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	**Gender** Male
Code Status Full	**Weight (in kg)** 25.8 kg	**BMI** 22.83 kg/m^2	**Allergies/Sensitivities (include reactions)** Lactose Intolerant Reaction: Stomach Cramps

Medical History (5 Points)

Past Medical History: The patient has a past medical history of dehydration following gastritis.

Illnesses: The patient has a past medical history of dehydration following gastritis.

Hospitalizations: The patient was hospitalized for dehydration following gastritis at the age of 2 years old.

Past Surgical History: The patient has no past surgical history.

Immunizations: The patient is current on immunizations per caregiver. The patient has not had the Covid vaccine.

Birth History: There is no know birth history. The Aunt was out of the country at the time of birth, so she is unsure.

Complications (if any): N/A

Assistive Devices: The patient does not use any assistive devices.

Living Situation: The patient lives in a 2-bedroom house with his aunt and her 3 cats. The patient's parents passed away when he was 3 years old from a automobile accident.

Admission Assessment

Chief Complaint (2 points): Abdominal Pain

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

Pertinent Events during this admission/hospitalization (1 points): The patient received the following during admission/hospitalization:

- 22-gauge IV in his left AC
- 1 Liter of NS bolus over 30 minutes
- Zosyn 1 gram in 50 mL NS IVPB over 30 minutes prior to surgery
- Laparoscopic appendectomy on 2/16/22
- KUB was performed with unremarkable findings
- CT scan of the abdomen on 2/15/22
- CT findings: dilated appendix with a diameter of more than 6 mm, wall thickening more than 2 mm, adjacent mesenteric fatty stranding, mesenteric lymph nodes, appendicolith, and peri intestinal fluid are present.

History of present Illness (OLD CARTS) (10 points):

On February 15, 2022, an 8-year-old male was admitted to the Pediatric floor of the hospital per instructions of his provider. He was brought to the doctor's office by his aunt (custodial guardian) with complaints of vomiting with no diarrhea and abdominal pain for the past 2 days. He had rebound tenderness and a fever of 102 degrees. The patient stated that not moving and laying down relieved his abdominal pain a little. He was given Tylenol by his aunt which helped relieve his pain some. His pain has worsened from walking and moving around.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Appendicitis

Secondary Diagnosis (if applicable): N/A

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

An appendicitis is a medical emergency that occurs when the appendix has a closed-loop obstruction that causes inflammation of the appendix. It is thought that the obstruction is due to fecal material impacted into the relatively narrow appendix, though other causes such as ingested foreign bodies may exist (Ricci et al., 2021). The appendix is a pouch that is finger-shaped that is located on the lower right side of the abdomen. An appendicitis can happen to anyone, but it is more common in the age range of 10 years old to 30 years old. The main symptom from having an appendicitis is right upper quadrant abdominal pain that happens suddenly and gets worse over time. Other symptoms are swelling in the abdomen, loss of appetite, constipation or diarrhea, low fever, inability to pass gas, nausea, and vomiting. The patient had complaints of abdominal pain and vomiting for the past 2 days and a fever of 102 degrees when he arrived at the doctor's office.

A physical exam to assess pain level, blood tests, urine tests, and imaging tests are all used to help diagnose an appendicitis. To assess and locate the pain the provider may palpate the abdomen. With an appendicitis the pain will worsen when the pressure is suddenly released (Capriotti, 2020). Blood tests look for high white blood cell (WBC) counts, which can indicate inflammation and infection. Elevated ESR and CRP also indicate inflammation. The patient had a high WBC count of 17.0, a high ESR of 24, and a high CRP of 2.4. Imaging tests such as an abdominal X-ray, abdominal ultrasound, magnetic resonance imaging (MRI), and computerized tomography (CT) are all used to find the cause of the pain and to confirm appendicitis. The patient had a KUB that came back with unremarkable findings. He also had a CT scan of the abdomen that was completed on 2/15/22. The results from the CT scan showed a dilated

appendix with a diameter of more than 6 mm, wall thickening more than 2 mm, adjacent mesenteric fatty stranding, mesenteric lymph nodes, appendicolith, and peri intestinal fluid are present.

