

N433 Care Plan # 1
Lakeview College of Nursing
Shawn Weber

Demographics (3 points)

Date of Admission 06/06/2021	Patient Initials T.T.	Age (in years & months) 17 yr. 4 mo. (2/4/04)	Gender Female
Code Status Full Code	Weight (in kg) 58.8 kg	BMI 23.58	Allergies/Sensitivities (include reactions) No known allergies

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

Illnesses: Cystic fibrosis, chronic constipation, failure to thrive childhood, rheumatoid arthritis, chronic headaches.

Hospitalizations: October 2019 hospitalized due to cystic fibrosis exacerbation.

Past Surgical History: Appendectomy (July 2018)

Immunizations: Due for next meningococcal vaccine, otherwise up to date as per CDC guidelines.

Birth History: No data in chart unable to attain client's caregivers are not with client today.

Complications (if any): N/A

Assistive Devices: Glasses, chest physiotherapy vest.

Living Situation: Client lives at home with mom, dad, sister, brother, and two dogs.

Admission Assessment

Chief Complaint (2 points): Hemoptysis

Other Co-Existing Conditions (if any): Cystic Fibrosis

Pertinent Events during this admission/hospitalization (1 point): Client was on Bactrim and prednisone for hemoptysis. After 3 days on antibiotics her hemoptysis worsened and was accompanied by shortness of breath.

History of present Illness (10 points): T.T. is a seventeen-year-old female with cystic fibrosis who reports to the Emergency department on 6/6/21 with hemoptysis for seven days. Her regular doctor had prescribed her Bactrim and prednisone. Her symptoms worsened, and she now suffered shortness of breath. She says it “felt like someone was sitting on her chest” and suffered throat soreness from forceful coughing. Nothing alleviated her pain or made it worse before arriving at the emergency department. An albuterol nebulizer treatment helped to alleviate the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cystic Fibrosis

Secondary Diagnosis (if applicable): Hemoptysis

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

Cystic Fibrosis (CF) is a rare autosomal recessive disease. A gene mutation causes cystic fibrosis transmembrane conductance regulator dysfunction, affecting the cells’ ability to transport chloride ions across the cell membrane. This causes the hallmark sign of CF, which is thick viscous secretions in the lungs, pancreas, liver, intestines, and reproductive tract (Hinkle & Cheever, 2017, p. 665).

Clients with CF are highly susceptible to respiratory infections due to the thick secretions in the lungs. This can result in chronic cough, aspiration of the airway, clubbed fingers, hemoptysis, and pneumothorax. Air becomes trapped in the mucous, puts clients at risk for

impaired gas exchange. CF may manifest in symptoms of the gastrointestinal tract as well. Decreased water and chloride secretion in the intestine leads to poor GI motility and constipation. Pancreatic insufficiency causes poor absorption and may lead to diabetes later in life (Ricci et al., 2020, p. 1447). Expected findings for CF clients include barrel chests due to impaired gas exchange and adventitious breath sounds upon auscultation of the lungs. Due to medication management, this client appeared to be absent most of these signs and symptoms during the assessment.

Diagnosis of CF requires a assessment of symptoms that matches up with the CFTR gene mutation. Chronic cough with sputum production and GI tract abnormalities such as pancreatic insufficiency are put together to diagnose CF. A chest x-ray may be performed to identify consolidation or abnormal chest walls (Hinkle & Cheever, 2017, p. 666). A sweat chloride test may also imply CF if the chloride levels are above 60 mEq/L. Newborn screening for CF is conducted in the United States (Ricci et al., 2020, p. 1449). T.T. was diagnosed at a younger age with CF. A chest x-ray was performed however, the results were normal. She is given dornase alfa nebulizer treatment daily to break up mucous secretions and is on intravenous antibiotics to fight off a respiratory infection related to her CF.

Complications from CF can involve things such as shortness of breath or dyspnea. For a client with dyspnea, a nurse can raise the head of the bed to better facilitate gas exchange. If there is an order from the provider, they may put the client on supplemental oxygen. Maintaining a clear airway is the most important intervention for clients with CF (Hinkle & Cheever, 2017, p. 666). Clients with CF are more susceptible to infection. Bacteria can proliferate more easily in the lungs of a client with CF. Practicing good hand hygiene and maintaining standard

precautions can reduce the chances of spreading diseases to clients with CF. Educate the client on the importance of avoiding people with illness (Ricci et al., 2020, p. 1449).

