

Medications

Dextrose (D5) 1/2NS c 20 mEq KCl @ 65 ml/hr. running continuously- IV fluid to prevent dehydration

Acetaminophen (Tylenol) 15 mg/kg PO q6h PRN pain (pain 1-2), fever >101

Morphine (Arymo ER) 0.1 mg/kg IV q4h PRN extreme breakthrough pain (pain > 7)

Diphenhydramine (Benedryl) 5 mg/kg/24-hour PO q6h x1 dose- relieve airway irritation or allergic reaction

Acetaminophen 120 mg with codeine elixir (Tylenol #3) 12.5 mg/5 mL – give 10 mL PO q6h PRN pain (pain 3-6)

Tazobactam (Zosyn) 1 gram in 50 mL NS IVPB to infuse over 30 minutes q8h x 2 doses -treat bacterial infections

Demographic Data

Name: L. M.

Admitting diagnosis: Osteosarcoma with secondary tibial fracture

Psychosocial Developmental Stage: Industry vs Inferiority

Age of client: 10 years 8 months

Sex: Female

Weight in kgs: 24 kgs

Cognitive Development Stage: Concrete Operational

Allergies: No known allergies **Date of admission:** 2/1/2022

Admission History

The patient is a 10 year, 8 -month -old female who came to the hospital with her mother due to chronic pain in his right leg. Prior to being admitted to the hospital, the patient was secretly battling her pain and tiredness. The client sought care because the pain was no longer bearable.

Pathophysiology

Disease process: Osteosarcoma begins when a healthy bone cell develops changes in its DNA. A cell's DNA contains the instructions that tell a cell what to do. The changes tell the cell to start making new bone when it isn't needed. The result is a mass (tumor) of poorly formed bone cells that can invade and destroy healthy body tissue.

S/S of disease: Symptoms include localized bone pain and swelling.

Method of Diagnosis: Bone scan and/or biopsy

Treatment of disease:

Relevant Lab Values/Diagnostics

Right Leg X-ray showed a closed complete fracture of the proximal tibia with femur mass noted. Admission Hgb 13.3 and today's value is 8. Admission Hct is 39 and today's value is 32. Normal Hgb for children at age 10 is 13.5 Normal Hct for children at age 10 is 40.

Hgb and Hct levels are slightly lower than normal to begin with because cancer causes inflammation that decreases cell production.

He lost blood due to his leg being amputated and therefore his Hct and Hgb levels are affected negatively. In the labs we see the Hgb and Hct values trending down as a result of blood loss.

Medical History

Previous Medical History: N/A

Prior Hospitalizations: N/A

Chronic Medical Issues: N/A

Social needs: N/A

Active Orders

VS q4 with BP.

Regular diet

D/C IV fluids

72-hour calorie count – consult dietary to evaluate nutrition status.

Out of bed TID

Start TPN at 25 mL/hr

PT TID for range of motion, strengthening, and crutch gait training

Repeat CBC & CMP - completed.

Continuous pulse oximetry; O2 per protocol to keep sats >= 94%.

Incentive Spirometry q1h while awake

Assessment

General	Integument	HEENT	Cardiovascular	Respiratory	Genitourinary	Gastrointestinal	Musculoskeletal	Neurological	Most recent VS (highlight if abnormal)	Pain and Pain Scale Used
<p>A&O X 4 The patient does not appear distressed. The patient is well-groomed.</p>	<p>Skin color is pale but normal for race. Skin is intact, warm, and dry. Rapid rebound skin turgor, no open wounds. Unable to visualize new surgical area due to being wrapped in gauze by the surgeon.</p>	<p>Head is normocephalic, trachea midline. PERRLA. Septum midline, turbinates are pink and moist. Good dentition</p>	<p>Cardiovascular S1, S2 noted. Carotid, radial, brachial, ulnar on the right and left felt; posterior tibial, and dorsalis pedis pulses 2+ bilaterally. Capillary refill is less than 3 seconds.</p>	<p>Breath sounds are clear, equal bilaterally LLL, LUL, RUL, RLL; No use of accessory muscles.</p>	<p>All normal findings</p>	<p>The patient's bowel sounds are normoactive in all four quadrants. The abdomen is soft, no masses or pain reported. The patient is on a regular diet which will be advanced as tolerated. Per provider, he would like the patient to start with clears to make sure he can tolerate them first.</p>	<p>The patient has a full range of motion on 3 of 4 extremities, strong grips/pushes/pulls</p>	<p>The patient is oriented x 4, and his Glasgow coma scores a 15. His arm shows no sign of discoloration, no tingling, no numbness. The patient's speech is appropriate for age. The patient was awake during the assessment; however, he stated he was still tired from the pain medication.</p>	<p>Time:1200 Temperature: 37.6 C Route: Manual RR:20 HR:80 BP and MAP:104/70 Oxygen saturation: 97% Oxygen needs:N/A</p>	<p>FACES Pain Scale used. The patient states his pain is minimal at a two according to the FACES pain scale</p>

<p align="center">Nursing Diagnosis 1</p> <p align="center">Acute pain related to fracture as evidenced by recent surgery</p>	<p align="center">Nursing Diagnosis 2</p> <p align="center">Impaired tissue integrity related to fracture as evidenced by non-weight bearing status</p>	<p align="center">Nursing Diagnosis 3</p> <p align="center">Risk for surgical site infection related to fracture as evidenced by surgical incision and non-weight bearing status</p>
<p align="center">Rationale</p> <p>Due to recent surgery and fracture, the patient may experience pain in the right leg.</p>	<p align="center">Rationale</p> <p>Redness, swelling, and pain are indications of inflammation and the body's immune system response to impaired tissue integrity. Fever is an early warning sign of infection.</p>	<p align="center">Rationale</p> <p>Since the patient does have an incision in the leg, she will need to perform hand hygiene regularly before eating and using the restroom to decrease germs on his hands. She will also want to frequently change positions to decrease any fluid build-up in the lungs.</p>
<p align="center">Interventions</p> <p>Intervention 1: Administer pain medications around the clock</p> <p>Intervention 2: Elevate patients' leg to decrease swelling and pain</p>	<p align="center">Interventions</p> <p>Intervention 1: Assess changes in body temperature, increased explicitly in body temperature.</p> <p>Intervention 2: Assess the site of impaired tissue integrity and its condition.</p>	<p align="center">Interventions</p> <p>Intervention 1: Wash hands or perform hand hygiene before having contact with the patient.</p> <p>Intervention 2: Encourage coughing and deep breathing exercises; frequent position changes.</p>
<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • The patient will reach a tolerable pain level. • The patient will verbalize non-pharmacological strategies to relieve pain • The patient will show an increased comfort level 	<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • Patients with limited mobility should be evaluated by using a risk assessment tool to assess immobility-related risk factors systematically. • Encourage the use of pillows, foam wedges, and pressure-reducing devices. 	<p align="center">Evaluation of Interventions</p> <ul style="list-style-type: none"> • Wash hands with antiseptic soap and water for at least 20 seconds. Alcohol-based hand sanitizer also is effective in eliminating germs. • Frequent position changes will help keep the lungs clear of any mucus or build-up, leading to pneumonia and ultimately infection.

References (3):

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