

N433 Care Plan #1

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 6-14-22	<b>Client Initials</b> I.C.M.	<b>Age</b> 1 year & 6 months	<b>Gender</b> Male
<b>Code Status</b> Full code	<b>Weight</b> 12.7 kg	<b>BMI</b> N/A because patient is under 2 y/o	<b>Allergies/Sensitivities</b> N/A

**Medical History (5 Points)****Past Medical History:** N/A**Illnesses:** Bilateral conjunctivitis (1 week ago)**Hospitalizations:** N/A**Past Surgical History:** N/A**Immunizations:** Patient is up to date on all vaccinations (HepB, RV1, DTap, Hib, PCV13, IPV, IIV4, MMR, VAR, and HepA)**Birth History:** 36 weeks 5 days, vaginal birth**Complications (if any):** N/A**Assistive Devices:** N/A**Living Situation:** Patient lives at home with parents.**Admission Assessment****Chief Complaint (2 points):** Left eye swelling**Other Co-Existing Conditions (if any):** N/A**Pertinent Events during this admission/hospitalization (1 points):** The patient reported to CFH ED yesterday for eye swelling and was given Benadryl and bacitracin topically, however

after being sent home the patient returned due to worsening eye swelling and was given IV ceftriaxone. Only one IV attempt was made, and it was successful.

**History of present Illness (OLD CARTS) (10 points):** On June 14th, an 18-month-old male arrived at CFH ED with left eye swelling that had started the morning prior and had worsened further even after treatment in ED with Benadryl and bacitracin. After his second arrival at the ED, the patient required treatment with IV ceftriaxone. The location of the swelling is in the patient's left upper eyelid. The patient's mother stated the duration of swelling as "it started Monday morning, and his eye has been puffy ever since." The swelling includes being confined to only the patient's left eye, with only moderate irritation to the child, as evidenced by the patient's mother stating, "he has not seemed to mind it besides occasional itching, and increased fussiness." For associated factors, the patient's mother reports her son had bilateral conjunctivitis about a week ago, and she assumes his eye itching might have caused this current eye issue. Aggravating factors for the swelling include the patient itching his swollen eye. The mother tried relieving factors prior to admission, including "using ice" and "not letting him touch it." Treatments used in the hospital at this time included Benadryl, bacitracin, and IV ceftriaxone. The severity of the patient's eye swelling is moderate, only causing pruritis and slight irritation to the child. The child's vision is also impaired by the swelling, making it difficult for the child to open his left eye.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Periorbital cellulitis of left eye

**Secondary Diagnosis (if applicable):** N/A

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

Cellulitis, usually caused by skin trauma such as itching, is a localized infection that causes skin and subcutaneous tissue inflammation (Ricci et al., 2021). The patient I treated in clinical practice had recently had bilateral conjunctivitis, which may have caused him to scratch his eye. Bacteria can enter the skin through abrasions, lacerations, insect bites, or open lesions caused by conditions like impetigo (Ricci et al., 2021). Periorbital cellulitis is a bacterial infection in the eyelids and tissues surrounding the eye. Periorbital cellulitis may also result from a bacterial infection near the eye, such as sinusitis (Ricci et al., 2021). Common bacteria that cause periorbital cellulitis include *Staphylococcus aureus*, *Streptococcus pneumoniae*, and *Streptococcus pyogenes* (Bae & Bourget, 2021). As bacteria invade, they overwhelm defensive cells like neutrophils, eosinophils, basophils, and mast cells which causes edema to occur. Cellulitis is typically localized to one area of the body; however, if left untreated, it can spread to other body parts, such as the blood (Bae & Bourget, 2021). Fever is an indication that the infection might be spreading to other areas of the body.

