N433 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 02/15/2022	**Client Initials** E.F.	**Age (in years & months)** 8 years old / 96 months	**Gender** Male
Code Status Full code	**Weight (in kg)** 25.8 kg	**BMI** 15.7 kg/m^2	**Allergies/Sensitivities (include reactions)** Lactulose – stomach cramps

Medical History (5 Points)

Past Medical History:

Illnesses: Gastroenteritis (2016)

Hospitalizations: The client was last hospitalized due to dehydration when he was 2 years old (24 month).

Past Surgical History: No past surgical history.

Immunizations: The client is up to date per caregiver knowledge but has not received the Covid vaccine.

Birth History: Unknown.

Complications (if any): Unknown.

Assistive Devices: None.

Living Situation: The client's parents passed away in a car accident when he was 3 years old. The client lives with his aunt and her cats. They live in a two-bedroom house. The client's aunt is his custodial guardian.

Admission Assessment

Chief Complaint (2 points): Abdominal pain

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

Pertinent Events during this admission/hospitalization (1 points): While in the hospital, the client received a 22 gauge IV in his left antecubital fossa and was given 1 liter of normal saline bolus over 30 minutes. He also received Zosyn 1 gram in 50 mL NS IVPB over 30 minutes prior to surgery. He had a laparoscopic appendectomy on 02/16/2022. A KUB and CT scan was also done.

History of present Illness (OLD CARTS) (10 points): The client is an 8-year-old male that was directly admitted to the Peds floor by his primary provider on 02/15/2022. The client was brought into the Dr. office by his aunt. He has been complaining of abdominal pain for the past 2 days. The client was vomiting and a 102-degree fever with rebound tenderness. The client stated that laying down and not moving helped his pain. The client's aunt gave him Tylenol which did help. When the client walks and moves, it worsens his pian.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Appendicitis

Secondary Diagnosis (if applicable): N/A

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

Appendicitis is associated with acute inflammation of the appendix. An inflamed appendix is from closed-loop obstructions from fecal material occluding the narrow appendix (Ricci et al., 2020). Obstruction can cause edema and perforations of the appendix. Fluid and bacterial contents can then leak into the abdominal cavity, causing peritonitis (Ricci et al., 2020). Peritonitis is more common in younger children. Due to the possibility of the appendix rupturing, this is considered a medical emergency and should be treated immediately. Risk factors include a

family history of appendicitis, abdominal infections, digestive tract infections, and fecal material obstructing the appendix (Capriotti, 2020). The most common in a pediatric patient is having fecal material blocking the arrow appendix. Signs and symptoms of appendicitis are initial pain in the right lower quadrant, nausea, vomiting, fever, rebound tenderness, and small frequent soft stools (Ricci et al., 2020). The client resembled some of these signs and symptoms when he first arrived with abdominal pain, vomiting, fever, and rebound tenderness.

The child may look ill during an assessment and moving can cause worsening pain. Upon palpitation, this can show tenderness on McBurney's point in the right lower quadrant of the abdomen (Ricci et al., 2020). Vital signs can show fever, tachycardia, and high blood pressure. Laboratory findings can show an elevated white blood cell count, ESR, and CRP (Ricci et al., 2020). The client's blood work showed an elevation in all three, indicating an infection and inflammation. A computed tomography scan of the abdomen can visualize the appendix (Capriotti, 2020). The finding shows a dilated appendix greater than 6 mm, wall thickening greater than 2 mm, and peri-intestinal fluid. Another scan for diagnostic imaging is a Kidney ureter bladder (KUB) x-ray. Treatment would involve immediate surgery to remove the appendix. Laparoscopic surgery is the most common method used to remove an appendix. Antibiotics can also be used for prevention after surgery. If left untreated, the client's appendix could have ruptured. Another complication is an abdominal abscess (Ricci et al., 2020). The abscess can form from pus after infection after surgery. The clients' education needs include antibiotics after surgery and the compliance of taking the antibiotic for the total amount of time. The client will also need education on how to take care of the incision sites after discharge.

