

N433 Care Plan  
Lakeview College of Nursing  
Kenny Johnson

**Demographics (3 points)**

<b>Date of Admission</b> 7/1/21	<b>Patient Initials</b> CS	<b>Age (in years &amp; months)</b> 2 months	<b>Gender</b> Female
<b>Code Status</b> Full Code	<b>Weight (in kg)</b> 4.92 kg	<b>BMI</b> 16.6	<b>Allergies/Sensitivities (include reactions)</b> NKDA

**Medical History (5 Points)**

**Past Medical History:** Neonatal sepsis, hyperbilirubinemia, neutropenia, and leukopenia

**Illnesses:** Anemia

**Hospitalizations:** Admitted to PICU for hyperbilirubinemia 5/13/21 with a Hgb of 6.2.

Treatment required included phototherapy and a biliblanket.

**Past Surgical History:** No past surgical history.

**Immunizations:** Hepatitis B – Engerix on 5/3/21

**Birth History:** Vaginal birth weighing 6 lbs 2.1 oz.

**Complications (if any):** Admitted for observation and evaluation for newborn sepsis after birth.

**Assistive Devices:** No assistive devices

**Living Situation:** Lives at home with married parents. Mother is in the room with the patient and is very attentive.

**Admission Assessment**

**Chief Complaint (2 points):** Fever

**Other Co-Existing Conditions (if any):** Anemia and neutropenia

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

WBC is 2.34, Hgb is 8.7, 100.4 F fever, past history of hyperbilirubinemia, and past history of anemia.

**History of present Illness (10 points):**

60-day old female presented to the ED with a rectal temperature of 100.4 F for over one hour while having an anemic history of unknown etiology. Parent describes the child as normal outside of having a fever. rFIACC pain scale was a 0 which means no pain present. CS was prescribed intravenous antibiotic therapy to prevent sepsis.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Febrile neutropenia

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

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

Neutropenia is characterized by a low neutrophil count in the blood often caused by encountering an infectious pathogen. Neutrophils are a type of white blood cell that fights infection in conjunction with the immune system. Neutropenic fever is when an individual with neutropenia has a fever of 100.4 F or over for more than one hour (Baluch & Shewayish, 2019). Infection is often the main cause that leads to neutropenia because it uses up neutrophils faster than they can be created by the bone marrow. Signs and symptoms of febrile neutropenia include fever, diaphoresis, chills, and repeated infections (Cleveland Clinic, 2019).

Expected lab findings in individuals with neutropenic fever include reduced white blood cell count reduced neutrophil counts in a complete blood count (CBC). Blood, urine, and respiratory cultures, blood chemistry, and a urinalysis are other labs that help determine the cause of the neutropenic fever so that the proper antibiotic can be prescribed (Baluch &

Shewayish, 2019). Chest x-rays and respiratory pathogen panels (RPPs) are often taken to rule out pneumonia, tuberculosis, and meningitis (Cleveland Clinic, 2019). Complications of neutropenic fever can be as severe as sepsis, meningitis, and development of any other type of infectious pathogen. Treatment for neutropenic fever includes the use of prophylactic antibiotics intravenously to fight an infection before it gets worse (Cleveland Clinic, 2019). CS is taking IV ampicillin and Cefepime as treatment for her neutropenic fever. Her temperature has been consistently normal (98.1 F and 98.2 F) since starting antibiotic therapy.

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

Baluch, A., & Shewayish, S. (2019). Neutropenic fever. *Infections in Neutropenic Cancer Patients*, 105–117. [https://doi.org/10.1007/978-3-030-21859-1\\_8](https://doi.org/10.1007/978-3-030-21859-1_8)

Cleveland Clinic. (2019, February 5). *Neutropenia: symptoms, causes, treatments*. <https://my.clevelandclinic.org/health/diseases/21058-neutropenia>.

**Active Orders (2 points)**

Order(s)	Comments/Results/Completion
<p><b>Activity:</b> Full-Code</p>	<p>CPR is to be done on the patient if there is a code.</p>
<p><b>Diet/Nutrition:</b> Q3H feeding with mother’s breast milk</p>	<p>Promotes healthy diet and prevent failure to thrive from inadequate protein intake while</p>

	the patient undergoes antibiotic therapy.
<b>Frequent Assessments:</b>  Hematology Consult	Hematology has been notified so that more testing can be done to figure out the cause of the patient's anemia.
<b>Labs/Diagnostic Tests:</b>  CBC, Blood Culture, CSF Culture	Complete blood count shows a low white blood cell count. The blood culture is still pending results. The CSW was negative.
<b>Treatments:</b>  IV Antibiotics	Prophylactic antibiotics are to be administered intravenously as prescribed.
<b>Other:</b> N/A	
<b>New Order(s) for Clinical Day</b>	
<b>Order(s)</b>	<b>Comments/Results/Completion</b>
Chest X-ray	Chest x-ray was done to rule out respiratory infection and was negative for infection.

