N433 Care Plan # 1

Lakeview College of Nursing

Conor Deering

Demographics (3 points)

Date of Admission 11/05/21	Patient Initials L.W.	Age (in years & months) 6 y/o	Gender Male
Code Status Full Code	Weight (in kg) 17.5	BMI 15.29 kg/m2	Allergies/Sensitivities (include reactions) Vancomycin – Redman syndrome (tolerates with diphenhydramine) Sorbiview (adhesive from dressing) – Medium severity rash

Medical History (5 Points)

Past Medical History:

Illnesses: Gastroschisis (congenital), Ileal atresia, Microcolon, Short gut syndrome.

Hospitalizations: Many admissions for febrile illness (4 in 2021), chronic anemia,

short bowel syndrome.

Past Surgical History: Exploratory laparotomy, small bowel resection,

ileostomy/jejunostomy.

Immunizations: Up to date per CDC guidelines except for current flu shot (2021).

Birth History: 34 weeks gestation

Complications (if any): Gastroschisis

Assistive Devices: N/A

Living Situation: The patient lives at home with his mother and her boyfriend. The patient

lives with his grandmother on the weekends.

Admission Assessment

Chief Complaint (2 points): Presentation with fever and headache

Other Co-Existing Conditions (if any): Short gut syndrome, central line for TPN and

Lipids

Pertinent Events during this admission/hospitalization (1 points): ER admit; consultation

with Lurie Children Hospital in Chicago and Cincinnati Children's Hospital.

History of present Illness (10 points): The patient had fever and headache since 11/01/21 in

the morning. The headache ceased yesterday morning (11/04/21). Accompanying the

headache and fever were chills, abdominal pain, cough, and weight loss. The mother gave

the patient Tylenol, which successfully relived his headache. Further information could not

be gathered due to the mother not being present. The grandmother reports she "was not

present" before admission. The patient was disinterested and wanted to play.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis

Secondary Diagnosis (if applicable):.

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

Sepsis is a deadly disease caused by an infection of the bloodstream; this infection can cause damage to organs and tissues throughout the body (Bullock, 2021). Sepsis is the most common cause of death in intensive care units today (non-coronary). More specifically, the infection itself causes massive vasodilation, increases the body's energy needs, and cardiac depression; this impairs oxygen transportation to tissues, starving them and preventing the transportation of wastes. Inflammation is caused by nitrous oxide produced throughout cells in the vasculature. Sepsis causes the activation of clotting processes, which further detriment to perfusion; even worse, it can cause red blood cells to lose their elasticity, making it difficult for capillaries to be serviced. All factors listed combine to block oxygen transport, creating the possibility for a systemic crisis. Sepsis can have a combination of two or more symptoms; A temperature out of a range of 36-38 Celsius, a heart rate of more than 90, a respiratory rate of more than 20, a $PaCO_2$ less than 32, or a white blood cell count greater than 12,000. Laboratory results assisting in the diagnosis of sepsis can include CBC, CMP, lactic acid, INR, chest x-ray, urinalysis, and blood cultures before giving antibiotics. My patient had a CBC, CMP, chest x-ray, urinalysis, and blood cultures that assisted in diagnosis; his AST and ALT were high while his lymphocytes, RBCs, Hgb, and Hct were low and can be caused by sepsis. My patient had early intervention; he was treated with broad-spectrum antibiotics and isotonic fluids as is typical. Isotonic fluids are initially used to treat hypotension; this is a complication of sepsis. Hypotension can be prevented by early intervention and can be identified by dizziness, fatigue, high heart rate, and low blood pressure. In higher-severity patients, vasopressors and more isotonic fluids are prescribed if the body fails to respond to the initial isotonic fluids. Another complication is sepsis-associated liver failure, characterized

by hyperactivity of inflammatory responses (Woźnica et al., 2018). Liver failure has no

standard way to gauge its progression, but AST, ALT, and bilirubin markers can raise

suspicion. Currently, liver failure in sepsis has no known treatment but can be managed by

treating the sepsis causing the complication. If the sepsis is severe enough, the patient may

need to be intubated. In some patients, enoxaparin could be utilized to prevent deep vein

thrombosis from bed rest and venous stasis (Bullock, 2021).

