

<p style="text-align: center;">Medications</p> <ol style="list-style-type: none"> 1. Famotidine (Pepcid) injection 20 mg. Dose: 20 mg IV push daily IV push over 2 minutes must dilute to 3-10 mL of 0.9% NS. Drug class: histamine H2-receptor inhibitors/Antiulcer agent. Use to reduce acid secretion (Skidmore-Roth, 2018). 2. Zofran (ondansetron) injection 4 mg. Dose: 4 mg IV push every 6 hrs. PRN for nausea and vomiting. Drug class: antiemetic/5-HT receptor antagonist. It helps with vomiting Skidmore-Roth, 2018). 3. Ketorolac (Toradol) injection 15 mg. Dose: 15 mg IV push q6 hr. PRN for moderate pain 	<p style="text-align: center;">Demographic Data</p> <p>Admitting diagnosis:10/23/2021</p> <p>CC: Right lower abdominal pain</p> <p>Age of client: 2/18/2008 (13 yo)</p> <p>Sex: F</p> <p>Weight in kgs: 38.9 Kg</p> <p>Allergies: no know allergies</p> <p>Psychosocial Developmental Stage:</p> <p>Identity vs Role confusion or diffusion.</p> <p>Cognitive Development Stage:</p> <p>Formal operations</p>	<p style="text-align: center;">Pathophysiology</p> <p>Abdominal pain is the discomfort felt inside the abdomen induced by stimulation of the visceral nociceptor due to infection, inflammation, ischemia, or acidosis. Sometimes it comes and goes, or it is continuous, ranging from mild to severe pain (Mayo clinic, 2021)</p> <p>S/S of disease: severe abdominal pain, persistent nausea and vomiting, fever, weight loss, abdominal tenderness when touching, and watery diarrhea.</p> <p>Method of Diagnosis: they used the patient history, physical examination, laboratory tests (gastrointestinal pathogens panel), and imaging studies such as abdominal ultrasound.</p> <p>Treatment of disease: drink plenty of fluids, eat soft, easy foods to digest, and use a pain medication. The patient can use an antacid to relieve an upset stomach.</p>
	<p style="text-align: center;">Admission History</p>	

A 13 yo transferred with her mother from Gibson hospital to Carle for a Right lower quadrant abdominal pain with febrile (T= 102 F). She had nausea, vomiting, diarrhea for two days, and she did not manage those symptoms at home. She started her menstruation period two days ago.

Relevant Lab Values/Diagnostics 1. Hg= 13.9 2. Hct= 40 3. Platelet= 327 4. WBC= 22 (elevated) Normal range: 10.3-14.9 Increased WBC due to loss fluid volume. 5. Neutrophil= 89 (elevated) Normal range: 32-54 Increase Neutrophil due to fever of 102 F 6. Lymphocytes= 38 7. GPP= negative Imaging: N/A		
well nourished, well groomed, and no acute distress. Slightly fatigued. She speaks English well.	The patient has black hair. Capillary refill < 3 sec	Carotid pulse is regular. PEERLA present. No drainage from eye bilaterally. Auricle pink without lesion. Septum is Medline. Oral mucosa is pink and moist. No

Medical History			
Previous Medical History: N/A Prior Hospitalizations: N/A Chronic Medical Issues: Dermatitis since 02/25/2019 Social needs: Currently, the patient lives in a three-bedroom apartment with her parents, and she attends school daily.			

Neurological	Most recent VS (highlight)	Pain and Pain Scale
Active Orders		
<ul style="list-style-type: none"> - Gastrointestinal pathogens panel (GPP): to diagnose GI tract infection. - Stool culture: to determine bacteria causing diarrhea. 		
light. She speaks English well. No confusion. The patient shows no sign of neurological deficit. Currently, she is showing fatigue due to lost of fluids by diarrhea and vomiting	HR: 76 BP: 114/69 MAP: 80 Oxygen saturation: 99% at RA Oxygen needs: no	

murmur stening. No acute distress. The radial and pedal pulses are regular and strong bilaterally. No edema noted on upper or lower extremity.	muscles. Symmetrical fall of the chest wall. The patient denied SOB, the anterior and posterior lung sounds are clear, with regular rhythm and pattern equal bilateral in auscultation for a full	looks pinkish due to the female menstruation. The patient does not complain of any pain during urination. The patient has her last BM at 1:05 pm. A watery, green-brown loose stool.	quadrants during the auscultation of the abdomen. There is no tenderness, no masses or painful noted in palpation. The patient was NPO for 48 days. Now she is eating a regular food.
--	---	--	---

		lesion noted in the mouth.		minute no wheezing and no crackles.	the output of 200 mL of BM at 1:05 pm.					
--	--	----------------------------	--	-------------------------------------	--	--	--	--	--	--

Nursing Diagnosis 1 Deficiency fluid volume related to vomiting and diarrhea for two days as evidence watery, green-brown loose stool X 4 in 8 hours.	Nursing Diagnosis 2 Hyperthermia related to increase metabolic rate as evidence elevated temperature of 102 F and WBC of 22.	Nursing Diagnosis 3 Imbalanced nutrition related to insufficient dietary intake as evidence NPO for two days.
Rationale Giving antiemetics will help the patient to stop vomiting. Pushing IV fluids will keep the patient hydrated, prevent dehydration, and keep VS and electrolytes within normal (Phelps, 2027).	Rationale Administer antipyretics acts on the hypothalamus to regulate temperature. Evaluating temperature helps to monitor for complications (Phelps, 2027).	Rationale Continue to push fluid will balance electrolytes because insufficient dietary intake, vomiting, and diarrhea can cause electrolytes imbalance. Moreover, eating food can reduce fatigue by providing energy to the patient (Phelps, 2027). The patient was NPO for two days.
Interventions Intervention 1: Administer Zofran injection 20 mg IV push to stop vomiting and 0.9% NaCl with KCl 20 mg IV continuous for hydration fluids Intervention 2: Measure I/O every 1 to 2 hours to control the fluid volume loss. Collect stool samples and maintain the output of 30 mL/hr.	Interventions Intervention 1: Give the patient Tylenol and Ketorolac injection 15 mg IV push. Intervention 2: Monitor Temperature every 30-60 minutes and encourage the patient to drink as much as possible.	Interventions Intervention 1: Use a continuous infusion pump to help prevent fatigue and electrolytes imbalanced. Intervention 2: Provide the patient with a balanced diet to ensure that she receives an adequate amount of nutrients needed.
Evaluation of Interventions Patient all VS remain within the normal value, skin turgor normal, capillary refill <3, and she stops vomiting after taking Zofran.	Evaluation of Interventions The patient's temperature is down from 102 F to 98.5F, and she does not have any distress or discomfort.	Evaluation of Interventions At 3 pm., the patient ate 100% of her meal composed of fruits, chicken breast, potatoes, and cranberry juice.

References (3) APA:

Phelps, L. L. (2027). *Sparks & Taylor's nursing diagnosis reference manual*. Wolters Kluwer.

Mayo Foundation for Medical Education and Research. (2021). *Abdominal pain*. Mayo Clinic. Retrieved October 27, 2021, from <https://www.mayoclinic.org/symptoms/abdominal-pain/basics/definition/sym-20050728>.

Skidmore-Roth, L. (2018). *Mosby's drug guide for nursing students*. St. Louis, MO: Elsevier.