N433 Care Plan #1

Lakeview College of Nursing

Princess Anne Hernandez

Demographics (3 points)

Date of Admission 06/08/2021	**Patient Initials** A.L.	**Age (in years & months)** 4 months	**Gender** Male
Code Status Full code	**Weight (in kg)** 4.9 kg	**BMI** 14.08	**Allergies/Sensitivities (include reactions)** No known allergies

Medical History (5 Points)

Past Medical History: AL has no past medical history and diagnosis prior to this hospitalization.

Illnesses: AL has a complete AV canal defect that was detected with this hospitalization.

Hospitalizations: AL has no previous hospitalization noted other than this admission.

Past Surgical History: AL has no history of surgeries.

Immunizations: AL immunization is up to date.

Birth History: AL was born weighing 8 pounds at full term (39 weeks) via normal induced vaginal delivery.

Complications (if any): no complication

Assistive Devices: N/A

Living Situation: AL lives with his mother prior to this hospitalization.

Admission Assessment

Chief Complaint (2 points): Cough and heavy breathing

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

Pertinent Events during this admission/hospitalization (1 points): Positive diagnosis of RSV

History of present Illness (10 points):.

The patient is a four-month-old male admitted last 06/08/21 due to respiratory distress and dehydration. The mother states that they went to the patient's primary care doctor before admission due to heavy breathing and cough. He was diagnosed with RSV and sent home with an albuterol nebulizer. After two days, the patient's mother noticed he stopped eating well and had no wet diapers. They decided to go to ED since the patient was not feeding well, pale, lethargic, and had significant respiratory distress.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Acute respiratory failure

Secondary Diagnosis (if applicable):. Respiratory Syncytial Virus (RSV) Infection

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

Respiratory syncytial virus (RSV) is a highly contagious virus spread from person to person via respiratory droplets that causes infection of the respiratory tract. Bronchiolitis, an acute infection caused by RSV, is the inflammation and obstruction of bronchioles in the lower respiratory tract (Swearingen & Wright, 2019). Schweitzer & Justice (2020) state that when a person contracts RSV, it is first introduced into the nasopharyngeal mucosa and rapidly spread into the respiratory tract. The apical ciliated epithelial cell in the respiratory tract is the target site of RSV because it supports the growth of this virus. The virus binds into the cellular receptors of the apical ciliated epithelial cell using the RSV-G glycoprotein and RSV-F fusion glycoprotein. The virus is then combined with host cell membranes, inserts its nucleocapsid into the host cell, and begins its intracellular replication, triggering the host inflammatory immune response. Both humoral and cytotoxic T-cell responses are also triggered. The combination of viral cytotoxicity and the host's cytotoxic response causes necrosis of respiratory epithelial cells, leading to small

airway obstruction, inflammation, and clogging of mucus, cellular debris, and DNA in the respiratory tract (Schweitzer & Justice, 2020).

The common signs and symptoms of respiratory syncytial virus infection are fever, rhinorrhea, and cough. The patient can experience acute respiratory distress, increased respiratory effort, tachypnea, dehydration, nasal flaring, difficulty feeding, sunken anterior fontanel in a patient younger than two years old, decreased urine output, irritability, and lethargy (Swearingen & Wright, 2019). For this patient, the mother states that he is having heavy breathing and coughing. He started not eating well, not having any wet diapers, and was lethargic.

Increased temperature, respiratory rate, and decreased oxygen saturation are related to respiratory syncytial virus infection (Swearingen & Wright, 2019). The patient is experiencing an increased respiratory rate. Increased WBC level and respiratory acidosis can be seen in the laboratory finding of CBC and ABG (Swearingen & Wright, 2019). The patient has increased WBC value in his laboratory test. Chest x-ray and respiratory pathogen panel are the diagnostic tests used to identify respiratory syncytial virus infection (Swearingen & Wright, 2019). The patient had a respiratory pathogen panel done in another facility before his admission, and the result showed a positive respiratory syncytial virus infection.

Mayo Foundation for Medical Education and Research (2020) states that the respiratory syncytial virus has no specific treatment, and it usually self-care measures at home. However, severe cases can be hospitalized. When patients are hospitalized, IV fluids for dehydration are given. If respiratory failure happens, the patient can be intubated or placed in mechanical ventilation and provided humidified oxygen (Mayo Foundation for Medical Education and Research, 2020). For this patient, he was intubated, and high flow oxygen was provided for him

to treat his acute respiratory failure. He required intubation because there is an increased respiratory need.