Pathophysiology References (2) (APA):

Bullock, B. (2021, June 26). *Bacterial sepsis*. StatPearls. Retrieved November 11, 2021, from

        https://www.statpearls.com/ArticleLibrary/viewarticle/28901

Woźnica, E., Inglot, M., Woźnica, R., & ŁYsenko, L. (2018). Liver dysfunction in sepsis.

        Advances in Clinical and Experimental Medicine, 27(4), 547–551.

        https://doi.org/10.17219/acem/68363

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	**As tolerated**
Diet/Nutrition:	**G-tube feedings (Kate farms peptide 1.5), regular diet until discontinued, TPN feed continuous with formula 10ml/hr x 10 hrs 2200 – 0600.**
Frequent Assessments:	**BP q 8hrs when awake, vital signs q 4 hrs, strict I/O**

Labs/Diagnostic Tests:	N/A
Treatments:	Vancomycin q 6hrs, metronidazole q 6hrs, cefepime q 8hrs
Other:	Peripheral IV, Notify physician of: temp 101 degrees F or higher, pulse, respiratory, BP outside parameters.

New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Vancomycin trough	Not yet completed
Blood culture	Not yet completed

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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	3.96 – 5.03	3.02		Sepsis is associated with anemia from inflammation causing lower RBC counts (Jiang et al., 2019).
Hgb	10.7 – 13.4	7.6		Sepsis is associated with anemia

				from inflammation causing lower Hgb (Jiang et al., 2019).
Hct	32.2 – 39.8	<mark>23.8</mark>		Sepsis is associated with anemia from inflammation causing lower Hct (Jiang et al., 2019).
Platelets	206 – 369	253	N/A	N/A
WBC	4.31 – 11	8.21	N/A	N/A
Neutrophils	1.63 – 7.55	6.58	N/A	N/A
Lymphocytes	0.97 – 3.96	<mark>0.87</mark>		Low lymphocyte counts can manifest due to infections such as sepsis (Lab Tests Online, 2021).
Monocytes	0.19 - 0.85	0.69	N/A	N/A
Eosinophils	0.03 – 0.52	<mark>0.02</mark>		Low numbers of eosinophils are normal (Lab Tests Online, 2021).
Basophils	0.01 – 0.06	0.02	N/A	N/A
Bands	N/A	N/A	N/A	N/A

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	<mark>134</mark>		Hyponatremia can be caused by short gut syndrome (Bullock, 2021).
K+	3.5 – 5.1	<mark>3.4</mark>		Hypokalemia can be caused by malnutrition associated with short gut syndrome (Lab Tests Online, 2021).
Cl-	98 – 107	99	N/A	N/A
Glucose	74 – 100	99	N/A	N/A
BUN	7 – 17	11	N/A	N/A
Creatinine	0.55 – 1.30	<mark>0.44</mark>		Low creatinine indicates malnutrition (Lab Tests Online,

				2021).
Albumin	3.8 – 5.4	<mark>2.4</mark>		**Low albumin indicates malnutrition (Lab Tests Online, 2021).**
Total Protein	6.0 – 8	6.1	N/A	N/A
Calcium	8.8 – 10.8	<mark>8.7</mark>		**Low calcium can be caused by malnutrition (Lab Tests Online, 2021).**
Bilirubin	0.2 – 1.2	0.4	N/A	N/A
Alk Phos	9 – 500	190	N/A	N/A
AST	5 - 34	<mark>66</mark>		**Sepsis can cause damage to hepatocytes resulting in higher AST (Woźnica et al., 2018).**
ALT	0 - 55	<mark>89</mark>		**Sepsis can cause damage to hepatocytes resulting in higher ALT (Woźnica et al., 2018).**
Amylase	N/A	N/A	N/A	N/A
Lipase	N/A	N/A	N/A	N/A