T.T.’s sputum culture showed that she was positive for mixed upper respiratory flora. The thick secretion of her lungs makes it possible for these types of infections to flourish in her respiratory system. This manifests in the client with symptoms like a cough that eventually led to hemoptysis and dyspnea.

Pathophysiology References (2) (APA):

Hinkle, J. L., & Cheever, K. H. (2017). *Clinical handbook for Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Lippincott Williams & Wilkins.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Walters Kluwer.

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: As tolerated	No restrictions.
Diet/Nutrition: Regular diet	No restrictions
Frequent Assessments: Vital signs every 8 hours.	Assessments completed as prescribed.
Labs/Diagnostic Tests: None	No new lab/tests currently, client is on day 6 of 14 antibiotic therapy.
Treatments: Nebulizer treatments every morning and evening. Chest physiotherapy as need.	Treatments utilized to mobilize respiratory secretions.
Other: Contact/droplet precaution	Client has history of MRSA infection.
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
No new orders.	Client is on day 6 out of 14 of IV antibiotic

	therapy.
N/A	N/A
N/A	N/A

Laboratory Data (15 points)

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

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	4.1-5.1	4.79	N/A	N/A
Hgb	12.0-16.0	14.1	N/A	N/A
Hct	36-45	40.8	N/A	N/A
Platelets	150-450	255	N/A	N/A
WBC	4.5-13.5	7.55	N/A	N/A
Neutrophils	33-76	49.3	N/A	N/A
Lymphocytes	15-55	37.4	N/A	N/A
Monocytes	0-4	5.2	N/A	Suggests the body's immune system is fighting off infection (Hinkle & Cheever, 2017, p. 907)
Eosinophils	0-3	7.7	N/A	Suggests the client is undergoing some type of allergic reaction. The eosinophil neutralizes the histamine

				(Hinkle & Cheever, 2017, p. 903).
Basophils	0-1	0.4	N/A	N/A
Bands	0-1.0	N/A	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	136	N/A	N/A
K+	3.5-5.5	4.1	N/A	N/A
Cl-	95-105	106	N/A	N/A
Glucose	70-110	78	N/A	N/A
BUN	5-20	14	N/A	N/A
Creatinine	0.12-1.06	0.58	N/A	N/A
Albumin	3.7-5.5	4.1	N/A	N/A
Total Protein	6.0-8.0	8.1	N/A	Infection of the GI or dehydration are both likely factors for this elevated lab value (Ricci et al., 2020, p. 1505).
Calcium	8.9-10.7	9.2	N/A	N/A
Bilirubin	0.2-1.0	0.3	N/A	N/A
Alk Phos	50-130	170	N/A	Damage to the liver either through disease process or from antibiotic therapy (Capriotti, 2020, p. 764).
AST	5-30	38	N/A	Damage to the liver either through disease process or from antibiotic therapy (Capriotti, 2020, p. 764).
ALT	6-35	55	N/A	Damage to the liver either through disease process or from antibiotic therapy (Capriotti, 2020, p. 764).

Amylase	30-115	N/A	N/A	N/A
Lipase	25-110	N/A	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	0-20	N/A	N/A	N/A
CRP	<1.0	N/A	N/A	N/A
Hgb A1c	4.0-6.8	N/A	N/A	N/A
TSH	0.32-5.00	N/A	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	No UA collected
pH	4.0-9.0	N/A	N/A	N/A
Specific Gravity	1.001-1.035	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0-4	N/A	N/A	N/A
RBC	0-4	N/A	N/A	N/A
Leukoesterase	Negative	N/A	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	No growth	N/A	N/A	N/A
Blood Culture	No growth	N/A	N/A	N/A
Sputum Culture	No growth	Mixed upper respiratory flora.	N/A	Confirms diagnosis of respiratory infection, though it does not quantify a specific causative organism (Capriotti, 2020, p. 479).
Stool Culture	No growth	N/A	N/A	N/A
Respiratory ID Panel	Negative	Covid 19 Negative	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2017). *Clinical handbook for Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Lippincott Williams & Wilkins.

