

N433 Care Plan # 1
Lakeview College of Nursing
Kristy Geier

N433 CARE PLAN

Demographics (3 points)

Date of Admission 6/8/2021	Patient Initials S. S	Age (in years & months) 3 Years, 7 months	Gender Male
Code Status Full Code	Weight (in kg) 15.4 kg	BMI 16.03 kg/m ²	Allergies/Sensitivities (include reactions) No Known Allergies

Medical History (5 Points)

Past Medical History: No past medical history except that of recent constipation within the last year.

Illnesses: None.

Hospitalizations: 5/25/2021 – 5/26/2021

Past Surgical History: No major surgeries except a procedure: Full thickness biopsy of large bowel under general anesthesia on 5/26/2021.

Immunizations: All immunizations up to date per CDC guidelines and both parents verified.

Birth History: Mother states pregnancy was normal. However, she states she labored for sixteen hours.

Complications (if any): The mother states the baby's heart rate was not stable, therefore an internal heart monitor was placed intrauterine. The mother states since the heart rate for S.S was so unstable during birth; she was taken for an emergency cesarean section. Upon birth, S.S had his umbilical cord wrapped around his stomach twice and his leg once. She states that other than those complications, the birth was uneventful.

Assistive Devices: The patient does not use any assistive devices at home.

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Living Situation: The patient lives in a two-story historic home in Charleston, Illinois with his mother, father, and twenty-month-old sister.

Admission Assessment

Chief Complaint (2 points): Scheduled Procedure – Creation of colostomy

Other Co-Existing Conditions (if any): Vomiting, abdominal pain, abdominal distention, chronic constipation

Pertinent Events during this admission/hospitalization (1 points): Patient was scheduled for the creation of a colostomy due to new diagnosis of Hirschsprung's Disease. After surgery, he also had multiple recurrent episodes of bowel prolapse from the ostomy opening which required a surgical intervention.

History of present Illness (10 points): These three year-seven-month-old male toddlers presented to Carle Foundation Hospital on June 8, 2021, for a scheduled surgical procedure of colostomy creation. The patient began complaining of constipation, abdominal pain, and vomiting which started approximately six months ago, the patient was diagnosed with chronic constipation and a small bowel obstruction. He was placed on a MiraLAX bowel regimen which did not seem to help his constipation. In April 2021, the patient who is not a Carle Clinic patient, received a referral to Dr. Wang, in Pediatric Gastroenterology. Dr. Wang then ordered a CT scan of the patient's large bowel which showed gaseous distention of bowel loops and a large volume of stool. Dr. Wang then referred the patient to General Surgery for a consultation, and biopsy. The patient presented to Carle Foundation Hospital on May 25, 2021, for a scheduled biopsy on May 26, 2021. The biopsy showed colonic tissue with the presence of adequate ganglion cells

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located in the distal sigmoid colon. The hypertrophic nerves were absent in this area. The patient was then diagnosed by Dr. Dominguez and the general surgery team with Hirschsprung's disease. With the diagnosis, the patient was then scheduled for the colostomy creation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): scheduled procedure of colostomy creation

Secondary Diagnosis (if applicable): vomiting, abdominal distention and pain, chronic constipation.

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

Hirschsprung Disease is characterized by a structural obstruction of the large intestine. It is Hirschsprung disease is caused by a lack of enteric neurons in the rectum or colon's myenteric and submucosal plexus. Enteric neurons are produced from neural crest that move throughout the gut with vagal nerve fibers. It is a disorder that affects the colon and makes it difficult to pass feces in toddlers (*Hirschsprung's Disease - Symptoms and Causes - Mayo Clinic*, n.d.).

Hirschsprung's disease occurs in approximately 1 in every 5,000 births in the United States. Typically, males are affected more than females by 4:1 ratio. Hirschsprung's disease is also more common in Caucasian males (Capriotti & Frizzell, 2015). The patient was a caucasian male toddler. The pathophysiology occurs within the development of the fetus within the 8-12 week mark of development. This is when the neurons should be developing, but they fail to develop at all or even fully develop. Because of the lack of neurons, there becomes an obstruction of the colon because of the lack of movement of the bowel contents (Capriotti & Frizzell, 2015). The diagnosis can occur when the patient is an infant or even later as they progress as a toddler. In this case, the patient is three years old and recently diagnosed due to