Treatment for an appendicitis usually involves an appendectomy which is the removal of the inflamed appendix. An appendectomy can be performed by laparotomy (open surgery using one abdominal incision about 2 to 4 inches) or laparoscopic surgery (3 or 4 small abdominal incisions usually in or above the umbilicus, lower-left quadrant, and suprapubic areas). The patient had a laparoscopic appendectomy performed 1 day after he was admitted to the pediatric unit. Having a laparoscopic surgery will allow for healing with less scarring and pain and a faster recovery time. If there is an abscess or infection has spread beyond the appendix or the appendix has ruptured then an open appendectomy will be required (Capriotti, 2020). This has to happen so that the surgeon can make sure that the abdominal cavity is clean.

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:	The patient can get up out of bed ad-lib.
Diet/Nutrition:	The patient should be NPO until further

	instructions.
Frequent Assessments:	Vital signs every 2 hours with BP Cardiac Monitoring Daily Weight. Strict I& O
Labs/Diagnostic Tests:	N/A
Treatments:	O2 per protocol to keep sats >/= 92%.
Other:	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Vital Signs	Every 4 hours with BP.
Repeat CBC & CMP	Completed.
Clear liquid diet	Advance as tolerated.
Incentive Spirometry	Every 1 hour while awake.

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	Admission or Prior Value	Today's Value	Reason for Abnormal Value

	the age of the child)			
RBC	3.96-5.03 x10^6/uL	5.30 (High)	4.80	The RBC count could be high from dehydration since the patient is NPO and has been vomiting for the past 2 days. An increased red blood cell count could be from a decrease in plasma which leads to a higher concentration of red blood cells (Van Leeuwen & Bladh, 2021).
Hgb	10.7-13.4 g/dL	16.0 (High)	14.0 (High)	An increased hemoglobin level is a result from an increase in red blood cells (Van Leeuwen & Bladh, 2021).
Hct	32.2-39.8%	48 (High)	46 (High)	An increased hematocrit level is a result from an increase in red blood cells (Van Leeuwen & Bladh, 2021).
Platelets	206-369 x10^3/uL	460 (High)	420 (High)	A high platelet count can result from infection from having an appendicitis (Van Leeuwen & Bladh, 2021).
WBC	4.31-11.0 x10^3/uL	17.0 (High)	15.0 (High)	The WBC count is increased as a result from the inflammation from having an appendicitis (Van Leeuwen & Bladh, 2021).
Neutrophils	1.63-7.55 x10^3/uL or 40% to 60%	N/A	N/A	
Lymphocytes	0.97-3.96 x10^3/uL or 20% to 40%	40	34	
Monocytes	0.19-0.85 x10^3/uL or 2% to 8%	8	8	
Eosinophils	0.03-0.52 x10^3/uL or 1% to 4%	0	0	
Basophils	0.01-0.06 x10^3/uL or 0.5% to 1%	1	1	
Bands	0.00-0.04 x10^3/uL or	N/A	N/A	

	0% to 3%			

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 mmol/L	136	138	
K+	3.5-5.1 mmol/L	4.0	4.0	
Cl-	98-107 mmol/L	108 mmol/L (High)	108 mmol/L (High)	The chloride level is slightly elevated. This could result from an electrolyte imbalance from dehydration (Van Leeuwen & Bladh, 2021). The patient was NPO and had vomited for the past 2 days.
Glucose	74-100 ng/dL	70 ng/dL (Low)	88	A low glucose level can result from not eating or from being malnourished (Van Leeuwen & Bladh, 2021). The patient was NPO and had vomited for the past 2 days.
BUN	7-17 mg/dL	10	10	
Creatinine	0.55-1.30 mg/dL	0.5 mg/dL (Low)	0.5 mg/dL (Low)	Having an appendicitis can cause creatinine levels to be low (Van Leeuwen & Bladh, 2021).
Albumin	3.8-5.4 g/dL	5.0	5.0	
Total Protein	6.0-8.0 g/dL	6.0	6.0	
Calcium	8.8-10.8 mg/dL	9.0	9.0	
Bilirubin	0.2-1.2 mg/dL	<1.0	<1.0	
Alk Phos	9-500 u/L	300	300	
AST	5-34 u/L	15	15	
ALT	0-55 u/L	17	17	

