

N433 Care Plan #1

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 11/26/21	<b>Patient Initials</b> G. M.	<b>Age (in years &amp; months)</b> 10 years old 120 months old	<b>Gender</b> Male
<b>Code Status</b> Full	<b>Weight (in kg)</b> 24 kg	<b>BMI</b> 11.7	<b>Allergies/Sensitivities (include reactions)</b> NKA

**Medical History (5 Points)****Past Medical History:**

**Illnesses:** No previous illness history.

**Hospitalizations:** No previous hospitalizations.

**Past Surgical History:** No past surgical history.

**Immunizations:** No immunization history reported.

**Birth History:** No birth history reported.

**Complications (if any):** N/A

**Assistive Devices:** No use of assistive devices reported.

**Living Situation:** Patient lives at home with his mother and two siblings who are eight and four years old. The family has a restraining order against the father.

**Admission Assessment**

**Chief Complaint (2 points):** Patient was experiencing severe right lower leg pain while playing soccer.

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

**Pertinent Events during this admission/hospitalization (1 points):** The patient went into hypovolemic shock during this hospitalization.

**History of present Illness (10 points):** The patient is a 10-year-old male who was playing soccer and begun to experience right lower leg pain. He was brought to the emergency department by his coach on 11/26/21. He had no other characteristics of the pain. The pain was worse while playing soccer. He did not state any factors that made the pain better. He did not take any medication for the pain. His mom presented to the emergency department shortly after. An x-ray was ordered, and he was admitted to the pediatric unit.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Osteosarcoma

**Secondary Diagnosis (if applicable):** Tibial fracture

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

Osteosarcoma is a cancer of the bone that accounts for 60% of bone cancers in children. It begins in the embryonic mesenchymal tissue and osteoblast cells that forms the bones. The osteoblast cells malfunction and rapidly produce and divide at an uncontrollable rate. The most common sites are in the long bones, particularly the proximal humerus, proximal tibia, and distal femur (Capriotti, 2020). This patient has osteosarcoma in his right femur. Complications of this disease includes potential metastasize to the lungs and metastasize to other bones. Signs and symptoms include erythema, swelling, warmth, and tenderness of other bones. The nurse should inspect the limbs for these signs and symptoms. A thorough physical examination needs to be performed to detect other anomalies. The cancer did not metastasize in this patient. Early signs and symptoms of this disease includes pain, limp, or limitation of motion within the extremity. Dull bone pain may be present for several months and lead to limp or gait changes. This patient presented with pain and gait changes for several months. An x-ray, CT scan, and MRI may be

performed to help diagnose osteosarcoma. A bone scan may also be performed to determine the extent of the malignancy. This patient had an x-ray done. Treatment options include chemotherapy and surgical removal of the tumor. Radiation is not helpful for this type of cancer. Radical amputation may be performed as treatment as well (Hinkle & Cheever, 2018). This patient had a right leg amputation. The nurse needs to present preoperative teaching at the adolescent's developmental level and ensure that they are included in the planning of treatment. Emotional support must also be provided to these patients.

### Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2018). *Textbook of medical-surgical nursing* (14<sup>th</sup> ed.). Wolters Kluwer.

### Active Orders (2 points)

Order(s)	Comments/Results/Completion
<b>Activity:</b> Up with 2 assist out of bed three times a day.	The patient will/did get up with 2 assist three times today.
<b>Diet/Nutrition:</b> Regular diet along with TPN.	The patient has poor appetite and has started TPN at 25 mL/hr.
<b>Frequent Assessments:</b> Blood glucose every 8 hours, continuous pulse oximetry.	Blood glucose will be performed via finger stick, and notify the healthcare provider if the SpO2 falls less than 94%.
<b>Labs/Diagnostic Tests:</b> CBC, BUN,	Obtain the lab work at 0600.