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	N/A	N/A	N/A	N/A
CRP	N/A	N/A	N/A	N/A
Hgb A1c	N/A	N/A	N/A	N/A
TSH	N/A	N/A	N/A	N/A

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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		
Color & Clarity	**Yellow or colorless/ clear**	**Yellow/ clear**	**N/A**	**N/A**
pH	**5.0 – 7**	**8**		**Urine values can normally range from 4.5 – 8 (Lab Tests Online, 2021).**
Specific Gravity	**1.003 – 1.035**	**1.003**	**N/A**	**N/A**
Glucose	**NEG – POS**	**NEG**	**N/A**	**N/A**
Protein	**NEG – POS**	**NEG**	**N/A**	**N/A**
Ketones	**NEG – POS**	**NEG**	**N/A**	**N/A**
WBC	**NEG – POS**	**NEG**	**N/A**	**N/A**
RBC	**NEG – POS**	**NEG**	**N/A**	**N/A**
Leukoesterase	**NEG – POS**	**NEG**	**N/A**	**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 – POS**	**N/A**	**N/A**	**N/A**
Blood Culture	**NEG – POS**	**POS for G+ cocci**	**N/A**	**G+ cocci in peripheral blood culture indicates sepsis (Lab Tests Online, 2021).**
Sputum Culture	**NEG – POS**	**N/A**	**N/A**	**N/A**
Stool Culture	**NEG – POS**	**N/A**	**N/A**	**N/A**
Respiratory ID Panel	**NEG – POS**	**NEG**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Bullock, B. (2021, June 26). *Bacterial sepsis*. StatPearls. Retrieved November 11, 2021, from

https://www.statpearls.com/ArticleLibrary/viewarticle/28901

Jiang, Y., Jiang, F. Q., Kong, F., An, M. M., Jin, B. B., Cao, D., & Gong, P. (2019).

Inflammatory anemia-associated parameters are related to 28-day mortality in patients

with sepsis admitted to the ICU: A preliminary observational study. *Annals of Intensive*

Care, 9(67). https://doi.org/10.1186/s13613-019-0542-7

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. Retrieved

October 3, 2021, from https://labtestsonline.org/

Normal values per EPIC charting. (2021).

Woźnica, E., Inglot, M., Woźnica, R., & ŁYsenko, L. (2018). Liver dysfunction in sepsis.

Advances in Clinical and Experimental Medicine, 27(4), 547–551.

https://doi.org/10.17219/acem/68363

Diagnostic Imaging

All Other Diagnostic Tests (5 points): An x-ray was performed to rule out pneumonia (Capriotti, 2020).

Diagnostic Test Correlation (5 points): The patient's mother reported cough, fever, and chills in the patient; this could indicate pneumonia (Capriotti, 2020). The most important diagnostic for diagnosing pneumonia is a chest x-ray.

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical*

perspectives (2nd ed.). F.A. Davis Company.