Amylase	30-100 u/L	N/A	N/A	
Lipase	10-140 u/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.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	3-15 mm	18	24 mm (High)	ESR is an inflammatory marker that is increased with appendicitis due to the appendix being inflamed (Van Leeuwen & Bladh, 2021).
CRP	0-0.29 mm	2.4 (High)	1.5 (High)	CRP is an inflammatory marker that is increased with appendicitis due to the appendix being inflamed (Van Leeuwen & Bladh, 2021).
Hgb A1c	4-7%	N/A	N/A	
TSH	0.4-4.0 mcIU/mL	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	Yellow, clear	N/A	N/A	
pH	5.0-7.0 pH	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	0-25 u/L	Negative	N/A	

RBC	0-20 u/L	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 / No growth	N/A	N/A	
Blood Culture	Negative / No Growth	N/A	N/A	
Sputum Culture	Negative / No Growth	N/A	N/A	
Stool Culture	Negative / No Growth	N/A	N/A	
Respiratory ID Panel	Negative / No Growth	N/A	N/A	
COVID-19 Screen	Negative	Negative	N/A	

Lab Correlations Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Kidney, Ureter, Bladder (KUB) was performed with unremarkable findings.

On 2/15/22 a computerized tomography (CT) scan of the abdomen was completed. CT findings: dilated appendix with a diameter of more than 6 mm, wall thickening more than 2 mm, adjacent mesenteric fatty stranding, mesenteric lymph nodes, appendicolith, and peri intestinal fluid are present.

Diagnostic Test Correlation (5 points):

The KUB was used to x-ray the abdomen for the cause of the patient's abdominal pain. It is non-invasive and uses x-ray imaging to view the kidneys, ureters, and bladder (Van Leeuwen & Bladh, 2021).

The CT scan was used to confirm the cause of the abdominal pain and confirm appendicitis (Van Leeuwen & Bladh, 2021).

Diagnostic Test Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis.

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

Brand/Generic	acetaminophen (Tylenol)	Piperacillin/ tazobactam (Zosyn)	N/A	N/A	N/A
Dose	320 mg	1 gram in 50 mL NS IVPB	N/A	N/A	N/A
Frequency	q6h PRN for pain, fever >101	Infuse over 30 min q8h x 2 doses	N/A	N/A	N/A
Route	PO	NS IVPB	N/A	N/A	N/A
Classification	Analgesic Antipyretic	Penicillin Antibiotics/ Beta-lactamase Inhibitor	N/A	N/A	N/A
Mechanism of Action	The mechanism of action is unknown (Jones & Bartlett Learning,	Kills bacteria by inhibiting the synthesis of bacterial cell walls. It binds preferentially	N/A	N/A	N/A

	2020).	to specific penicillin-binding proteins located inside bacterial cell walls (Jones & Bartlett Learning, 2020).			
Reason Client Taking	The patient is taking this for pain due to having an appendicitis followed by an appendectomy . The patient is also prescribed this for a fever >101.	Zosyn is used for intra-abdominal infections such as appendicitis.	N/A	N/A	N/A
Concentration Available	320 mg PO q6h PRN pain, fever >101	1 gram in 50 mL NS IVPB	N/A	N/A	N/A
Safe Dose Range Calculation	10-15mg/kg/ dose 10mg/25.8kg = 258mg/dose 15mg/25.8kg = 387mg/dose	270 to 337.5 mg/kg/day 6,966 to 8,707 mg / day	N/A	N/A	N/A
Maximum 24-hour Dose	1,032 to 1,548	6,966 to 8,707 mg / day	N/A	N/A	N/A
Contraindications (2)	Severe hepatic disease. Severe hepatic impairment.	Low potassium in the blood and chronic kidney disease.	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Hypotension and right upper quadrant abdominal	Nausea and trouble sleeping.	N/A	N/A	N/A

	pain.				
Nursing Considerations (2)	Intended for temporary use only. Should not be given for more than 4 to 5 days without provider reassessment. Assess the use of over-the-counter products containing acetaminophen because they could cause liver toxicity.	Monitor signs of allergic reactions and anaphylaxis. Monitor for bleeding.	N/A	N/A	N/A
Client Teaching needs (2)	Take acetaminophen exactly as it is prescribed on the package label. Do not take more than the recommended dose. Avoid drinking alcohol while taking this medication.	Use the medication for the full prescribed time, even if symptoms improve. Frequent blood tests may be necessary.	N/A	N/A	N/A

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:**	**Alertness:** Alert and responsive **Orientation:** Orientated to person, place, time, and situation.

