N433 Care Plan #

Lakeview College of Nursing

Casey Buchanan

Demographics (3 points)

Date of Admission	Patient Initials	Age (in years & months)	Gender
7/1/21	U.H.C.	6 years, 7 months	Male
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full Code	20.9	14.07	NKDA

Medical History (5 Points)

Past Medical History: The patient doesn't have an extensive medical history. He was seen in 2016 for dysphagia.

Illnesses: Patient had an upper respiratory infection in 2018.

Hospitalizations: No prior hospitalizations.

Past Surgical History: Tooth extraction with moderate sedation (11/9/20).

Immunizations: Patient has received appropriate immunizations for age.

Birth History: Birth history not available.

Complications (if any): N/A

Assistive Devices: N/A

Living Situation: Lives in Champaign with his mother, father, and little sister.

Admission Assessment

Chief Complaint (2 points): Generalized abdominal pain.

Other Co-Existing Conditions (if any): Fever, leukocytosis, and constipation.

Pertinent Events during this admission/hospitalization (1 points): Today (7/2/21) the patient continues to be febrile.

History of present Illness (10 points):.

The patient’s mother reports that her son started having a gradual onset of back pain and generalized abdominal pain that started last Monday morning. The mother took her son to the emergency department on Tuesday (6/29) because the child said he was in a lot of pain and febrile. When he is asked where it hurts, he points to his umbilicus. The mother reported that her son had been passing gas but hadn’t had a bowel movement in several days. She stated he typically has a bowel movement every day. The child said that he wasn’t having problems urinating, incontinence, hematuria, or dysuria. The mother did report that he was urinating more frequently than usual. The emergency department sent the family home with instructions to take MiraLAX and drink prune juice. The patient continued to be febrile intermittently and was still reporting abdominal pain. His parents brought him back to convenient care on Thursday (7/1). He was admitted due to the generalized abdominal pain, with the possibility of appendicitis. The mother said that nothing specific increased or decreased the pain. A CT scan and KUB ruled out appendicitis. A second blood culture has been obtained to confirm that the first one in fact did have Staphylococcus aureus in the blood culture and wasn’t contaminated by the skin.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Generalized abdominal pain.

Secondary Diagnosis (if applicable): Pneumonia, sepsis, leukocytosis, constipation.

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

The patient initially presented with generalized abdominal pain, leading the healthcare team to assess gastrointestinal complications such as constipation, appendicitis, or kidney issues. After further investigation, a diagnosis of pneumonia was made. A pneumonia diagnosis in children may be overlooked due to the lack of respiratory symptoms. The leading cause of abdominal pain in children is pneumonia (Emadi et al., 2017).

A bacterial or viral infection causes pneumonia. The condition causes inflammation in the lung tissue, and the alveolar spaces fill with purulent cells and fibrin (Capriotti & Frizzell, 2016). Excess mucus is secreted, and exudate accumulates in the respiratory system. The most common bacterial agent that causes pneumonia is Streptococcus pneumonae, but other causative agents include Staphloccoccus, Legionella, Haemophilus influenzae, and Mycobacterium (Capriotti & Frizzell, 2016).

Common signs and symptoms and expected findings of pneumonia include chest pain, cough, fatigue, fever, diaphoresis, and shortness of breath (Mayo Clinic, 2020). The main symptom this patient presented with was abdominal pain. He was febrile intermittently, fatigued, and diaphoretic.

A chest x-ray is an essential diagnostic tool when diagnosing pneumonia. The x-ray can reveal infiltrates on the lungs as well as their location. Blood tests are also crucial in confirming the causative agent (Mayo Clinic, 2020). The patient underwent a chest x-ray, computed tomography (CT) scan, and a kidney, ureter, and bladder scan to determine the diagnosis of pneumonia. A blood test, complete blood count, and urinalysis were also conducted. A CT scan was used to rule out other possible abdominal concerns such as appendicitis. The patient's complete blood count indicated a severe infection due to an elevated white blood cell count. His red blood cell, hemoglobin, hematocrit, and platelets were all low, consistent with infection. He also had a very high C-reactive protein value indicating severe inflammation in his body.

Treatments for pneumonia include antibiotic therapy, supplemental oxygen, and management of symptoms. The patient is currently receiving Zosyn and Vancomycin to treat pneumonia. He is receiving supplemental oxygen through a nasal cannula. The patient's head is also in a slightly elevated position in the bed to facilitate breathing. He is receiving intravenous fluid due to dehydration.

