N433 Care Plan #1

Lakeview College of Nursing

Caite Blakeney

Demographics (3 points)

Date of Admission 6/4/22	**Client Initials** JP	**Age (in years & months)** 14 years	**Gender** Male
Code Status Full	**Weight (in kg)** 52.2 kg	**BMI** 18.56 kg/m^2	**Allergies/Sensitivities (include reactions)** None

Medical History (5 Points)

Past Medical History: N/A

Illnesses: n/a

Hospitalizations: n/a

Past Surgical History: n/a

Immunizations: D-tap, Acellular (Intarix), HEP B, HIB, Hep A, Human papillomavirus, Meningococcal, MMRI, Prevnar 13, (IPOL), T-Dap, Varicella Virus.

Birth History: None on file.

Complications (if any):

Assistive Devices: Pt is currently learning how to use a walker and wheelchair.

Living Situation: Patient lives at home with his mom, dad and four siblings.

Admission Assessment

Chief Complaint (2 points): Ankle Pain with R ankle comminuted/Displaced fracture.

Other Co-Existing Conditions (if any): n/a

Pertinent Events during this admission/hospitalization (1 points): Patient was scared when trying to ambulate. Patient was very unstable with crutches and walker; therefore, the wheelchair was suggested.

History of present Illness (OLD CARTS) (10 points): The patient is a 14-year-old male who presented to CFH ED by his father for evaluation of his R ankle pain and possible fracture. He was pushed from a porch onto a concrete sidewalk. The X-ray showed an acute comminuted displace angulated fracture of his distal tibia and fibula. A splint was applied to his R ankle at the ED, and the ortho on-call contacted the ED ortho team, recommended admission, and that will evaluate him in the morning for possible OR fixation. Pt received IV fentanyl at the ED for pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Closed R ankle fracture comminuted displaced angulated fracture.

Secondary Diagnosis (if applicable): Acute Right Ankle Pain.

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

Fractures are breaking a bone changes the shape of the bone. These breaks may happen straight across the bone or along its length. A fracture can split a bone in two or leave it in several pieces. There are multiple types of fractures, such as closed/open fracture, complete fracture, displaced fracture, stress fracture, and comminuted fractures (Capriotti, 2020). Anyone can break a bone with certain situations making it more likely. Many people break bones from falls, car accidents, or sports injuries. Medical conditions such as osteoporosis can also play a role. Osteoporosis causes at least one million fractures each year (Ricci et al., 2021). While

bones are solid, they can break. Usually, breaks happen because the bone runs into a more potent force. Also, repetitive forces like running can fracture a bone (Ricci et al., 2021).

The symptoms of a fracture depend on while bone breaks. Some symptoms include difficulty using the limb, a noticeable and unusual bump, bend or twist, severe pain, and swelling. The tests used to diagnose bone fractures are X-rays, bone scans, ct scans, and MRIs. The treatments for broken bones usually consist of a cast or splint. Casts wrap the break with rugged protection, while splints protect just one side. Both supports keep the bone immobilized (no movement) and straighten it (Capriotti, 2020). The bone grows back together and heals. You will not get a cast with smaller bones such as fingers and toes. Your healthcare provider might wrap the injury before using a splint.

Occasionally, your healthcare provider might need to put you in traction. This treatment uses pulleys and weights to stretch the muscles and tendons around the broken bone. Traction aligns the bone with promoting healing (Ricci et al., 2021).

For some breaks, your healthcare provider may recommend surgery. Your treatment may use stainless-steel screws, plates, fixators, or frames that hold the bone steady. Healing time for a broken bone varies from person to person and depends on the severity of the injury (Ricci et al., 2021). For example, a broken leg will take longer than a broken arm or wrist. Also, you tend to heal more slowly as you age. On average, it could take six to eight weeks to recover from a broken bone. Bone fractures can also lead to other complications such as blood clots, cast wearing, compartment syndrome, and hemarthrosis.

My patient had a comminuted fracture, which means his bones broke into several small pieces. His fracture was caused by someone pushing him off a porch and his ankle crushed onto the cement. An X-ray and CT scan diagnosed him. The patient ended up having surgery a leg fixator was applied where his ankle was screwed together for healing. The patient was also given Lovanox to treat him to prevent blood clots.

Pathophysiology References (2) (APA):

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

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: Weight-bearing limitations	Right leg non-weight bearing with a walker.
Diet/Nutrition: Regular Diet	n/a
Frequent Assessments: IV access is maintained per protocol. Neuro check every 4 hours.	n/a
Labs/Diagnostic Tests: WBC and Glucose	n/a
Treatments: PT eval & treat per protocol.	Patient is on his way for discharge.