Distress: **Overall appearance:**	**Distress:** The patient was in no apparent distress. **Overall appearance:** The patient was appropriately dressed and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: N/A** **Drains present: Y☐ N ☒** **Type:** **IV Assessment (If applicable to child):** **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	**Skin color:** Usual for ethnicity **Character:** The skin is dry on his elbows, heels, knees, and feet. **Temperature:** The skin is warm to the touch on his upper and lower extremities. **Turgor:** Elasticity. **Rashes/Bruises:** The patient has no rashes or bruises. **Wounds:** The patient has 3 puncture sites – 1 in the umbilicus, 1 in the lower-left quadrant, and 1 suprapubic from the appendectomy. They are covered with gauze, glue, and Tegaderm. **Size of IV:** 22-gauge **Location of IV:** Left AC **Date on IV:** 2/15/2022 **Patency of IV:** The IV is patent. **Signs of erythema, drainage, etc.:** There are no signs of erythema, phlebitis, or infiltration. **IV dressing assessment:** The site was dry, clean, and intact. **IV Fluid Rate or Saline Lock:** D5 1/2NS c 20 mEq KCl @ 50 ml/hr running continuously
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Head/Neck:** Normocephalic atraumatic, active range of motion, supple, non-tender, no carotid bruits, no jugular venous distention (JVD), no lymphadenopathy, and no thyromegaly. There is no obvious abnormalities or contusions on the patient's head. **Ears:** The right and left ear are symmetrical and bilaterally placed. They are clear with ability to hear out of both ears. Tympanic membrane is a pearly gray color in the right and left ear. There is no drainage or cerumen present inside of the ears (right and left). **Eyes:** For the right and left eye, pupil size 3mm, pupils equal, round, and reactive to light and accommodation (PERRLA), extraocular movements intact (EOMI), conjunctiva has no

	abnormalities, no scleral icterus. **Nose** Symmetrical, clear with no drainage, no sinus tenderness, and no deviated septum. **Mouth/teeth:** Pink, moist oral mucous membranes with no signs of dental caries. Oropharynx is clear and moist. .
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:**	**Heart Sounds:** S1 and S2 sounds from the aortic, pulmonic, Erb's point, tricuspid, and mitral locations of the heart. There was no friction rubs, gallops, or murmurs detected or heard on S3 and S4. **Cardiac rhythm:** Regular rhythm, no murmurs. **Peripheral Pulses:** Bilateral carotid, popliteal, dorsalis pedis, and radial pulses were 3+ upon palpation. **Capillary Refill:** Less than 3 seconds for the upper right and left extremities and lower right and left extremities. **Edema:** The patient has no signs of edema on his body.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath Sounds:** Clear to auscultation and percussion (inspiratory and expiratory) in all lobes. **Respirations:** Non-labored, regular, accessory muscle not used. **Lung aeration:** Equal.
GASTROINTESTINAL: **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation Bowel sounds:** **Last BM:** N/A **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	**Diet at home:** Patient is on a regular diet at home. **Current Diet:** Clear liquid diet – advance as tolerated. **Height**: 128.1 cm **Weight:** 25.8 kg **Bowel Sounds:** Active in all 4 quadrants. **Palpation:** Abdomen is soft with no masses. **Tenderness:** Patient denies any tenderness. **Distention:** No distention. **Incisions:** 3 puncture sites – 1 in the umbilicus, 1 in the lower-left quadrant, and 1 suprapubic. All are covered with glue, gauze, and Tegaderm. **Scars:** No scars. **Drains:** No drains. **Wounds:** No wounds.