One potential complication of pneumonia is sepsis. The infectious bacteria in the lungs can spread to the bloodstream, causing systemic infection and possible organ failure (Mayo Clinic, 2020). The patient is being evaluated for sepsis. A delayed diagnosis of pneumonia for children increases the risk for sepsis. Another potential complication is difficulty breathing (Mayo Clinic, 2020). Using supplemental oxygen through a nasal canula can be helpful. However, in severe infections, the patient might have to be intubated and on a ventilator.

Pathophysiology References (2) (APA):

Capriotti, T., Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Emadi Koochak, H., Tabibian, E., & Rahimi Dehgolan, S. (2017). Abdominal pain as extrapulmonary presentation of pneumonia in an adult: A case report. *Acta medica Iranica*, *55*(2), 131–133. https://pubmed.ncbi.nlm.nih.gov/28282711/.

Mayo Clinic. (2020). *Pneumonia.* https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204.

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Activity as tolerated.	Patient is not tolerating activity well.
Diet/Nutrition: Full diet as tolerated.	Patient ate a few bites of a pizza but isn't interested in eating. He will drink lemonade and orange juice.
Frequent Assessments: Vitals every four hours to access current medical status and treatments.	Patient allows medical staff to obtain vitals.
Labs/Diagnostic Tests: Blood culture, chest x-ray, KUB.	Two blood cultures were ordered. The first test revealed Staph. Aureus in the blood. A second blood culture was obtained. Results are pending. The chest x-ray and KUB were completed.
Treatments: Zosyn and Vancomycin to treat infection. Treat pain symptomatically with fentanyl. Treat pain symptomatically.	Prescribed antibiotics given. Pain and fever managed with acetaminophen.
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
MRI	The MRI was ordered to assess the lungs and other body structures due to a possible

	pneumonia diagnosis. The nurse was beginning the MRI screening assessment.

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**	N//A	3.40	Value consistent with infection and anemia. (Capriotti & Frizzell, 2016).
Hgb	**11.5-14.5**	11.7	9.6	Value consistent with infection and anemia. (Capriotti & Frizzell, 2016).
Hct	**34-40**	35.0	28.8	Value consistent with infection and anemia. (Capriotti & Frizzell, 2016).
Platelets	**150,000-450,000**	109	103	Values consistent with infection and anemia. (Capriotti & Frizzell, 2016).
WBC	**5.0-14.5**	17.27	17.33	Values consistent with infection. (Capriotti & Frizzell, 2016).
Neutrophils	**1.54-7.04**	N/A	N/A	N/A
Lymphocytes	**1.0-4.8**	N/A	N/A	N/A
Monocytes	**2-8**	N/A	N/A	N/A
Eosinophils	**2-4**	N/A	N/A	N/A
Basophils	**0-1**	N/A	N/A	N/A

Bands	**0-10%**	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-	**40-180**	N/A	N/A	N/A
K+	**3.5-5.5**	N/A	N/A	N/A
Cl-	**15-40**	N/A	N/A	N/A
Glucose	**70-110**	N/A	N/A	N/A
BUN	**5-25**	N/A	N/A	N/A
Creatinine	**0.6-1.1**	N/A	0.47	Value consistent with decreased GFR, possibly related to shock. (Capriotti & Frizzell, 2016).
Albumin	**3.7-5.5**	N/A	N/A	N/A
Total Protein	**6.0-8.0**	N/A	N/A	N/A
Calcium	**8.8-10.1**	N/A	N/A	N/A
Bilirubin	**0.2-1.0**	N/A	N/A	N/A
Alk Phos	**150-380**	N/A	N/A	N/A
AST	**15-37**	N/A	N/A	N/A
ALT	**12-78**	N/A	N/A	N/A
Amylase	**30-115**	N/A	N/A	N/A
Lipase	**25-120**	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	**3-15**	N/A	N/A	N/A
CRP	**0.00-0.50**	N/A	31.76	Value consistent with inflammation. (Capriotti & Frizzell, 2016).
Hgb A1c	**< 7.5**	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	**clear-yellow/ colorless**	N/A	Yellow/ clear	N/A
pH	**5.0-7.0**	N/A	6.0	N/A
Specific Gravity	**1.003-1.035**	N/A	1.026	N/A
Glucose	**Negative**	N/A	Negative	N/A
Protein	**Negative**	N/A	30	Value consistent with fever and infection. (Capriotti & Frizzell, 2016).
Ketones	**Negative**	N/A	20	Value consistent with infection and stress on the body. (Capriotti & Frizzell, 2016).
WBC	**0-25**	N/A	7	N/A
RBC	**0-20**	N/A	6	N/A
Leukoesterase	**Negative**	N/A	Negative	N/A

