N433 Care Plan # 1

Lakeview College of Nursing

Janet Song

Demographics (3 points)

Date of Admission 6/15/2021	**Patient Initials** JM	**Age (in years & months)** 17years & 11 months	**Gender** Female
Code Status Full	**Weight (in kg)** 106.7 kg	**BMI** 38	**Allergies/Sensitivities (include reactions)** Minocycline - Hives

Medical History (5 Points)

Past Medical History:

Illnesses: JM has history of chronic pain of left ankle, GERD (gastroesophageal reflux disease), psoriasis, and eczema.

Hospitalizations: No previous hospitalizations

Past Surgical History: Left ankle injection (2017), Debridement (Left, 2018), Orthopedic surgery, Tonsillectomy

Immunizations: JM's immunization status are up to date according to caregiver.

Birth History: She was delivered via cesarean section. JM did not have any hospitalization history when she was born.

Complications (if any):

Assistive Devices: JM is wearing glasses and does not have other assistive devices.

Living Situation: JM is living with her mother, father, and a dog in Illinois.

Admission Assessment

Chief Complaint (2 points): "I have rashes all over the body and so much in pain."

Other Co-Existing Conditions (if any): N/A

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

JM has had recurring rashes on her body with pain but does not have a fever. JM drowned her blood to find out the causes of her rashes and took the medication to reduce pain and rashes.

History of present Illness (10 points):.

JM presented to the emergency department on 6/15/2021 in the evening. She complains of the rashes on her body with so much pain. Her body was covered with redness rashes. She said, “it was really painful.”. JM said she used to have eczema 2-3 months ago. JM said, “I did not have a fever, but the skin was itch and painful. I usually do not have a fever even I am sick. So, my mom does not know I was sick.”. JM said she tried many medications to reduce her pain and rashes on the skin, such as antifungal, minocycline, hydrocortisone, and Humira. However, the symptoms were not relieved. Moreover, those medication does not work one her body.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis due to MRSA bacteremia

Secondary Diagnosis (if applicable): UTI (urinary tract infection)

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

Sepsis is a condition in which there is an infection in the bloodstream (Capriotti, 2020). Not only bacteria but also viral, fungal, or parasites can cause infection in the bloodstream. According to Capriotti(2020), a common cause of infection in the bloodstream is urinary tract infection; moreover, abdominal infection and pneumonia can cause sepsis too.

The signs and symptoms of sepsis can be hypoxemia, alteration in mental state, oliguria, elevated plasma lactate level, and systolic hypotension lower than 100 mm HG (Capriorri, 2020). If organ dysfunction occurs due to severe sepsis, it can cause shock. Blood pressure will be

required mechanical support, and heart rate will be erratic. Also, the patient will be unconscious and will get jaundice (Hinkle & Cheever, 2018).

JM is infected by MRSA bacteremia, which means Staphylococcus Aureus infects her blood. According to Capriotti (2020), “S. aureus has developed resistance to many antibiotics, and strains such as MRSA and VRSA are commonly encountered in clinical settings.”. Moreover, these bacteria can produce toxins; because of this reason, it can be a life-threatening illness for a patient if they are infected.

Staphylococcus aureus exists in the normal flora of the human’s body system. It is a gram-positive and round-shaped bacterium that forming clusters in the body (Capriotti, 2020). Staphylococcus aureus exists in our normal flora, such as skin and vagina, but they can become an infectious agent and cause wound infection. When these bacteria become resistant to methicillin, it is called Methicillin-resistant Staphylococcus aureus. However, S. aureus becomes resistant to other antibiotics, and it becomes a problem in hospital settings.

