

N433 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 9-27-22	Client Initials HP	Age (in years & months) 15 years old and 9 months	Gender Male
Code Status Full code	Weight (in kg) 57.3 kg	BMI 23.276	Allergies/Sensitivities (include reactions) Latex-unknown reaction

Medical History (5 Points)

Past Medical History: Acute lymphoblastic leukemia, amblyopia of the right eye (1/20/16), Buckle fracture of the left wrist (10/14/19), bone marrow transplant (3/23/17), leukocytosis (3/17/16), migratory polyarthritis (3/17/16), pain in both shoulders (3/16/16).

Illnesses: N/A

Hospitalizations: Multiple hospitalizations from the emergency room and chemotherapy.

Past Surgical History: N/A

Immunizations: Up to date on all immunizations

Birth History: N/A

Complications (if any): N/A

Assistive Devices: N/A

Living Situation: Lives at home with parents and siblings.

Admission Assessment

Chief Complaint (2 points): Left sided swelling of the face that is painful.

Other Co-Existing Conditions (if any): N/A

Pertinent Events during this admission/hospitalization (1 points): Same symptoms occurred approximately one year ago.

History of present Illness (OLD CARTS) (10 points): The patient reports to the emergency accompanied by his mother. The patient presents with left sided swelling of the face that is painful and started earlier in the day. the mother reports that this happened one year ago and was treated by antibiotic use. The patient was unable to open the mouth because of the pain and swelling. Ibuprofen was administered by the mother at home, but pain was not relieved. patient reports unknowing what caused swelling with no alleviating factors and no aggravating factors.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Parotitis

Secondary Diagnosis (if applicable): Leukocytosis

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

Parotitis is the inflammation of the parotid gland (Cleveland clinic staff, 2022). Parotitis can be viral or bacterial infections, salivary gland stones, or dental problems (Cleveland clinic staff, 2022). The parotid gland's location on this side of the face between the ear and the jaw (Cleveland clinic staff, 2022). Parotitis is often associated with mumps but can also be a symptom of other conditions (Cleveland clinic staff, 2022). Symptoms of parotitis are swelling of the face, pain where the gland location, fevers, chills, headache, sore throat, malaise, loss of appetite, dry mouth, and dry eyes (Cleveland clinic staff, 2022). The client presents with a fever, swelling of the face, pain, and loss of appetite. Some causes of parotitis include mumps, herpes, Epstein Barr, influenza, COVID-19, staph infections, fungal infections, diabetes, salivary gland tumors or stones, poor oral hygiene, dehydration comma tuberculosis, trauma to the mouth,

smoking, and alcohol use (Cleveland clinic staff, 2022). The patient does not report having any of these causes, so the cause for this patient is unknown.

Diagnostic tests can include computerized tomography scans, magnetic resonance imaging scans, or an ultrasound to look for abscesses or stones (Mount Sinai Staff, 2021). Other diagnostic tests could be a blood test for mumps, a bacterial culture, and then a physical exam of the mouth (Mount Sinai Staff, 2021). The client received a computerized tomography of the soft tissue of the neck with contrast. The diagnostic test reveals chronic left greater than right parotitis with multiple scattered enhanced lymph nodes. Treatment for parotitis includes antibiotics, surgery, and a sialendoscopy (Mount Sinai Staff, 2021). Sialendoscopy uses a camera to get better images of the salivary glands and treat infections (Mount Sinai Staff, 2021). The best treatment method for parotitis is to treat the underlying condition. However, that is unknown for this patient, so the best treatment would be antibiotics because of the history of antibiotics as the treatment method that resolves parotitis. The patient is receiving antibiotics via intravenous piggyback. Pathophysiology References (2) (APA):

Cleveland clinic staff. (2022). Parotitis: Parotid gland swelling causes, symptoms & treatment. Cleveland Clinic. Retrieved October 1, 2022, from

<https://my.clevelandclinic.org/health/diseases/23577-parotitis-parotid-gland-swelling>

Mount Sinai Staff. (2021, August 31). Salivary gland infections. Mount Sinai Health System.