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starting to eat a variety of solid foods. Prior to the diagnosis, the patient was eating more soft foods which did not cause much of an obstruction for him. Treatment is completed within a surgical intervention consisting of a bowel washout or a reconstruction of the bowel. The washout allows for stool that causes an obstruction to move out of the bowel. The reconstruction is completed after the patient is at least 12 months of age. The part of the bowel missing the neurons is reconstructed to a functional bowel and rectum. Depending on the length of the neurons which are absent, the patient may end up with a colostomy throughout the child's life (Capriotti & Frizzell, 2015). The patient will need to adhere to a high fiber diet, limiting milk products, nuts, rice, beans, peas, lentils to name a few items (Ricci, Kyle, Carman, 2021). A complication of Hirschprung's disease is enterocolitis which is inflammation and infection of the intestines. Another complication of Hirschprung's disease is short bowel syndrome. This condition occurs when the parts of the bowel is removed and reattached to other parts of the bowel. Short bowel syndrome occurs when the body is unable to absorb the proper nutrients from the foods they eat because of part of intestines was surgically removed (*Short Bowel Syndrome - Symptoms and Causes - Mayo Clinic*, n.d.).

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell,. (2015). *Pathophysiology: Introductory concepts and clinical perspectives* (1st ed.). F.A. Davis Company.

Mayo Clinic. (n.d.). *Hirschsprung's disease - symptoms and causes - mayo clinic*. (n.d.). <https://www.mayoclinic.org/diseases-conditions/hirschsprungs-disease/symptoms-causes/syc-20351556>

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Mayo Clinic. (n.d.). *Short bowel syndrome - symptoms and causes - mayo clinic.*

<https://www.mayoclinic.org/diseases-conditions/short-bowel-syndrome/symptoms-causes/syc-20355091>

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

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: increase activity as tolerated	May walk in hallway and down to playroom with parent assistance.
Diet/Nutrition: Regular diet	Continue regular diet at home. Avoid nuts, yogurt, popcorn, raw vegetables, rice. Handout to be given to parents at discharge.
Frequent Assessments: Vital signs Q4H	Completed twice during shift.
Labs/Diagnostic Tests: N/A	N/A
Treatments: N/A	N/A
Other: Inspirative Spirometer Q1H	Acceptable tools such as bubbles and blowing pinwheel every hour.
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
Discharge order to home from hospital	Return home with parents. Follow up with office visit in 2 weeks post-op. (6/28/2021). Patient's mother should call provider if she

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	notices any redness or change in color to colostomy or stoma.

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	3.9 – 5.3 ×106 /μ	4.08 ×106 /μ	N/A	
Hgb	11.5-14.5g/dL	11.1g/dL	N/A	Anemia is often common during chronic constipation and major bowel surgery because the body blood cells to properly move oxygen through the bowel (Mayo Clinic, 2019).
Hct	30-40%	32.4%	N/A	
Platelets	150,000– 450,000/μL	422,000/ μL	N/A	
WBC	5.0- 14.5×103 /μL	12.66×103 /μL	N/A	
Neutrophils	1.5-8.0%	9.09%	N/A	The increase in neutrophil count may be due to the shift of cells from capillaries and organs to the blood. This could be from major surgery

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				(Mayo Clinic, 2019).
Lymphocytes	17-67%	20.4%	N/A	
Monocytes	0-5%	7.5%	N/A	The increase could be from a chronic infection (in this case, his chronic constipation). This increase could also be a result of an autoimmune disorder – in the patient’s case, Hirschsprung’s disease (Mayo Clinic, 2019).
Eosinophils	0-3%	0.0%	N/A	
Basophils	0-1%	0.2%	N/A	
Bands	0-1.0%	N/A	N/A	

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

Lab	Normal Range	Admission or Prior Value	Today’s Value	Reason For Abnormal
Na-	136-145 mmol/L	141 mmol/L	N/A	
K+	3.5-5.5 mmol/L	3.1 mmol/L	N/A	Slightly low due to the chronic constipation prior to surgery (Mayo Clinic, 2019).
Cl-	95-105 mmol/L	113 mmol/L	N/A	High due to electrolyte imbalance caused from major surgery and chronic constipation (Mayo Clinic, 2019).
Glucose	70-110 mg/dL	93 mg/dL	N/A	
BUN	5-25 mg/dL	15 mg/dL	N/A	
Creatinine	0.12-1.06 mg/dL	N/A	N/A	
Albumin	94-156 mg/dL	N/A	N/A	
Total Protein	6.0-8.0 g/dL	N/A	N/A	
Calcium	8.7-9.8 mg/dL	8.7 mg/dL	N/A	