Creatinine, and Electrolytes.	
<b>Treatments:</b> Morphine, Acetaminophen, Physical therapy.	Morphine given via IV every 4 hours PRN for pain, Acetaminophen given PO every 6 hours PRN for pain, and physical therapy 3 times a day for range of motion, strengthening, and crutch gait training.
<b>Other:</b> Consult dietary, Consult with child life specialist.	Dietary will evaluate the nutrition status of the patient, Child life specialist will provide age appropriate activities.
<b>New Order(s) for Clinical Day</b>	
<b>Order(s)</b>	<b>Comments/Results/Completion</b>
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
<b>RBC</b>	4.28 – 5.6 x10 <sup>6</sup> /mcL	5.6 x10 <sup>6</sup> /mcL	N/A	
<b>Hgb</b>	12.0 – 15.0 g/dL	13.3 g/dL	N/A	
<b>Hct</b>	36 – 40%	39%	N/A	
<b>Platelets</b>	250 – 450 k/mcL	N/A	N/A	
<b>WBC</b>	4.0 – 11.7 x10 <sup>2</sup> k/mcL	N/A	N/A	

<b>Neutrophils</b>	45.3 – 79.0%	N/A	N/A	
<b>Lymphocytes</b>	11.8 – 45.9%	N/A	N/A	
<b>Monocytes</b>	4.4 – 12.0%	N/A	N/A	
<b>Eosinophils</b>	0.0 – 6.3%	N/A	N/A	
<b>Basophils</b>	0.0 – 5.0%	N/A	N/A	
<b>Bands</b>	0.0 – 10.0%	N/A	N/A	

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	136 – 145 mmol/L	139 mmol/L	N/A	
<b>K+</b>	3.5 – 5.1 mmol/L	3.9 mmol/L	N/A	
<b>Cl-</b>	95 – 107 mmol/L	95 mmol/L	N/A	
<b>Glucose</b>	74 – 109 mg/dL	86 mg/dL	N/A	
<b>BUN</b>	7 – 25 mg/dL	14 mg/dL	N/A	
<b>Creatinine</b>	0.7 – 1.3 mg/dL	1.0 mg/dL	N/A	
<b>Albumin</b>	3.5 – 5.2 g/dL	N/A	N/A	
<b>Total Protein</b>	6.0 – 8.3 g/dL	N/A	N/A	
<b>Calcium</b>	8.6 – 10.3 mg/dL	N/A	N/A	
<b>Bilirubin</b>	0.3 – 1.0 mg/dL	N/A	N/A	
<b>Alk Phos</b>	34 – 104 units/L	N/A	N/A	

<b>AST</b>	13 – 39 units/L	N/A	N/A	
<b>ALT</b>	7 – 52 units/ L	N/A	N/A	
<b>Amylase</b>	40 – 140 units/L	N/A	N/A	
<b>Lipase</b>	10 – 140 units/L	N/A	N/A	

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format. **No lab performed**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>ESR</b>	< 10 mm/hr	N/A	N/A	
<b>CRP</b>	0.02 – 14.4 mg/L	N/A	N/A	
<b>Hgb A1c</b>	< 5.7%	N/A	N/A	
<b>TSH</b>	0.5 – 5.0 mIU/L	N/A	N/A	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format. **No labs performed**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	Light yellow, clear	N/A	N/A	
<b>pH</b>	5.0 – 8.0	N/A	N/A	
<b>Specific Gravity</b>	1.005 – 1.034	N/A	N/A	
<b>Glucose</b>	Negative	N/A	N/A	
<b>Protein</b>	Negative	N/A	N/A	
<b>Ketones</b>	Negative	N/A	N/A	
<b>WBC</b>	0 – 5 HPF	N/A	N/A	

<b>RBC</b>	0 – 3 HPF	N/A	N/A	
<b>Leukoesterase</b>	Negative	N/A	N/A	

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format. **No cultures taken**

<b>Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	Negative	N/A	N/A	
<b>Blood Culture</b>	Negative	N/A	N/A	
<b>Sputum Culture</b>	Negative	N/A	N/A	
<b>Stool Culture</b>	Negative	N/A	N/A	
<b>Respiratory ID Panel</b>	Negative	N/A	N/A	

**Lab Correlations Reference (1) (APA):**

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

X-ray of the right leg: Shows closed complete fracture of the proximal tibia with femur mass noted.

**Diagnostic Test Correlation (5 points):**

The x-ray of the right leg was performed upon admission due to the patient experiencing severe right leg pain while playing soccer. An x-ray will show us the bones and the surrounding tissue to look for breaks and swelling.