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

Test	Normal	Admission	Today's	Explanation of Findings

	Range	or Prior Value	Value	
Urine Culture	**No growth**	N/A	No growth.	N/A
Blood Culture	**No growth**	Positive for Staph. aureus.	Result pending.	Value consistent with infection of Staph. aureus in the blood. (Capriotti & Frizzell, 2016).
Sputum Culture	**Negative**	N/A	N/A	N/A
Stool Culture	**Soft, brown, well-formed. Absent of mucus, blood, and fungi.**	N/A	N/A	N/A
Respiratory ID Panel	**No growth**	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T., Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Computed tomography scan with contrast (CT scan): A CT scan of the abdomen was performed to visualize structures in the abdomen. A CT scan uses high levels of radiation and computer technology to rapidly view and evaluate body tissues (Ricci et al., 2017).

Chest X-Ray: An x-ray was performed to evaluate the heart and lungs (Ricci et al, 2017).

Kidney, ureter, and bladder X-Ray (KUB): This test was performed to assess the structures in the abdomen, usually to assess for causes of abdominal pain (Johns Hopkins Medicine, n.d.).

Magnetic resonance imaging (MRI): The patient has not had the MRI yet, but one was ordered. An MRI is a superior test to evaluate the body and organs by using equipment that measures the responses of hydrogen protons to the dynamic magnetic field (Ricci et al., 2017).

Diagnostic Test Correlation (5 points):

CT scan: The results of the CT scan showed gas and stool in the colon, indicating possible constipation. The scan also revealed that there was no signs of appendicitis, ruling out an appendicitis diagnosis. The CT scan also revealed a slight heterogenous enhancement of the left kidney, likely due to a history of urinary tract infection.

Chest X-Ray: The x-ray report noted increased bronchovascular markings and a developing opacity in the right upper lobe of the lung, indicating developing pneumonia. This is an essential diagnostic test because his lung sounds sound clear and are easily auscultated. Pneumonia can present in children differently than in adults.

KUB: The KUB indicated the colon was dilated and fecal burden was present, but his condition was improving regarding constipation. This test helped to evaluate the degree of constipation in the child.

MRI: Even though the patient hasn't undergone this diagnostic test yet, it is important to note that it will help make a more definitive diagnosis regarding the patient's abdominal pain and pneumonia.

Diagnostic Test Reference (1) (APA):

Johns Hopkins Medicine. (n.d.). *Kidney, ureter, and bladder x-ray.* https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/kidney-ureter-and-bladder-xray.

Ricci, S. S., Kyle, T., & Carman, C. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

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

Brand/Generic	**Tylenol/ acetaminophen**	**Lazanda/ fentanyl**	**Zosyn/ piperacillin-tazobactam**	**Vancocin/ vancomycin**
Dose	313.5 mg	10 mcg	2.25 g	313.5 mg
Frequency	Every 4 hours prn	Every 2 hours for pain rated 7-10	Every 6 hours	Every 6 hours
Route	Oral	IV	IV	IV
Classification	Antipyretic, nonopioid analgesic	Analgesic	Antibiotic	Antibiotic
Mechanism of Action	Interferes with pain impulses in the PNS.	Binds to opioid receptors in the in CNS which alters the perception of pain.	Piperacillin inhibits the synthesis of bacterial cell walls. Tazobactam inhibits bacterial enzymes and thus prevents the destruction of piperacillin.	Damages the cell wall of bacteria and causes the cell to die.
Reason Client Taking	Taking for pain, or a temperature above 38.0 C	Taking to relieve pain.	To treat infection.	To treat infection.
Concentration Available	160 mg/5 ml	15 mcg/ 1 ml	2.25 g in 50 ml 0.9% normal saline	313.5 mg in 50ml 0.9% normal saline
Safe Dose Range Calculation	15 mg/kg/dose = 313.5	1mcg/kg/dose – 2mcg/kg/dose = 20.9-41.8 mcg/ dose. 0.67 ml	100 mg piperacillin/ 12.5 mg tazobactam per kilogram every 8 hours.	15 mg/kg/dose = 313.5 mg