Pathophysiology References (2) (APA):

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

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

Active Orders (2 points)

Order(s)	**Comments/Results/Completion**
Activity: Client may get out of bed ad-lib	The client has been walking around his room and will later walk around on the floor.
Diet/Nutrition: NPO	
Frequent Assessments: Vital signs Q2 with blood pressure. O2 per the protocol to keep above 92%. Cardiac monitoring. Daily weight and Strict I&O.	
Labs/Diagnostic Tests: N/A	
Treatments: N/A	
Other:	
New Order(s) for Clinical Day	
Order(s) – 02/18/2022	**Comments/Results/Completion**
Vital signs q4 with BP. Incentive spirometer q1h while he is awake.	
Repeat CBC & CMP	Completed
Clear liquid diet	Advance as tolerated

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
RBC	4 – 5.5	5.30	4.80	
Hgb	10 – 15.5	16.0	14.0	Dehydration can be a cause of slightly elevated levels. The client was on NPO status and then gradually switch to clear liquid diet (Pagana et al, 2021).
Hct	32 – 44	48	46	Dehydration or anemia can be a cause in a slight increase of hematocrit levels in the child (Pagana et al, 2021).
Platelets	150 – 400	460	420	A surgery like appendectomy can cause increased levels due to inflammation and should resolve on its own during the healing process (Pagana et al, 2021).
WBC	5 – 10	17.0	15.0	The client's recent diagnosis of appendicitis can increase the white blood cells due the inflammation or infection. The client is also receiving antibiotics. (Pagana et al, 2021).
Neutrophils	55 – 70	N/A	N/A	
Lymphocytes	20 – 40	40	34	

Monocytes	2 – 8	8	8	
Eosinophils	0 – 4	0	0	
Basophils	0.5 – 1	1	1	
Bands	0.2 – 1.6	N/A	N/A	

Chemistry Highlight All Abnormal Labs—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	136	138	
K+	3.4 – 4.7	4.0	4.0	
Cl-	90 – 110	108	108	
Glucose	70 – 110	70	88	
BUN	5 – 18	10	10	
Creatinine	0.3 – 0.7	0.5	0.5	
Albumin	4 – 5.9	5.0	5.0	
Total Protein	6.2 – 8	6.0	6.0	The client has slightly low levels that could be related to malnutrition due to not receiving enough protein (Pagana et al, 2021).
Calcium	8.8 – 10.2	9.0	9.0	
Bilirubin	0.3 – 1.0	< 1.0	< 1.0	
Alk Phos	9 – 500	300	300	
AST	10 – 50	15	15	

ALT	4 – 36	17	17	
Amylase	60 – 120	N/A	N/A	
Lipase	0 – 160	N/A	N/A	

Other Tests Highlight All Abnormal Labs—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	<10	18	24	Increased levels can be caused by inflammation and a bacterial infection. The client's diagnosis of appendicitis could be the cause if increased ESR levels in the body (Pagana et al, 2021).
CRP	<1.0	2.4	1.5	CRP can be increased due to a bacterial infection which can be related to fecal material that was obstruction the narrow appendix and causing inflammation (Pagana et al, 2021).
Hgb A1c	4.5 – 5.7	N/A	N/A	
TSH	2 – 10	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—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
Color & Clarity	Clear pale yellow	Clear pale yellow	Clear pale yellow	
pH	5.0-7.0	5.0	N/A	
Specific Gravity	1.003 – 1.035	1.020	N/A	
Glucose	Negative	Negative	N/A	

Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	Negative	Negative	N/A	
RBC	Negative	Negative	N/A	
Leukoesterase	Negative	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	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	
Respiratory ID Panel	Negative	N/A	N/A	
COVID-19 Screen	Negative	Negative	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana T. J., & Pagana T. N. (2021). *Mosby's diagnostic & laboratory test reference* (15th ed.) Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The client had a KUB diagnostic imaging done that was performed as unremarkable finding. A CT scan was also done to look at the abdomen on 02/15/2022. The finding showed a dilated appendix with a diameter of more than 6 mm, wall thickening of greater than 2 mm, adjacent mesenteric fatty stranding, mesenteric lymph nodes, appendicolith, and peri-intestinal fluid that was present. The CT of the abdomen was used to diagnose the client with appendicitis.