Ricci, S., Kyle, T., & Carman, S. (2020). *Maternity and pediatric nursing* (4th ed.). Walters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray performed at Emergency department.

Normal heart size. Negative for infiltrate, consolidation, effusion, or pneumothorax of the lungs.

Diagnostic Test Correlation (5 points): Chest X-rays allow for a non-invasive way to visualize and diagnose problems with the lungs or chest. Abnormalities such as consolidation or

pneumothorax can be seen with a chest x-ray. For T.T., the chest x-ray was looked for signs of internal bleeding or possibly pneumonia (Capraiotti, 2020, p. 480). Her chest x-ray looked unremarkable.

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

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

Brand/ Generic	Pulmozyme/ Dornase alfa	Drisdol/ vitamin D3	Trikafta/ elexacaftor/tezacaftor/iva caftor	Kaylydeco/ Ivacaftor
Dose	2.5 mg	50,000 units	100mg/50mg/75mg/ 150mg	150mg
Frequency	Daily, evening	Daily	2 tablets in the morning one in the evening.	Daily, evening
Route	Inhalation	By mouth	By mouth	By mouth
Classification	recombinant human deoxyribonucl ease	Vitamin Supplement	Cystic fibrosis transmembrane conductance regulator	Cystic fibrosis transmembr ane conductance regulator potentiators
Mechanism of Action	Thins pulmonary secretions in clients with cystic fibrosis. Reduces chances for respiratory infections.	Supplemental vitamins for GI absorption.	Enzymes assist defective CFTR proteins work more effectively. Allows cells to open up channels for absorption that were unable to open before.	Improving the function of the CFTR protein to decrease the build up of mucus in the lungs.
Reason Client Taking	Thick respiratory secretions related to	Vitamin D deficiency	Cystic Fibrosis	Cystic fibrosis

	Cystic Fibrosis			
Concentration Available	2.5 mL ampule	1 tablet	2 orange tablets in morning and 1 white tablet in the evening.	1 tablet
Safe Dose Range Calculation	2.5 mg per day	50,000-200,000 Units daily	No safe dosage information found. Safe admin in children < 6 yrs. Not established.	No safe dosage information found.
Maximum 24-hour Dose	2.5 mg per day.	200,000 units	No safe dosage information found.	No safe dosage information found.
Contraindications (2)	Hypersensitivity to drug, Chinese hamster ovary cell products or any other component of the drug.	Hyperphosphatemia, hypercalcemia, kidney stones	Severe hepatic or renal dysfunction. Hypersensitivity.	Severe hepatic or renal dysfunction. Vision problems or eye pain.
Side Effects/Adverse Reactions (2)	Cough, voice alteration	Upset GI nausea vomiting. Fatigue/confusion	Hepatic injury, anorexia.	Yellowing of skin/eyes. Nausea, vomiting, diarrhea.
Nursing Considerations (2)	Ampules not used after being opened must be discarded. Medication must be stored between 36- and 46-degrees Fahrenheit.	Take with a glass of milk to facilitate calcium absorption. Monitor electrolytes for hypercalcemia.	Monitor liver enzymes for signs of hepatic impairment. Ensure tablets are taken whole, must not be crushed, or chewed.	This is the orange tablet of the Trikafta. This medication is to be given in the evening with meal.
Client Teaching needs (2)	Do not mix nebulizer treatment with any other nebulizer medication. Discard ampule of solution if it appears	If a dose is missed take as soon as possible unless close to the next dose, do not double dose. Avoid multivitamins to prevent double dosing.	Taken with fat-containing foods. If morning dose is missed (6 hours passed). do not take evening dose, resume normal schedule the following day.	Importance of routine blood draws to monitor liver function. Have eyes checked yearly while using this

	discolored or cloudy.			medication.
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Medications continued