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

Brand/Generic	Vancocin/	Maxipeme/	Flagyl/	Periactin/	Benadryl/

	vancomycin	cefepime	metronidazole	cyproheptadine	diphenhydramine
Dose	**300mg**	**875mg**	**100mg**	**2mg**	**6.25mg**
Frequency	**Q 6 hrs**	**Q 8 hrs**	**Q 6 hrs**	**BID**	**Q 6 hrs**
Route	**IV**	**IV**	**IV**	**Oral**	**IV**
Classification	**Glycopeptide/ antibiotic**	**Fourth-generation cephalosporin/ Antibiotic**	**Nitroimidazole/ Antiprotozoal**	**First-generation antihistamine/ anticholinergic**	**Antihistamine/ Antianaphylactic adjunct**
Mechanism of Action	**Keeps bacterial RNA cell walls from synthesizing and causes cell wall lysis.**	**Disrupts peptidoglycan strands causing a breakdown in bacterial cell wall synthesis.**	**This medication breaks the DNA helix and inhibits bacterial nucleic acid; this causes cell death.**	**Antagonizes histamine action and blocks serotonin, this decreases symptoms like rhinorrhea and pruritus.**	**Antagonizes histamine H1 receptor sites without binding or inactivating histamine.**
Reason Client Taking	**This patient is taking vancomycin due to sepsis.**	**The patient is taking cefepime due to sepsis.**	**This patient is taking metronidazole due to sepsis.**	**The patient takes this to treat allergies.**	**The patient is taking diphenhydramine to combat allergic reaction to vancomycin.**
Concentration Available	**300mg/100ml**	**875mg/50ml**	**5mg/ml**	**4mg/tab**	**50mg/ml**
Safe Dose Range Calculation	**45 – 60 mg/kg per day**	**50 mg/kg/dose (no range given)**	**22.5 – 40 mg/kg/ day**	**2 – 4mg**	**1.25 mg/kg (no range given for IV)**
Maximum 24-hour Dose	**1050mg per day**	**Not to exceed 6g**	**4g daily**	**16mg daily**	**300mg/day**
Contraindications (2)	**Hypersensitivity to corn or related products, hypersensitivity to vancomycin**	**Hypersensitivity to penicillin, hypersensitivity to cefepime**	**Hypersensitive to metronidazole, Alcohol use including products containing propylene glycol.**	**Hypersensitivity, acute asthma**	**Hypersensitivity to diphenhydramine, hypersensitivity to similar antihistamines.**
Side Effects/Adverse Reactions (2)	**Hypokalemia, Hypotension**	**Hepatic failure, Nephrotoxicity**	**Hepatotoxicity, Fever**	**Drowsiness, hypotension**	**Hemolytic anemia, epigastric distress**
Nursing Considerations (2)	**Monitor serum vancomycin concentration in patients with renal impairment.**	**Use this cautiously in a patient with history of renal or GI disease. Obtain culture and sensitivity test if**	**Don't give I.V. administration by direct I.V. injection. Discontinue primary I.V.**	**This may cause a false negative on allergy skin tests so discontinue use 72 hours before the test. Assess**	**Expect to give IV diphenhydramine when oral ingestion isn't possible.**

	Check CBC, BUN, and serum creatinine levels during therapy; especially if the patient has renal impairment.	possible before giving.	infusion when giving metronidazole.	lung sounds and respiratory function prior to and throughout therapy; may thicken secretions.	Discontinue 72 hours before a skin test for allergies
Client Teaching needs (2)	**Instruct patient and caregiver to notify the provider if the patient has severe diarrhea. Instruct caregiver to keep follow-up appointments after treatment (Jones & Bartlett Learning, 2021).**	**Assess bowl patter daily; diarrhea may indicate pseudomembranous colitis. Assess for superinfection; symptoms are cough, fever, malaise, sputum changes, rash, and swelling (Jones & Bartlett Learning, 2021).**	**Give the patient ice chips or candy if they have dry mouth. Urge patient and caregiver to follow-up with prescriber to ensure the infection is gone (Jones & Bartlett Learning, 2021).**	**This medication may cause drowsiness; avoid activities until action is known on the patient. Advise patient to use sunscreen and protective clothing to prevent a photosensitive reaction (Jones & Bartlett Learning, 2021).**	**Avoid patients to use caution until CNS effects of the medication are known. Instruct the patient to use sunscreen to prevent photosensitive reations (Jones & Bartlett Learning, 2021).**

Medication Reference (APA):

Jones & Bartlett Learning. (2021). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett

      Learning.