Diagnostic Test Correlation (5 points):

A computed tomography of the abdomen is a series of images showing inflammation, tumors, cyst, and perforation (Pagana et al, 2021). The client had this scan done to show images of the abdomen to look at the appendix. The KUB (kidney, ureter, and bladder) is a type of x-ray showing abdominal abscess, appendicolith, small calcifications, and bowl obstructions (Pagana et al, 2021). The clint had this done to see if there was any obstruction or issue in the kidney's, ureter, or bladder. These tests are important for diagnosing appendicitis.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana T. J., & Pagana T. N. (2021). *Mosby's diagnostic & laboratory test reference* (15. ed.) Elsevier.

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

Brand/Generic	Acetaminophen / Tylenol	Zosyn / Piperacillin – tazobactam	Potassium Chloride / KCL or Klor - Con
Dose	320 mg	1 g	20 mEq
Frequency	Q6h PRN	Q8h x 2 doses	Continuously
Route	Oral liquid suspension	Intravenous	Intravenous

Classification	Pharmacological: Nonsalicylate Therapeutic: Antipyretic, nonopioid analgesic	Pharmacological: Penicillin antibiotic Therapeutic: Beta-lactamase inhibitor	Pharmacological: Electrolyte cation Therapeutic: Electrolyte replacement
Mechanism of Action	Blocks the pain impulses that run through the peripheral nervous system to reduce pain and fever.	Combination antibiotic to treat bacterial infections such as appendicitis in children.	Potassium chloride is a major cation in the intracellular fluid that helps maintain electrolyte balance and helps with skeletal and cardiac muscle contraction.
Reason Client Taking	PRN for mild to moderate pain.	Appendicitis	Vomiting related to appendicitis
Concentration Available	160 mg / 5 mL oral suspension	100mg / 12.5 mg /kg	10 mEq / 1 mL
Safe Dose Range Calculation	10-15mg/kg/dose 258 mg – 387mg	2580 mg / 322.5	1-3 mEq/kg/dose 25.8 mEq – 77.4 mEq
Maximum 24-hour Dose	387 mg x 6 = 2,322 mg/day	2580 mg x 3 = 7,740 mg 322.5 x 3 = 967.5 7,740mg/967.5mg	77.4 mEq x 24 (continuously) = 1857.6 mEq/day
Contraindications (2)	Severe liver impairment or severe acute liver disease	Allergic to penicillin's or allergic to its components.	Acute dehydration or taking potassium sparing diuretics.
Side Effects/Adverse Reactions (2)	Hepatotoxicity and hypokalemia.	Diarrhea and nausea/vomiting.	Arrythmias and ECG changes.
Nursing Considerations (2)	Double check dosing so the client does not exceed the maximum daily amount. Monitor the dose to make sure it is	Monitor the client for an allergic reaction to these medications since it is a penicillin antibiotic. Monitor for any bleeding such as	Monitor the client's IV site when administering because it can cause slight burning and monitor site for

	measured based on the client's weight and to use the correct concentration for the specific child.	black tarry stools, bruising, petechia or purpura.	phlebitis. Monitor for any ECG changes that could indicate hyper or hypokalemia.
Client Teaching needs (2)	When giving oral suspension (liquid) teach the client to not use household measurements and to use the cup or syringe that came with the bottle to measure accurately. Teaching the patient to recognize signs and symptoms of hepatotoxicity like bleeding, ecchymosis, and malaise.	Make sure to take the medication for the full amount of time that it is prescribed even if the client starts feeling better. Instruct the client to monitor for any changes in mental status, unusual pain, or swelling. Notify the provider right away.	Teach the child and family on what foods have potassium, so the client does not exceed the daily amount of potassium. Advise the patient to monitor for stool changes in color and consistence containing red, tarry, or black stools.