Application of external fixator R lower leg.	
Other:	
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Patient has a pending order for PT and OT	This will help him learn out to walk and get back ROM.
Order for a wheelchair to take home.	This will help the patient ambulate at home.

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**	**4.38**	n/a	
Hgb	**10.7-15.5 g/dL**	**12.3**	**11.1**	
Hct	**32-44%**	**35.5**	**32.5**	
Platelets	**206-369 10^3/uL**	**272**	n/a	

WBC	**4.31-11.00 10^3/uL**	**14.91**	n/a	Elevated WBC could be related to the patient having and infection. (Capriotti, 2020).
Neutrophils	**1.63-7.55 10^3/uL**	**1.74**	n/a	
Lymphocytes	**0.97-3.96 10^3/uL**	**1.99**	n/a	
Monocytes	**0.19-0.85 10^3/uL**	**0.70**	n/a	
Eosinophils	**0.03-0.52 10^3/uL**	**0.04**	n/a	
Basophils	**0.00-0.52 10^3/uL**	**0.01**	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**	140	n/a	
K+	**3.5-5.1 mmol/L**	**3.8**	n/a	
Cl-	**90-110 mmol/L**	**107**	n/a	
Glucose	**74-100 mg/dL**	**109**	n/a	Elevated glucose levels could be related to the patient receiving TPN. TPN can lead to hyperglycemia (Capriotti, 2020).
BUN	**7-17 mg/dL**	**16**	n/a	
Creatinine	**0.55-1.02 mg/dL**	**9.0**	n/a	
Albumin	**3.8-5.4 g/dL**	**4.2**		
Total Protein	**6.0-8.0 g/dL**	**7.2**		
Calcium	**8.8-10.8 mg/dL**	**9.0**		

Bilirubin	**0.2-1.2 mg/dL**	**0.4**		
Alk Phos	**9-500 U/L**	**316**		
AST	**5-34 U/L**	**33**		
ALT	**0-55 U/L**	**12**		
Amylase	**20-110 U/L**	n/a		
Lipase	**0-160 units/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	**3-13 mm/hr**	n/a	n/a	
CRP	**0.00-0.50 mg/L**	n/a	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	
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	n/a	n/a	
Sputum Culture	Negative	n/a	n/a	
Stool Culture	Negative	n/a	n/a	
Respiratory ID Panel	Negative	n/a	n/a	
COVID-19 Screen	Negative	n/a	n/a	

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):

An x-ray of the right lower leg was taken. The patient was diagnosed with a Closed R ankle fracture comminuted displaced angulated fracture.

A CT was taken of the R ankle without contrast with a diagnosis of inferior fibular and tibial displaced angulated fractures which is similar to prior.

Diagnostic Test Correlation (5 points):

X-rays are used to identify fractures, dislocations, tissue derangement, or bony abnormalities after a traumatic event. They are useful when there is a loss of joint function, when pain continues despite conservative management, or when infection is suspected (Pagana & Pagana, 2018). The x-ray reveals acute comminuted displaced angulated fractures of the distal tibia and fibula. The discussion acute comminuted apex anteromedial angulated fracture of the distal tibial metadiaphysis with approximately 50% lateral displacement of the dominant distal fracture fragment. Acute comminuted displaced apex anteromedial angulated fracture of distal fibular metadiaphysis with greater than 100% lateral displacement of the dominant distal fracture fragment. Soft tissue swelling and posttraumatic deformity. Ankle mortise appears grossly congruent.

CT scan provides an evaluation of the axial skeleton; helical of spiral CT may be used to detect obscure fractures (Pagana & Pagana, 2018). The CT reveals inferior fibular and tibial displaced angulated fractures which is similar to prior.

Diagnostic Test Reference (1) (APA):

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****

Brand/Generic	**Lovanox (Enoxaparin Sodium)**	**Fentanyl**	**Miralax (Polyethylene glycol 3350)**	**Robaxin (Methocarbamol)**	
Dose	**40mg**	**50mcg/hr**	**17g**	**500mg**	
Frequency	**Daily**	**5mcg/hr 10-minute lockout interval**	**BID**	**Every 6 hrs PRN**	
Route	**Subcutaneous**	**Intravenous**	**Oral**	**Oral**	
Classification	**Anticoagulant**	**Opioid Controlled substance**	**Osmotic laxatives**	**Skeletal muscle relaxant**	
Mechanism of Action	**Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with an inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen can't convert to fibrin and clots can't form**	**Binds to opioid receptor sites in the CNS, altering perception of and emotional response to pain by inhibiting ascending pain pathways. Fentanyl may alter neurotransmitter release from afferent nerves responsive to painful stimuli (Jones & Bartlett**	**Draws water into the colon. The water softens the stool and may naturally stimulate the colon to contract. These actions help ease bowel movements (Jones & Bartlett Learning, 2020).**	**May depress CNS, which leads to sedation and reduced skeletal muscle spasms. Methocarbamol also alters perception of pain (Jones & Bartlett Learning, 2020).**	