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Assessment

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Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Pt is AAOx3 in no acute distress. Patient appears well taken care of.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** .	**The pt has white/peach skin. Skin is warm to touch with intact turgor. No rashes, bruises, wounds, or drains present.** **Braden: 22**

Braden Score:
 Drains present: Y☐   N ☒
    Type:
 	
 IV Assessment (If applicable to child):
    Size of IV: Central line only
    Location of IV:
    Date on IV:
    Patency of IV:
    Signs of erythema, drainage, etc.:
    IV dressing assessment:
    IV Fluid Rate or Saline Lock:	

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Pt head, ears, eyes, and nose are intact without drainage, wounds, or rashes. HEENT has symmetry within normal limits. Dentition is intact. Pt thyroid in non-palpable.**
CARDIOVASCULAR: **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:**	**Normal S1, S2 without murmurs or gallops. Cardiac rhythm is within normal limits. Peripheral pulses present bilaterally. Capillary refill less than 3 seconds.**
RESPIRATORY: **Accessory muscle use:** Y☐ N ☒ **Breath Sounds: Location, character**	**Normal versicular respirations are heard throughout all 5 lobes.**

GASTROINTESTINAL:
 Diet at home:
 Current diet:
 Height (in cm):
 Auscultation Bowel sounds:
 Last BM:
 Palpation: Pain, Mass etc.:
 Inspection:
    Distention:
    Incisions:
    Scars:
    Drains:
    Wounds:
	Patient has no dietary limits at home. Currently patient is a picky eater but is getting G-tube feeds during the day and TPN at night. The patient is 107cm in height. Bowel sounds normoactive in all quadrants. Last BM was this morning at 8am. All four quadrants palpated without pain.
	
	 RUQ and LUQ one scar across abdomen.

Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☒   N ☐
      Type: G-tube present in LUQ	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☒
     Type:
     Size:
	Yellow
	Clear
	Less than 10ml

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**The patient has fully ROM without need for supportive devices. The patient is strong.** **Cummings: 5** **Low risk**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient is well-oriented with speech well-developed and is responsive.** **None**
PSYCHOSOCIAL/CULTURAL: **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**	**The patient has a coping mechanism of playing video games. DCFS is currently investigating the caregiver per grandmother.** **The patient lives with the mother and boyfriend who is not the father. The patient**

available family support):	lives with his grandmother on the weekends.

Vital Signs, <mark style="background-color:#00ff00">2 sets</mark> (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0817	88	105/57	16	97.2	100%
1127	<mark style="background-color:yellow">125</mark>	<mark style="background-color:yellow">98/56</mark>	20	97.6	100%

Vital Sign Trends: The patient has a high pulse rate due to just finishing play. The blood pressure could be slightly low due to him dealing with sepsis.

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

Pulse Rate	60 – 100 (Ricci et al., 2017).
Blood Pressure	97 – 110 diastolic; 57 – 71 systolic (University of Iowa Stead Family Children's Hospital, 2018).
Respiratory Rate	14 – 22 (Ricci et al., 2017).
Temperature	98.6 F (University of Iowa Stead Family Children's Hospital, 2018).
Oxygen Saturation	97 – 100% (University of Iowa Stead Family Children's Hospital, 2018).

Normal Vital Sign Range Reference (APA):

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

Kluwer.

University of Iowa Stead Family Children's Hospital. (2018, December 6). *Vital signs: Normal*

blood pressure (mmHg) (PICU chart). Retrieved November 12, 2021, from

https://uichildrens.org/health-library/vital-signs-normal-blood-pressure-mmhg-picu-chart

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0871	**FACES**	**No pain**	**No pain**	**No pain**	**The patient went to play Nintendo.**
Evaluation of pain status *after* intervention	**FACES**	**No pain**	**No pain**	**No pain**	**The patient went to eat food.**
Precipitating factors: N/A **Physiological/behavioral signs: N/A**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
535mls	**200mls**

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. **Able to ride a two-wheel bike**

2. **Print some letters**

3. **Dress/undress without assistance**

Age Appropriate Diversional Activities

1. <mark>Nintendo Switch</mark>

2. **Coloring**

3. <mark>Watching television</mark>

Psychosocial Development:

Which of Erikson's stages does this child fit? - Industry vs. Inferiority (Ricci et al., 2017).

What behaviors would you expect? – The child has an impulse to explore and learn about the world (Ricci et al., 2017).

