Medications

Clindamycin hydrochloride/ Cleocin 800 mg in 0.9% NaCl 100 ml IV, take every 6 hrs, antibiotic. The client is taking it to treat facial cellulitis infection. Assess for allergies and obtain specimens for culture before the first dose (Jones & Bartlett, 2020, P. 252-254).

Ofloxacin/Ocuflox 0.3% eye drop. Ofloxacin is an ophthalmologic antibiotic for the right eye. Administer every 6 hours a day. It is a prophylactic treatment to prevent cellulitis in the eye. Assess the hypersensitivity or its product (Jones & Bartlett, 2020, P. 896-899).

Hydroxyzine hydrochloride/ Atarax. 25 mg oral every 8 hrs PRN for itching. It is an antihistamine 1st generation. Assess respiratory problems (Jones & Bartlett, 2020, P.597-598).

Demographic Data

Admitting diagnosis: Cellulitis/ face swelling

Psychosocial Developmental Stage: Industry vs inferiority.

Age of client: 12-year-old

Sex: Female

Weight in kgs: 83.2 Kg

Cognitive Development Stage: Formal operational

Allergies: Amoxicillin and penicillin.

Date of admission: 10/22/2021

Admission History

A white girl was brought to Carle hospital ER on October 22nd for right side face swelling. About one day earlier, the patient waked up with a swelling face. She went to Crawford memory hospital ER than went back the next day with severe swelling. Upon arrived, the client was admitted to pediatric unit for care. The client has rash on right side and swelling. Fluid and eye drops were initiated and waiting on culture.

Pathophysiology

Disease process: Cellulitis is a deep skin infection in the lower legs, arms, face, and other body parts. Most causes of cellulitis are streptococcus and staphylococcus. Bacteria enter through an open skin and release toxins that affect surrounding subcutaneous tissue (Hinkle & Cheever, 2018).
S/S of disease: Clinical manifestation of cellulitis includes warmth, malaise, swelling, blisters, tenderness, pain, fever, sweating, and chills (Frandsen & Pennington, 2018). Erythema looks like an orange peel appearance (Hinkle & Cheever, 2018).
Method of Diagnosis: Diagnostic of cellulitis is done with blood culture, a complete blood count, and creatinine
Treatment of disease: Treatment of cellulitis includes antibiotics, wound care, incision, drainage, moisturizing skin regularly, and surgery in severe cases (Hinkle & Cheever, 2018).

Relevant Lab Values/Diagnostics

No lab drawn
A CT scan was performed, showing facial swelling subcutaneous edema, a paranasal disease affecting the maxillary, frontal sinus, and minimal mastoid effusion. Damage to the right corner of the mouth was noted. This result supports the diagnosis. Cellulitis affects subcutaneous tissues. But the provider is waiting on culture to confirm the diagnosis.

Medical History

Previous Medical History: Born at 33 weeks and 5/7 days. obesity

Prior Hospitalizations: 07/12/2009 NICU stayed because the patient was born at 33 weeks and 5/7 days.

Chronic Medical Issues: N/A

Social needs: N/A

Active Orders

Take vital signs every 4 hours.
Notify the provider if the temperature is 101-degree fernet or higher.
Maintain peripheral IV access per protocol.
No change for the plan of care until culture comes back to confirm the diagnosis.

Assessment										
General	**Integument**	**HEENT**	**Cardiovascular**	**Respiratory**	**Genitourinary**	**Gastrointestinal**	**Musculoskeletal**	**Neurological**	**Most recent VS (highlight if abnormal)**	**Pain and Pain Scale Used**
Client appears alert and oriented to person, place, and time. Well-groomed with acute distress. Client speaks in words or nonverbal language.	**Patient has swelling on the face, neck, and upper extremities. Erythema on the face was noted.**	**Swelling of both eyes, lips, and tongue were noted. Edema of the face and neck makes breathing, talking, and opening both eyes hard. The patient could not see, but at the end of our shift, she was able to open the left eye.**	**Normal S1 and S2 were noted with regular beats. Blood pressure increased due to pain compared to the base line.**	**Normal rhythm, rate, and respiration is not labored bilateral, no crackles noted bilateral.**	**Urine is yellow and concentrated because the client is not drinking regularly.**	**Client is on regular diet. No abdominal tenderness or mass noted.**	**Client can stand up with assistance due to limit vision. Negative Homan sign, normal ROM with equal strength 5/5**	**The client speaks in words with a low tone or uses nonverbal language. She is able to follow commend but is limited to open eyes.**	**Time: 1038** **Temperature: 97.2 F** **Route: Oral** **RR: 14** **HR: 96** **BP: 146/80 and MAP: 104** **Oxygen saturation: 99 %** **Oxygen needs: N/A**	**Numeric scale 0-10. The client stated pain 8/10. Ketorolac was given and pain decreased to 4/10.**

Nursing Diagnosis 1 **Impaired airway clearance related to edema as evidenced by patient snoring.**	**Nursing Diagnosis 2** **Acute pain related to facial swelling as evidenced by the patient stated pain 8/10.**	**Nursing Diagnosis 3** **Impaired skin integrity related to compromised defense mechanism of skin as evidenced by open wound.**
Rationale **This diagnosis is chosen because client has difficult to communicate and snoring while breathing.**	**Rationale** **This diagnosis was chosen because client exhibit signs of inflammation such as warmth, erythema, and swelling.**	**Rationale** **This diagnosis was chosen because client has facial swelling with honey colored crusted lesion.**
Interventions **Intervention 1: Assess airway for patency.** **Intervention 2: Auscultate lungs for presence of normal or adventitious breath sounds, noting wheezing, coarse crackles, or decrease breath sound.**	**Interventions** **Intervention 1: Using heat pads to reduce symptoms and irritability.** **Intervention 2: Administer pain medication as ordered.**	**Interventions** **Intervention 1: Assess skin for lesions, noting the presence of excoriations, erosions, fissures or ticking.** **Intervention 2: Identify sings of itching and scratching then educate the client on methods that helps release itching.**
Evaluation of Interventions **The client will maintain clear, open airways as evidenced by normal breath sounds, rate and depth of respirations.**	**Evaluation of Interventions** **The patient will report satisfaction pain control at a pain score of 3 or less on pain scale of 0 to 10.**	**Evaluation of Interventions** **The patient will attain intact skin integrity with a healthy structure and function.**

Industry vs inferiority. Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure leads to inferiority (Ricci & Carman, S. (2017).

Formal operational: Kids from 10- to 13-year-old have a limited abstract thought process. Egocentrically thinking. Eager to apply limited abstract process to differentiate situations and to peer groups (Ricci & Carman, S. (2017).

References

Frandsen, G., & Pennington, S. S. (2018). ***Abrams's clinical drug therapy: Rational for nursing practice*** **(12th ed.). Wolters Kluwer.**

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

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

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