Cellulitis often presents as a red, swollen, painful area of skin that is warm to the touch (Centers for Disease Control and Prevention (CDC), 2020). Skin pitting, blisters, fever, and chills may also be present. Periorbital cellulitis symptoms include unilateral eye swelling and pain. The patient I cared for experienced left eye swelling, pain, and redness. Vital signs in cellulitis can often indicate an infection that has progressed significantly with a rise in temperature and respiratory rate, as well as a decrease in oxygen saturation and blood pressure during serious infections (Ricci et al., 2021). The vitals of the patient I cared for remained in the normal range, a good indicator that his antibiotics have started to work, and that the infection will not spread. Cellulitis is typically diagnosed through a physical exam of the skin; however,

blood and skin samples may be taken to confirm the diagnosis, and a bacterial culture can be used to help identify the organism responsible and the appropriate antibiotic (CDC, 2020). A physical exam, a comprehensive metabolic panel (CMP), a complete blood count (CBC), and a blood culture were used to monitor and diagnose the patient I treated. Labs such as ESR and CRP indicate inflammation in the body and rise with cellulitis infections. White blood cell counts rise due to the body's natural defense fighting against the infection. The patient I treated had increased eosinophils and an elevated ESR lab.

Treatment for cellulitis and periorbital cellulitis depends on the severity of the infection. A mild case is usually treated with oral cephalexin or amoxicillin/clavulanic acid, while a severe case may require IV cephalosporins (Ricci et al., 2021). The treatment used on the patient I treated included the IV antibiotic clindamycin. Treatment also includes monitoring the patient's vitals for indicators the infection is spreading, such as fever.

A significant complication of periorbital cellulitis is orbital cellulitis, which occurs when periorbital cellulitis is not treated effectively (Bae & Bourget, 2021). Often this is why a broad-spectrum antibiotic is given before a culture is complete so the infection will not spread any further and damage more tissue. Orbital cellulitis includes ocular symptoms such as proptosis, eye pain, decreased vision, and limited extraocular motility (Bae & Bourget, 2021). Preventative nursing actions to decrease the risk for orbital cellulitis include monitoring vitals for signs of the infection spreading and giving an antibiotic as soon as prescribed. It also includes educating the patient on antibiotic use, explicitly taking the total prescribed dose. Intracranial infection is also a complication of periorbital cellulitis due to the proximity of the brain to the eye socket. Infections that travel here can lead to a patient having a severe headache, changes in the level of consciousness, irritability, problems with nerve function, and a high temperature (Ricci et al.,

2021). The inflammation of the brain can eventually lead to coma or death if not treated promptly with antibiotics. Once again, monitoring vitals, giving antibiotics promptly, and education on antibiotics can help minimize the risk of the infection spreading or monitor if treatment is effective.

**Pathophysiology References (2) (APA):**

Bae, C., & Bourget, D. (2021, July 21). *Periorbital cellulitis - statpearls - NCBI bookshelf*. Retrieved June 18, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK470408/>

Centers for Disease Control and Prevention. (2020, May 29). *Cellulitis*. Centers for Disease Control and Prevention. Retrieved June 18, 2022, from <https://www.cdc.gov/groupastrep/diseases-public/Cellulitis.html#:~:text=In%20general%2C%20cellulitis%20appears%20as,also%20develop%20fever%20and%20chills>.

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
<b>Activity:</b> UP AD LIB	-Patient is an infant
<b>Diet/Nutrition:</b> Regular diet	-Patient not as hungry due to infection, parents trying to encourage eating
<b>Frequent Assessments:</b> Vitals Q4H	-Monitor for infection spreading, the patient’s vitals stayed in normal range
<b>Labs/Diagnostic Tests:</b> N/A	
<b>Treatments:</b> Give patient medication clindamycin	-Treatment completed, patient responding well, swelling appears to be going down
<b>Other:</b>	
<b>New Order(s) for Clinical Day</b>	
Order(s)	Comments/Results/Completion
N/A*** no new orders	