Mayo Foundation for Medical Education and Research (2020) states that if RSV becomes severe, patients can be at risk of developing asthma later in life, which causes difficulty breathing, wheezing, and cough. If RSV is left untreated, the virus travels to the space behind the eardrum, causing middle ear infection or otitis media. The patient can experience fluid draining in the ears, ear pain, and difficulty hearing. It is crucial to stay away from sick people to prevent the worsening of RSV. Self-care measures and staying hydrated during RSV infection are essential. Implementing hand washing can help prevent the further spread of the virus oxygen (Mayo Foundation for Medical Education and Research, 2020).

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2021, January 9). *Respiratory syncytial virus (RSV)*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/respiratory-syncytial-virus/symptoms-causes/syc-20353098.

Schweitzer, J., & Justice, N. (2020, November 20). *Respiratory syncytial virus infection*. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/books/NBK459215/.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier.

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Bed lift	Ok to be held by provider and caregiver
Diet/Nutrition: Enfamil 90 ml Q3hr	The nurse feeds AL every 3 hours.
Frequent Assessments: vital sign Q4hrs	Vital signs are assessed every 4 hours
Labs/Diagnostic Tests: CBC and CMP last taken 07/14/2021	No new orders today
Treatments: Medication	Furosemide, enalapril, lactobacillus, and Vitamin D3 were due at 0900. The nurse gave furosemide and enalapril. The nursing student gave lactobacillus and vitamin D3.
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
No new orders	N/A
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	3.43 – 4.80	-	4.60	Within normal limits
Hgb	9.6 – 12.4	-	13.8	Elevated hemoglobin can be associated with congestive heart failure (Pagana et al., 2020). According to EMR, AL has congestive heart failure due to an uncorrected AV canal defect.
Hct	28.6 – 37.2	-	40.5	Hematocrit reflects Hgb value, and elevated hematocrit can be associated with congestive heart failure (Pagana et al., 2020). According to EMR, AL has congestive heart failure due to an uncorrected AV canal defect.
Platelets	244 – 529	-	353	Within normal limits
WBC	6.50 – 13.30	-	17.01	Infection and stress cause an increase in WBC (Pagana et al., 2020). AL was diagnosed with RSV. He has been doing well right now; however, he has been staying in the hospital for over one month, which may cause stress.
Neutrophils	1.0 – 8.5	-	-	N/A
Lymphocytes	34 – 88	-	-	N/A
Monocytes	0 – 5	-	-	N/A
Eosinophils	0 – 3	-	-	N/A
Basophils	0 – 1	-	-	N/A
Bands	0 – 3.8	-	-	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-	133 – 142	-	-	N/A
K+	3.7 – 5.6	-	-	N/A
Cl-	95 – 105	-	-	N/A
Glucose	70- 110	-	-	N/A
BUN	8 – 28	-	-	N/A
Creatinine	0.12 – 1.06	-	-	N/A
Albumin	3.9 – 5.1	-	-	N/A
Total Protein	5.6 – 7.2	-	-	N/A
Calcium	8.0 – 10.7	-	-	N/A
Bilirubin	0.2 – 1.0	-	-	N/A
Alk Phos	110 – 320	-	-	N/A
AST	20 – 60	-	-	N/A
ALT	6 – 45	-	-	N/A
Amylase	30 – 115	-	-	N/A
Lipase	25 – 120	-	-	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	Today's Value	Reason for Abnormal

		Value		
ESR	**0 - 20**	**-**	**-**	**N/A**
CRP	**< 0.10**	**-**	**-**	**N/A**
Hgb A1c	**4.0 – 6.8%**	**-**	**-**	**N/A**
TSH	**0.32 – 5.00**	**-**	**-**	**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
pH	4 – 9	-	-	N/A
Specific Gravity	1.001 – 1.035	-	-	N/A
Glucose	Negative	-	-	N/A
Protein	Negative	-	-	N/A
Ketones	Negative	-	-	N/A
WBC	0 – 4	-	-	N/A
RBC	0 – 4	-	-	N/A
Leukoesterase	Negative	-	-	N/A

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

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative	-	-	N/A
Blood Culture	Negative	-	-	N/A
Sputum Culture	Negative	-	-	N/A

Stool Culture	Negative	-	-	N/A
Respiratory ID Panel	Negative	-	-	N/A

Lab Correlations Reference (1) (APA):