Treatment of MRSA is challenging due to its resistance to antibiotics. Also, it requires a strict isolation precaution for the patient to prevent transmission (Capriotti, 2020). Broad-spectrum antibiotics are needed to treat MRSA. Based on the patient’s blood test, RBC and CRP were increased it means she is infected. Moreover, inflammatory processing occurs in her body.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

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

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Increase activity as tolerated	She is in contact isolation in the room; there is a limit to increase activity. JM usually stays in her bed.
Diet/Nutrition: Regular diet	JM has not had much of an appetite. She only ate 50-70% of her meal during the hospitalization.
Frequent Assessments: Q4 vital signs	The vital signs were reported regularly and did the pain and skin assessment.
Labs/Diagnostic Tests: N/A	**N/A**
Treatments: Antibiotics	Rocephin 2g was given to JM every 24 hours.
Other: Wound/skin evaluation and treatment	Wound and skin assessments were completed. Triamcinolone was given 2 times per day.
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Diagnostic Image: Abdomen ultrasound	Ultrasound ordered due to abdominal palpable mass.

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) (Gregory & Andropoulos, 2012)	Admission or Prior Value	Today's Value	Reason for Abnormal Value

RBC	4.1-5.1	5.56	4.99	E. coli was detected in JM's urine. The infection can cause severe complications and resulting high amounts of red blood cells, platelet breakdown, and renal failure (Capriotti, 2020).
Hgb	12-16	N/A	N/A	
Hct	36-45	43.3	39.1	
Platelets	150,000-450,000	N/A	N/A	
WBC	4.5-13.5	11.97	9.98	
Neutrophils	1.8-8.0	N/A	N/A	
Lymphocytes	15-55	N/A	N/A	
Monocytes	0-4	N/A	N/A	
Eosinophils	0-3	1.42	0.22	
Basophils	0-1	N/A	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** (Gregory & Andropoulos, 2012)	**Admission or Prior Value**	**Today's Value**	**Reason For Abnormal**
Na-	80-200	N/A	N/A	
K+	3.5-5.5	N/A	N/A	
Cl-	110-250	N/A	N/A	
Glucose	70-110	N/A	N/A	

BUN	5-20	N/A	N/A	
Creatinine	0.12-1.06	N/A	N/A	
Albumin	3.7-5.5	N/A	N/A	
Total Protein	6.0-8.0	N/A	N/A	
Calcium	8.9-10.7	N/A	N/A	
Bilirubin	0.2-1.0	N/A	N/A	
Alk Phos	50-130	N/A	N/A	
AST	5-30	N/A	N/A	
ALT	6-35	N/A	N/A	
Amylase	30-115	N/A	N/A	
Lipase	25-110	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** (Gregory & Andropoulos, 2012)	**Admission or Prior Value**	**Today's Value**	**Reason for Abnormal**
ESR	0-20	N/A	N/A	
CRP	<1.0	5.09	N/A	Elevated CRP indicates that the JM is enduring an active inflammatory process (Capriotti, 2020).
Hgb A1c	<7.5	N/A	N/A	
TSH	0.32-5.00	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 (Gregory & Andropoulos, 2012)	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and clear	N/A	N/A	
pH	4-9	N/A	N/A	
Specific Gravity	1.001-1.035	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-4/HPF	N/A	N/A	
RBC	0-4/HPF	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 (Gregory & Andropoulos, 2012)	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative	+ E. coli	N/A	More than 100,000 cfu/ml E. coli presents in the urogenital flora.
Blood Culture	Negative	+MRSA	N/A	Staphylococcus aureus DNA detected in the blood.
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	
Respiratory ID Panel	Negative	N/A	N/A	
Aerobic	Negative	+Staphylococcus	N/A	Moderate amount of

		aureus		Staphylococcus aureus detected.

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Abdominal ultrasound was performed in response to palpable abdominal mass. Abdominal ultrasound is helpful to determine the cause of stomach pain or bloating. Also, it can visualize the structure inside the abdomen (Capriotti, 2020).

Diagnostic Test Correlation (5 points):

According to the doctor's note, edema is identified within the suprapubic soft tissue area due to multiple chronic skin conditions.

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.) F A DAVIS.