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Bilirubin	0.2-1.0 mg/dL	N/A	N/A	
Alk Phos	145-320 U/L	N/A	N/A	
AST	15-50 U/L	N/A	N/A	
ALT	6-45 U/L	N/A	N/A	
Amylase	30-115 U/L	N/A	N/A	
Lipase	25-120 mg/dL	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	0-15 mm/hr	N/A	N/A	
CRP	<1.0mg/mL	N/A	N/A	
Hgb A1c	4.0-5.6%	N/A	N/A	
TSH	0.32-5.00µIU/mL	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	Yellow, clear	N/A	N/A	
pH	5.0-8.0	N/A	N/A	
Specific Gravity	1.005-1.034	N/A	N/A	
Glucose	0-0.8 mmol/L	N/A	N/A	
Protein	Negative	N/A	N/A	

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Ketones	Negative	N/A	N/A	
WBC	0.0-5	N/A	N/A	
RBC	0-3	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/no growth	N/A	N/A	
Blood Culture	Negative/no growth	N/A	N/A	
Sputum Culture	Negative/no growth	N/A	N/A	
Stool Culture	Negative/no growth	N/A	N/A	
Respiratory ID Panel	Negative/no growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Alvarado, E. (2021). *Laboratory-reference-ranges* [PDF].

<https://www.abim.org/Media/bfijryql/laboratory-reference-ranges.pdf>

Gregory, G., & Andropoulos, D. (2012). *Gregory's Pediatric Anesthesia* (5th ed.). Blackwell Publishing Ltd.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT Scan: The patient had a CT scan of the large intestine. The CT showed gaseous distension of bowel loops throughout abdomen in a non-obstructive pattern. It also showed air fluid in the colon as well as a large volume of stool in the distal colon and rectum.

Diagnostic Test Correlation (5 points):

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The reason for the test was to check the patient's bowel to see why he was having chronic constipation at a young age. This test was also checking for a small bowel obstruction. The CT scan can be used to visualize and detect most parts of the body to diagnose and treat diseases (Ct Scan - Mayo Clinic, n.d.).

Diagnostic Test Reference (1) (APA):

Ct scan - mayo clinic. (n.d.). <https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675>

Current Medications (8 points)

****Complete ALL of your patient's medications****

Brand/Generic	Toradol/ketorolac	Tylenol/ acetaminophen	Advil/ ibuprofen		
Dose	7.5 mg	230.4mg	154 mg		
Frequency	Q6H	Q4H or PRN	Q6H or PRN		
Route	IV Push	PO	PO		
Classification	Analgesic	Analgesic	NSAID/Analgesic		
Mechanism of Action	Blocks cyclooxygenase, which synthesizes prostaglandin production. Reduces inflammation and relieves pain.	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the PNS	Blocks cyclooxygenases which synthesize prostaglandins. With the inhibition of prostaglandins, the NSAID reduces inflammatory symptoms and relieves pain.		
Reason Client Taking	To relieve mild to moderate pain	To relieve mild to moderate pain	Pain/ Inflammation		
Concentration	15mg/mL	160mg/5mL	10mg/kg		

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Available					
Safe Dose Range Calculation	5mg/kg/dose	10-15mg/kg/day	4-10 mg/kg/day		
Maximum 24-hour Dose	30mg/dose	650mg/day	40mg/kg/day		
Contraindications (2)	Renal impairment due to volume depletion; GI perforation	Hypersensitivity to acetaminophen or its components, severe hepatic impairment	Rhinitis, bronchospasm		
Side Effects/Adverse Reactions (2)	GI bleeding, GI perforation	Atelectasis, dyspnea	Abdominal cramps, distension; pain; gastritis		
Nursing Considerations (3)	NSAIDS should be monitored closely for live functions; Monitor CBC for decreased hemoglobin and hematocrit; Know that GI perforation or bleeding can occur without warning.	Use cautiously in patients with hepatic impairment; monitor renal function in patients on long-term therapy; Monitor liver function tests such as BUN, ALT/AST, Bilirubin due to hepatotoxicity.	Use with extreme caution with patients who have a history of GI bleeding or ulcers. Monitor CBC for decreased hemoglobin and hematocrit; GI bleeding, ulceration or perforation may occur without warning		
Client Teaching needs (2)	Take tablets with meal or snack to prevent stomach upset; Use soft bristle toothbrush while taking ketorolac (Jones & Bartlett Learning, 2020)	Can be crushed or swallowed whole; do not exceed the recommended dose (Jones & Bartlett Learning, 2020)	Take tablets with a full glass of water. Advise patient to take tablets with food (Jones & Bartlett Learning, 2020)		

Medication Reference

2020 nurse's drug handbook. (2020). Burlington, MA: Jones & Bartlett Learning.

