

- **Establishing Priorities - (1)**

- Acute and Infectious Respiratory Illnesses: Prioritizing Care
 - provide treatment for manifestations of viral tonsillitis
 - administer antibiotic therapy as prescribed for bacterial tonsillitis.
 - hydrocodone is indicated for the child having difficulty drinking fluids

- **Accident/Error/Injury Prevention - (3)**

- Acute Neurologic Disorders: Planning Care for an Infant Who Has Bacterial Meningitis
 - The presence of petechiae or a purpuric type rash requires immediate medical attention.
 - Monitor vital signs, using output, fluid status, pain level, and neurologic status.
 - Decrease environmental stimuli
- Safe Medication Administration: Client Identification
 - Notify the provider if medication dosage is determined to be outside the safe dosage range.
 - Double check high risk and facility regulated medications with another nurse.
 - Determine parental involvement with administration.
- Seizures: Identifying Common Risk Factors
 - Febrile episode
 - Anoxia
 - Toxins or drugs

- **Developmental Stages and Transitions - (1)**

- Health Promotion of Infants (2 Days to 1 Year): Findings to Report for a 5-Month-Old Infant
 - Rolling over
 - does not turn head to the sound of a rattle by 3 months
 - Makes single vowel sounds by 2 months.

- **Health Promotion/Disease Prevention - (2)**

- Health Promotion of Adolescents (12 to 20 Years): Teaching About Healthy Eating
 - Overeating and under eating present challenges during the adolescent years.
 - Rapid growth and high metabolism require increases in quality nutrients, and make adolescents unable to tolerate caloric restrictions.
 - Additional calcium, iron, protein, and zinc are needed.

- Health Promotion of School-Age Children (6 to 12 Years): Planning to Administer Immunizations
 - yearly seasonal influenza vaccine inactivated influenza vaccine or live, attenuated influenza vaccine.
 - Tetanus and diphtheria toxoids and pertussis vaccine; HPV, and meningococcal vaccine.
 - Dtap, inactivated poliovirus; measles, mumps and rubella.

- **Family Dynamics - (1)**

- - Therapeutic Communication: Discussing Coping Mechanisms
 - timing and relevance
 - clarity and brevity
 - Exploring

- **Elimination - (1)**

- - 0 Gastrointestinal Structural and Inflammatory Disorders: Expected Findings for an Infant Who Has Intussusception
 - loud crying
 - abdominal pain
 - pulling knees to chest due to pain

- **Nutrition and Oral Hydration - (1)**

- - 0 Acute Infectious Gastrointestinal Disorders: Caring for a Child Who Has Rotavirus
 - vomiting for approximately 2 days
 - Fever
 - Affects children of all ages.

- **Medication Administration - (2)**

- - 0 Cardiovascular Disorders: Manifestations of Digoxin Toxicity
 - acute digitalis
 - nausea vomiting
 - hyperkalemia
 - 0 Immunizations: Contraindication for Receiving the Measles, Mumps, and Rubella Vaccine
 - anaphylactic reaction
 - neomycin
 - gelatin

- **Parenteral/Intravenous Therapies - (1)**

- - 0 Intravenous Therapy: Planning Antibiotic Therapy for an Infant
 - use an infusion pump to administer medications that can cause serious adverse reactions.
 - Never administer them by IV bolus.
 - Never administer IV medication through tubing that is infusing blood, blood products or parenteral nutrition solution.

- **Changes/Abnormalities in Vital Signs - (1)**

- 0 Physical Assessment Findings: Reportable Vital Signs
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- **Diagnostic Tests - (1)**

- 0 Assessment and Management of Newborn Complications: Urine Specimen Collection
 - Maternal use of substance prior to knowing they are pregnant.
 - Maternal substance use during pregnancy
 - A healthy term newborns blood glucose should be between 40/60.

- **Laboratory Values - (2)**

- - 0 Cardiovascular Disorders: Laboratory Tests for Confirmation of Rheumatic Fever
 - CBC
 - ESR
 - Urinalysis
 - 0 Cystic Fibrosis: Teaching About Diagnostic Testing
 - DNA to isolate the mutation
 - PFT: Evaluate the small airways
 - Stool analysis: for presence of fat and enzymes.