Carle Foundation Hospital Reference Guide. (2021). *Epic charting system.* https://carle.org/

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): N/A

Diagnostic Test Reference (1) (APA): N/A

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

Brand/Generic	Epaned/ enalapril	Lasix/ furosemide	Nilstat/nystatin
Dose	0.432 mg	5 mg	100,000 units/gram
Frequency	BID	TID	Q6h
Route	PO	PO	Topical
Classification	ACE inhibitor	Loop diuretic	Polyene macrolide/Antifungal
Mechanism of Action	This medication inhibits angiotensin-converting enzyme prevent which decrease vascular	This medication inhibits sodium and water reabsorption in the loop of Henle and increases urine	This medication binds to sterol in fungal cell membrane impairing membrane integrity. The cell eventually die

	tone, blood pressure and development of heart failure.	formation. With reduces intracellular and extracellular fluid volume, this medication reduces blood pressure and decreases cardiac output.	due to the loss of intracellular potassium and other cellular content.
Reason Client Taking	Treat heart failure due to uncorrected AV canal defect.	For heart failure due to uncorrected AV canal defect.	Rash
Concentration Available	This medication is available in 1.25 mg	This medication is available in 10 mg/mL or 40 mg/ 5 mL	This medication is available in tube of 15g or 30 g
Safe Dose Range Calculation	0.58 mg/kg/dose	6 mg/kg/dose	100,00 units/g
Maximum 24-hour Dose	0.846 mg/24 hours	15 mg/24 hours	400,000 units/24 hours
Contraindications (2)	Systolic blood pressure less than 70. Impaired liver function.	Anuria Hypersensitivity to furosemide or its component.	Hypersensitivity to nystatin. Hypersensitivity to paraben
Side Effects/Adverse Reactions (2)	Hypotension Arrhythmias	Hypokalemia Hepatocellular insufficiency	Irritation skin Itching
Nursing Considerations (3)	Measure patient's blood pressure regularly when using enalapril. Monitor patient's heart rate and rhythm. Monitor labs result to check hepatic and renal function.	Obtain patient weight before and periodically when using furosemide. Monitor blood pressure, hepatic, and renal function. Monitor patient for hypokalemia which may happen due to inadequate oral electrolyte intake.	Gently rub nystatin cream into skin at affected area. Keep area dry and avoid occlusive dressing. Discontinue topical administration if rash or sensitivity occurs.
Client Teaching needs (2)	Advise caregiver to give medication at the same time each day. Tell caregiver to notify prescriber if patient experience persistent dry cough.	Instruct caregiver to keep with patient follow up appoint with prescriber to monitor progress. Instruct caregiver to give furosemide to the patient with milk to reduce GI distress.	Educate caregiver how to apply cream into affected skin (gently rub). Educate caregiver the importance of appropriate hygiene measures to prevent spread of infection.

Reference

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 AL is alert and awake. Appropriate orientation for his age No sign of distress AL looks well and well nourished
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:** N/A **IV Assessment (If applicable to child):** **Size of IV:** N/A **Location of IV:** N/A **Date on IV:** N/A **Patency of IV:** N/A **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** N/A **IV Fluid Rate or Saline Lock:** N/A	 Skin color usual for ethnicity Skin is warm, dry, and intact without any sign of skin breakdown. Turgor shows adequate hydration and is normal for his age. No rashes noted. No bruises noted. No wounds noted. Braden score: 23 No drains present. No IV present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic with symmetrical facial features. The neck and trachea are midline with no deviations. Sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharge noted. There is no abnormal drainage or erythema noted from the nose. Patent nostrils. No neonatal teeth present. Mucosa of the mouth

Thyroid:	is pink and moist. No enlarged or displaced thyroid is noted.
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: N/A**	S1 and S2 clear with murmur due to AV canal defect. Rhythm is normal sinus rhythm. Brachial pulses are 2+ bilaterally. Capillary refill is within 2 seconds in all extremities. No evidence of JVD or edema noted in extremities.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Clear breath sounds in all lobes bilaterally. No accessory muscle used and chest retraction is noted. No adventitious breath sounds are noted. Coughing sometimes.
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:**N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	Formula milk Enfamil milk 64 cm Bowel sound active and normal on all four quadrants. 07/16/2021 No pain or mass was noted upon palpation of the No distention noted. No incision noted. No scars noted. No drains noted. No wounds noted. No ostomy present. No nasogastric tube present. No feeding tubes/Peg tube present.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒**	Pale yellow Clear 76 ml (weight of diaper) No genital abnormalities noted