	(Jones & Bartlett Learning, 2020).	**Learning, 2020).**			
Reason Client Taking	**To prevent DVT in medical patients who are at risk for thromboembolic complications due to severely restricted mobility during acute illness.**	**To provide surgical premedication. As adjunct to regional anesthesia. To manage postoperative pain in postanesthetic care unit.**	**This medication is used to treat occasional constipation.**	**To relieve discomfort caused by acute painful musculoskeletal conditions.**	
Concentration Available	**100 mg/mL (Jones & Bartlett Learning, 2020).**	**12.5, 25, 50, 75, and 100 µg/h**	**0.2 to 1.8 grams/kg/day PO**	**500mg and 700mg**	
Safe Dose Range Calculation	**30mg per day**	**0.5- 20 mcg/kg/dose IV**	**0.2 to 1.8 grams/kg/day PO (Jones & Bartlett Learning, 2020).**	**1500 mg Four times a day.**	
Maximum 24-hour Dose	**30mg every 12 hours.**	**10mcg/hour**	**17g per day**	**4000 mg Four times a day.**	
Contraindications (2)	**Active major bleeding. History of heparin-induced thrombocytopenia or immune mediated HIT within past 100 days or in the presence of circulating antibodies,**	**Hypersensitivity to fentanyl, alfentanil, sufentanil or their components; intermittent pain; opioid nontolerance, significant respiratory depression (Jones &**	**Contraindications in patients with known or suspected bowel obstruction. Contraindications in patients with known inflamed bowel disease (Jones & Bartlett Learning,**	**Hypersensitivity to methocarbamol or its components, renal disease. Hypersensitivity to methocarbamol or renal failure/impairment (Jones & Bartlett**	

	which may persist for several years (Jones & Bartlett Learning, 2020).	**Bartlett Learning, 2020).**	**2020).**	**Learning, 2020).**	
Side Effects/Adverse Reactions (2)	**Confusion, epidural or spinal hematoma, fever, headache and paralysis (Jones & Bartlett Learning, 2020).**	**Agitation, amnesia, anxiety, asthenia atazia, confusion, delusions, depression, dizziness, drowsiness, euphoria, fever, hallucinations, headache, lack of coordination (Jones & Bartlett Learning, 2020).**	**Stomach pain, cramping, vomiting, diarrhea (Jones & Bartlett Learning, 2020).**	**Dizziness, drowsiness, fever, headache (Jones & Bartlett Learning, 2020)..**	
Nursing Considerations (2)	**Don't give drug by I.M. injection. Use enoxaparin with extreme caution in patients with a history of heparin incused thrombocytopenia (Jones & Bartlett Learning, 2020).**	**Know that fentanyl transdermal system should be used only in patients already receiving opioid therapy and with demonstrated opioid tolerance and require at least a fentanyl dosage of 25mcg/hr to manage their**	**Extended use or overuse may result in dependence on laxatives and chronic constipation. Electrolyte imbalances should be monitored periodically with prolonged, frequent, or excessive use (Jones & Bartlett Learning,**	**Crush methocarbamol tablets and mis with water or saline solutio9n for administration by NG tube. Keep antihistamines, corticosteroids and epinephrine available in case patient experiences anaphylactic reaction (Jones & Bartlett Learning, 2020).**	

		pain (Jones & Bartlett Learning, 2020).	**2020).**		
Client Teaching needs (2)	**Advise patient to notify prescriber about adverse reactions, especially bleeding. Inform patient that taking aspirin or other NSAIDs may increase risk for bleeding (Jones & Bartlett Learning, 2020).**	**Use once a day use no more than 7 days.** **Stir and dissolve in any 4 to 8 ounces of beverage (Jones & Bartlett Learning, 2020).**		**Tell patient to take drug exactly as prescribed. Advise patient to take drug with food or milk to avoid nausea (Jones & Bartlett Learning, 2020).**	