**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	2.7-4.5	3.01	2.98	
Hgb	9.5-13.5	8.7	8.6	Consistent with diagnosis of anemia (Ricci et al., 2021).
Hct	29-41	25.2	26.3	Consistent with diagnosis of anemia (Ricci et al., 2021).
Platelets	150-450	345	310	
WBC	6-17.5	2.34	2.39	Consistent with diagnosis of neutropenia (Cleveland Clinic, 2019).
Neutrophils	1-4.7	0.35	0.27	Consistent with diagnosis of neutropenia (Cleveland Clinic, 2019)
Lymphocytes	2.3-9.2	1.73	1.64	Consistent with diagnosis of leukopenia (Ricci et al., 2021)
Monocytes	0.28-1.21	0.16	0.47	Consistent with diagnosis of leukopenia and cefepime therapy (Ricci et al., 2021)
Eosinophils	0.04-0.63	0.05	0	
Basophils	0.01-0.05	0.05	0.01	
Bands	0-10	0	0	

**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	139	N/A	
K+	4.0-6.2	4.7	N/A	
Cl-	98-107	107	N/A	

<b>Glucose</b>	70-110	94	N/A	
<b>BUN</b>	5-25	7	N/A	
<b>Creatinine</b>	0.12-1.06	0.43	N/A	
<b>Albumin</b>	2.8-5.0	3.6	N/A	
<b>Total Protein</b>	4.2-7.4	5.6	N/A	
<b>Calcium</b>	8.7-9.8	9.8	N/A	
<b>Bilirubin</b>	0.2-1.0	0.5	N/A	
<b>Alk Phos</b>	9-500	352	N/A	
<b>AST</b>	20-60	31	N/A	
<b>ALT</b>	6-45	30	N/A	
<b>Amylase</b>	3-115	N/A	N/A	
<b>Lipase</b>	25-120	N/A	N/A	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>ESR</b>				
<b>CRP</b>	<1	0.28		
<b>Hgb A1c</b>				
<b>TSH</b>				

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

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Colorless yellow	Straw/clear	N/A	
pH	5-7	6.0	N/A	
Specific Gravity	1.003-1.005	1.003	N/A	
Glucose	Neg	Neg	N/A	
Protein	Neg	Neg	N/A	
Ketones	Neg	Neg	N/A	
WBC	0-25	1	N/A	
RBC	0-20	0	N/A	
Leukoesterase	Neg	Neg	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	Neg	Neg	N/A	
Blood Culture	Neg	Neg	N/A	
Sputum Culture	N/A	N/A	N/A	
CSF culture	N/A	Pending	N/A	
Respiratory ID Panel	Neg	Neg	N/A	

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

Andropoulos, D. B. (2012). Pediatric normal laboratory values. *Gregory's Pediatric Anesthesia*, 1300–1314. <https://doi.org/10.1002/9781444345186.app2>

Cleveland Clinic. (2019, February 5). *Neutropenia: symptoms, causes, treatments*. <https://my.clevelandclinic.org/health/diseases/21058-neutropenia>.

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Lumbar puncture, Chest x-ray, and a respiratory pathogens panel (RPP).

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

A chest x-ray and a respiratory pathogens panel (RPP) were performed to rule out pneumonia and other respiratory infections. A lumbar puncture and CSF culture were performed to rule out meningitis (Ricci et al., 2019).

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

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

**Current Medications (8 points)**

**\*\*Complete ALL of your patient’s medications\*\***

<b>Brand/Generic</b>	Omnipen (Ampicillin)	Maxipime (Cefepime)	Tylenol (Acetaminophen)		
<b>Dose</b>	250 mg	250 mg	73.6 mg		
<b>Frequency</b>	Q6H	Q8H	PRN Q4H		
<b>Route</b>	IV	IV	PO		