Assessment

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Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Patient is alert and oriented times 4. Patient shows no signs of acute distress. Patient is well-groomed and is appropriately dressed.
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: IV Assessment (If applicable to child): Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: IV Fluid Rate or Saline Lock:	Patient's skin color is normal for race, and is warm, dry, and intact. Patient's temperature is 36.72 degrees Celsius. Patient's skin is elastic, and there is no tenting (under 3 seconds). Patient has no rashes or bruises. Patient's Braden Q score is 27, which places him at no risk for a pressure injury. There are drains present. 24 gauge Left forearm 6/10/2021 Patent No signs of erythema or drainage – clear, clean, and intact. Saline Lock
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth: Thyroid:	Patient's head and neck are symmetrical, normocephalic, supple, and no JVD is present. Patient's tympanic membranes are pearly gray. Patient's eye is PERRLA. Patient's nose is patent, with no septum deviation. Patient shows no signs of dental caries. He does have all his initial teeth.
CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 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:	Patient is in normal sinus rhythm, with S1 and S2 sounds present. Patient's pulse is 86. Patient's capillary refill is less than 3 seconds. Patient has no neck vein distention or edema.
RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Patient's breath sounds are heard anteriorly and

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Breath Sounds: Location, character	posteriorly and are clear.
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 <input checked="" type="checkbox"/> N <input 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:	Patient's diet at home is regular with no restrictions, and his current diet is regular with a few limitations. Patient is 3' 2.58" and 33 pounds and 15.2 ounces. Patient's bowel sounds are present. Patient's last bowel movement in his ostomy bag was on 05/11/2021. Patient has a colostomy present in the sigmoid colon. He has a small 2cm surgical incision. The ostomy mucosa is pink and moist and appears healthy.
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:	Urine was pale yellow and clear with no foul odor noted. Patient voided a total of 100 mL of urine during my clinical duration. The patient did not complain of pain with urination, burning, hesitancy, or urgency. The patient is still wearing a diaper and uses a diaper at home currently. He can tell his parents when he has urinated in the diaper. Mother states they had him partially potty trained prior to the bowel issues six months ago but it appears that he has regressed recently.
MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Patient is up independently with parents on standby assist due to the patient's age. Patient does require assistance with his activities of daily living due to his age and unfamiliar place at the hospital. Patient has fluid, nonrestrictive, or impaired range of motion in all extremities. He has bilaterally equal strength and grip in his hands and feet. Pediatric fall risk score of 8 which puts the patient at a low risk for falls.
NEUROLOGICAL (2 points):	Pt has fluid, nonrestrictive, or impaired range of

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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 checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	motion in all extremities with bilateral grip and strength in both hands, arms, and legs. Pt's pupils are equal, round, and reactive to light and accommodation. Alert and orientated to room, parents, reason for hospital stay, and color. Has no mental imparities from assessment. No slurring or stuttering of his speech. Speaks clearly and loudly. No reported loss of consciousness
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):	Lives with both parents and his twenty-month-old sister in a two-story home in Charleston, Illinois. Both sets of grandparents visit often and live relatively close. The patient's mother is professor at Eastern Illinois University and his father is a junior high mathematics teacher and junior high track and field coach in Charleston, Illinois.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	86	104/55	18	98.1 degrees F. (Axillary)	97% Room Air
1143	113	97/56	18	98.3 degrees F. (Axillary)	97% Room Air

Vital Sign Trends:

The patient's pulse was within appropriate limits for his age of three years. Blood pressures for a three-year-old should be between 86-120 systolic and 44-75 diastolic. Both sets of blood pressures for the patient were within appropriate limits. Respiratory rate for a child who is three years old should be between 20 and 30 breaths per second. The patient's respirations were 18 breaths per seconds both times his vitals were checked. This is slightly low, but he did just have

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a major surgery for a child his age. He does have an order for incentive spirometry every hour. In his case, since he is a toddler, he would blow on a pinwheel or blow bubbles to mimic using an incentive spirometer. The normal oxygen saturation for a three-year-old toddler would be between 97-99% on room air. The patient's oxygen during both sets of vitals was 97% which is within appropriate limits.