**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 (18 months)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	3.89-4.97 x10 <sup>6</sup> /uL	4.61	***No labs taken today	
Hgb	10.2-12.7 g/dL	12.1		
Hct	31.0-37.7%	36.6		
Platelets	202-403 x10 <sup>3</sup> /uL	377		
WBC	5.14-13.38 x10 <sup>3</sup> /uL	8.55		
Neutrophils	1.54-7.92 x10 <sup>2</sup> /uL	2.41		
Lymphocytes	1.13-5.52 x10 <sup>3</sup> /uL	4.43		
Monocytes	0.19-0.94 x10 <sup>3</sup> /uL	0.84		
Eosinophils	0.03-0.53 x10 <sup>3</sup> /uL	0.81		Infection and inflammation like the patient's periorbital cellulitis can cause increased eosinophils, as well as patient's medication clindamycin (Cleveland Clinic, 2022).
Basophils	0.01-0.06 x10 <sup>3</sup> /uL	0.04		

<b>Bands</b>	0-5%	N/A		
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**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	138		
<b>K+</b>	3.5-5.1 mmol/L	4.6		
<b>Cl-</b>	98-107 mmol/L	105		
<b>Glucose</b>	74-100 mg/dL	82		
<b>BUN</b>	5-17 mg/dL	<b>19</b>		An increased BUN in this patient may be due to dehydration (Mayo Clinic, 2021).
<b>Creatinine</b>	0.55-1.30 mg/dL	<b>0.43</b>		Infection like the patient's cellulitis and fluid loss from dehydration can cause a low creatinine (Higuera, 2018).
<b>Albumin</b>	3.8-5.4 g/dL	4.0		
<b>Total Protein</b>	5.6-7.5 g/dL	7.2		
<b>Calcium</b>	9.0-11.0 mg/dL	10.2		
<b>Bilirubin</b>	0.2-1.2 mg/dL	0.2		
<b>Alk Phos</b>	9-500 u/L	370		
<b>AST</b>	5-34 u/L	34		
<b>ALT</b>	0-55 u/L	16		
<b>Amylase</b>	40-140 u/L	N/A		
<b>Lipase</b>	0-160 u/L	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	0-2 mm/h	10		An elevated ESR lab is a signal of inflammation in the body most likely caused by the patient's cellulitis (Cherney, 2021).
CRP	0.00-0.50 mg/dL	0.10		
Hgb A1c	<5.7%	N/A		
TSH	0.8-1.8 ng/dL	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	***No urinalysis completed		
pH	4.6-8.0			
Specific Gravity	1.005-1.030			
Glucose	0-0.8 mmol/L			
Protein	<150 mg			
Ketones	<0.6 mg/dL			
WBC	2-5			
RBC	4 RBC/HPF			
Leukoesterase	0-5 WBC/HPF			

**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
<b>Urine Culture</b>	Negative	N/A		
<b>Blood Culture</b>	Negative	-No growth at 24 hrs		
<b>Sputum Culture</b>	Negative	N/A		
<b>Stool Culture</b>	Negative	N/A		
<b>Respiratory ID Panel</b>	Negative	N/A		
<b>COVID-19 Screen</b>	Negative	Negative		

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

Cherney, K. (2021, November 23). *Erythrocyte sedimentation rate test (ESR test)*. Healthline. Retrieved June 18, 2022, from <https://www.healthline.com/health/esr>

*Eosinophilia: Definition, symptoms, causes & treatment*. Cleveland Clinic. (2022, May 12). Retrieved June 18, 2022, from <https://my.clevelandclinic.org/health/diseases/17710-eosinophilia#:~:text=Many%20conditions%20cause%20your%20eosinophil,can%20also%20lead%20to%20eosinophilia>.

Higuera, V. (2018, May 10). *Low creatinine: Causes, symptoms, treatments*. Healthline. Retrieved June 18, 2022, from <https://www.healthline.com/health/low-creatinine>

Mayo Foundation for Medical Education and Research. (2021, August 19). *Blood urea nitrogen (BUN) test*. Mayo Clinic. Retrieved June 18, 2022, from <https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821#:~:text=Generally%2C%20a%20high%20BUN%20level,Urinary%20tract%20obstruction>

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Glucose POC (RR: 100-180 mg/dL in 0-5 y/o): Patients results: 50, 46, 45, 62- Low

**Diagnostic Test Correlation (5 points):** Infection and emotional stress in infants can cause a low glucose POC, such as the patient’s periorbital cellulitis (Mayo Clinic, 2022). This is monitored because hypoglycemia can cause dizziness, confusion, coma, and death.

