N433 Care Plan # 1

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (3 points)

Date of Admission 06-20-2022	**Client Initials** R.B.	**Age (in years & months)** Nine years & four months	**Gender** Male
Code Status FULL code	**Weight (in kg)** 37.6 kg	**BMI** 19.99 kg/m^2 91%	**Allergies/Sensitivities (include reactions)** No known allergies.

Medical History (5 Points)

Past Medical History: Attention deficit hyperactivity disorder (ADHD), unspecified viral warts, and anxiety disorder.

Illnesses: n/a

Hospitalizations: Shortness of breath due to croup on 9-16-2014.

Past Surgical History: He did have a broken arm at an unspecified date (a few years ago) where no major surgery was completed, but he did have his arm cast.

Immunizations: DTaP/IPV 12-26-2017

DTaP/IPV/HEPB 04-12-213, 06-07-2013, 09-04-2013

DTaP-acellular 10-20-2016

HEPB 02-03-2013

HIB-ACTHIB 04-12-2013, 06-07-2013

HIB-PRP-OMP/PEDVAX 10-20-2013

Influenza Virus Vaccine 10-20-2016, 12-26-2017, 11-13-2018, 10-28-2020

MMR/Variax 02-04-2013, 06-06-2013

Pneumococcal conjugate-13 04-12-2013, 06-07-2013, 09-04-2013, 10-20-2016

Rotavirus 04-12-2013, 06-07-2013

SARS-CoV-2 pediatric 11-20-2021, 12-18-2021

Birth History: 39 weeks and six days AGA male born vaginally with an APGAR of 9/9 to G5P2, a 26-year-old mother. The mother is an AB+ blood type. The pregnancy was negative for rubella and GBS and nonreactive to RPR and HIV. Delivery was uncomplicated. The baby had mild jaundice and fever upon birth; he also had white spots on his right big toe at 19 days old that resolved without additional treatment. He was primarily fed with formula and supplemented with breast milk.

Complications (if any): There were no complications.

Assistive Devices: He has a walker and a bedside monitor.

Living Situation: He lives at home with his parents and with two other siblings.

Admission Assessment

Chief Complaint (2 points): Persistent swelling and erythema that is non-responsive to antibiotics in the proper big toe S/P splinter removal on 05-31-2022.

Other Co-Existing Conditions (if any): Attention Deficit Hyperactivity Disorder (ADHD), unspecified viral warts, and anxiety disorder.

Pertinent Events during this admission/hospitalization (1 point): He has anxiety with his IV. On 06-23-2022, he will have his right big toe washout with delayed primary closure.

History of present Illness (OLD CARTS) (10 points): The patient is a nine-year-old and four-month-old male who was brought to the emergency department (ED) by his father on 6-20-2022. The patient had minor trauma that resulted in a cracked right big toenail and a wood splinter underneath. The splinter was removed in the ED with a sterile scalpel, lidocaine, and epinephrine. The physician noted purulent drainage from the incision. The patient was prescribed a 10-day course of cephalexin which improved pain but did not help improve the erythema and swelling. Two days after finishing the antibiotics, the father noted that the swelling was

persistent and took his son to the primary care physician, where a two-week course of Bactrim was prescribed. The father did not see the direct effects of the antibiotics in reducing the swelling. Therefore, he brought his son to the ED. The father noted no fever, chills, nausea, vomiting, or drainage from the toe during this time. The only notable travel was to a lake house a week ago where his son did not swim but did walk in the shallow water and run on the beach. The patient noted having pain a 0/10 when resting and the most pain at a 4-5/10 when kicking a light soccer ball. The patient does not report any difficulties walking and running during practice; he also practices daily. The father did notice a slight limp while the patient (son) was walking. The patient is an avid soccer player and would like to attend soccer camp in weeks.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Septic arthritis of interphalangeal joint of the toe, right (CMS-HCC)

Secondary Diagnosis (if applicable): n/a

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

Acute septic arthritis is when bacteria invade the joint space, most often in the hip or knee (Ricci et al., 2021). However, this patient's case was in the right big toe. Acute septic arthritis can occur at any age but usually occurs in children younger than three years old (Krogstad, 2018). Usually, bacteria gain access to the joint through the bloodstream but can be due to direct puncture from injections, venipunctures, wound infections, surgery, or injury (Ricci et al., 2021). *S. aureus* is the most common causative organism with community-acquired MRSA (Krogstad, 2018). Septic arthritis is considered a medical emergency, as the destruction of the joint cartilage may occur within days. Additional complications include permanent deformity,

leg-length discrepancy, and long-term decreased range of motion and disability. The treatment goals are to prevent the destruction of the joint cartilage and maintain function, movement, and strength (Ricci et al., 2021). It is treated rapidly with joint aspiration or arthrotomy, followed by intravenous antibiotic therapy while in the hospital and oral antibiotics at home (Ricci et al., 2021).

