Medications

Clindamycin 16 mL IV

Pharmacological Class: Lincosamide

Therapeutic Class: Antibiotic

Reason for taking: To decrease infection

Nursing assessment prior to administering: Obtain a specimen for culture and sensitivity before giving the first dose.

Demographic Data

Admitting diagnosis: Abscess

Age of client: 101 days

Sex: F

Weight in kgs: 2.26 kg

Allergies: NKA

Date of admission: 09-01-2022

Psychosocial Developmental Stage: Appropriate for age

Cognitive Development Stage: Appropriate for age

Admission History

100 day old female presents with an abscess and cellulitis on the right leg from a bug bite that has now formed around her groin area, was being treated with Keflex which caused diarrhea, and fevers.

Pathophysiology

Disease process: An abscess is a pocket of pus; Abscesses can form anywhere in or on our body. When you get an infection it's your body's immune system kicking into action to fight the infection (Capriotti et al., 2020).

S/S of disease: Pain, redness and swelling and fever (Pagana et al., 2018).

Method of Diagnosis: Culture and sensitivities, ultrasounds, CT scan or MRI if needed.

Relevant Lab Values/Diagnostics

WBC 6.00-13.25 5.58 (Pagana et al., 2018).

Absolute Immature granulocyte 0.00-0.06 0.14 (Pagana et al., 2018).

Patient did not receive any other labs or imagining (N/A).

Medical History

Previous Medical History: N/A

Prior Hospitalizations: N/A

Past Surgical History: N/A

Social needs: N/A

Active Orders

Consult with general surgery for abscess

Assessment	
General	**Active, alert, uncomfortable due to NPO status, Mom and Dad are at bed side**
Integument	No rashes or petechia noted, an abscess is warm and firm to touch, Skin is warm to touch and dry
HEENT	Normal cephalic, atraumatic, clear bilaterally, conjunctiva clear, PERRLA, EOMs intact bilaterally with no nystagmus
Cardiovascular	Normal S1 and S2 with no murmurs 2+ peripheral pulses symmetric
Respiratory	Normal respiratory effort, clear breath sounds bilateral, no wheezes, crackles, or rales. No retractions, nasal flaring, or grunting
Genitourinary	All normal and within defined limits, normal female genitalia
Gastrointestinal	Normal active bowel sounds in all 4 quadrants
Musculoskeletal	No joint swelling, tenderness, or decreased ROM
Neurological	Alert and oriented normal muscle tone.
Most recent VS (highlight if abnormal)	**Time: 0830** **Temperature: 98.2 (36.8)** **Route: axillary** **RR: 40** **HR: 140** **BP and MAP: 136/98, MAP: 91** **Oxygen saturation: 100% on room air** **Oxygen needs: None**
Pain and Pain Scale Used	N/A

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3

Knowledge deficit related to lack of information about treating bug bites as evidence by abscess	Risk for infection related to bug bite as evidence by abscess.	Impaired mood regulation as evidence by appetite changes due to being NPO
Rationale Being in the hospital to be treated for the abscess and being given antibiotics IV	**Rationale** Parents were uneducated about the treatment of bug bites education was given to further their knowledge about the condition.	**Rationale** Patient is NPO due to general surgery being consulted to look at abscess
Interventions Intervention 1: When teaching self-care measures, go slowly and repeat frequently. Offer small amounts of information and present it in various ways. Intervention 2: Communicate openly and honestly with patients' family, use pamphlets and other teaching tools for the parent's level of compression to instruct on the causes, course of action and pathology of bug bites.	**Interventions** Intervention 1: Assess for signs and symptoms of infection, Monitor lab values and stool for diarrhea or development of CDiff Intervention 2: Minimize patients' risk of infection by washing hands before and after providing care	**Interventions** Intervention 1: Use sugar water to help ease hunger while giving the sugar water as often as possible Intervention 2: Use support measures to soothe and console child when she is crying
Evaluation of Interventions The patients' parents were educated. Parents fully understood the disease process and were engaged in the education process. Will need to reevaluate in a couple days with a follow-up appointment with a pediatrician.	**Evaluation of Interventions** Patients' vital signs and WBC remain within normal range, Cultures do not present with any pathogen growth, Patients bowel patterns remain normal, Patients IV site doesn't show signs of inflammation	**Evaluation of Interventions** The patients' parents were given information on how to console the child since she is NPO and the parents have never had to experience the child being NPO

References (3):

Capriati, T. (2020). *Davis advantage for Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.). Wolters Kluwer