- **System Specific Assessments - (3)**

- - 0 Fractures: Priority Action Following Cast Application
 - instruct client to not place any foreign objects in the cast
 - cleanse with damp cloth if becomes soiled
 - Reinforce us of proper restraints when transporting the client in any vehicle.
 - 0 Physical Assessment Findings: Assessing Cranial Nerves
 - ask pt to smile show teeth
 - close both eyes
 - puff cheeks and frown, raise eye brows
 - 0 Physical Assessment Findings: Evaluation of Cranial Nerve Function
 - pen light
 - turn head against resistance
 - palpate active muscle

- **Therapeutic Procedures - (2)**

- - 0 Cardiovascular Disorders: Teaching About Arterial Cardiac Catheterization
 - Avoid high altitude areas because of hypoxia.
 - Consider supplemental oxygen therapy.
 - children can require long term antibiotics at home.
 - 0 Nasogastric Intubation and Enteral Feedings: Administering an Enteral Feeding Through a Gastrostomy Tube
 - removal of gas or stomach contents to prevent or relieve distention, nausea and vomiting.
 - washing out stomach to treat active bleeding, ingestion or poison, or for gastric dilation.
 - using and internal balloon to apply pressure for preventing GI or esophageal hemorrhage.

- **Alterations in Body Systems - (4)**

- - 0 Acute and Infectious Respiratory Illnesses: Postoperative Care Following a Tonsillectomy
 - offer ice chips or sips of water
 - Administer pain medication on a regular schedule

-Provide ice collar.

- 0 Cardiovascular Disorders: Identifying the Location of a Patent Ductus Arteriosus
 - premature infant most often leads to patent ductus arteriosus.
 - a chest Xray will show an enlarged heart and evidence of a large amount of blood flow to the lung.
 - echocardiogram is done to confirm diagnosis
- 0 Cystic Fibrosis: Evaluating the Effectiveness of Chest Physiotherapy Treatments
 - PEP uses a device flutter mucus clearance to encourage the client to breathe with forceful exhalations.
 - Active cycle of breathing techniques are encouraged.
 - encourage physical aerobic exercise.
- 0 Hematologic Disorders: Management of Sickle Cell Disease
 - treat mild to moderate pain with acetaminophen or ibuprofen
 - manage severe pain with analgesics.
 - Apply comfort measures (warm packs to painful joints)

- **Fluid and Electrolyte Imbalances - (1)**

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- 0 Acute Infectious Gastrointestinal Disorders: Expected Findings of Gastroenteritis
 - fatigue
 - malaise
 - change in behavior, dehydration.

- **Illness Management - (3)**

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- 0 Acute and Infectious Respiratory Illnesses: Priority Care for a Child Who Has Hyperpyrexia, Severe Dyspnea, and is Drooling
 - Elevate head of bed when child is fully awake.
 - assess the airway and vital signs.
 - Monitor for difficulty breathing related to oral secretions, edema and or bleeding.
- 0 Acute Otitis Media: Expected Findings
 - Inconsolability
 - Tugging at ear
 - Fever
- 0 Cardiovascular Disorders: Teaching Parents About Heart Failure
 - Avoid high areas because of hypoxia
 - consider supplemental oxygen therapy
 - important to adhere to the medication schedule.

- **Medical Emergencies - (2)**

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- 0 Acute and Infectious Respiratory Illnesses: Caring for a Child Who Has Epiglottitis

- provide treatment for manifestations of viral tonsillitis
- Administer antibiotic therapy as prescribed.
- monitor I&O

0 Head Injury: Priority Action

- adequate airway
- clearing mouth
- oxygen therapy.

- **Pathophysiology - (1)**

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0 Cystic Fibrosis: Expected Findings

- sinus infections
- bronchitis
- pneumonia

- **Unexpected Response to Therapies - (1)**

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0 Blood Neoplasms: Planning Care for a Toddler Who Has Oral Ulcers

- provide frequent oral care
- Inspect the child's mouth for ulceration and hemorrhage.
- use a soft bristled toothbrush or a soft disposable swab for oral care.