<b>Classification</b>	Penicillin antibiotics	Cephalosporin antibiotics	Antipyretic		
<b>Mechanism of Action</b>	Inhibits synthesis of the bacterial cell wall by binding and inactivating penicillin-binding proteins.	Interferes with the bacterial cell wall by inhibiting the synthesis of peptidoglycan which are rigid and protect cell membranes.	Inhibits prostaglandin production and acts on temperature regulating center in the hypothalamus by inhibiting prostaglandin E2.		
<b>Reason Client Taking</b>	Risk of late onset meningitis or sepsis	Risk of late onset meningitis or sepsis	Reduce fever of 100.4 F		
<b>Concentration Available</b>	30 mg/mL	50 mg/kg	160 mg/ 5 mL		
<b>Safe Dose Range Calculation</b>	400 mg/kg/day divided every 6 hours 4.92 kg	50 mg/kg/day	10-15 mg/kg/day Q4H		
<b>Maximum 24-hour Dose</b>	492 mg	250 mg	442.8 mg		
<b>Contraindications (2)</b>	Allergy to penicillin and Steven Johnson syndrome.	Allergy to cephalosporins and allergy to penicillins.	Severe hepatic impairment and sever liver impairment		
<b>Side Effects/Adverse Reactions (2)</b>	Agranulocytosis and exfoliative dermatitis	Hepatic failure and leukopenia	Hypotension and leukopenia		
<b>Nursing Considerations (3)</b>	Avoid administering to pt.'s with mononucleosis, notify provider if there is evidence of development of a superinfection,	Use cautiously in patient with renal failure, obtain culture and sensitivity test results prior to administration , and monitor for infiltration.	Use cautiously in patients with liver failure, monitor AST and ALT if liver impairment, and monitor renal function.		

	and monitor for infiltration.				
<b>Client Teaching needs (2)</b>	Shake suspension well before each use and review signs of allergic reaction with the family	Report severe diarrhea immediately and monitor for neurotoxic symptoms.	Concentrated infant drops are being phased out and teach signs and symptoms of hepatotoxicity.		

**Med References:** Jones & Bartlett Learning. (2020). *Nurse's drug handbook*.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Sleeping with no acute distress.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/>  <b>Type:</b></p> <p><b>IV Assessment (If applicable to child):</b>  <b>Size of IV:</b> 22 g  <b>Location of IV:</b> Right antecubital  <b>Date on IV:</b> 7/01/21  <b>Patency of IV:</b> Easily flushable and patent  <b>Signs of erythema, drainage, etc.:</b> No signs of erythema or drainage</p>	<p>Skin is white, warm, and is free of rashes. There is bruising in the right antecubital area from the placement of the IV.</p>

<p><b>IV dressing assessment:</b> clean, dry and intact  <b>IV Fluid Rate or Saline Lock:</b> 20 ml/hr D5</p>	
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b>  <b>Thyroid:</b></p>	<p>Head and neck are midline. PERLA bilaterally, no exudate, nose is midline. Eyes and ears are of normal spacing and shape.</p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b> Normal S1 and S2 with no murmur or rub  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b> Normal  <b>Peripheral Pulses:</b> 2+ bilaterally  <b>Capillary refill:</b> Less than 3 seconds  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Normal S1 and S2 with no murmur or rub. Peripheral pulses are 2+ bilaterally. Capillary refill is less than 3 seconds. No NVJ or edema to note.</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Clear breath sounds in all lobes.</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current diet:</b> Mom’s breast milk Q3H  <b>Height (in cm):</b> 54.5  <b>Auscultation Bowel sounds:</b> Normoactive bowel sounds in all four quadrants.  <b>Last BM:</b> 7/01/21  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Mom’s breast milk at home. Current diet is mom’s breast milk Q3H. Height is 54.5 cm. Bowel sounds are normoactive in all four quadrants. Last BM was 7/1/21. No scar, drains, wounds, incisions, or distention to note.</p>

<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p>Genitals are without lesions or rashes and the quantity and color of pt's urine normal and straw colored.</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Pt moves their arms and legs actively and grasps finger. No supportive devices are needed.</p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>PERLA bilaterally. Pt is awake and is visually responsive to stimuli.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s) of caregiver(s):</b>  <b>Social needs (transportation, food, medication assistance, home equipment/care):</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>CS mother is eating and spending all of her time with her daughter. Her father also visits frequently but is in charge of watching her older sister. The family lives in a home and the parents are married.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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1530	127	97/64	34	98.1 F	100% on room air
1830	131	97/64	32	98.2 F	98% on room air

**Vital Sign Trends:** Systolic pressure is a little bit high, but the overall trend in vital signs is normal.

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

<b>Pulse Rate</b>	100-160 bpm
<b>Blood Pressure</b>	Systolic: 65-95 Diastolic: 45-65
<b>Respiratory Rate</b>	30-60 breaths per minute
<b>Temperature</b>	97.4-99.6 F
<b>Oxygen Saturation</b>	92-100%

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

Healthwise Staff. (2020, February 26). *Vital signs in children*. (2020, February 26).

<https://www.mottchildren.org/health-library/abo2987>.

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
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1830	rFLACC	None	0	N/A	N/A
<b>Evaluation of pain status <i>after</i> intervention</b>	N/A	N/A	N/A	N/A	N/A
<b>Precipitating factors: N/A</b>					
<b>Physiological/behavioral signs: N/A</b>					

**Intake and Output (1 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
69 mL	413 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. Coos and makes sounds
2. Tries to look at parent
3. Startle reflex

**Age Appropriate Diversional Activities**

1. Scratch head softly
2. Play peek-a-boo
3. Having family provide familiar toys or stuffed animals while the baby is awake

**Psychosocial Development:**

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

Trust/Mistrust

**What behaviors would you expect?**

I would expect to see either a baby that has a good temperament and is quick to soothe if a parent has been consistent. I would expect to see a very fussy baby that cries for long periods of time if a parent has been inconsistent.