Maximum 24-hour Dose	1,567.5 mg	N/A	300 mg piperacillin/ 37.5 mg tazobactam per kg per day	
Contraindications (2)	Severe hepatic impairment. Severe active liver disease.	Asthma. Significant respiratory depression.	A bleeding or blood clotting disorder. Allergy to penicillin, tazobactam, or a cephalosporin antibiotic.	Hypersensitivity to corn products when given with dextrose. Hypersensitivity to vancomycin.
Side Effects/Adverse Reactions (2)	Leukopenia. Pulmonary edema.	Sedation. Bradycardia.	Constipation. Headache.	Neutropenia. Constipation.
Nursing Considerations (3)	Monitor labs such AST, ALT, bilirubin, and creatinine. Do not exceed the max dose. Assess the patient's pain level.	Monitor and assess respirations and heart before giving. Hold and contact provider if low. Assess pain level prior to giving. Monitor for serotonin syndrome signs and symptoms such as hallucinations, diaphoresis, diarrhea, fever, and twitching. .	Check IV site for pain, phlebitis, or necrosis. The medication mixed in an IV bag can be stored in the refrigerator for up to seven days. Obtain labs and platelets before administration.	Infuse over at least one hour per gram. Check IV site for tenderness, pain, phlebitis, and necrosis. Renal function tests should be conducted before administration. Vital sign should be assessed before administration.
Client Teaching needs (2)	Educate caregivers not to use additional over the counter medications that also contain acetaminophen. Teach caregivers to recognize signs of hepatoxicity such as bleeding and easy bruising.	Encourage fiber and fluid intake to prevent constipation. Educate caregiver to call for help if signs of respiratory depression occur.	Educate about the purpose of the antibiotic and the importance of strictly adhering to the medication schedule. Instruct the caregivers to avoid or consult with the health care team before administering over the counter medications such as vitamins or herbal products.	Instruct caregiver to alert nurse if the IV becomes dislodged or is leaking. Instruct caregiver or patient to alert nurse if any adverse effects arise such as itching or sweating.

Medication Reference

Drugs.com. (n.d.). https://www.drugs.com/.

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook* (18th. Ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient is alert and oriented. Appears drowsy at times. Patient appears to have moderate distress. Patient is diaphoretic, appears uncomfortable, grimaces.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 6** **Drains present: Y☐ N ☒** **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:**	 Skin color is appropriate for age and race. Skin is clammy, warm to the touch. No signs of breakdown. Appropriate skin turgor. No rashes, or bruises noted. No wounds noted. Braden Score of 6. No drains present. 22 gauge IV, left antecubital. Dated 7/1/21. Patent. No signs of erythema or drainage. IV dressing is clean, dry, intact. The patient doesn't show any indications of pain or discomfort regarding the IV. Currently running Zosyn at 100 ml/hour.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	 Head normocephalic, appropriate symmetry. Trachea midline. No lymphadenopathy noted. Hearing intact. Eyes clear, no discharge. Good dentition.

CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1, S2 sounds auscultated. Pedal pulses palpated, 2+ Capillary refill < 3 seconds. No neck vein distention. No edema noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Bilateral lung sounds auscultated, clear bilaterally. Patient is tachypneic. Breathing is rapid. 99-100% O2 saturation on 1L nasal cannula.
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 ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Regular home diet. Patient has no diet restrictions in the hospital but isn't interested in eating. Bowel sounds hypoactive in all four quadrants. Last BM today (7/2) at 1630. Light palpation performed, abdomen tender but soft. No distention, incision, scars, drains, or wounds.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine yellow. Appropriate character. Decreased quantity. Voiding without pain. Genitals not inspected.
MUSCULOSKELETAL (2 points): **Neurovascular status:**	Patient has appropriate mobility and range of

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score: 2** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☐**	motion for age. Assistance required due to IV pole and pump. Strength slightly diminished throughout. Fall score: 2, no fall risk.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Moves all extremities well. Appropriate range of motion in all four extremities. Strength equal throughout. Oriented to person and place. Appropriate speech for age. No sensory impairments. No 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):**	Patient has supportive and concerned parents at bedside. No social needs noted at this time. Parents speak some English but are Spanish speaking and requires interpreter at times.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1600	133	N/A	51	101.8	100
1700	129	N/A	48	101.2	99

Vital Sign Trends:

The patient’s vitals are unstable. He is tachycardic and tachypneic while lying still in the bed.