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

Pulse Rate	70-120
Blood Pressure	86-120 systolic mmHg / 44-75 diastolic mmHg
Respiratory Rate	20-30
Temperature	37.2 degrees Celsius
Oxygen Saturation	97-99% on Room Air

Normal Vital Sign Range Reference (APA):

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

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	rFLACC	None	None	None	None
Evaluation of pain status <i>after</i> intervention	No Pain	No Pain	No Pain	No Pain	No Pain
Precipitating factors: The patient would relate pain to the colostomy bag change as the sealant on the skin does pull the skin and it could make the patient unhappy. This could also lead to					

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anxiety for the patient, and he could relate that anxiety to a level of pain.

Physiological/behavioral signs: If patient presented with positive pain, he would have facial grimacing, crying, verbal expressions of pain, clinging to one or both parents, and noncooperation.

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
240mL (Juice & Ice Chips)	120 mL output (Colostomy)
100% Food (2 Blueberry Pancakes, ½ banana)	100 mL output urine (in diaper)
Total: 240mL	Total: 220 mL output

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. Bends over easy without falling – (Gross motor skill milestone)
2. Turns book 1 page at a time (Fine motor skill milestone)
3. Participates in short conversations (Receptive language milestone)

Age Appropriate Diversional Activities

1. Plays with sensory toys
2. Matches shapes
3. Traces letters in his letter book

Psychosocial Development:

Which of Erikson's stages does this child fit? This patient fits in the Autonomy versus shame and doubt stage (Ricci, Kyle, Carman, 2021).

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What behaviors would you expect? I expect him to say no when he did not want something. I would also expect him to tell his parents when he was having pain on his body.

What did you observe? Spontaneously shows affections with parents. He showed his child life specialist his bag. He was excited to go to the playroom and play with the toys there.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? This stage is called the preoperational stage according to Piaget (Ricci, Kyle, Carman, 2021).

What behaviors would you expect? I would expect the patient to be more aware of his surroundings. He would also be able to remember things from the past that maybe happened. He could remember going to the surgery with the doctors or perhaps his CT scan which was probably described to him as the tech taking a picture of his body. He would not be able to symbolize objects and imitate previous activities that he has seen before (Ricci, Kyle, Carman, 2021).

What did you observe? I observed him telling me the game he plays with his 20-month-old sister. He also would show me his colostomy bag. It was a new object to him, and he was excited for people to see it.

Vocalization/Vocabulary: Although his sentences were only a few words, they were short, but I could make them out. The book states he would be able to combine several words to create simple sentences (Ricci, Kyle, Carman, 2021). He was able to tell me grandma and papa were at his house with his sister. He told me he liked blueberry pancakes.

Development expected for child's age and any concerns? The only concern I may have regarding his development would be possible anxiety with the new colostomy. Although

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he seems excited for his new colostomy, he may have anxiety related fear when his parents need to change the bag and clean around the stoma.

Any concerns regarding growth and development? No concerns regarding his growth and development.

Developmental Assessment Reference (1) (APA):

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

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> ● Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for impaired tissue integrity related to Hirschsprung’s Disease as evidenced by new colostomy</p>	<p>Patient and his parents will keep his colostomy clean and intact. They will empty bag several times per day.</p>	<p>1.Inspect skin daily during a bath for reddened areas or breakdown. 2.Keep skin clean and dry around the colostomy site.</p>	<p>Parents will check skin around the colostomy site for skin breakdown daily. They will inspect skin daily for redness and breakdown.</p>
<p>2. Acute pain related to Hirschsprung’s Disease as evidenced by new colostomy</p>	<p>The client will notify his parents if he notices any pain around the colostomy site.</p>	<p>1. Administer pain medications around the clock for the first week after surgery. 2.Take preventative</p>	<p>Parents will look for signs of pain from their son. Facial grimacing, crying, body movements can be signs that pain is occurring. Parents plan to be proactive regarding</p>