During a nursing assessment, note a history of predisposing factors such as respiratory infection, otitis media, and skin or soft tissue infections (Ricci et al., 2021). Note the extent of fever, reports of pain, refusal to bear weight or straighten the joint, and limited range of motion. The child will hold the joint comfortably, appearing without pain as long as the joint is immobile. Any attempt at a passive range of motion will reveal pain. Palpate the affected joint for warmth and swelling.

During nursing management, assess for wound aspiration or signs of infection—monitor vital signs for fever (Ricci et al., 2021). Pain management with ibuprofen or acetaminophen will be sufficient for children (Ricci et al., 2021). Assess the affected joint for a decrease in swelling, increasing range of motion, and decreasing or absent pain. The child may be discharged after 72 hours of intravenous antibiotics following joint aspiration if he is improving and can tolerate oral antibiotics (Krogstad, 2018). Physical therapy may be consulted for short-term use of crutches or other forms of mobility (Krogstad, 2018). Teach families to assess for signs and symptoms of wound infection, administer oral antibiotics and pain medication, and assist their child with crutch walking (Ricci et al., 2021).

My patient is nine years and four months old. He came to the ED because he previously was on antibiotics, and they were not helping. He ended up having to go to surgery to get a washout. They had him on IV vancomycin and ceftriaxone. The physician decided to do another

washout on 6-23-2022, possibly discharging home. He is non-weight bearing on the right foot and uses a walker to walk with assistance.

Pathophysiology References (2) (APA):

Krogstad, P. (2018). Bacterial arthritis: Epidemiology, pathogenesis, and microbiology in infants and children. *UpToDate*. Retrieved June 23, 2022, from http://www.uptodate.com/contents/bacterial-arthritis-epidiology-pathogenesis-and-microbiology-in-infants-and-children?search=septic%20arthritis&topicRef=6030&source=see_link

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

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Weight-bearing limitations	Right leg non-weight bearing with a walker.
Diet/Nutrition: Regular	Until midnight.
Frequent Assessments: IV access is maintained per protocol. Notify the physician if febrile in the first 48 hours of admission.	
Labs/Diagnostic Tests: Vancomycin trough once. Strict I & O per protocol.	The trough was 6.6 within the normal range, which indicates that it is still working.

Treatments: PT eval & treat per protocol. Consult Podiatry.	
Other:	
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
NPO at midnight.	NPO at midnight due to the patient having surgery in the morning.
Lactobacillus rhamnoses (gg) (Culturelle) capsules ten billion cells.	One capsule daily.
Vancomycin 750 mg: 265 mg/hr: IVPB: Q6HR	Physician increased until the next trough tomorrow.

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	**3.96-5.03 10^6u/L**	5.02	**n/a**	
Hgb	**10.7-15.5 g/dL**	14.5	**n/a**	
Hct	**32-44%**	42.1	**n/a**	
Platelets	**206-369 10^3/uL**	363	**n/a**	
WBC	**4.31-11.00 10^3/uL**	6.35	**n/a**	

Neutrophils	**1.63-7.55 10^3/uL**	3.39	**n/a**	
Lymphocytes	**0.97-3.96 10^3/uL**	2.47	**n/a**	
Monocytes	**0.19-0.85 10^3/uL**	0.44	**n/a**	
Eosinophils	**0.03-0.52 10^3/uL**	0.01	**n/a**	The patient might have a lower-than-normal eosinophil count due to the overproduction of certain steroids in the body (such as cortisol) (Capriotti, 2020).
Basophils	**0.00-0.52 10^3/uL**	0.03	**n/a**	
Bands	**< or = 10%**	**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 mmol/L**	138	**n/a**	
K+	**3.5-5.1 mmol/L**	4.1	**n/a**	
Cl-	**90-110 mmol/L**	103	**n/a**	
Glucose	**74-100 mg/ dL**	92	**n/a**	
BUN	**7-17 mg/dL**	15	**n/a**	
Creatinine	**0.55-1.02 mg/dL**	0.70	**n/a**	
Albumin	**3.8-5.4 g/dL**	4.3	**n/a**	
Total Protein	**6.0-8.0 g/dL**	8.2	**n/a**	The patient's total protein could be elevated due to an acute reaction to an acute infection, stress, or even surgery (Pagana & Pagana, 2018).
Calcium	**8.8-10.8 mg/dL**	10.3	**n/a**	