**What did you observe?**

I observed the infant to have a calm temperament. During my assessment, the child started to get fussy and flail their extremities, but scratching their head softly helped soothe and relax them.

**Cognitive Development:**

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

CS fits the sensorimotor stage.

**What behaviors would you expect?**

The child pays attention to faces, starts to track objects with their eyes, and starts to get fussy when they are bored or bothered.

**What did you observe?**

I observed the child making several facial expressions, tracking faces and objects, and getting fussy when being taken out of their blanket to perform my assessment.

**Vocalization/Vocabulary:**

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

The child coos and makes noises which is normal for their age.

**Any concerns regarding growth and development?**

There are no concerns regarding growth and development.

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

Mcleod, S. (2020, December 7). *Piaget's Theory and Stages of Cognitive Development*. Jean Piaget's theory and stages of cognitive development .

<https://www.simplypsychology.org/piaget.html>.

Centers for Disease Control and Prevention. (2021, May 10). *Important milestones: Your baby by two months*. <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-2mo.html>.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b> • Include full nursing diagnosis with “related to”	<b>Rational</b> • Explain why the nursing diagnosis was	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> • How did the patient/family respond to the nurse’s
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and “as evidenced by” components	chosen		actions? <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. Risk for infection as evidenced by low white blood cell count and low neutrophil count related to neutropenic fever.	Low white blood cell count and low neutrophil count put the infant at risk for developing an infection.	<ol style="list-style-type: none"> <li>Administer prescribed prophylactic antibiotics.</li> <li>Neutropenic precautions sign along with closed door policy.</li> </ol>	<p>The child held a normal temperature consistently. The mother was happy to hear that after the second check of vitals, the temperature was still normal.</p> <p>The door will be kept shut to decrease the chance of contaminants entering the room.</p>
2. Risk for deficient fluid volume as evidenced by temperature of 100.4 F and diaphoresis upon admission in the ED related to neutropenic fever	The child presented to the ED with diaphoresis and a fever of 100.4 F.	<ol style="list-style-type: none"> <li>Administer D5W .45% as prescribed by provider.</li> <li>Feed mother’s milk every three hours.</li> </ol>	<p>The child has no fluid or electrolyte imbalances.</p> <p>The child’s mother feeds them every three hours as ordered by the provider.</p>
3. Risk for developmental delay as evidenced by two hospital stays by the age of 2 months.	Hospital stays can cause stress and developmental delays.	<ol style="list-style-type: none"> <li>Make sure the mother talks and interacts with their child such as singing songs and playing peek-a-boo.</li> <li>Have the family bring toys and stuffed animals that are familiar to the child.</li> </ol>	<p>The child makes noises and responds to the stimuli of singing or playing peek-a-boo.</p> <p>The child’s mother brought a blanket and several toys and stuffed animals that were familiar to the child.</p>
4. Risk for imbalanced body temperature as	The child presented with 100.4 F fever that was persistent	1. Administer prescribed antipyretic.	The fever is broken and the child has three normal temperature checks in a single day.

evidenced by fever of 100.4 F	before antibiotic therapy.	2. Monitor temperature	
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**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

“Mother states the child is normal besides the fever.”

**Nursing Diagnosis/Outcomes**

Risk for infection

Outcomes: The child does not develop an infection.

Risk for deficient fluid volume

Outcomes: The child keeps adequate hydration and does not develop any fluid or electrolyte imbalances.

Risk for developmental delays

Outcomes: The child’s mother plays peek-a-boo with them and sings to them.

Risk for imbalanced temperature

Outcomes: The child has three temperature checks of 97.4-99.6

**Objective Data**

100.4 F temperautre upon admission to the ED  
Neutrophil count is 0.27  
WBC 2.34  
Hgb 8.6  
Hct 25.2

**Patient Information**

CS  
2 months old  
Hyperbilirubinemia  
Neonatal sepsis  
Anemia  
Neutropenia  
Fever

**Nursing Interventions**

- Administer prescribed prophylactic antibiotics.
- Neutropenic precautions sign along with closed door policy.
- Administer D5W .45% as prescribed by provider.
- Feed mother’s milk every three hours.
- Make sure the mother talks and interacts with their child such as singing songs and playing peek-a-boo.
- Have the family bring toys and stuffed animals that are familiar to the child.
- Administer prescribed antipyretic.
- Monitor temperature