Medication Reference (1) (APA):

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

GoodRx. (2022). *Zosyn.* GoodRx. Retrieved February 20th, 2022, from https://www.goodrx.com/

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL:	The client is alert and oriented x 4. The client

Alertness: **Orientation:** **Distress:** **Overall appearance:**	does not seem to be in distress and no other deficits noted. Appearance is well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** N/A **Bruises:** N/A **Wounds:** **Braden Score:** 27 **Drains present: Y☐ N ☒** **Type:** N/A **IV Assessment (If applicable to child):** **Size of IV:** 22-gauge needle **Location of IV:** Left AC **Date on IV:** 02/15/2022 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema or drainage. **IV dressing assessment:** Clean, dry, and intact. **IV Fluid Rate or Saline Lock:** D5 ½ NS c 20 mEq KCL @ 50 ml/hr. continuously. Zosyn 1g in 50 ml NS IVPB infuse over 30 min q8h.	Normal for ethnicity. The client's skin is warm and dry to the touch. The client's skin turgor is elastic. The client has three puncture sites (wounds) 1 by the umbilicus, 1 in the lower left quadrant, and 1 in the suprapubic. They are all covered with glue, gauze, and a Tegaderm. Braden score: 27
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Head and neck were normocephalic, symmetrical, and within normal range of motions. The client's ears had no signs of drainage or inflammation. Both the left and right eyes were 3mm, equal, round, and reactive to light. The sclera was white, and conjunctiva was pink. The nose was midline and asymmetrical with no drainage. The client's permanent teeth have started to erupt, but he still has some baby teeth. Was able to feel the thyroid rise and fall upon swallowing.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	Heart sounds were heard S1 and S2, no murmur or gallops noted. Peripheral pulses palpable +3 bilaterally in all extremities and the carotid arteries. Capillary refill was less than 3 seconds.

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The client's breath sounds are clear in all lobes. The client has unlabored breathing and no accessory muscle use. The client's respiratory rate is 22 breaths per minute.
GASTROINTESTINAL: **Diet at home:** Regular **Current diet:** Clear liquid diet advance when tolerated. **Height (in cm):** 128.1 cm **Auscultation Bowel sounds:** Bowel sounds are active and present in all 4 quadrants. **Last BM:** Unknown **Palpation: Pain, Mass etc.:** The client had pain in the abdomen pain due to an appendectomy. **Inspection:** **Distention:** N/A **Incisions:** 3 puncture sites - 1 by the umbilicus, 1 in the lower left quadrant, and 1 in the suprapubic. **Scars:** N/A **Drains:** N/A **Wounds:** N/A **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	
GENITOURINARY: **Color:** Clear pale/yellow **Character:** unconcentrated **Quantity of urine:** 1300 mL of urine output **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:**	AROM and does not have any deficits in his neurovascular system. The client is complaining

Supportive devices: **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 5 **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	of left shoulder blade pain. The client can walk around on his own (up ad – lib). The client does not use any supportive devices. His strength is 5/5 bilaterally in all extremities. The child does not require ADL assistance. Fall risk score is a 5 due to surgery and having IV equipment.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The client is alert and oriented and is developmentally appropriate for his age. Speech and sensory development are appropriate for a school age child. The client is alert with no difficulties. No developmental delays are noted.
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 available family support):**	The guardian can use other family members or friends for support. The aunt (guardian) can talk with social services or case management if there are any social needs. Due to the client's parents passing, he may lack a family structure. Counseling or therapy could be given as a resource if requested.