**Diagnostic Test Reference (1) (APA):**

Mayo Foundation for Medical Education and Research. (2022, May 4). *Hypoglycemia*. Mayo Clinic. Retrieved June 18, 2022, from <https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685>

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

<b>Brand/Generic</b>	Cleocin/clindamycin	Tylenol/acetaminophen	<b>***Patient only taking two medications</b>		
<b>Dose</b>	129 mg	198.4 mg			
<b>Frequency</b>	Q6H	Q4H PRN for pain			
<b>Route</b>	IV	PO oral suspension			
<b>Classification</b>	<u>Pharm:</u> lincosamide, <u>Thera:</u> antibiotic	<u>Pharm:</u> non salicylate, para-aminophenol derivative, <u>Thera:</u> antipyretic, nonopioid analgesic			
<b>Mechanism of Action</b>	Inhibits protein synthesis in susceptible bacteria by binding to the 50S subunits of bacteria ribosomes and preventing peptide bond formation, which	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system, also works on temp regulation center			

	causes bacteria to die	hypothalamus by inhibiting synthesis of prostaglandin E2			
<b>Reason Client Taking</b>	The patient is taking this medication to treat his periorbital cellulitis infection.	The patient is taking this medication to treat pain caused by his eye swelling cellulitis.			
<b>Concentration Available</b>	Unknown	160 mg/5 ml			
<b>Safe Dose Range Calculation</b>	20-40 mg/kg daily: 12.7x20= 254 mg daily/63.5 mg dose 12.7x40= 508 mg daily/ 127 mg dose	160 mg every 4 hrs as needed, maximum 800 mg daily			
<b>Maximum 24-hour Dose</b>	129 mg x 4 doses= 516 mg daily Dose a little high infection very serious	198.4mg x6= 1190 mg daily: dose is higher than safe range for age/ weight Max dose= 800 mg daily			
<b>Contraindications (2)</b>	-Hypersensitivity -Hypotension	-Use cautiously in hypovolemia -Hypersensitivity			
<b>Side Effects/Adverse Reactions (2)</b>	-GI: C-diff infection -HEME: eosinophilia	-CV: hypotension -ENDO: hypoglycemia			
<b>Nursing Considerations (2)</b>	-Assess patient's bowel pattern daily; severe diarrhea may indicate C-diff -Check IV site often for phlebitis and irritation	-Take labs to monitor hepatotoxicity: AST, ALT, bilirubin, and creatinine -Monitor renal function			
<b>Client Teaching needs (2)</b>	-Finish entire prescribed course of therapy -Patient should report rash, itching, or urticaria.	-Do not take any other over the counter acetaminophen containing medications -Teach signs of hepatotoxicity such as bleeding, bruising, and malaise			

**Medication Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.).

**Assessment**

**Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p><b>Alert to verbal/physical stimuli</b>  <b>A&amp;O x4</b>  <b>Distress upon awakening</b>  <b>Pt is well-groomed and nourished</b></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>  <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><b>Skin color appropriate for ethnicity</b>  <b>Skin warm, dry, and intact</b></p> <p><b>Instant recoil less than 2 secs</b></p> <p><b>No rashes, bruising, or wounds</b></p> <p><b>21</b>  <b>No drains noted</b></p> <p><b>22 G</b>  <b>Left antecubital site</b>  <b>6-14-22</b>  <b>IV patent, flushes easily</b>  <b>No redness, or other signs of infection</b>  <b>Dressing clean/dry/intact</b>  <b>Saline locked</b></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><b>Atraumatic, normocephalic, no tracheal deviation, rise and fall of thyroid present</b>  <b>Lymph nodes non-palpable</b>  <b>TMs normal bilaterally, normal hearing, no drainage or pain</b>  <b>Pupils equal round reactive to light, EOMs intact, left eye edema</b>  <b>Nose erythematous, no polyps</b>  <b>Mouth mucosa pink and moist, no tonsil swelling</b></p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b></p>	<p><b>. Regular rate and rhythm, no murmurs rubs or gallops, normal S1 and S2, Pedal pulses equal 3+, radial pulses equal 3+, cap refill &lt;3</b></p>