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented to person, place, time, and situation. Patient is laying in bed, conversing with his mother and is lethargic. Patient is calm and cooperative and opens eyes spontaneously. Answers questions at appropriate times.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:**	**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**

Rashes: **Bruises:** **Wounds:** . **Braden Score: 7** **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:**	**mobility. Capillary refill less than 3 seconds fingers and toes bilaterally. R dorsalis pedis pulse is +1. Could not assess the right foot due to the physician having it wrapped up and a external fixator attached. Per chart states, "No active drainage, no warmth, mild tenderness, no bony tenderness, and the patient is able to passively flex his toes."** **20 gauge** **Anterior left upper forearm** **07-4-2022** **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 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. 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. Bilateral auricles moist and pink without lesions, bilateral canals clear with pearly grey tympanic membranes. Septum is midline, turbinate's are moist and pink bilaterally, and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Dentition is good, oral mucosa overall is moist and pink without lesions noted. 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:**	**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. Peripheral pulses are 2+ bilaterally in the upper and lower**

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:**	**extremities, except R dorsalis pedis pulse is +1. There is edema present in the patients R lower leg, R ankle and R foot.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **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: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **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 167.64 cm tall. Active bowel sounds are heard in all four quadrants. The patients last bowel movement was on 7/4/22. 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:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**No distinct odor is noted. He denies pain with urination. He voided 800 mL during my rotation. No genital abnormalities were noted.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 12**	**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 I could not perform. The patient is learning out to use a walker to stand up and place himself in the wheelchair. He still needs**

Activity/Mobility Status: **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**help from assistance to help stand with the walker. The patient is a high fall risk with a Cummings Pediatric Fall Assessment.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - R Leg/Ankle due to fixator. ☒ 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 fixator that was placed in his right leg and ankle. Non weight bearing on R leg.**
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 basketball, football and playing video games. He also likes to spend time with his sisters and friends. He has been using his Gameboy and computer as a coping mechanism to pass the time. His mother and auntie have spent most of their time at the hospital with him. He has a good relationship with his family. They are all supportive of him, his two sisters were able to visit him today. He will be discharged home with his parents. When the patient gets discharged, he will need a wheelchair, a walker to walk with and a seat/bench to go into the shower.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:00	**71 bpm**	**138/82 mmHg**	**18 bpm**	**98.3 F (36.8 C) Oral**	**100% Room air.**
12:00	**95 bpm**	**133/82 mmHg**	**18 bpm**	**98.2 F (36.8 C) Oral**	**100% Room air.**

Vital Sign Trends: The patients vital signs were all normal on my shift.

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 BP: 112-128** **Diastolic: 66-88**
Respiratory Rate	**12-20**
Temperature	**98.6 F -- 37 C**
Oxygen Saturation	**100%**

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
08:00	**Numeric**	**R lower leg/ ankle**	**8**	**Throbbing**	**Patient was given fentanyl to help with the pain, it reduced his pain level from an 8-5.**
12:00 **Evaluation of pain status *<u>after</u>* intervention**	**Numeric**	**R lower leg/ ankle**	**5**	**Throbbing**	**Patient was given an icepack.**
Precipitating factors: The patient was in pain with a scale of 8, he was given fentanyl and it reduced it to a 5. He has a comminuted fracture to the R ankle. **Physiological/behavioral signs:** The patient was gripping the side of the bed, crying and not					

wanting to move because he was in so much pain.

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
50% food **1000mL**	**Voided 3x 800mL or urine**

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. Recognizes one's strengths and weaknesses (Ricci et al., 2021).
2. Dealing with Emotions (Ricci et al., 2021).
3. Exhibits a wide range or sexual maturity between sexes (Ricci et al., 2021).

Age-Appropriate Diversional Activities

1. Plays video games together (Ricci et al., 2021).
2. Playing card games (Ricci et al., 2021).
3. Using computers (Ricci et al., 2021).

Psychosocial Development:

Which of Erikson's stages does this child fit? – Identify vs role confusion

What behaviors would you expect?

In this stage the child would show struggles with their identity, obsessing over their appearance, feeling awkward about their body changes (Ricci et al., 2021).

What did you observe?

During my observation today my patient was very soft spoken, very shy and played his video games and watched videos on his computer most of the time. The patient did try to move and help me during vitals and when I was changing his bed sheets. He was also underconfident that he wouldn't be able to play sports again (Ricci et al., 2021).

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Formal Operational Period.

What behaviors would you expect?

The formal operational stage is characterized by the ability to formulate hypotheses and systematically test them to arrive at an answer to a problem (Ricci et al., 2021). The individual in the formal stage is also able to think abstractly and to understand the form or structure of a mathematical problem (Ricci et al., 2021).