Vital Signs, 2 sets – (2.5 points) Highlight All Abnormal Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	100 bpm	100/60 mmHg	22 rpm	99.4 F Orally	96% RA
1200	96 bpm	98/60 mmHg	22 rpm	98.8 F Orally	97% RA

Vital Sign Trends: The client's respiratory rate was 2 breath per minute over the normal rate, but the client does not have any labored breathing or use of accessory muscles. The client does

have a slightly elevated temperature but has decreased. The vital signs are stable for this child but should be monitored for changes.

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

Pulse Rate	60 – 100 bpm
Blood Pressure	95 – 110 Systolic 60 – 73 Diastolic
Respiratory Rate	14 – 20 rpm
Temperature	37.0 C (98.6)
Oxygen Saturation	>92%

Normal Vital Sign Range Reference (1) (APA):

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

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Faces Scales	Left shoulder	5/10	N/A	Heat pack applied to the shoulder area.
Evaluation of pain status *after* intervention	Faces Scales	Abdominal pain	2/10	N/A	Distraction used.
Precipitating factors: The client's recent surgery could be a precipitating factor due to a laparoscopic surgery can cause shoulder pain because of the free air pain that could have been trapped and abdominal pain caused by the client's recent surgery. **Physiological/behavioral signs:** Watch for grimacing, restlessness, muscle guarding, and assess pain during hourly rounding.					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
IV fluids – 1300 mL	Not measured. 2ml/kg/hr. is the normal rate for a school age child. The clients average should be 52 ml/hr.

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. School age children will start developing a more complex communication and language skills as they age.
2. The child's attention span towards tasks and play will start to improve.
3. The client should be losing baby teeth and start growing permeant teeth at this age.

Age Appropriate Diversional Activities

1. Watching a movie or TV can be a diversional activity.
2. Coloring can be a diversional tool used at this age.
3. Playing games in the room or in the activity room in the hospital.

Psychosocial Development:

Which of Erikson's stages does this child fit? Industry vs inferiority

What behaviors would you expect? The child will develop skills and knowledge of competence and inferiority through sports or school activities. The child will need to be challenged in their daily activities. Athletics and peer groups may start to become important.

Achieving goals in school or accomplishing goals in sports cause give them a sense of inferiority.

What did you observe? At this age the client can be very interesting in sports or extra circular activities after school. The client can be rewarded for accomplishments he may have at home doing the chores or getting good grades in school. The client should start to feel more confident in things he does like solving problems or confidence in activities.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Cognitive operational

What behaviors would you expect? The child will learn to problem solve and perceptional thinking will turn into conceptual thinking. The child can learn to separate objects by size, shape, actions, and order. In this age group of cognitive operations, he will gain the ability to think and define reason on his own.

What did you observe? When observing a child in cognitive operational stage, he should be able to put different toys or object in order from smallest to largest. He should have the ability to separate animals into one category and cars into another. Building more complex Legos to be challenged and stimulated by play.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? Development expected for this child's age is that all his senses should be matured, breathing is diaphragmatic, understand different types of communication, telling time, permanent teeth start to erupt, grows about 5 cm per year, and weight increases by 2-3 kg per year. No concerns of development.

Any concerns regarding growth and development? No developmental delays are noted.

Developmental Assessment Reference (1) (APA):

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

Nursing Diagnosis	Rational	Interventions (2 per dx)	Outcomes	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority	• Explain why the nursing diagnosis was chosen			• How did the Client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

pertinent to this client.				
1. Risk for surgical site infection related to appendectomy as evidenced by elevated white blood cell count of 15.0.	Since the client had surgery, he is at risk for developing an infection due having three different puncture sites on the abdomen.	**1.** Assess the client for signs and symptoms of infection. **2.** Monitor the CBC for changes in the WBC.	1. The client's WBC will decrease to 12 by discharge.	Assessing the client for a fever, swelling, redness, or tenderness at the puncture sites. Monitoring the client's CBC for changes in the WBC can show signs of inflammation or infection that could be detected. By the time the client discharges his WBC should decrease.
2. Acute pain related to appendicitis as evidenced by the client stated a 5/10 and a 2/10 upon pain assessment.	The client has had acute pain in the abdomen and left shoulder blade during two different pain assessment. They were both relieved by nonpharmacological measures.	1. Assess the client's pain using the faces scale. **2.** Using nonpharmacological pain relief before administer pain medication as prescribed.	**1.** The goal for the child is to be pain free upon discharge.	When assessing the client for pain, using the faces scale, and watching for grimacing, crying, restlessness. Using distraction or nonpharmacological medication first before administering Tylenol. The goal for the client was chosen because the client has acute pain and has been doing well with