**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\*\***

<b>Brand/Generic</b>	Morphine (Arymo ER)	Acetaminophen (Children's Mapap)
<b>Dose</b>	0.1 mg/kg	120 mg
<b>Frequency</b>	Every 4 hours PRN	Every 6 hours PRN
<b>Route</b>	IV	PO
<b>Classification</b>	Pharmacologic: Opioid Therapeutic: Opioid Analgesic	Pharmacologic: Nonsalicylate Therapeutic: Antipyretic, nonopioid analgesic
<b>Mechanism of Action</b>	Binds with and activates opioid receptors in the brain and spinal cord to produce analgesia and euphoria.	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.
<b>Reason Client Taking</b>	Extreme pain	Pain

<b>Concentration Available</b>	N/A	N/A
<b>Safe Dose Range Calculation</b>	0.1-0.5 mg/kg/day	400 mg every 4 hours
<b>Maximum 24-hour Dose</b>	0.5 mg/day	2,000 mg/day (5 doses)
<b>Contraindications (2)</b>	Renal impairment, Asthma	Caloric undernutrition, Acute liver failure
<b>Side Effects/Adverse Reactions (2)</b>	Constipation, Drowsiness	Diarrhea, Loss of appetite
<b>Nursing Considerations (2)</b>	Be aware that morphine can lead to abuse, addiction, and misuse; Store morphine at room temperature	Monitor liver labs such as AST, ALT, bilirubin, and creatinine levels; Use cautiously in those with renal and hepatic impairment
<b>Client Teaching needs (2)</b>	Tell the patient to change positions slowly to minimize orthostatic hypotension; Tell the patient to notify their parents or provider if worsening pain occurs	Caution the patient to not exceed recommended dosage or take other drugs containing acetaminophen at the same time; Teach family members and patient about signs of hepatotoxicity such as bleeding, easy bruising, and malaise

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2021). *2021 Nurse’s drug handbook* (19<sup>th</sup> ed.). Jones & Bartlett Learning

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b>	
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<p><b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Alert and responsive  Oriented to person, place, time, and situation  Appears to be in no distress  Appearance is appropriate; Well groomed</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/>  <b>Type:</b></p> <p><b>IV Assessment (If applicable to child):</b> N/A due to online simulation  <b>Size of IV:</b>  <b>Location of IV:</b>  <b>Date on IV:</b>  <b>Patency of IV:</b>  <b>Signs of erythema, drainage, etc.:</b>  <b>IV dressing assessment:</b>  <b>IV Fluid Rate or Saline Lock:</b></p>	<p>Pale  Dry and intact  Warm to the touch  Elastic skin turgor  No rashes  No bruises  No wounds  N/A due to online simulation  No  N/A</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>   <b>Eyes:</b>  <b>Nose:</b>   <b>Teeth:</b>  <b>Thyroid:</b></p>	<p>Symmetrical appearance of face and skull  No hearing difficulties; External ears clean and even; Grey tympanic membrane  PERRLA; Follows the 6 cardinal fields  Patent; No nasal drainage; Moist mucous membranes; No septal deviation  Pink; Moist mucous membranes  Pale yellow teeth color  Both sides equal in size, No deviation</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b></p>	<p>S1 and S2  Cardiac rhythm not applicable  3+ pulse of the left and right radial artery, 3+ pulse of the left and right popliteal artery, 3+ pulse of the left and right femoral artery, 3+ pulse of the left dorsalis pedis</p>

<p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p>Capillary refill &lt; 2 seconds in both the upper and lower extremities</p> <p>No</p> <p>0 - None</p> <p>N/A</p>
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p>.</p> <p>No</p> <p>Regular, unlabored respirations</p> <p>Bronchial/Vesicular breath sounds present; clear, diminished, equal breath sounds of the right upper lobe, right middle lobe, right lower lobe, left upper lobe and left lower lobe anteriorly and posteriorly</p>
<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home:</b></p> <p><b>Current diet:</b></p> <p><b>Height (in cm):</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p>    <b>Distention:</b></p> <p>    <b>Incisions:</b></p> <p>    <b>Scars:</b></p> <p>    <b>Drains:</b></p> <p>    <b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b></p>	<p>Regular diet at home</p> <p>Regular diet – 72 hour calorie count</p> <p>143 cm</p> <p>Active in all four quadrants; RLQ, RUQ, LUQ, LLQ</p> <p>N/A</p> <p>No pain or masses upon palpation in all four quadrants</p> <p>No abdominal distention</p> <p>No incisions</p> <p>No scars</p> <p>No drains</p> <p>No wounds</p> <p>No</p> <p>No</p> <p>N/A</p> <p>No</p> <p>N/A</p>
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b></p> <p>    <b>Size:</b></p>	<p>Pale yellow</p> <p>Clear</p> <p>1500 mL</p> <p>No pain</p> <p>No</p> <p>N/A</p> <p>No</p> <p>N/A</p> <p>N/A</p>