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** N/A **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color/Character:** Urine is clear, light yellow with no odor. **Dialysis:** No Dialysis **Genitals:** No abnormalities. **Catheter:** No catheter.
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**☐	**Neurovascular:** Nails are smooth without pits or grooves. They are uniform in consistency and in color. They are free of discoloration and spots. The patient's skin is warm on his upper right and left extremities and lower right and left extremities. **ROM:** Patient has active range of motion on his upper right and left extremities and lower right and left extremities. **Strength** Patient shows equal strength on his upper right and left extremities and lower right and left extremities. **Supportive devices:** The patient does not use any supportive devices. **Activity/mobility status:** Independent (up ad lib) as tolerated.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Orientation:** Orientated to person, place, time, and situation. **Cognition/mental:** Normal cognition. **Speech:** Clear and understandable. **Sensory**: Patient has sensation that is equal on his right and left upper extremities and on his right and left lower extremities. **Level of Consciousness (LOC):** The patient is alert and awake. The patient answers questions appropriately.
PSYCHOSOCIAL/CULTURAL: **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home**	The patient has support by his aunt which is his caregiver since his parents passed away. The patient lives at home with his aunt and her 3 cats.

environment, family structure, and available family support):	

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	22 breaths per minute	99.4 F orally	96% RA
1200	96 bpm	98/60	22 breaths per minute	98.8 F orally	97% RA

Vital Sign Trends: The patient's vital signs are within normal range. The patient's pulse rate is at the high end of the normal values. The nurse should continue to monitor.

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

Pulse Rate	60 – 100 bpm
Blood Pressure	Systolic 97-115 Diastolic: 57-76
Respiratory Rate	14 – 26 breaths per minute
Temperature	97.7 to 99.5 F orally
Oxygen Saturation	92-100% RA

Normal Vital Sign Range Reference (APA):

Novak, C. (2018). *Pediatric vital signs reference chart*. Peds Cases. https://www.pedscases.com/pediatric-vital-signs-reference-chart

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	FACES	Left Shoulder	5 out of 10	N/A	A heat pack was applied to the shoulder area.
Evaluation of pain status *after* intervention	FACES	Abdominal Pain	2 out of 10	N/A	Distraction was used.
Precipitating factors: The patient had an appendicitis which resulted in an appendectomy. **Physiological/behavioral signs:** The patient verbally complained that his left shoulder blade was hurting. There were no other physiological or behavioral signs.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
N/A	**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. School-age children will gain 2 to 3 kg (4.4 to 6.6 lb) per year (Ricci et al., 2021).
2. School-age children will grow about 5 cm (2 inches) per year (Ricci et al., 2021).
3. School-age children will lose all 20 of the primary deciduous teeth and replace those teeth by 28 to 32 permanent teeth (Ricci et al., 2021).

Age-Appropriate Diversional Activities

1. School-age children play simple board and number games (Ricci et al., 2021).
2. School-age children collect rocks, stamps, cards, or stuffed animals (Ricci et al., 2021).

3. School-age children join organized sports (Ricci et al., 2021).

Psychosocial Development:

Which of Erikson's stages does this child fit? Erikson: industry vs. inferiority (Ricci et al., 2021).

What behaviors would you expect? School-age children develop an awareness of themselves in relation to others, as well as an understanding of personal values, abilities, and physical characteristics (Ricci et al., 2021). They are more modest than preschoolers and place more emphasis on privacy issues (Ricci et al., 2021). Solidification of body image occurs, and curiosity about sexuality should be addressed with education regarding sexual development and the reproductive process (Ricci et al., 2021). Bullying actions are intended to cause harm or to control someone and are sometimes attributed to poor relationships with peers and difficulty identifying with a group (Ricci et al., 2021).

What did you observe? N/A

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Piaget: concrete operations (Ricci et al., 2021).

What behaviors would you expect? Transitions from perceptual to conceptual thinking, masters the concept of conservation, learns to tell time, classifies more complex information, can see the perspective of others, and is able to solve problems (Ricci et al., 2021).

What did you observe? N/A

Vocalization/Vocabulary:

Development expected for child's age and any concerns? Language skills through vocalization and vocabulary will accelerate during the school-age years (Ricci et al., 2021).

