

Medications

Ceftriaxone 140 mg. IV; every 12 hours

Pharmacological class: Third-generation cephalosporin

Therapeutic class: Antibiotic

Patient is taking this medication to treat the bacterial infection related to the right eye.

Nursing considerations: Obtain culture and sensitivity test results prior to administration, if possible and as ordered. Check with the patient to make sure that they have never had a reaction to cephalosporins before (Jones & Bartlett, 2021).

Vancomycin 56 mg. IVPB; every 6 hours

Pharmacological class: Glycopeptide

Therapeutic class: Antibiotic

Patient is taking this medication to treat the bacterial infection related to the right eye.

Nursing considerations: Assess blood pressure periodically, before and after receiving the medication and compare to normal values. Observe I.V. infusion site for evidence of extravasation, including necrosis, pain, tenderness, and thrombophlebitis (Jones & Bartlett, 2021).

Polymyxin B-trimethoprim eye drops. 1 drop in the right eye; every 6 hours

Pharmacologic class: Polymyxins

Therapeutic class: Ophthalmic antibiotic

Patient is taking this medication to treat the right eye infection caused by bacteria.

Nursing considerations: Assess patient for any potential toxicities, such as nephrotoxicity or nephrotoxicity. Assess if the patient is allergic to the medication, any part of the medication, or any other drugs, foods, or substance (Jones & Bartlett, 2021).

Demographic Data

Admitting diagnosis: Dacryocystitis

Age of client: 15 days old

Sex: Female

Weight in kgs: 3.74 kg

Allergies: No known allergies

Date of admission: 9-1-2-2022

Psychosocial Developmental Stage: Trust vs Mistrust

Cognitive Development Stage: Sensorimotor

Admission History

Pathophysiology

Disease process: Dacryocystitis is described as an inflammatory state of the nasolacrimal sac. An obstruction within the nasolacrimal duct and a stagnation of tears in the lacrimal sac (Taylor & Ashurst, 2022). There can be obstructions at any level of the nasolacrimal system. Stagnation of tears provide a favorable environment for infectious organisms to propagate and proteinaceous debris to form (Taylor & Ashurst, 2022). The lacrimal sac will then inflame cause swelling in the inferomedial portion of the orbit.

S/S of disease: The medial canthus overlying the lacrimal space will appear erythematous, tender, and edematous. There may also be an increase in tears (Taylor & Ashurst, 2022). The patient initially experienced right eye drainage. After a few days, the patient's right eye became swollen and very tender.

Method of Diagnosis: Diagnosis of dacryocystitis is primarily clinical based on history and physical exam findings. Cultures and gram staining can be obtained by expressing purulent material via the Crigler massage (Taylor & Ashurst, 2022). The patient was diagnosed based off physical exam findings. The patient had visible signs that indicated dacryocystitis as the severe infection.

Treatment of disease: Treatment of dacryocystitis include conservative measures such as warm compress. For uncomplicated cases, oral antibiotics are given (Taylor & Ashurst, 2022). In complicated cases or patients who appear toxic, intravenously antibiotics should be administered (Taylor & Ashurst, 2022). The patient was primarily prescribed an antibiotic ointment and warm compress that didn't work and resulted in IV antibiotic treatment.

	Oxygen saturation: 99%
	Oxygen needs: N/a
Pain and Pain Scale Used	0 ; rFLACC scale used

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Impaired skin integrity related to dacrocystitis as evidenced by inflammation.	Interrupted breastfeeding related to newborn's infection as evidenced by separation of mother to infant.	Risk of infection related to dacrocystitis as evidenced by high white blood cell count.
Rationale The nursing diagnosis was chosen because of the severity of the patient's condition and symptoms upon hospitalization.	Rationale The nursing diagnosis was chosen because of the importance of breastfeeding. The baby may have interrupted sessions of breastfeeding due to hospitalization.	Rationale The nursing diagnosis was chosen because of importance of preventing the newborn's infection spreading to the rest of the body by following treatment regimen.
Interventions Intervention 1: Evaluate the overall condition of the client's skin around the right eye. Assess skin color, moisture, texture, and temperature. Take notes of any erythema, edema, and tenderness. Intervention 2: Give antibiotics as doctor's orders.	Interventions Intervention 1: Provide privacy, calm surroundings when mother breast feeds. Intervention 2: Give emotional support to mother and accept decision regarding cessation/continuation of breastfeeding.	Interventions Intervention 1: Administer antibiotics as prescribed. Ensure that the patient is finishing the course of antibiotics as prescribed. Intervention 2: Assess the patient's skin around the affected are and determine the severity of the infection.
Evaluation of Interventions Both interventions were very productive for the patient. Evaluating the eye for abnormalities helped identify the severity of the infection. Antibiotics helped decrease the patient's symptoms experienced from the infection.	Evaluation of Interventions Both interventions deemed to be effective for both the patient and the mother. Allowing the mother privacy and making a schedule of treatment around breastfeeding sessions helps avoid interruptions. Emotional support is also essential to give the mother confidence with breastfeeding.	Evaluation of Interventions The interventions were very useful in providing treatment for the patient. Assessing the skin and determining the severity of the infection helped the physician determine the course of treatment and the type of antibiotic that would be administered.

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