Brand/Generic	Levofloxacin/ Levaquin	Amitiza/ lubiprostone	Creon 36/ pancrelipase	Azulfidine/ sulfasalazine
Dose	500mg	8 mcg	(36000 lipase, 114,000 proteases, 180,000 amylase) per capsule, three capsules per dose.	1,000mg
Frequency	Daily over 60 min	Twice daily	With every meal and snack.	Twice daily
Route	Intravenous	By mouth	By mouth	By mouth
Classification	Antibiotic	Chloride channel activator	Digestive enzyme	Anti-inflammatory
Mechanism of Action	Inhibits bacterial cell replication by inhibiting enzyme DNA gyrase.	Increases intestinal fluid secretion, increasing the mobility of the intestines.	Releases supplemental amylase and lipase to aid with digestion.	Reduces joint pain and inflammation caused by rheumatoid arthritis.
Reason Client Taking	To fight off respiratory infection.	To treat chronic constipation	To treat pancreatic insufficiency	Promote remission of juvenile rheumatoid arthritis.
Concentration Available	500 mg/ 100 mL	1 capsule	3 capsules	1 tablet
Safe Dose Range Calculation	500 mg	8 mcg	147000 units lipase per dose	882-1450mg
Maximum 24-hour Dose	500 m (1 dose)	16 mcg (2 doses)	588,000 units lipase per day. (16 capsules)	2,500 mg (2.5 tabs)
Contraindications (2)	Hypersensitivity, myasthenia gravis	Hypersensitivity, mechanical gastrointestinal obstruction.	Acute exacerbation of chronic pancreatitis. Hypersensitivity.	Hypersensitivity to salicylates, urinary obstruction.
Side	Hepatotoxicity,	Rectal	Asthma,	Pancreatitis,

Effects/Adverse Reactions (2)	acute renal insufficiency	hemorrhage, hypotension	intestinal obstruction	aplastic anemia.
Nursing Considerations (2)	Obtain culture and sensitivity before beginning antibiotic therapy. Rapid IV bolus may cause hypotension, give over 60 minutes.	Do not give if client is currently experiencing diarrhea. Give with food to reduce nausea.	Give before each meal or snack with a glass of water. Do not give if client is allergic to pork. If held in mouth may lead to mouth sores.	Caution with patients with history of frequent infections, monitor for signs of new infection. Monitor BUN, Cr, and liver enzymes periodically during prolonged therapy.
Client Teaching needs (2)	Increase fluid intake during therapy to prevent crystalluria. Report signs of rash or allergic reaction during IV therapy.	Do not break or chew capsules, take them whole. If diarrhea develops during therapy discontinue and notify provider.	Do not chew or crush tablet. If unable to swallow tablet mix with soft food that requires not chewing.	Take with antacid, food or milk to decrease GI upset. If wearing contacts use glasses during therapy to reduce risk of staining contact lenses.

Reference (APA):

Jones & Bartlett Learning. (2019). *2020 nurse’s drug handbook* (19th ed.). Jones & Bartlett Learning.

RxList. (2020). *The internet drug index for prescription drug information, interactions, and side effects*. <https://www.rxlist.com/script/main/hp.asp>

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation:	Client is alert and responsive. Oriented to person, place, time, and situation. Client is a pleasant adolescent with no signs of distress. Client
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<p>Distress: Overall appearance:</p>	<p>appears to be bored but in good spirits.</p>
<p>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: N/A 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:</p>	<p>Skin color is pale with freckles. Dry, intact with a 1-inch diameter abrasion on left arm. Warm Elastic, < 3 secs. Abrasion on left arm, 1 inch. No oozing or drainage. No bruises. No wounds. 23 (Low risk) PICC Line Left antecubital fossa 06/09/2021 @ 1220 PICC line is patent. None Transparent dressing Saline locked with disinfection cap.</p>
<p>HEENT (1 point): Head: Neck: Ears: Eyes: Nose: Teeth: Thyroid:</p>	<p>Normocephalic with symmetrical facial features. Trachea centered, thyroid rises/falls with swallowing, 3 + carotid pulse bilaterally. Tympanic membrane gray bilaterally. Pupils equal round reactive to light and accommodation. Sclera white. Client has strong spectacle prescription. Nares patent bilaterally. Absent of any discharge or drainage. Teeth are white and appear to be intact. Pink moist oral mucosa. Thyroid palpable, rise and fall with swallowing.</p>
<p>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"/></p>	<p>Heart sounds audible. No murmur or gallop. S1, S2 N/A not on cardiac monitor. 3+ radial, pedal, and carotid pulses bilaterally. <3 seconds. No JVD No edema.</p>