His temperature is also elevated. He was given acetaminophen at 1615 in an attempt to reduce the fever. A temperature recheck at 1700 indicated that the fever was declining as well as the pulse and respiratory rate. His oxygen saturation was stable throughout the day. The blood pressure was not obtained at the time of clinical due to other measures taking priority.

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

Pulse Rate	70 to 120 bpm (C.S. Mott Children's Hospital, 2020).
Blood Pressure	90-110 systolic/ 55-75 diastolic (C.S. Mott Children's Hospital, 2020).
Respiratory Rate	12-20 / min (C.S. Mott Children's Hospital, 2020).
Temperature	97.4 to 99.6 F (C.S. Mott Children's Hospital, 2020).
Oxygen Saturation	97-100% (Ohio University, 2021).

Normal Vital Sign Range Reference (APA):

C.S. Mott Children's Hospital. (2020). *Vital signs in children.* https://www.mottchildren.org/health-library/abo2987.

Ohio University. (2021). *Pediatric vital signs: A guide for nurses.* https://onlinemasters.ohio.edu/blog/pediatric-vital-signs/#:~:text=Anything%20from%2097.4%20to%2099.6,between%2097%25%20and%2099%25.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1330	Wong-Baker Faces	Abdomen	6	Patient points to umbilicus and says that is where it hurts.	Acetaminophen, Fentanyl given
Evaluation of pain status *after* interventio	Wong-Baker Faces	Abdomen	4	Patient still points at umbilicus. Appears to be	No other actions taken at this time.

n				in less distress.	

Precipitating factors: Precipitating factors include constipation, infection, and possibly pneumonia.
Physiological/behavioral signs: The patient often grimaces and points to his stomach area. He is diaphoretic and appears uncomfortable.

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
333.1 ml	605 ml

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. Myelination of the central nervous system allows for more refined hand movement including precision to write and color in the lines (Ricci et al., 2017).
2. Jumping rope.
3. Riding a two-wheeled bike.

Age Appropriate Diversional Activities

1. Watching YouTube videos for children.
2. Singing
3. Asking the child about his little sister.

Psychosocial Development:

Which of Erikson's stages does this child fit? The child is in the industry vs. inferiority Erikson stage.

What behaviors would you expect? Behaviors commonly seen in this stage include success in personal and social tasks, interest in how things are made, needs support when unsuccessful, and needs encouragement from close family (Ricci et al., 2017).

What did you observe? The patient needed reassurance from his mother and father. He did take pride when praised for taking his medication.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? The child is in the concrete operational of the Piaget model.

What behaviors would you expect? Behaviors expected in the concrete operational stage include lacking the ability to think abstractly, understanding the concept of time, classifying and grouping objects into common elements, and understands the relationship among objects (Ricci et al., 2017).

What did you observe? This child did lack the ability to think abstractly. He was able to group and was making connections about medical objects. One example of this was I was drawing up the oral solution of acetaminophen in a syringe in his view. He became anxious and fearful because he connected the syringe to a blood draw that he had earlier in the day. Once I explained and showed him it was medicine that was going to go into his mouth he quickly calmed down.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? Language skills continue to grow and improve during this time. The patient is bilingual and speaks Spanish and English. No concerns at the moment for this child.

Any concerns regarding growth and development? Reading development was not assessed.

Developmental Assessment Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, C. (2017). *Maternity and pediatric nursing* (3rd 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. Risk for ineffective thermoregulation related to illness as evidence by fever.	The patient has been intermittently febrile for the last five days. Today the fever has increased to over 101 F.	**1.**Identify cause and risk factors associated with the illness (Doenges et al., 2019). **2.**Monitor laboratory values and frequently assess for changes in temperature (Doenges et al., 2019).	The staff was taking measures to determine the cause of the infection such as obtaining a blood sample for culture and performing diagnostic tests. The patient was very fearful of many of these interventions. The goal is to try to keep the child as comfortable and promote a feeling of safety while performing these interventions. The child willingly allowed staff to obtain vitals.
2. Risk for deficient fluid volume related to illness as evidence by the child not consuming adequate	The patient is at risk for deficient fluid volume due to fever and decreased intake.	**1.** Assess vitals and heart rate at a minimum every four hours (Swearingen & Wright, 2019). **2.**Ensure the child	The child was on a monitor, therefore it was easy to assess heart rate, respiratory rate, and oxygen saturation every time I checked on him. He was handling being on the monitor well.