Type: N/A **Size:** N/A	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score:** 0 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	 Pink nailbeds, cap refill <2 seconds, warm extremities ROM is active bilaterally in all extremities. AL does not use an assistive device. He has equal strength in all extremities bilaterally. ADL assistance is needed since he is an infant. AL is not a fall risk. Bed lift, providers and caregiver can held AL.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Orientated for his age. No altered mental status Nonverbal, babbles and coos Response to light and deep stimuli 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):**	 No caregiver was present during clinical rotation. Mother's last visit was five days ago. According to EMR, the mother was homeless and had two more kids not in her custody. The mother and father of AL have a dispute with his custody. Father can visit him in the hospital; however, his not also present during clinical rotation. DCFS is involved with AL care.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0815	166 bpm	99/49	57 bpm	98.6 F	93% room air

		mmHg		(axillary)	
1109	150 bpm	93/50 mmHg	56 bpm	98.7 F (axillary)	97% room air

Vital Sign Trends: During the first set of vital signs, there is an increased pulse and respiration rate. In the second set of vital signs, the pulse becomes within the normal rate, and the respiration rate was still elevated. All other vital signs such as blood pressure, temperature, and oxygen are within normal range and stable.

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

Pulse Rate	90-160 bpm
Blood Pressure	72 – 104 / 37 – 56 mmHg
Respiratory Rate	30-55 bmp
Temperature	97.8 F – 99.5 F
Oxygen Saturation	93 – 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
0815	rFLACC	No pain	0/10	Patient is awake and quiet	No intervention needed
Evaluation of pain status *after* intervention	N/A	N/A	N/A	N/A	N/A
Precipitating factors: N/A **Physiological/behavioral signs:** N/A					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
0900: 85 mL Enfamil formula milk	76 ml (diaper weight) 1 void

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. In 4 months, infants babble and make simple vowel sounds (Ricci et al., 2020).
2. In 4 months, infant bats at an object (Ricci et al., 2020).
3. In 4 months, an infant should be able to lift head and look around (Ricci et al., 2020).

Age Appropriate Diversional Activities

1. Easy-to-hold toys that do things or make noise (Rattles)
2. Bright mobile or toy
3. High-contrast patterns in books or images

Psychosocial Development:

Which of Erikson's stages does this child fit? According to Erikson's psychosocial development stages, AL fits the stage of trust vs. mistrust (Ricci et al., 2020).

What behaviors would you expect? Ricci et al. (2020) state that in Erikson's stage of trust vs. mistrust, caregivers have an essential role in developing this stage in the infant. The development of trust is very crucial in the first year of life. To create a sense of trust in the infant, the caregiver should respond to the infant's basic needs such as feeding, changing diapers, cleaning, touching, holding, and talking. If caregivers are inconsistent in meeting the infant's needs timely, they can develop a sense of mistrust (Ricci et al., 2020).

What did you observe? AL's mother has not been taking care of or even visiting him for the past five days. The nurses and health care technicians are the ones that provide for the needs of AL. In this sense, AL can develop mistrust with his primary caregiver.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? According to Paget's cognitive development stages, AL fits the sensorimotor stage (Ricci et al., 2020).

What behaviors would you expect? In the sensorimotor stage, the infant learns the concept of object permanence. The infant learns that when an object is hidden from their sight, it still exists, and they will try to search for it in the last place it was seen (Ricci et al., 2020).

What did you observe? During my clinical rotation, I did not have any chance to witness AL contributing to Piaget's sensorimotor stage.

Vocalization/Vocabulary: AL babbles and makes simple vowel sounds.

Development expected for child's age and any concerns? At four months, an infant should be able to make simple vowel sounds, laugh aloud and vocalize in response to voices (Ricci et al., 2020). There are no concerns regarding his language development.