Location of Edema:	
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Lung sounds are clear upon posterior and anterior auscultation in all 5 lobes of the lungs. Respirations are regular and unlabored. No complaints of shortness of breath at this time.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Regular. Current diet: Regular, no restrictions. Height (in cm): 157.9 cm Auscultation Bowel sounds: Bowel sounds active in all four quads. Last BM: 06/10/21 @ 1000 Palpation: Pain, Mass etc.: No pain or masses upon palpation of abdomen. Inspection: No signs abdominal distension or bruising. Distention: None Incisions: None Scars: Appendectomy scar RLQ about 1 inch. Drains: None Wounds: None 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>Regular. Regular, no restrictions. 157.9 cm Bowel sounds active in all four quads. 06/10/21 @ 1000 No pain or masses upon palpation of abdomen. No signs abdominal distension or bruising. None None Appendectomy scar RLQ about 1 inch. None None</p>
<p>GENITOURINARY (2 Points): Color: Yellow/clear Character: Clear Quantity of urine: 200 mL 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: N/A Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: N/A N/A</p>	<p>Yellow/clear Clear 200 mL N/A N/A N/A</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: Nail beds pink with cap refill < 3 seconds. ROM: Active ROM all 4 extremities. Supportive devices: None Strength: +5 in all 4 extremities. ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 20 Activity/Mobility Status: Client is active and can ambulate by herself. Independent (up ad lib) <input type="checkbox"/> Yes Needs assistance with equipment <input type="checkbox"/> No</p>	<p>Nail beds pink with cap refill < 3 seconds. Active ROM all 4 extremities. None +5 in all 4 extremities. 20 Client is active and can ambulate by herself. Yes No</p>

Needs support to stand and walk <input type="checkbox"/>	No
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:	Oriented to person, place, time, and situation. No altered mental status, client alert and oriented. Speech is clear and sensible. Sensation intact in all extremities. Can differentiate dull and sharp stimuli. Client is alert and awake.
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):	Client copes well with her cystic fibrosis. She can explain her condition in great detail. Likes to watch movies and play video games with father to cope. No accommodations needed for social needs. Client is well supported by parents. She has a good understanding of what meds she takes and why. Client lives with mom and dad. She has an older sister and younger brother that live at home with her. She is the only family member with cystic fibrosis. She seems to have a very positive relationship with each family member.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
6/10 20:16	100	115/70	18	36.7 (oral)	98% Room air
6/11 08:52	95	126/75	16	36.5 (oral)	98% room air

Vital Sign Trends: T.T.'s vitals appear to be trending stable. She is not experiencing any shortness of breath with her condition. Only one set was collected during time on floor since client's vital signs orders was set to Q8H.

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

Pulse Rate	50-100 bpm
Blood Pressure	108-138 Systolic 64-93 Diastolic
Respiratory Rate	16-20 breaths per minute
Temperature	36.4-37.5 °C
Oxygen Saturation	92-100%

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.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0852	Numeric	N/A	0/10	N/A	N/A
Evaluation of pain status <i>after</i> intervention	N/A	N/A	N/A	N/A	N/A
Precipitating factors:					
Physiological/behavioral signs:					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
100% meal	1 bowel movement
480 mL	Voided 200 mL

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. Best friend relationships develop.
2. Girls reach adult height about 2 years after menarche.
3. Capable of formal logic and make decisions.

Age Appropriate Diversional Activities

1. Nonviolent video games
2. Nonviolent music
3. Caring for a pet

Psychosocial Development:

Which of Erikson's stages does this child fit? Identity vs Role Confusion

What behaviors would you expect? The adolescent should see herself as an independent unique individual that is influenced by the opinions of her peer group. She may be slow to open up due to her current developmental age.

What did you observe? Client was very open about her life with me. She gave many details about her illness and her life to me. Client appears to be lonely, as her medical condition isolates her from many people that are her age. She appears to be well developed psychosocially.