amounts of liquid or food.		is receiving at least the maintenance amount of fluid (Swearingen & Wright, 2019).	The child was receiving fluid in his IV. He tolerated the IV and fluid maintenance well.
3. Fear related to illness and being in the hospital setting as evidence by crying and statements such as "I don't want to die."	It is common for children to be scared in the hospital setting. The child was extremely fearful with invasive procedures such as obtaining a blood culture.	**1.** Encourage the parents to stay with the child as much as possible (Swearingen & Wright, 2019). **2.** Keep the parents informed on the child's progress and why interventions are taking place (Swearingen & Wright, 2019).	The mother and father wanted to stay with the child. Often, both were present and very attentive to the child. The parents asked numerous questions about the child's health status and the results of diagnostic tests.
4. Impaired verbal communication related to language barriers as evidence by Spanish being the parents first language.	The primary language of the parents is Spanish. They did speak some English. This diagnosis is important to promote the parent's understanding and feeling at ease with the care given to their child.	**1.** Provide an interpreter when relaying information (Swearingen & Wright, 2019). **2.** Be honest with the patient and the family member, don't pretend to understand information they are telling you if you don't (Swearingen & Wright, 2019).	A note in the chart indicated that a video interpreter had been used during some portions of the previous emergency department visits. The nurse providing care today was Spanish speaking and communicated effectively with the child and the parents. The family was patient when communicating without the nurse in the room. The family and myself both made attempts to make sure we were accurately gathering information.

Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales* (15th ed.). F.A. Davis Company.

Swearingen, P.L., & Wright, J.D. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health.* Elsevier.

Concept Map (20 Points):

Subjective Data

The patient complains of abdominal pain. When asked where he points to his umbilicus. He says "It hurts all the time." The mother says symptoms started on Monday and have become worse throughout the week. The mother took the child to the emergency department on 6/29. Constipation was the main diagnosis made and they were told to give MiraLAX and prune juice. The patient's symptoms didn't improve and went to convenient care 7/1 and was then admitted. Patient appears to be in pain and grimaces. He is rapidly breathing and diaphoretic.

Nursing Diagnosis/Outcomes

Risk for ineffective thermoregulation related to illness as evidence by fever.
Outcome/Goal: Continue to monitor and assess temperature and provide ordered medication. The patient's fever will decrease.

Risk for deficient fluid volume related to illness as evidence by the child not consuming adequate amounts of liquid or food.
Outcome/Goal: Continue prescribe IV solutions and encourage oral fluids and food.

Fear related to illness and being in the hospital setting as evidence by crying and statements such as "I don't want to die."
Outcome/Goal: Provide explanations, comfort measures, and distractions to reduce fear and anxiety.

Impaired verbal communication related to language barriers as evidence by Spanish being the parents first language.
Outcome/Goal: Provide effective communication both ways using translators when necessary.

Objective Data

Weight: 20.9 kg BMI: 14.07 Pulse: 129 RR: 48 Temp: 101.2 O2: 99% on 1 L NC.

The vitals are not currently stable. Continuing to monitor and assess temperature, pulse, and respirations often. Diagnostic tests ruled out appendicitis and patient had a recent BM. A repeat blood culture was drawn for a definitive diagnosis of Staph. aureus in the blood. A chest x-ray revealed the development of pneumonia. MRI pending.

Patient Information

6 years, 7 months old male. Admitted on 7/1/21 for generalized abdominal pain, constipation, and fever. Patient is a full code. NKD allergies. History of upper respiratory infection, dysphagia, and teeth extraction. Mother and father present at bedside.

Nursing Interventions

Identify cause and risk factors associated with the illness (Doenges et al., 2019).

Monitor laboratory values and frequently assess for changes in temperature (Doenges et al., 2019).

Assess vitals and heart rate at a minimum every four hours (Swearingen & Wright, 2019).

Ensure the child is receiving at least the maintenance amount of fluid (Swearingen & Wright, 2019).

Encourage parents to stay with the child as much as possible (Swearingen & Wright, 2019).

Keep the parents informed on the child's progress and why interventions are taking place (Swearingen & Wright, 2019).

Provide an interpreter when relaying information (Swearingen & Wright, 2019).

Be honest with the patient and the family member, don't pretend to understand information they are telling you if you don't (Swearingen & Wright, 2019).