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		<p>approach to pain medication. Prior to colostomy bag changes, parents will administer pain medications at least 45 minutes prior.</p>	<p>pain.</p> <p>Parents will use the preventative approach with pain medications and administer prior to colostomy bag changes at least 45 minutes before procedure.</p>
<p>3. Risk for fluid and electrolyte imbalance related to Hirschsprung's Disease as evidenced by new colostomy</p>	<p>Weigh the toddler on a regular basis. Direct markers of fluid balance are provided. The greatest fluid losses occur with a colostomy, though they seldom reach 500-800 mL per day. Skin turgor, capillary refill, and mucous membranes should all be evaluated. Describes the state of hydration and/or the potential need for additional fluid replenishment.</p>	<p>1. Intake and output (I&O) should be closely monitored, and liquid stool should be measured.</p> <p>2. Watch for signs of dehydration. If patient's skin looks dry, and mucus membranes look dry – push fluids. Parents should offer fluids such as water, ice chips around the clock.</p>	<p>Parents will weigh patient daily: same time, same scale, same clothes and record I&O in a diary that they can bring to future appointments with their primary provider.</p> <p>The parents will assess patient for dehydration and offer fluids around the clock as well as fruits with juice to help with limiting dehydration.</p>
<p>4. Risk for imbalanced Nutrition related to Hirschsprung's Disease as evidenced by new colostomy</p>	<p>Patient needs to have a diet with optimal nutrient intake due to his chronic constipation and diagnosis with Hirschsprung's Disease; and new colostomy</p>	<p>1. Consult with dietitian to provide optimal food choices for best calories and foods high in fibers/good fats</p> <p>2. Offer frequent small meals instead of a few large meals.</p>	<p>Parents receptive to meeting with dietician regarding proper foods to feed their son. Client is too young to respond to goals/outcomes.</p> <p>Parents will begin offering smaller meals more frequently to help patient's eating habits progress.</p>

N433 CARE PLAN

Other References (APA):

Carpenito-Moyet, L. J. (n.d.). *Understanding the nursing process: Concept mapping and care planning for students* (1st ed.). Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

The patient began complaining of constipation, abdominal pain, and vomiting which started approximately six months ago. The patient was diagnosed with chronic constipation and a small bowel obstruction. He was placed on a MiraLAX bowel regimen which did not seem to help his constipation. A CT scan of the patient's large bowel which showed gaseous distention of bowel loops and a large volume of stool. A biopsy was completed on May 26, 2021 which showed colonic tissue with the presence of adequate ganglion cells located in the distal sigmoid colon.

Nursing Diagnosis/Outcomes

1. Risk for impaired tissue integrity related to Hirschsprung's Disease as evidenced by new colostomy
 - a. Patient and his parents will keep his colostomy clean and intact. They will empty bag several times per day.
 - i. Parents will check skin around the colostomy site for skin breakdown daily. They will inspect skin daily for redness and breakdown
2. Acute pain related to Hirschsprung's Disease as evidenced by new colostomy
 - a. The client will notify his parents if he notices any pain around the colostomy site. Parents will look for signs of pain from their son. Facial grimacing, crying, body movements can be signs that pain is occurring. Parents plan to be proactive regarding pain.
 - i. Parents will use the preventative approach with pain medications and administer prior to colostomy bag changes at least 45 minutes before procedure.
3. Risk for fluid and electrolyte imbalance related to Hirschsprung's Disease as evidenced by new colostomy

Weigh the toddler on a regular basis. Direct markers of fluid balance are provided. The greatest fluid losses occur with a colostomy, though they seldom reach 500-800 mL per day. Skin turgor, capillary refill, and mucous membranes should all be evaluated. Describes the state of

Objective Data

Patient's Vital Signs:

Pulse: 86

B/P: 104/55

RR: 18

Temp: 98.1F Axillary

O2: 97% RA

Patient's vitals were within normal range for his age.

He did have a new colostomy creation which was pink, moist and viable.

Patient Information

S.S. is a 3 year old-7-month old male Caucasian with a history of chronic constipation. He is pleasant, age-appropriate child who came to Carle Hospital for a scheduled Colostomy creation related to Hirschsprung's disease.

Nursing Interventions

1. Inspect skin daily during a bath for reddened areas or breakdown.
2. Keep skin clean and dry around the colostomy site.
 1. Administer pain medications around the clock for the first week after surgery.
2. Take preventative approach to pain medication. Prior to colostomy bag changes at least 45 minutes prior.
 1. Intake and output (I&O) should be closely monitored, and liquid stool should be noted.
 2. Watch for signs of dehydration. If patient's skin looks dry, and mucous membranes are dry, offer fluids such as water, ice chips around the clock.
1. Consult with dietitian to provide optimal food choices for best calories and food preferences.
 2. Offer frequent small meals instead of a few large meals.