Bilirubin	**0.2-1.2 mg/ dL**	0.3	**n/a**	
Alk Phos	**9-500 U/L**	251	**n/a**	
AST	**5-34 U/L**	34	**n/a**	
ALT	**0-55 U/L**	17	**n/a**	
Amylase	**20-110 U/L**	**n/a**	**n/a**	
Lipase	**0-160 units/ L**	**n/a**	**n/a**	

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

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	**3-13 mm/hr**	5	**n/a**	
CRP	**0.00-0.50 mg/L**	0.12	**n/a**	
Hgb A1c	**4-5.9%**	**n/a**	**n/a**	
TSH	**0.350-4.940 IU/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 and clear**	**n/a**	**n/a**	***Patient did not have a urinalysis done***
pH	**5.0-7.0**	**n/a**	**n/a**	
Specific Gravity	**1.010-1.025**	**n/a**	**n/a**	

Glucose	**Negative**	**n/a**	**n/a**	
Protein	**Negative**	**n/a**	**n/a**	
Ketones	**Negative**	**n/a**	**n/a**	
WBC	**0-25/uL**	**n/a**	**n/a**	
RBC	**0-20/uL**	**n/a**	**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**	**Negative**	**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**	**Negative**	

Lab Correlations Reference (1) (APA):

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

Pagana, T. J., & Pagana, K. D. (2018). *Mosby's manual of diagnostic and laboratory tests* (6th ed.). Elsevier -Health Sciences Division.

Diagnostic Imaging

All Other Diagnostic Tests (5 points) & Diagnostic Test Correlation (5 points):

An *ultrasound* imaging test uses sound waves to create a picture (also known as a sonogram) of organs, tissues, and other structures inside the body (NLM, 2020). An ultrasound can also show body parts in motion, such as a heart beating or blood flowing through blood vessels (NLM, 2020). Ultrasound of the right toe (non-vascular), per the chart, the impression reads, “Hypoechoic region noted in the subcutaneous soft tissues dorsal interphalangeal joint concerning for phlegmon/developing abscess which appears to extend to the interphalangeal joint space. There is a small joint effusion with synovial hyperemia raising concern for septic arthritis in the appropriate clinical setting. No definite echogenic foreign body was identified; however, small foreign bodies could be obscured on this exam due to the heterogeneity of the soft tissues detailed above.”

X-rays are a form of electromagnetic radiation, similar to visible light (NIH, 2022). Unlike light, however, x-rays have higher energy and can pass through most objects, including the body (NIH, 2022). Medical x-rays are used to generate images of tissues and structures inside the body (NIH, 2022). X-ray of the right toe (big toe) AP/Lat only, per the chart the impression reads, “There is leniency seen in the volar base of the first distal phalanx which could be due to reactive hyperemia however early osteomyelitis cannot be excluded without MRI or three-phase bone scan. Adjacent soft-tissue swelling could be due to cellulitis.”

Magnetic resonance imaging (MRI) is a non-invasive diagnostic scanning technique that provides valuable information about the body’s anatomy by placing the patient in a magnetic field (Pagana & Pagana, 2018). MRI of the great right toe without contrast, per the chart the impression reads, “Complex joint effusion with a dorsal medial capsular defect extending the skin surface. Findings are most consistent with right great toe IP joint septic arthritis status post

penetrating trauma. No convincing findings for osteomyelitis. Mild reactive bone marrow edema of the proximal phalanx."

Diagnostic Test Reference (1) (APA):

NIH. (2022, June). *X-rays*. National Institute of Biomedical Imaging and Bioengineering. Retrieved June 24, 2022, from https://www.nibib.nih.gov/science-education/science-topics/x-rays

NLM. (2020, December 15). *Ultrasound: Medlineplus medical test*. MedlinePlus. Retrieved June 24, 2022, from https://medlineplus.gov/lab-tests/sonogram/

Pagana, T. J., & Pagana, K. D. (2018). *Mosby's manual of diagnostic and laboratory tests* (6th ed.). Elsevier -Health Sciences Division.