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

Brand/	Rocephin/	Solu-	Triderm/	Tylenol/	Motrin/

Generic	Ceftriaxone sodium (Jones & Bartlett Learning, 2020).	Medrol, Methylprednisolone (Frandsen & Pennington, 2021).	Triamcinolone acetonide (Frandsen & Pennington, 2021).	Acetaminophen (Jones & Bartlett Learning, 2020).	ibuprofen (Jones & Bartlett Learning, 2020).
Dose	2g, 40ml/hr	40mg	0.1% topical cream, apply a thin film to affected areas	500mg	600mg
Frequency	Every 24hours	Daily	BID	Q4 hours, PRN	Q6 hours, PRN
Route	IVPB	IV	Topical	PO	PO
Classification	Antibiotic	Glucocorticoid	Glucocorticoid	Antipyretic, nonopioid analgesic	NSAID, analgesic
Mechanism of Action	This medication interferes with bacterial cell wall synthesis (Jones & Bartlett Learning, 2020).	This medication inhibiting the synthesis of inflammatory response mediators, such as cytokines, interleukins, and prostaglandins (Frandsen & Pennington, 2021).	This medication decreases inflammation and inhibits histamine release to prevent the formation of scar tissue (Jones & Bartlett Learning, 2020).	This medication inhibiting the enzyme that blocks prostaglandin production and interfering with pain impulse generation (Jones & Bartlett Learning, 2020).	This medication inhabiting prostaglandins and reducing inflammatory symptoms and relieves pain (Jones & Bartlett Learning, 2020).
Reason Client Taking	JM is taking this medication to treat infection.	This medication is for treating immune and inflammatory disorders.	JM needs this medication to reduce dermatologic problems such as skin rashes.	JM takes this medication for mild pain.	JM takes this medication for pain.
Concentration Available	2g in vial	40ml/1g	0.1% in 15g tube	500mg tablets	600mg tablets
Safe Dose Range Calculation	>12years old, 1-2g/day (Jones &	>12years old, 40-80mg/day	Apply a thin film to affected areas two to	>12years old, 325-650 mg every 4-6	>12years old, 400 mg every

	Bartlett Learning, 2020).	(Jones & Bartlett Learning, 2020).	four times per day (Frandsen & Pennington, 2021).	hours/day, (every 4 hours: 1950-3900 mg/ day, every 6 hours: 1300-1950 mg/ day) (Frandsen & Pennington, 2021).	4-6 hours, (every 4 hours: 2400mg/day, Every 6 hours: 1600 mg/day) (Frandsen & Pennington, 2021).
Maximum 24-hour Dose	4000mg	80mg	N/A	4000mg	3200mg
Contraindications (2)	-intravenous administration of ceftriaxone solutions containing lidocaine - hypersensitivity to medication (Jones & Bartlett Learning, 2020).	-Fungal infection - hypersensitivity to methylprednisolone or its components (Jones & Bartlett Learning, 2020).	- hypersensitivity to medication - Patient with kidney and liver disease (Frandsen & Pennington, 2021).	-severe hepatic impairment - hypersensitivity to medication (Jones & Bartlett Learning, 2020).	- hypersensitivity to medication - asthma, rhinitis, or angioedema caused by hypersensitivity to aspirin or other NSAIDs (Jones & Bartlett Learning, 2020).
Side Effects/Adverse Reactions (2)	-hepatic failure - thrombocytopenia (Jones & Bartlett Learning, 2020).	-adrenal insufficiency -acute hepatitis (Jones & Bartlett Learning, 2020).	-burning, itching -secondary infection (Frandsen & Pennington, 2021).	-pulmonary edema - thrombocytopenia (Jones & Bartlett Learning, 2020).	-heart failure -GI bleeding (Jones & Bartlett Learning, 2020).
Nursing Considerations (3)	-Use medicine cautiously in patients who	-Use cautiously in patient with	- Be aware that this medication may reactivate	- Monitor for active hepatic disease	- Monitor for GI bleeding,