<p><b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b></p>	<p>secs, No JVD, edema of left eye</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Normal respiratory effort with no accessory muscle use, lungs clear to auscultation bilaterally, no wheezing rhonchi or crackles, rise and fall of chest equal</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current diet:</b>  <b>Height (in cm):</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Type:</b></p>	<p>Infant diet at home          Regular diet in hospital          48 cm          Bowel sounds heard in all 4 quadrants, 5 sounds per minute          6-15-22          No pain, guarding, or masses noted upon palpation          Abdomen soft and nontender, no distention          incision scars, drains, or wounds noted</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>          <b>Type:</b>          <b>Size:</b></p>	<p>Yellow          Cloudy          320 ml            No abnormalities of genitalia</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <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 type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>.          Alert, awake, and responsive          Norm ROM moves all 4 extremities          Strength in upper extremities equal 5+          Strength in lower extremities equal 5+            20 low fall risk</p>

<p><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 type="checkbox"/></p>	<p><b>Independent with one standby</b>  <b>No assistance needed to stand and walk</b></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 checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input 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><b>A&amp;O x4</b>  <b>Strength equal in both upper and lower extremities 5+</b>  <b>Speech appropriate for age</b>  <b>Senses intact</b>  <b>Awake and alert</b></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><b>Patient lives at home with parents, is well nourished and groomed, both parents stayed with patient in hospital, no social services required, mother reports that she copes using family support</b></p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	98 b/min	103/57	28 r/min	36.3 C	99%
1200	120 b/min	***Patient was sleeping	26 r/min	36.7 C	98%

**Vital Sign Trends:** Vitals have remained consistently normal, and well controlled.

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

<b>Pulse Rate</b>	<b>80-140 b/min</b>
<b>Blood Pressure</b>	<b>Systolic: 86-120 Diastolic: 44-75</b>
<b>Respiratory Rate</b>	<b>25-30 r/min</b>

<b>Temperature</b>	<b>37.2 C</b>
<b>Oxygen Saturation</b>	<b>99%</b>

**Normal Vital Sign Range 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.

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1200</b>	<b>(NIPS)</b>	<b>Left eye</b>	<b>2</b>	<b>Itching/fussiness</b>	<b>Give medication acetaminophen</b>
<b>Evaluation of pain status <i>after</i> intervention 1300</b>	<b>(NIPS)</b>	<b>Left eye</b>	<b>0</b>	<b>Pt sleeping</b>	<b>-Patient responded well to medication and is now sleeping comfortably</b>
<b>Precipitating factors:</b> Anytime awoken for vitals patient cried, patient was also grimacing rubbing his eye					
<b>Physiological/behavioral signs:</b> Patient clung to father, did not like being awoken					

**Intake and Output (1 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>240 ml water</b>	<b>320 ml urine voided</b>  <b>X1 bowel movement</b>

**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. **Points to show you something interesting.**
2. **Looks at a few pages in a book.**
3. **Feeds self**

#### **Age Appropriate Diversional Activities**

1. **Bubbles**
2. **Plays with medical equipment like stethoscope**
3. **Holds on to stuffed animal**

#### **Psychosocial Development:**

**Which of Erikson's stages does this child fit?** Autonomy versus shame and doubt

**What behaviors would you expect?** Children become increasingly independent, want to feed themselves, complete tasks independently