Cognitive Development:

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

What behaviors would you expect? Client should be able to formulate her own complex thoughts on things. Client likely has her own strong opinions on the world.

What did you observe? This adolescent seemed mature for her age. She knows that she is very different but that does not seem to bother her. She was eager to share her “geeky” interests in marvel and Star Wars with me. T.T. appears to be well developed cognitively.

Vocalization/Vocabulary:

Development expected for child’s age and any concerns? Client can speak clearly and intelligibly. Her vocabulary is appropriate for her age range.

Any concerns regarding growth and development? None. Client appears to be developing well despite her medical conditions.

Developmental Assessment Reference (1) (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.

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. Ineffective airway clearance related to cystic fibrosis as evidenced by hemoptysis.</p>	<p>Cystic fibrosis causes increase in mucous production which increases risk of aspiration. This client was admitted for coughing up blood.</p>	<p>1. Encourage client to cough to clear airway.</p> <p>2. Auscultate lungs abnormal lung sounds.</p>	<p>Client coughs but is unable to produce any sputum.</p> <p>Lung sounds are clear/normal.</p>

<p>2. Impaired gas exchange related to excess mucous secretions of the respiratory tract, as evidenced by client's dyspnea.</p>	<p>Thick mucous production brought on by cystic fibrosis hinders the ability for gas exchange in the alveoli and manifests as shortness of breath.</p>	<p>1. Monitor clients oxygen saturation. 2. Place client in high fowlers position to facilitate better gas exchange.</p>	<p>Clients O2 sat never dipped below 98%. Client tolerates well with no complaints of dyspnea.</p>
<p>3. Risk for imbalanced nutrition related to cystic fibrosis as evidenced by chronic constipation.</p>	<p>Client's medical condition causes her to have chronic constipation which may lead to malabsorption or anorexia.</p>	<p>1. Encourage high calorie and high fiber diet. 2. Administer fat-soluble vitamins and Creon with meals as prescribed.</p>	<p>Client meets caloric needs required for her disease process. Client takes supplements with meals ensures proper absorption of nutrients.</p>
<p>4. Situational low self-esteem related to client being isolated from peers her age as evidenced by client's loneliness.</p>	<p>Client is at an age that is heavily influenced by peers that are the same age as her. Client may experience self-loathing due to her condition.</p>	<p>1. Ask the client about her life. 2. Use body language to show active listening.</p>	<p>The client's mood is raised with someone to talk to. Client appreciates the social interaction.</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

Dyspnea “feels like someone is sitting on chest”
throat pain from excessive coughing. Pain has
been well managed since being admitted. Client
feels lonely “wants someone to talk to.”

Nursing Diagnosis/Outcomes

1. Ineffective airway clearance related to cystic fibrosis as evidenced by hemoptysis.
Client’s airway is clear.
2. Impaired gas exchange related to excess mucous secretions of the respiratory tract, as evidenced by client’s dyspnea.
Oxygen saturation stays above 95%.
3. Risk for imbalanced nutrition related to cystic fibrosis as evidenced by chronic constipation.
Client maintains healthy caloric intake.
4. Situational low self-esteem related to client being isolated from peers her age as evidenced by client’s loneliness.
Client maintains positive self-esteem.

Objective Data

Client is on day 6 of 14 antibiotic
therapy.
Client is currently pain free. No dyspnea.
Lung sounds clear in all lobes bilaterally.

Abnormal labs:

- Monocytes: 5.2
- Eosinophils: 7.7
- Total Protein: 8.1
- ALT:55
- AST:38
- AlkPhos:170
- Sputum Culture: (+) for respiratory flora

Patient Information

17-yr-old female with cystic
fibrosis, reports to E.D. with
chief complaint of hemoptysis
and cough for 7 days. Admitted
for IV Levaquin therapy for 14
days.

Nursing Interventions

1. Encourage client to cough to clear airway.
2. Auscultate lungs abnormal lung sounds.
3. Monitor clients oxygen saturation.
4. Place client in high fowlers position to facilitate better gas exchange.
5. Encourage high calorie and high fiber diet.
6. Administer fat-soluble vitamins and Creon with meals as prescribed.
7. Ask the client about her life.
8. Use body language to show active listening.

