client is unable to speak due to obstructed airway.</p> | <p>1. Provide alternative means for communication.</p> <p>2. Learn patient needs and learn client's nonverbal cues.</p> | <p>The outcome of the client could not be evaluated.</p> |

Other References (APA):

Concept Map (20 Points):

Subjective Data

Client is suffering from status asthmaticus.
Client has labored breathing and ineffective airway.
Client not responding to steroid or bronchodilator treatments.

Nursing Diagnosis/Outcomes

**Ineffective airway clearance related to asthma as evidenced by obstructed airway.
Disruption of has exchange related to asthma as evidenced by decreased oxygen saturation.**

Decreased tissue perfusion related to impaired gas exchange as evidenced by decreased oxygen saturation.

Impaired verbal communication related to asthma as evidenced by obstructed airway.

Outcomes not able to be evaluated.

Objective Data

Pulse: 96 bpm
Blood pressure: 98/60
RR: 22
Temperature: 98.2 F
Pain: 2/10
O2 Saturation: 93% 3L via NC
BMI: 15.4

Patient Information

Initials: E.S.
Age: 6 years & 4 months
Status asthmaticus
Allergies: penicillin and strawberries (rash)

Nursing Interventions

**Administer bronchodilator
Administer oxygen via nasal cannula.
Administer steroids to reverse the asthma exacerbation.
Elevate head of bed to make breathing easier.
Administer oxygen via nasal cannula to supplement the oxygen being introduced into the lungs.
Perform neurologic assessments regularly.
Provide alternative means for communication.
Learn patient needs and learn client's nonverbal cues.**