What did you observe? During observation my patient was very shy. He did talk to me and was able to answer my questions. However, he was watching videos on his computer and playing his Gameboy when I was asking questions. He was very sad and emotional because he was scared, he wasn't going to be able to walk again.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

Regarding growth and development, I am concerned with his commuted break that it will affect his growing development. If it doesn't heal properly, he may have issues in the near future especially with the pins and plates that were placed within the break. During the healing staged I was worried that the child was going to deal with under confidence by thinking he wouldn't be able to walk again, however he has his mom, and she is a great support system.

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	**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.

this client.				
1. **Risk for falls related to impaired mobility as evidenced by patient using a walker.**	**This diagnosis was chosen due to the patient having trouble standing from the bed to get to the wheelchair.**	**1.Assess the use of mobility assistive devices.** **2.Assist the patient when he is trying to ambulate with his devices.**	1. **Patient will relate the intent to use safety measures to prevent falls.**	**The patient was able to understand the safety use of the using the walker and wheelchair. The patient agreed they would get a bench to put in the shower to help him from falling.**
2. **Acute pain related fixator in R ankle as evidenced by patient rating pain 8/10.**	**I chose this diagnosis because the patient stated his pain was an 8/10 in is R ankle where he had his surgery.**	**1. Administer pain medication and prescribed.** **2.Utilize distraction techniques such as television, games and music to assist pain management.**	**Patient pain level went from a 5/10 after the fentanyl was given to him for his pain.**	**The patient's pain will be managed with pharmacological interventions. Distraction is also effective technique in pain management as it occupies the brain and interrupts pain sensation.**
1. **Risk for Impaired skin integrity related to impaired mobility as evidenced by patient having trouble moving.**	**This was chosen due to the patient not being able to get out of bed due to his external fixator and being in so much pain.**	**1. Assess the overall condition of the skin.** **2. Use pillows or foam wedges to keep bony prominences from direct contact with each other. Keep pillows under heels to raise off bed.**	1. **The patient will be able to shift their weight and be able to stay mobile.**	**The patient was able to help lift his leg for pillows and wedges to be applied. The patient is planning to get up out of bed a couple times per day.**

2. Deficit knowledge related to patient using a walker as evidence by him stating it was his first time using an assistive device.	**This was chosen due to the patient stating it was his first time using as assistive devices**	**1. Teach patient that rugs could be a fall risk while using walker.** **2. Assist on showing the patient to not pull or tilt the walker to help them stand.**	**1.The patient will have the knowledge on how to properly use the walker.**	**The patient is able to turn his walker and use appropriately to get himself into his wheelchair.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pain level 8/10
Pain level 5/10
Pt stated "I'm scared I won't be able to walk again"

Objective Data

Edema in R ankle Leg. R Dorsalis pedis pulse +1. WBC 14.91. RBC 109.

Client Information

The patient is a 14-year-old male who presented to CFH ED by his father for evaluation of his R ankle pain and possible fracture. He was pushed from a porch onto a concrete sidewalk. The X-ray showed an acute comminuted displace angulated fracture of his distal tibia and fibula. A splint was applied to his R ankle at the ED, and the ortho on-call contacted the ED ortho team, recommended admission, and that will evaluate him in the morning for possible OR fixation. Pt received IV fentanyl at the ED for pain.

Nursing Diagnosis/Outcomes

Risk for falls related to impaired mobility as evidenced by patient using a walker.---- Patient will relate the intent to use safety measures to prevent falls.
Acute pain related fixator in R ankle as evidenced by patient rating pain 8/10 ---- Patient pain level went from a 5/10 after the fentanyl was given to him for his pain
Risk for Impaired skin integrity related to impaired mobility as evidenced by patient having trouble moving--- The patient will be able to shift their weight and be able to stay mobile.
Deficit knowledge related to patient using a walker as evidence by him stating it was his first time using an assistive device -- The patient will have the knowledge on how to properly use the walker.
v

Nursing Interventions

1.Assess the use of mobility assistive devices.

2.Assist the patient when he is trying to ambulate with his devices.
3.Administer pain medication and prescribed.

4.Utilize distraction techniques such as television, games and music to assist pain management.

5. Assess the overall condition of the skin.

6. Use pillows or foam wedges to keep bony prominences from direct contact with each other. Keep pillows under heels to raise off bed.

7. Teach patient that rugs could be a fall risk while using walker.

8. Assist on showing the patient to not pull or tilt the walker to help them stand.