	are hypersensitive to penicillin. -Ask the allergic reaction that patient had experienced when given other antibiotics. -Monitor BUN and serum creatinine levels to detect early signs of nephrotoxicity (Jones & Bartlett Learning, 2020).	congestive heart failure or renal insufficiency. - Give this medication with food to minimize GI irritation and indigestion. - Assess for possible depression or psychotic episodes during therapy (Jones & Bartlett Learning, 2020).	tuberculosis in patients who have a history of it - Monitor patient for hypersensitivity -Assess patient for signs and symptoms of infection due to steroid, it can increase risk of susceptibility to infections (Jones & Bartlett Learning, 2020).	- Monitor for the daily dose of medication to not to exceed maximum daily limits - Monitor for liver enzymes prior to administration (Jones & Bartlett Learning, 2020).	ulceration - Use cautiously in patients with hypertension - Monitor liver enzyme (Jones & Bartlett Learning, 2020).
Client Teaching needs (2)	-Advise patient to report any hypersensitivity reactions. -Advise patient and parents to report evidence of blood dyscrasia or superinfection to health care provider (Jones & Bartlett Learning, 2020).	-Do not stop taking medication abruptly or changing dosage without consulting prescriber - Advise patient to report about dark or tarry stools (Jones & Bartlett Learning, 2020).	-Educate patient how to apply the topical cream -The topical cream must be applied correctly and not overused (Jones & Bartlett Learning, 2020).	- Educate patient not to exceed recommended dosage -Teach patient to recognize signs and symptoms or hepatotoxicity (Jones & Bartlett Learning, 2020).	- Take the tablet with food or after meals to reduce GI distress - Advise patient to avoid alcohol and aspirin while taking ibuprofen (Jones & Bartlett Learning, 2020).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	JM was alert and oriented to the person, time, place, and circumstance. She is not in distress. She looks positive and calm.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 2** **Drains present: Y☐ N ☒** **Type:** **IV Assessment (If applicable to child):** **Size of IV:** 22G **Location of IV:** Left antecubital **Date on IV:** 6/15/21 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No redness/tenderness/erythema noted **IV dressing assessment:** clean, dry, intact **IV Fluid Rate or Saline Lock:** 80ml/hr	Skin color is appropriate for her race. Skin is pink, dry, redness and flaky. The temperature is warm. No turgor and bruise are noted. JM has rashes all over the body. It is worse in the upper extremities and back. Skin breakdown was noted in the buttocks area. No drains are present. Branden score is 2 and JM has high risk of skin breakdown.
HEENT (1 point): **Head/Neck:** No deviation, no lumps noted, and symmetrical **Ears:** No lesions/drainage noted. Redness of skin presents behind ears. **Eyes:** Eyelids intact, sclera white, PERRLA noted with normal EOM, JM is wearing the glasses. **Nose:** Septum is midline, symmetrical, and no lesions are noted **Teeth:** Teeth are intact. Oral mucosa pink and no lesions. **Thyroid:** No enlarged thyroid and nodules are noted.	.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** S1 and S2 noted. No gallops, murmurs, rubs	.

noted. No S3, S4 noted. **Cardiac rhythm (if applicable):** Normal sinus rhythm **Peripheral Pulses:** 2+ bilaterally, palpable **Capillary refill:** Capillary refill was noted less than 3 seconds in all extremities. **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** +2, Edema presents in the lower extremities.	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** JM has clear breath sounds in all lobes bilaterally. Her chest expands equally, and nonlabored breathing.	.
GASTROINTESTINAL (2 points): **Diet at home:** JM consumes a regular diet at home. **Current diet:** The patient's current diet is regular diet. **Height (in cm):** 167.6cm **Auscultation Bowel sounds:** JM's bowel sound was diminished and hypoactive in all 4 quadrants. **Last BM:** JM's last bowel movement was last night. **Palpation: Pain, Mass etc.:** No pain was noted upon palpation, but a little mass-like feeling was noted at both left and right quadrants. **Inspection:** No distention, incisions, drains, and wounds were noted after inspection. Redness scars present due to hives and rashes. **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.