What did you observe? – The child enjoyed playing and moving around consistently. He wanted to explore and ride the toy car around the unit.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? - Preoperational stage (Ricci et al., 2017).

What behaviors would you expect? – The child views the world as many objects that are unique (Ricci et al., 2017). He should be using trial and error, have complex play, and have a sense of ownership.

What did you observe? – I observed my patient using trial and error to get around in the toy car, play video games, and play a high-five game where he had to jump high enough to reach my hand.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? The development is appropriate for the child's age; he has a wide vocabulary and is understandable (Ricci et al., 2017). There are no concerns currently.

Any concerns regarding growth and development? The child has lost 2lbs in the past week.

There is concern he may not be getting all the G-tube feedings he needs at home.

Developmental Assessment Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (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 infection related to compromised host defenses as evidenced by positive G+ cocci in blood culture.**	**The patient being ill can present an opportunity for further infection if proper precautions are not followed.**	**1. Use proper handwashing technique before providing care.** **2. Investigate signs on infection on invasive device sites daily.**	**The patient has no further infections and recovers upon discharge.**
2. **Imbalanced nutrition: less than body requirements related to family processes as evidenced by low albumin level.**	**The grandmother said that he was not getting his G-tube feedings at home. The child has lost 2lbs in 1 week.**	**1. Monitor strict intake and output** **2.Obtain a dietary consult**	**The patient will gain 2lbs in 4 weeks.**
3. **Risk for impaired skin**	**The patient has nutritional**	**1. Assess the overall condition**	**The patient's skin will stay intact throughout**

| integrity relate to imbalanced nutritional state as evidenced by low albumin level. | impairment, therefore is at risk for skin impairment and decreased ability to heal. | of the skin.

2. Evaluate the patient's awareness of sensation and pressure. | his visit. |
|---|---|---|---|
| 4. Deficient knowledge related to nutrition as evidenced by the patient only eating chips with cheese sauce during the shift. | The patient tends to choose food with empty calories that do not provide the best nutrition. | 1. Assess for food choices the child is willing to try.

2. Educate the caregiver on more substantive and healthy choices for recovery. | Start with eating one serving of fruit and vegetables daily. |

Other References (APA):

Phelps, L. L. (2020). *Sparks & taylor's nursing diagnosis pocket guide* (4th ed.). Wolters

Kluwer.

Concept Map (20 Points):

Subjective Data

The patient had fever and headache since 11/01/21 in the morning. The headache ceased yesterday morning (11/04/21). Accompanying the headache and fever were chills, abdominal pain, cough, and weight loss. The mother gave the patient Tylenol, which successfully relived his headache. Further information could not be gathered due to the mother not being present. The grandmother reports she "was not present" before admission.

Risk for infection related to compromised host defenses as evidenced by positive G+ cocci in blood culture.
The patient has no further infections and recovers upon discharge.
Imbalanced nutrition: less than body requirements related to family processes as evidenced by low albumin level.
The patient will gain 2lbs in 4 weeks.
Risk for impaired skin integrity relate to imbalanced nutritional state as evidenced by low albumin level.
C. The patient's skin will stay intact throughout his visit.
Deficient knowledge related to nutrition as evidenced by the patient only eating chips with cheese sauce during the shift.
D. Start with eating one serving of fruit and vegetables daily.

Nursing Diagnosis/Outcomes

Objective Data

Pertinent labs: Low RBC, Hgb, Hct, AST, ALT, and lymphocytes. Positive G+ cocci blood culture.

Pertinent vital signs: BP 98/56 @ 1127

Patient Information

6 y/o admitted through the ER for fever and headache with a diagnosis for sepsis. The patient has short gut syndrome and lives with his mother and her boyfriend.

Nursing Interventions

Use proper handwashing technique before providing care.
Investigate signs on infection on invasive device sites daily.
Monitor strict intake and output
Obtain a dietary consult
Assess the overall condition of the skin.
Evaluate the patient's awareness of sensation and pressure.
Assess for food choices the child is willing to try.
Educate the caregiver on more substantive and healthy choices for recovery.