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

Generic **Brand**	**Vancomycin hydrochloride (Vancocin)**	**ceftriaxone sodium (Rocephin)**	**ketorolac tromethamine (Toradol)**
Dose	60 mg/kg/day X 38 kg	50 mg/kg/day X 37.6 kg	15 mg
Frequency	570 mg: 261.4 mL/hr: Q6HR	1880 mg: 100 mL/hr: Q24HR	Q6HR
Route	IVPB	IVPB	IV Push
Classification	Antibiotic Glycopeptide	Antibiotic Third-generation cephalosporin	NSAIDs Analgesic
Mechanism of Action	Inhibits bacterial RNA and cell wall synthesis; it alters the permeability of bacterial membranes, causing the cell wall to lysis and cell death (Jones & Bartlett	Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands. Peptidoglycan	Blocks cyclooxygenase, and enzyme needed to synthesize prostaglandins. Prostaglandins mediate inflammatory response and cause local vasodilation, pain, and swelling. They also

	Learning, 2020).	makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die (Jones & Bartlett Learning, 2020).	promote pain transmission from periphery to spinal cord. By blocking cyclooxygenase and inhibiting prostaglandins, this NSAID reduces inflammation and relieves pain (Jones & Bartlett Learning, 2020).
Reason Client Taking	This patient is taking this medication to treat bacterial septicemia, and bone and joint infections (Jones & Bartlett Learning, 2020).	This patient is taking this medication to treat bacterial septicemia, and bone and joint infections (Jones & Bartlett Learning, 2020).	This patient is taking this medication to help treat moderate to severe pain that requires analgesia at the opioid level (Jones & Bartlett Learning, 2020).
Concentration Available	500 mg every 6 hours (Jones & Bartlett Learning, 2020).	50 mg/kg (Jones & Bartlett Learning, 2020).	15 mg every 6 hours (Jones & Bartlett Learning, 2020).
Safe Dose Range Calculation	60 mg/kg/day = 570 mg Q6HR	50 mg/kg/day= 1880 mg Q24HR	15 mg Q6HR
Maximum 24-hour Dose	2,280 mg	1 g (Jones & Bartlett Learning, 2020).	60 mg (Jones & Bartlett Learning, 2020).
Contraindications (2)	Hypersensitivity to corn or its products when given with dextrose solution (Jones & Bartlett, 2020). Hypersensitivity to vancomycin or its components (Jones & Bartlett, 2020).	IV administration of ceftriaxone solutions containing lidocaine (Jones & Bartlett Learning, 2020). Hypersensitivity to ceftriaxone or its components (Jones & Bartlett Learning, 2020).	History of asthma and hypersensitivity to ketorolac tromethamine or its components (Jones & Bartlett Learning, 2020).
Side Effects/Adverse Reactions (2)	Adverse reactions could be abdominal pain, diarrhea or constipation, and eosinophilia (Jones & Bartlett, 2020).	Adverse reactions could be abdominal cramps, diarrhea, and edema (Jones & Bartlett Learning, 2020).	Adverse reactions could be abdominal pain, sepsis, and rash (Jones & Bartlett Learning, 2020).
Nursing Considerations (2)	Nursing considerations could be that rapid delivery	Nursing considerations could monitor the	Nursing considerations should be to monitor liver enzymes and assess the

	may cause hypotension or transient “red man syndrome” and monitor for diarrhea when receiving an IV form of vancomycin (Jones & Bartlett Learning, 2020).	patient for diarrhea and never be using diluent that contains calcium (Jones & Bartlett Learning, 2020).	patient’s skin routinely for rash or other evidence of hypersensitivity because this medication can cause serious skin reactions without warning (Jones & Bartlett Learning, 2020).
Client Teaching needs (2)	The nurse should educate the patient to notify the prescriber if he develops persistent or severe diarrhea and that the patient needs to follow up with the provider if they do not notice improvement (Jones & Bartlett Learning, 2020).	The nurse should educate the patient to urge the patient to report watery, bloody stools to the prescriber immediately, even up to 2 months after drug therapy has ended (Jones & Bartlett Learning, 2020). The nurse should educate the patient to report any hypersensitivity reactions, such as a rash, itching skin, or hives (Jones & Bartlett Learning, 2020).	The nurse should educate the patient not to take aspirin or other NSAIDs while taking this medication unless they talk to their provider (Jones & Bartlett Learning, 2020). The nurse should educate the patient to avoid hazardous activities until the drug’s CNS effects are known (Jones & Bartlett Learning, 2020).