GENITOURINARY (2 Points): **Color:** Urine color is yellow. **Character:** The color is yellow and unclear. **Quantity of urine:** JM void 450 ml of urine in the morning. **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** JM is alert and oriented x4. **ROM:** JM is active bilaterally in all extremities. **Supportive devices:** No supportive devices. **Strength:** Strength is equal bilaterally in all extremities **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** JM does not have fall risk. **Activity/Mobility Status:** JM has a steady gait, and she does not need an assistant. **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Oriented to time, person, place, and circumstance. **Mental Status:** JM's mental status is competent. **Speech:** JM's speech is age-appropriate, and able to communicate appropriately with people. **Sensory:** JM has intact sensory. **LOC:** Alert	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s) of caregiver(s):** JM's caregiver is her mother. Her mother said her coping method is going to church and talking with family. She said she drinks sometimes.	.

Social needs (transportation, food, medication assistance, home equipment/care): JM said she does not need any social needs since she is living with her parents. **Personal/Family Data (Think about home environment, family structure, and available family support):** JM's family is very supportive, and the family members are close to each other. JM is living with her mother and father. She has a dog.	

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	86 bpm	120/81mm Hg, R upper arm	16 respiration/ min	98.6 F (37 C), oral	99% room air
1500	80 bpm	122/67mm Hg, R upper arm	16 respiration/ min	98.3 F (36.8 C, oral	98% room air

Vital Sign Trends:

The results of two sets of vital signs show that the JM's vital sign range is appropriate to the patient's age. In addition, there is no abnormal range of vital signs.

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

Pulse Rate	55-95 bpm (Ricci et al., 2021).
Blood Pressure	64-108 to 93-138 mm Hg (Holman et al., 2019).
Respiratory Rate	12-20 respirations/min (Ricci et al., 2021).
Temperature	36.6 C – 38 C (Holman et al., 2019).
Oxygen Saturation	95-100 % (Holman et al., 2019).

Normal Vital Sign Range Reference (APA):

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

Ricci, S. S., 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
1500	Numeric	No pain	0/10	No pain	No interventions are needed. Advise the patient to press the call light if she has any pain.
Evaluation of pain status *after* intervention	Numeric	No pain	0/10	No pain	At 1800, JM was talking with her mother in the room. JM was not in pain.
Precipitating factors: JM was not in pain. No precipitating factors were noted. **Physiological/behavioral signs:** JM does not have any psychological or behavioral signs of pain.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
989.2 mL	No total output was documented but JM void 450 ml early in the morning.

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. They will show more independence.
2. Sexual maturation occurs such as breast development and menstruation.
3. During adolescent years, overeating and undereating will present.

(Holman, 2019)

Age Appropriate Diversional Activities

1. Social interaction (social media)
2. Caring for a pet
3. Career-training programs

Psychosocial Development:

Which of Erikson's stages does this child fit? Identity vs. role confusion (Ricci, 2021)

What behaviors would you expect? The patient will become independent and interaction with others. The patient will focus on her body image.

What did you observe? JM is 17 years old female. She likes to do social media and likes to talk with her friends via phone call. She looks very positive girl and likes to talk with her mom, nursing students, and nurse.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? JM is in the formal operations stage (Ricci, 2021)

What behaviors would you expect? The behaviors such as making independent decisions, thinking beyond current circumstances, and thinking about hypothetical situations (Holman, 2019)

What did you observe? JM was critically thinking about her disease. She was curious about how she gets the diseases or when it starts.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? JM has an age appropriate vocabulary and vocalization.

Any concerns regarding growth and development?

There were no developmental abnormalities noted. However, JM's BMI is 38. Thus, she might be experiencing health conditions related to obesity (Ricci, 2021).

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.