**What did you observe?** Patient wanted to feed himself

#### **Cognitive Development:**

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

**What behaviors would you expect?** Increased mobility, early language development

**What did you observe?** Patient walking around, calling dad "dada", making incoherent speech showing toy

**Vocalization/Vocabulary:** Patient can say a few words like "dada" and names for his toys

**Development expected for child's age and any concerns?** Development on track for age

**Any concerns regarding growth and development?** No

#### **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\***

<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> <li>• Listed in order by</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>Interventions (2 per dx)</b></p>	<p><b>Outcomes</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the Client/family respond to the nurse’s actions?</li> <li>• Client response,</li> </ul>
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priority – highest priority to lowest priority pertinent to this client.				status of goals and outcomes, modifications to plan.
<p>1. Acute pain related to left eye swelling secondary to periorbital cellulitis as evidenced by left eye inflammation.</p>	<p>This nursing diagnosis was chosen because the patient grimaced every time he touched his eye to itch at it. The patient was also very irritated due to mom and dad making him put his hand down.</p>	<p>1. Warm compress applied to eye for 5-10 min as tolerated  2. Give acetaminophen for pain relief</p>	<p>1. Patient did not enjoy compress, may be too little for that treatment, acetaminophen was given patient is now sleeping</p>	<p>Parents liked idea of warm compress, child did not Pain was relieved by medication</p>
<p>2. Risk of Infection related to spreading periorbital cellulitis, as evidenced by patient's eye swelling.</p>	<p>This diagnosis was chosen because periorbital cellulitis can often spread an example being sepsis.</p>	<p>1. Give IV clindamycin to treat cause of swelling  2. Trim patient's fingernails to prevent further eye inflammation, and avoid spread of bacteria from hands to eyes</p>	<p>1. Patient allowed his mom to cut his nails shorter, IV clindamycin was given</p>	<p>Overall went over well, parents still have lots of work to do to keep him from touching and rubbing inflamed left eye</p>
<p>3. Disturbed sensory perception related to infection secondary to periorbital cellulitis, as evidenced by patient's left</p>	<p>This diagnosis was chosen because the patient is having difficulty opening his left eye, and a hard time</p>	<p>1. Play music instead of tv so patient can rest eye.  2. Assess the eyes frequently to monitor for further damage</p>	<p>1. Patient listened to YouTube with parents, patient grimaced following my finger during EOM test</p>	<p>Patient's mother already was using this intervention, eye swelling seems to be going down.</p>

eye swelling.	complete extra ocular eye movement.			
4. Impaired skin integrity related to infection secondary to periorbital cellulitis as evidenced by erythema and swelling of left eye.	This diagnosis was chosen because the whole left eye is swollen and itching, causing the patient to touch it more	<ol style="list-style-type: none"> <li>1. Assess the patient's eye frequently for swelling changes</li> <li>2. Give IV clindamycin to treat cause periorbital cellulitis</li> </ol>	1. Patient did not mind being assessed, however feared IV administration, cried and cuddled parents	Swelling went down a bit since this morning, patient can now open left eye a little

**Concept Map (20 Points):**

**Subjective Data**

Patient itches and touches eye frequently  
Grimaces during EOM assessment  
(NIPS) pain rating a 2

**Nursing Diagnosis/Outcomes**

Acute pain related to left eye swelling secondary to periorbital cellulitis as evidenced by left eye inflammation  
Patient did not enjoy compress, may be too little for that treatment, acetaminophen was given patient is now sleeping  
Risk of Infection related to spreading periorbital cellulitis, as evidenced by patient's eye swelling.  
Patient allowed his mom to cut his nails shorter, IV clindamycin was given  
Disturbed sensory perception related to infection secondary to periorbital cellulitis, as evidenced by patient's left eye swelling.  
Patient listened to YouTube with parents, patient grimaced following my finger during EOM test  
Impaired skin integrity related to infection secondary to periorbital cellulitis as evidenced by erythema and swelling of left eye.  
Patient did not mind being assessed, however feared IV administration, cried and cuddled parents

**Objective Data**

Patient cultures were negative  
Eosinophils, BUN, and ESR elevated  
Creatinine low

**Client Information**

18-month-old with left eye swelling, here with both parents, patient seems fussy and irritated, patient's mother reports that he had bilateral conjunctivitis last week and now has left eye swelling

**Nursing Interventions**

Warm compress applied to eye for 5-10 min as tolerated  
Give acetaminophen for pain relief  
Give IV clindamycin to treat cause of swelling  
Trim patient's fingernails to prevent further eye inflammation, and avoid spread of bacteria from hands to eyes  
Play music instead of tv so patient can rest eye.  
Assess the eyes frequently to monitor for further damage