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	They appear sitting in bed, conversing with their father and mother. Answers questions at appropriate times. The patient is alert and oriented to person, place, time, and situation.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** 3; low risk for skin breakdown. **Drains present:** NO **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 is normal for the patients race and skin is warm and dry upon palpation. No rashes or lesions. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally. Could not assess the right foot due to the physician having it wrapped up. Per chart states, "No active drainage, no warmth, mild tenderness, no bony tenderness, and the patient is able to passively flex his toe." The patient does have several bruises noted on his shins. 20 gauge Anterior left upper forearm 06-20-2022 The patient's IV access is intact and clean with no redness or drainage noted the at the site. Flushes without difficulty due to a continuous IV. D5-0.9% NaCl with KCl 20 mEq 10mL/hr:IV:continuous
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	*Head and Neck:* Head and neck are symmetrical, the trachea is midline without deviation, the thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. *Eyes:* Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, Rosenburg 20/20, EOMs intact bilaterally. *Ears:* Bilateral auricles moist and pink without lesions, bilateral canals clear with pearly grey tympanic membranes. Nose: Septum is midline, turbinates are moist and pink bilaterally, and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to

	palpation. *Teeth:* Dentition is good, oral mucosa overall is moist and pink without lesions noted. *Throat:* Posterior pharynx and tonsils are moist and pink without exudate noted. The uvula is midline; the soft palate rises and falls symmetrically. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: NO** **Edema: NO** **Location of Edema:**	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm**.** Capillary refill is less than 3 seconds and peripheral pulses are 2+ bilaterally in the upper and lower extremities.
RESPIRATORY: **Accessory muscle use: NO** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sound clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted. .
GASTROINTESTINAL: **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: NO** **Nasogastric: NO** **Size:** **Feeding tubes/PEG tube NO** **Type:**	. The patient consumes a regular diet at home and is currently eating a regular diet in the hospital. He has no dietary restrictions. The patient's height is 137.2 cm tall. Active bowel sounds are heard in all four quadrants. The patients last bowel movement was this morning 6-22-2022. No pain was noted upon palpation of the abdomen. No distention, incisions, scars, drains or wounds are noted upon inspection of the abdomen.
GENITOURINARY: **Color:**	The patient's urine is clear and yellow in color. No distinct odor is noted. He denies pain with

Character: **Quantity of urine:** **Pain with urination: NO** **Dialysis: NO** **Inspection of genitals:** **Catheter: NO** **Type:** **Size:**	urination. He voided 1979.7 mL during my rotation. No genital abnormalities were noted.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YES** **Fall Risk: YES** **Fall Score: 7-Low Fall Risk** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	All extremities have a full range of motion (ROM). Hand grips demonstrate normal and equal strength. The patient's pedal pushes and pulls were strong in the left leg, but due to the patient having a non-weight bearing on the right leg we could not perform. The patient uses a walker to walk with and does not need help other than someone moving the IV pole for him. The patient is a low fall risk with a Cummings Pediatric Fall Assessment of seven.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient alert and oriented to person, place, and time. Hand grips demonstrate normal and equal strength. The patient never LOC. PERRLA. Could not assess equal strength in the legs due to the incision in right foot and is also non-weight bearing.
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 patient enjoys playing soccer, playing video games, and spending time with friends. He has been using his cell phone and GameBoy as a coping mechanism to pass the time. His father spent most of his time at the hospital, and the mother came to visit for a few hours. He has a good relationship with his family. They are all supportive of him, but they all could not visit. He will be discharged home with his parents. When the patient gets discharged, he will need a walker to walk with and a seat/bench to go into the shower, and he will need assistance walking up and down stairs.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0924	**79**	**92/56**	**16**	**97.7 F**	**100%** **Room Air**
1129	**85**	**102/64**	**17**	**97.7 F**	**99%** **Room Air**

Vital Sign Trends: The patient's first blood pressure was low, but he sat, sat, and played on his phone, relaxing in the bed. His blood pressure increased due to him using the restroom before rechecking. His respirations were low, but he was resting on his phone.