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 • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to inflammatory reaction on the skin as evidenced by the patient said, "it's so painful.", and JM's was covered by red rashes all over her body (Taylor & Bartlett, 2019).	Uncontrolled pain can affect a patient's quality of life and can affect changes in vital signs.	1. Antihistamine medication was given to treat allergic reactions such as itchy rash. 2. Ibuprofen was given to control the pain.	The patient does not report any pain, and the skin is not itchy anymore. Skin and pain assessment will be continuing, and medication will be given if JM experiences any pain.
2. Risk for infection related to bacterial infection in the blood as evidenced by Staphylococcus aureus was detected in the patient's blood (Taylor & Bartlett, 2019).	JM is infected by MRSA. These bacteria can cause wide range of infections on patient's body system. Also, it can be transmitted to other people (Capriotti, 2020).	1. Antibiotic such as Rocephin and Clindamycin was given to the patient. 2. The patient should be in contact isolation precaution to prevent spreading bacteria.	The patient's symptoms such as itching, rashes were relieved. Also, the result of the blood test indicates that the inflammatory process is reduced. It means the antibiotic works on JM's body system.
3. Risk for infection related to skin integrity evidenced by skin breakdown on the buttocks area (Taylor & Bartlett, 2019).	JM has skin breakdown on the buttocks area and if it's untreated it can lead to secondary infection.	1. Provide Triamcinolone and Vaseline for wound care. 2. Schedule with dermatology appointment.	JM felt that triamcinolone does not work for her skin wound and she thinks it's getting worse. So, this medication is stopped. However, her skin was improved than admission date. JM will meet the dermatologist to discuss about her wound on the buttocks area.

4. Risk for urge urinary incontinence related urinary tract infection as evidence by E. coli was detected in JM's urine (Taylor & Bartlett, 2019).	Untreated UTI can result in kidney infection, and the patient will experience burning with urination (Taylor & Bartlett, 2019).	1. Encourage the patient to increase fluid intake. 2. Encourage appropriate perineal care. (Taylor & Bartlett, 2019).	JM is taking antibiotics for MRSA, and it works on controlling symptoms of UTI. JM does not have any pain during urination. JM said she used to drink lots of water at home. However, she does not have much of an appetite in the hospital.

Other References (APA):

Frandsen, G., & Pennington, S. (2021). *Abrams' clinical drug therapy: Rationales for nursing practice* (12th ed.). Wolters Kluwer.

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

Taylor, C., Lynn, P., & Bartlett, J. L. (2019). *Fundamentals of nursing: The art and science of person-centered care* (9th ed.). Wolters Kluwer

Concept Map (20 Points):

Subjective Data

"I have rashes all over the body and so much in pain."
JM tried several medications to relieve the pain and symptoms, but it does not work.

Nursing Diagnosis/Outcomes

1. Acute pain related to inflammatory reaction on the skin as evidenced by the patient said, "it's so painful.", and JM's was covered by red rashes all over her body -> The patient does not report pain, and the skin is not itchy anymore. Skin and pain assessment will be continuing, and medication will be given if JM experiences any pain.
2. Risk for infection related to bacterial infection in the blood as evidenced by Staphylococcus aureus was detected in the patient's blood. -> The patient's symptoms such as itching, rashes were relieved. Also, the result of the blood test indicates that the inflammatory process is reduced. It means the antibiotic works on JM's body system.
3. 3. Risk for infection related to skin integrity evidenced by skin breakdown on the buttocks area -> JM felt that triamcinolone does not work for her skin wound and she thinks it's getting worse. So, this medication is stopped. However, her skin was improved than admission date. JM will meet the dermatologist to discuss about her wound on the buttocks area.
4. Risk for urge urinary incontinence related urinary tract infection as evidence by E. coli was detected in JM's urine-> JM is taking antibiotics for MRSA, and it works on controlling symptoms of UTI. JM does not have any pain during urination. JM said she used to drink lots of water at home. However, she does not have much of an appetite in the hospital.

Objective Data

Pulse 80, B/P 122/67 mm Hg, RR 16 respirations/min, Temp 98.3 F, Oxygen 98% room air
RBC and CRP are elevated due to infection and inflammatory response.
Staphylococcus aureus was detected in the blood.
E. coli was detected in the urine.

Patient Information

JM is a 17-year-old Caucasian female that presented to the ED for severe rashes and pain. She has history of eczema and psoriasis.

Nursing Interventions

Antihistamine medication was given to treat allergic reactions such as itchy rash. Ibuprofen was given to control the pain.
Antibiotic such as Rocephin and Clindamycin was given to the patient.
The patient should be in contact isolation precaution to prevent spreading bacteria.
Provide Triamcinolone and Vaseline for wound care.
Schedule with dermatology appointment.
Encourage the patient to increase fluid intake.
Encourage appropriate perineal care.