Any concerns regarding growth and development? There is no concerns regarding the growth and development.

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 • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client.	**Rational** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcomes**	**Evaluation** • How did the Client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for deficient fluid volume related to preoperative vomiting and NPO as evidenced by the patient stated that he had been vomiting for 2 days.	I chose this nursing diagnosis because of the importance of preventing dehydration.	1. Monitor electrolytes frequently. 2. Make sure that IV fluids are continuous.	The patient's electrolytes will stay within normal range.	Goal met. The patient had continuous IV fluids and his electrolytes were within normal range.
2. Risk for infection	I chose this nursing	1. Assess the incisions for	The patient's incisions will	Goal met. The patient's incisions

related to appendectomy as evidenced by incisions that could become infected.	diagnosis because there is always the chance of infection whenever a surgery has been performed.	abnormalities such as drainage, swelling, redness, and pain. 2. Assess vital signs (especially temp) for signs of infection.	not become infected.	from his appendectomy showed no signs of infection.
3. Risk for acute pain related to obstructed appendix as evidenced by CT scan findings.	I chose this nursing diagnosis because of the importance of controlling the patient's pain.	1. Assess pain, noting characteristics, location, and severity. Re-asses and report changes. 2. Administer analgesics as prescribed to control the pain.	The patient will report that the pain is controlled and/or relieved.	Goal partially met. The patient stated that he had no pain from the incisions but did have some pain on his shoulder.
4. Knowledge deficit related to infection prevention as evidenced by the child's age and cognition level.	I chose this nursing diagnosis because of the importance of every patient understanding the importance of preventative measures against infection.	1. Teach the patient about infection prevention and have him teach it back. 2. Have the patient watch a video that is age appropriate on preventing infections after surgeries.	The patient will have an understanding on how to prevent infection.	Goal met. The patient watched a video and was taught ways to prevent infection. He then was able to teach it back to me.

Concept Map (20 Points):

Subjective Data

Pain 5/10 – Faces scale
Pain 2/10 – Faces scale
The patient stated that he had abdominal pain
The patient stated that his left shoulder hurt.

Nursing Diagnosis/Outcomes

Risk for deficient fluid volume related to preoperative vomiting and NPO as evidenced by the patient stated that he been vomiting for 2 days.
Goal: The patient's electrolytes will stay within normal range.
Goal met. The patient had continuous IV fluids and his electrolytes were within normal range.
Risk for infection related to appendectomy as evidenced by incisions that could become infected.
Goal: The patient's incisions will not become infected.
Goal met. The patient's incisions from his appendectomy showed no signs of infection.
Risk for acute pain related to obstructed appendix as evidenced by CT scan findings.
Goal: The patient will report that the pain is controlled and/or relieved.
Goal partially met. The patient stated that he had no pain from the incisions but did have some pain on his shoulder.
Knowledge deficit related to infection prevention as evidenced by the child's age and cognition level.
Goal: The patient will have an understanding on how to prevent infection.
Goal met. The patient watched a video and was taught ways to prevent infection. He then was able to teach it back to me.

Objective Data

Temp: 98.6 orally
HR: 96 bpm
RR: 22 breaths
BP: 98/60
O2 Sat: 97% RA
Lab Values:
WBC: 15.0 (H)
RBC: 4.80 (H)
Hgb: 14.0 (H)
Hct: 46 (H)
Platelets: 420 (H)
Creatinine: 0.5 (L)
ESR: 24 (H)
CRP: 1.5 (H)
Glucose: 88 (L)

Client Information

An 8-year-old male with a past medical history of dehydration following gastroenteritis was admitted to the Pediatric floor for appendicitis. There is no past surgical history. Immunizations are up to date (including a negative SARS Covid 19 test).

Nursing Interventions

Monitor electrolytes frequently.
Make sure that IV fluids are continuous.
Assess the incisions for abnormalities such as drainage, swelling, redness, and pain.
Assess vital signs (especially temp) for signs of infection.
Assess pain, noting characteristics, location, and severity.
Re-asses and report changes.
Administer analgesics as prescribed to control the pain.
Teach the patient about infection prevention and have him teach it back.
Have the patient watch a video that is age appropriate on preventing infections after surgeries.