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

Pulse Rate	**75-118 bpm**
Blood Pressure	**Systolic 97-120** **Diastolic 57-80**
Respiratory Rate	**18-26 respirations/min**
Temperature	**97.6 F – 100.4 F**
Oxygen Saturation	**95-100%**

(Pagana & Pagana, 2018)

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

Pagana, T. J., & Pagana, K. D. (2018). *Mosby's manual of diagnostic and laboratory tests* (6th ed.). Elsevier -Health Sciences Division.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0924	**Numeric**	**n/a**	**0**	**n/a**	**No pharmacologic interventions. The patient was using his phone and television as a form of distraction from any potential pain.**
Evaluation of pain status *after* intervention	**Numeric**	**n/a**	**0**	**n/a**	**The patient was on his cell phone.**
Precipitating factors: The patient was not in pain. No precipitating factors were noted. **Physiological/behavioral signs:** The patient showed no psychological or behavioral signs of pain.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
1980 mL	**Voided 5x** **Bowel Movement 3x**

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. Can count backward.
2. Can name the months and days of the week in order.
3. Reads more and enjoys reading.

Age-Appropriate Diversional Activities

1. Playing board, card, and video games.
2. Putting puzzles together.
3. Playing sports such as soccer, basketball, baseball, or even football.

Psychosocial Development:

Which of Erikson's stages does this child fit?

Industry vs. Inferiority

What behaviors would you expect?

During the industry versus inferiority stage, children become capable of performing increasingly complex tasks (Ricci et al., 2021). As a result, they strive to master new skills. Children who are encouraged and commended by parents and teachers develop a feeling of competence and belief in their abilities (Ricci et al., 2021). Those who receive little or no encouragement from parents, teachers, or peers will doubt their ability to be successful (Ricci et al., 2021).

What did you observe?

During observation of the day, he was very to himself. He talked and answered questions appropriately. He was on his cell phone as a form of distraction. The parents did encourage him to move and assisted me when doing his vitals.

Cognitive Development:

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

Concrete operational

What behaviors would you expect?

Concrete means physical things and *operational* means a logical way of operating or thinking (Ricci et al., 2021). Putting it all together, your child is beginning to think logically and

rationally, but they tend to be limited to thinking about physical objects (Ricci et al., 2021). More logical and methodical manipulation of symbols. Less egocentric, and more aware of the outside world and events (Ricci et al., 2021).

What did you observe?

During observation of the day, he was very to himself. He talked and answered questions appropriately. He was on his cell phone as a form of distraction. The parents did encourage him to move and assisted me when doing his vitals. He admits to wanting to get his toe fixed so he can play soccer again.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

Language continues to accelerate during these years, and vocabulary expands due to reading more (Ricci et al., 2021). They begin to use more complex grammatical forms such as plurals and pronouns (Ricci et al., 2021). They develop metalinguistic awareness and enjoy jokes and riddles. They are beginning to understand metaphors. They tend to imitate parents, family members, and others. Therefore, role modeling is critical.

Any concerns regarding growth and development?

There do not seem to be any concerns regarding growth and development now. The only concern is that the patient was not actively engaging in conversation.

Developmental Assessment Reference (1) (APA):

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

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing	Rational	Interventions	Outcomes	Evaluation

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.	● Explain why the nursing diagnosis was chosen	**(2 per dx)**		● How did the Client/family respond to the nurse's actions? ● Client response, the status of goals and outcomes, modifications to plan.
1. Risk for falls related to impaired mobility as evidenced by the patient using a walker.	This nursing diagnosis was chosen because the patient is non-weight bearing on his right foot and uses a walker to get around.	**1.** Encourage parents to train children in using staircases, elevated porches, and decks in the home (Ackley et al., 2020). **2.** Inform parents to keep thinking ahead about new falling hazards that children may encounter (Ackley et al., 2020).	**1.**The patient will not sustain a fall.	With constant adult supervision, allow children to hold on to the rail and walk carefully down each step one at a time (Ackley et al., 2020). Children will always be prone to falls and injuries despite carefully modifying the home with safety measures. Make sure to never leave children unattended at all times and use all the safety precautions provided (Ackley et al., 2020).
2. Risk for infection related to incision on the right toe as evidenced by the patient being on two	This nursing diagnosis was chosen because the patient is on Vancomycin and Ceftriaxone. This patient was on previous	**1.** Assess skin for color, moisture, and warmth (Ackley et al., 2020). **2.** Instruct parents on appropriate indicators for medical visits	**1.**The patient will remain free from symptoms of infection and will demonstrate proper hygiene.	Assessing the skin can be an indicator of infection. Doing so can help prevent the infection from spreading and becoming worse (Ackley et al., 2020). Informing the parents about the importance