				distraction. So, upon discharge the goal is to be pain free.
3. Impaired comfort related to appendectomy as evidenced by the client's states left shoulder blade pain 5/10.	The client had a laparoscopic surgery which can cause free air pain to be trapped from the CO2 that was used to inflate his abdomen during surgery. This can cause discomfort.	**1.** Assess the client's comfort by elevating the head of bed and putting the client in a favorable position. **2.** Asking the client if they need a shower or bath.	**1.** Assess the client's comfort q2h for enhancing the client's comfort in the hospital.	Being in a hospital and having surgery puts the client at risk for impaired comfort. The client was having pain, and this was assessed using the faces scale for both pain assessments. Asking the client for a shower or bath could improve the client's comfort to feel clean.
4. Risk for delayed surgical recovery related to appendectomy as evidenced by total protein 6.0.	Protein is essential for healing and when its low it can put the patient at risk for delayed healing.	**1.** Helping the client choose foods with protein to increase his protein levels. **2.** Educate the client on foods to eat to increase protein levels (red meat, nuts, deep green leaf vegetables).	**1.** Advance from a clear liquid diet to soft foods or bland foods that have some protein by the next day if	As the client's diet advances from clear liquids, he should have help choosing foods with some sort of protein to help bring up his protein levels to promote healing. Educating the client and family on the types of foods that have protein in them can also help increase

			tolerated.	knowledge and decrease the risk for a delayed recovery.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The client is not complaining of pain in his puncture sites but did have pain in the left shoulder blade 5/10 using the faces scale and abdominal pain 2/10 using faces scale. Upon arrival to the pediatric floor, the client was feeling pain worsen when moving around and he was given pain medication Tylenol that he stated helped him feel a little bit better.

Nursing Diagnosis/Outcomes

Risk for surgical site infection related to appendectomy as evidenced by elevated white blood cell count of 17.0 and 15.0.
Goal: The client's WBC will decrease to 12 by discharge.
Acute pain related to appendicitis as evidenced by the client stated a 5/10 and a 2/10 upon pain assessment.
Goal: The goal for the child is to be pain free upon discharge.
Impaired comfort related to appendectomy as evidenced by the client's states left shoulder blade pain 5/10.
Goal: Assess the client's comfort q2h for enhancing the client's comfort in the hospital.
Risk for delayed surgical recovery related to appendectomy as evidenced by total protein 6.0.
Goal: Advance from a clear liquid diet to soft foods or bland foods that have some protein by the next day if tolerated.

Objective Data

The client is taking Zosyn for antibiotic prophylaxis due to his appendicitis. The client has three puncture sites due to the laparoscopic surgery removing the appendix. The clients WBC were 17 and went down to 15, but this is still high due to possible infection and inflammation.

Client Information

The client is an 8-year-old male who presented to the emergency room with abdominal pain and vomiting for two days. The client was diagnosed with appendicitis and had an emergency surgery to remove the appendix. The client was brought in by his aunt (guardian)

Nursing Interventions

Assess the client for signs and symptoms of infection.
Monitor the CBC for changes in the WBC.
Assess the client's pain using the faces scale.
Using nonpharmacological pain relief before administer pain medication as prescribed.
Assess the client's comfort by elevating the head of bed and putting the client in a favorable position.
Encourage ambulation and incentive spirometer use.
Helping the client choose foods with protein to increase his protein levels.
Educate the client on foods to eat to increase protein levels (red meat, nuts, deep green leaf vegetables).