Any concerns regarding growth and development? No concern regarding growth and development

Developmental Assessment Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2020). *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. Risk for aspiration related bottle feeding as evidence by patient relearning to eat by mouth again.	The airway is the highest priority. The patient is at risk for aspiration since he is learning to eat again by mouth after being intubated and having an NG tube.	1. Keep infant in a semi-upright position during feeding. 2. Feed infant slowly using slow-flow nipple for the bottle.	**Goal:** To prevent aspiration when feeding the patient. We kept AL in a semi-upright position during the feeding and used a slow-flow nipple for the bottle. AL tolerated the feeding well and no sign of aspiration such as choking or coughing while feeding. The status of the goal is ongoing and must kept until AL is discharged.
2. Ineffective breathing	The patient had RSV and HF due	**1.** Auscultate breath sounds	**Goal:** To maintain oxygen saturation

pattern related to increase working of breathing as evidenced by increase respiration rate.	to an uncorrected AV canal defect. His breathing rate is still altered.	for any diminished sound or crackles. **2.** Monitor respiratory status and oxygen saturation every Q 4 hour.	between 93-100% prior to discharge. During the assessment, the patient's breath sounds were clear. We monitor respiratory status and oxygen saturation every 4 hours. AL's respiration rate is slightly elevated. AL's oxygen saturation is between 93-97 during clinical rotation. The status of the goal is ongoing and must be kept until AL is discharged.
3. Decreased cardiac output related to patient's complete AV canal defect as evidence by murmur heard through auscultation and episode of tachycardia.	The patient had HF due to an uncorrected AV canal defect. With HF, the heart fails to pump enough blood, which decreases cardiac output (Capriotti, 2020)	**1.** Administer prescribed medication such as enalapril and furosemide. **2.** Provide a low stimulus environment to promote rest and prevent stress.	**Goal: T**o maintain all vital signs within normal limits. The nurse administered enalapril and furosemide to the patient to help maintain his blood pressure and heart rate. His blood pressure is within normal limits. We ensure the infant has a low stimulus environment by minimizing any noise and low lighting to prevent any stress that can increase his cardiac workload. The status of the goal is ongoing and must be kept until AL is discharged
4. Ineffective tissue perfusion related to decreased cardiac output evidence by occasional	Due to the patient's decreased cardiac output, his preload and stroke volume decrease, which lead to decreased	**1.** Monitor blood pressure and heart rate every Q4 hour. **2.** Assess pulse, capillary refill, color, temperature, and edema in all	**Goal:** To maintain all vital signs within normal limits and no further symptoms of heart failure. We assess AL's blood pressure and heart rate

abnormal heart rate and constant tachypnea.	perfusion throughout the body (Capriotti, 2020)	extremities (Swearingen & Wright, 2019).	every 4 hours. AL's blood pressure readings were stable and within normal limits during the clinical rotation. His heart rate was slightly elevated for the first set; however, it became within normal limits in the second set. During the assessment, his pulse, capillary refill, color, temperature, and edema in all extremities are normal, indicating no further tissue perfusion changes. The status of the goal is ongoing and must be kept until AL is discharged.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

Mother states patient had “cough & heavy breathing.”
AL is not feeding well, pale, lethargic and no wet diapers.

Nursing Diagnosis/Outcomes

Risk for aspiration related bottle feeding as evidence by patient relearning to eat by mouth again.
Goal: To prevent aspiration when feeding the patient.
Ineffective breathing pattern related to increase working of breathing as evidenced by increase respiration rate.
Goal: To maintain oxygen saturation between 93-100% prior to discharge.
Decreased cardiac output related to patient’s complete AV canal defect as evidence by murmur heard through auscultation and episode of tachycardia.
Goal: To maintain all vital signs within normal limits
Ineffective tissue perfusion related to decreased cardiac output evidence by occasional abnormal heart rate and constant tachypnea.
Goal: To maintain all vital signs within normal limits and no further symptoms of heart failure.

Objective Data

Vital signs:
HR 166
RR56-57
Physical assessment:
Murmur noted during auscultation.
Labs:
Hgb 13.8 ↑
Hct 40.5% ↑
WBX 17.0 ↑
No imaging

Patient Information

AL is a 4-month-old White/Caucasian male. He was admitted due to acute respiratory failure secondary to RSV. During hospitalization, the provider discovered an uncorrected complete AV canal defect that causes him to have HF.

Nursing Interventions

Keep infant in a semi-upright position during feeding.
Feed infant slowly using slow-flow nipple for the bottle.
Auscultate breath sounds for any diminished sound or crackles.
Monitor respiratory status and oxygen saturation every Q 4 hour.
Administer prescribed medication such as enalapril and furosemide.
Provide a low stimulus environment to promote rest and prevent stress.
Monitor blood pressure and heart rate every Q4 hour.
Assess pulse, capillary refill, color, temperature, and edema in all extremities (Swearingen & Wright, 2019).