different antibiotics.	antibiotics that did not work which caused him to have septic arthritis.	and the risks associated with overuse of antibiotics (Ackley et al., 2020).		of follow-up appointments can help the patient improve. Since this patient has been on multiple antibiotics, it is essential to tell them about adverse effects to watch for (Ackley et al., 2020).
3. Risk for overweight related to high BMI of 19.99 kg/m^2 as evidenced by being in the 91% percentile.	This nursing diagnosis was chosen because the patient is in the 91% percentile of being overweight and has a BMI of 19.99 kg/m^2.	**1.** Assess knowledge of parents and child about nutritional needs of a school-age child (Phelps et al., 2017). **2.** Discuss ways to decrease temptation to overeat and make healthy meal choices (Phelps et al., 2017).	**1.**That the child will maintain a healthy weight for age, BMI less than 85th percentile, and lose weight at an appropriate rate.	Discussing the nutritional needs of a school-age child will be beneficial. The parents might lack the knowledge and are grateful for the information provided (Phelps et al., 2017). Eating healthy can help the child maintain a healthy weight. Involving the child in healthy meal choices can help him feel more involved and want to do better (Phelps et al., 2017).
4. Deficient diversional activity related to environmental lack of diversion as evidenced by boredom.	This nursing diagnosis was chosen because this patient has ADHD and was using his phone as a form of distraction.	**1.** Provide art and craft supplies to enhance the child's creativity (Phelps et al., 2017). **2.** Provide carious toys, supplies, and activities for the child to use (Phelps et al., 2017).	**1.**The patient will select and participate in age-appropriate play, express enjoyment, and achieve age-appropriate developmental tasks.	Providing these activities will help the child express contentment and want to participate in activities voluntarily (Phelps et al., 2017). Providing these activities can help with the child's ADHD and his boredom (Phelps et al., 2017).

Other References (APA):

Ackley, B. J., Ladwig, G. B., Flynn, M. M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care* (Twelfth). Elsevier.

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017). *Sparks & Taylor's nursing diagnosis reference manual* (Tenth). Wolters Kluwer Health.

Concept Map (20 Points):

Subjective Data

There were not much subjective data other than the patient wanting to go home. The patient was bored due to playing on his phone as a distraction.

Nursing Diagnosis/Outcomes

1. **Risk for falls related to impaired mobility as evidenced by the patient using a walker.**

The patient will not sustain a fall.

2. **Risk for infection related to incision on the right toe as evidenced by the patient being on two different antibiotics.**

The patient will remain free from symptoms of infection and will demonstrate proper hygiene.

3. **Risk for overweight related to high BMI of 19.99 kg/m^2 as evidenced by being in the 91% percentile.**

That the child will maintain a healthy weight for age, BMI less than 85th percentile, and lose weight at an appropriate rate.

4. **Deficient diversional activity related to environmental lack of diversion as evidenced by boredom.**

The patient will select and participate in age-appropriate play, express enjoyment, and achieve age-appropriate developmental tasks.

Nursing Interventions

1. **Encourage parents to train children in using staircases, elevated porches, and decks in the home (Ackley et al., 2020).**
2. **Inform parents to keep thinking ahead about new falling hazards that children may encounter (Ackley et al., 2020).**

1. **Assess skin for color, moisture, and warmth (Ackley et al., 2020).**
2. **Instruct parents on appropriate indicators for medical visits and the risks associated with overuse of antibiotics (Ackley et al., 2020).**

1. **Assess knowledge of parents and child about nutritional needs of a school-age child (Phelps et al., 2017).**
2. **Discuss ways to decrease temptation to overeat and make healthy meal choices (Phelps et al., 2017).**

1. **Provide art and craft supplies to enhance the child's creativity (Phelps et al., 2017).**
2. **Provide carious toys, supplies, and activities for the child to use (Phelps et al., 2017).**

Objective Data

Weight (in kg)	BMI
37.6 kg	19.99 kg/m^2 91%

Client Information

Date of Admission	Client Initials	Age (in years & months)	Gender
06-20-2022	R.B.	Nine years & four months	Male
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
FULL code	37.6 kg	19.99 kg/m^2 91%	No known allergies.

Attention deficit hyperactivity disorder (ADHD), unspecified viral warts, and anxiety disorder.