<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b></p> <p><b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input checked="" type="checkbox"/></p>	<p>Nail beds are pink; Capillary refill is &lt; 2 seconds in the upper and lower extremities; Extremities are warm and sensitive to touch                  Active ROM present, Moves extremities well                  None                  5 – active motion against full resistance                  Yes                  Yes                  N/A due to online simulation</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Yes                  Yes                  No; Left and Right leg do not have equal strength</p> <p>Oriented to person, place, time, and situation                  Normal cognition                  Clear, non-impaired speech                  Sensitive to sound, touch, and hearing                  Alert</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s) of caregiver(s):</b>  <b>Social needs (transportation, food, medication assistance, home equipment/care):</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>N/A                  Will need home care for caring for amputation.</p> <p>Mother and father are divorced, and the family has a restraining order against the father.</p>

**Vital Signs, 2 sets (2.5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	124	94/60	28	37.2 C	96% on RA
1100	80 BPM	104/70 mmHg	20	37.2 C	N/A

**Vital Sign Trends:** The patient had a high heart rate, low blood pressure, and high respiratory rate at 0800 due to hypovolemic shock. Blood and fluids were administered and caused the heart rate, blood pressure, and respiratory rate to become closer to normal limits.

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

<b>Pulse Rate</b>	75 – 118 bpm
<b>Blood Pressure</b>	97 – 120 systolic / 57 – 80 diastolic mmHg
<b>Respiratory Rate</b>	18 – 25 breaths per minute
<b>Temperature</b>	37 C
<b>Oxygen Saturation</b>	97% - 99%

**Normal Vital Sign Range Reference (APA):**

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Pain Assessment, 2 sets (2 points)**

N/A due to online simulation

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
N/A	N/A	N/A	N/A	N/A	N/A
<b>Evaluation of pain status <i>after</i> intervention</b>	N/A	N/A	N/A	N/A	N/A
<b>Precipitating factors:</b> N/A <b>Physiological/behavioral signs:</b> N/A					

**Intake and Output (1 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
TPN – 25 mL/hr = 200 mL	N/A

**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. Weight gain of 2 to 3 kg per year.
2. Growth of 5 cm per year.
3. Permanent teeth erupt.

**Age Appropriate Diversional Activities**

1. Make crafts.
2. Build models.
3. Solve jigsaw puzzles.

**Psychosocial Development:**

**Which of Erikson's stages does this child fit?** Industry vs. Inferiority

**What behaviors would you expect?** The child to be challenged with tasks that need to be accomplished and be allowed to work through individual differences in order to complete the tasks.

**What did you observe?** The child did not want to believe the reality of his amputation yet, he has been presented with a challenge and is finding it difficult to overcome it.

**Cognitive Development:**

**Which stage does this child fit, using Piaget as a reference?** Concrete operations

**What behaviors would you expect?** Transitions from perceptual to conceptual thinking, mastering the concept of conservation. The child should learn to tell time and is able to see the perspective of others and solve problems.

**What did you observe?** The child can see the perspective of others and is beginning to master the concept of conservation.

**Vocalization/Vocabulary:**

**Development expected for child’s age and any concerns?** The child should know at least 20,000 words. There is no concern as of now for this child.

**Any concerns regarding growth and development?** The child had a below the knee amputation of his right leg, monitoring of growth and development needs to occur.

**Developmental Assessment Reference (1) (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* (11<sup>th</sup> ed.). Assessment Technologies Institute, LLC.

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and</li> </ul>
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			outcomes, modifications to plan.
<p><b>1.</b> Acute pain related to osteosarcoma as evidenced by a right leg amputation.</p>	<p>This nursing diagnosis was chosen because the patient is experiencing acute pain that could become chronic if not treated correctly.</p>	<p><b>1.</b> Assess patient’s vital signs and symptoms of pain and give pain medication as prescribed (Phelps, 2020).</p> <p><b>2.</b>Demonstrate acceptance when patient reveals pain (Phelps, 2020).</p>	<p>The patient allowed frequent vital signs and appreciated when pain levels were accepted. The goal is to allow pain to be expressed and maintain the patient’s pain levels.</p>
<p><b>2.</b> Disturbed body image related to a surgical procedure as evidenced by a right leg amputation.</p>	<p>This nursing diagnosis was chosen because the patient is experiencing disturbed body image evidenced by the inability to look at his stub.</p>	<p><b>1.</b>Encourage the patient to actively participate in performing their care (Phelps, 2020).</p> <p><b>2.</b>Assist in identifying positive aspects of patient’s appearance (Phelps, 2020).</p>	<p>The patient and the patient’s family enjoyed the encouragement from the staff and allowed us to express positive aspects of the patient’s appearance. The goal is for the patient to have a boost in self-esteem.</p>
<p><b>3.</b> Risk for activity intolerance related to immobility as evidenced by a right leg amputation.</p>	<p>This nursing diagnosis was chosen because if an activity intolerance occurs, other potential problems can arise.</p>	<p><b>1.</b> Encourage patient to become involved in planning care and making decisions related to treatment (Phelps, 2020).</p> <p><b>2.</b> Help the patient identify activities that are personally meaningful and develop a realistic plan to incorporate meaningful activities into the daily routine (Phelps, 2020).</p>	<p>The patient allowed us to encourage him to make decisions in his treatment plan. He also was eager to do activities that were realistic and fun to him. The goal is to keep the patient mobile and prevent activity intolerance.</p>

<p><b>4.</b> Risk for falls related to postoperative recovery period as evidenced by a right leg amputation.</p>	<p>This nursing diagnosis was chosen because the patient is at high risk for falls due to a compromised balance related to his surgery.</p>	<p><b>1.</b> Assess the patient’s ability to use the call light or other safety systems (Phelps, 2020).   <b>2.</b> Teach the patient and family members about the need for safe illumination (Phelps, 2020).</p>	<p>The patient responded well to the teaching of the call light system and the family members understood the importance that the patient did not attempt to get up alone. The goal is to prevent falls from this patient.</p>
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**Other References (APA):**

Phelps, L. L. (2020). *Nursing diagnosis: Reference manual* (11<sup>th</sup> ed.). Wolters Kluwer.

**Concept Map (20 Points):**

**Subjective Data**

The patient presented with right lower leg pain that had begun months ago.  
The patient currently is experiencing phantom limb pain due to a right leg amputation.

**Nursing Diagnosis/Outcomes**

Acute pain related to osteosarcoma as evidenced by a right leg amputation.  
Goal: To allow pain to be expressed and maintain the patient's pain levels.  
Disturbed body image related to a surgical procedure as evidenced by a right leg amputation.  
Goal: The patient to have a boost in self-esteem.  
Risk for activity intolerance related to immobility as evidenced by a right leg amputation.  
Goal: To keep the patient mobile and prevent activity intolerance.  
Risk for falls related to postoperative recovery period as evidenced by a right leg amputation.  
Goal: To prevent falls from this patient.

**Objective Data**

An x-ray of the right leg shows closed complete fracture of the proximal tibia with a femur mass  
His electrolyte levels and all labs performed upon admission are within normal limits.

**Patient Information**

A 10-year-old boy with no pertinent past medical history or surgical history. There is no pertinent birth history. The patient lives at home with his mother and two siblings.

**Nursing Interventions**

- Assess patient's vital signs and symptoms of pain and give pain medication as prescribed
- Demonstrate acceptance when patient reveals pain
- Encourage the patient to actively participate in performing their care
- Assist in identifying positive aspects of patient's appearance
- Encourage patient to become involved in planning care and making decisions related to treatment
- Help the patient identify activities that are personally meaningful and develop a realistic plan to incorporate meaningful activities into the daily routine
- Assess the patient's ability to use the call light or other safety systems
- Teach the patient and family members about the need for safe illumination