Retrieved October 1, 2022, from <https://www.mountsinai.org/health-library/diseases-conditions/salivary-gland-infections>

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	Patient is up without assistance.
Diet/Nutrition:	Nothing by mouth.
Frequent Assessments:	Swelling of the face and throat. Every four-hour vitals.
Labs/Diagnostic Tests:	N/A
Treatments:	Ampicillin-sulbactam 3 g every six hours via IV piggyback in D5W 100 ml
Other:	Consult to ENT, continuous pulse ox, droplet precaution for possible mumps.
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
N/A	N/A

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	4-5.5 mmx3	4.5 mmx3	N/A	
Hgb	12.5-16.1 g/dL	13.1 g/dL	N/A	
Hct	36%-47%	38.6%	N/A	
Platelets	150-450 10x3	307 10x3	N/A	
WBC	4-10.5 10x3	20.6 10x3	N/A	An infection will cause the WBC to increase (Cleveland Clinic Staff, 2022).
Neutrophils	1.54-7.04 10x3/uL	14.4 10x3/uL	N/A	An infection can cause neutrophil count to increase (Cleveland Clinic Staff, 2022).
Lymphocytes	0.97-3.26	3.85	N/A	An infection and inflammation can cause an increase in lymphocytes (Cleveland Clinic Staff, 2022).
Monocytes	0.18-0.78	2.11	N/A	Leukemia or a chronic infection may cause an increase in monocytes (Cleveland Clinic Staff, 2022).
Eosinophils	0.04-0.38	0.04	N/A	
Basophils	0.01-0.05	0.11	N/A	Leukemia or and infection can cause an increase in basophils (Cleveland Clinic Staff, 2022).
Bands	0-0.03	0.09	N/A	Infection can cause an increase in bands (Cleveland Clinic Staff, 2022).

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-	135-145	141	N/A	
K+	3.5-5	3.4	N/A	Acetaminophen and ibuprofen use can cause low potassium levels (Jones & Bartlett, 2020)
Cl-	98-107 mEq/L	104 mEq/L	N/A	
Glucose	74-100 mg/dL	108 mg/dL	N/A	The client is in pain resulting in an increase in glucose (Cleveland Clinic Staff, 2022).
BUN	8-21 mg/dL	13 mg/dL	N/A	
Creatinine	0.55-1.3 mg/dL	0.71 mg/dL	N/A	
Albumin	3.5-5.6 g/dL	N/A	N/A	
Total Protein	6.6-8.2 g/dL	N/A	N/A	
Calcium	8.9-10.6 mg/dL	9.6 mg/dL	N/A	
Bilirubin	<1mg/dL	N/A	N/A	
Alk Phos	65-260 units/L	N/A	N/A	
AST	15-45 units/L	N/A	N/A	
ALT	5-45 units/L	N/A	N/A	
Amylase	30-100 units/L	N/A	N/A	
Lipase	10-150 U/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	0-15 mm/hr	N/A	N/A	

CRP	0-3mg/L	N/A	N/A	
Hgb A1c	4%-6%	N/A	N/A	
TSH	0.5-5 mIU/L	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, clear	N/A	N/A	
pH	5.0-9.0	N/A	N/A	
Specific Gravity	1.003-1.013	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0.0-0.5	N/A	N/A	
RBC	0.0-3.0	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	Negative	N/A	N/A	

Panel				
COVID-19 Screen	Negative	Negative	N/A	

Lab Correlations Reference (1) (APA):

PediaMCU Editors. (2022, March 2). Reference values for children. PediaMCU. Retrieved October 1, 2022, from <https://pediamcu.com/172/>

Cleveland Clinic Staff. (2022). Health Library. Cleveland Clinic. Retrieved October 1, 2022, from <https://my.clevelandclinic.org/health>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): A computerized tomography of the soft tissue of the neck with contrast reveals chronic left greater than right parotitis with multiple scattered enhanced lymph nodes.

Diagnostic Test Correlation (5 points): The purpose of the computerized tomography is to visualize the parotoid glands and look for parotoid stones or tumors (MacManus, 2022). No stones are noted and the cause of parotitis is unknown.

Diagnostic Test Reference (1) (APA):

MacManus, D. (2022, August 26). Parotid gland: Radiology reference article. Radiopaedia Blog RSS. Retrieved October 1, 2022, from <https://radiopaedia.org/articles/parotid-gland?lang=us>

Current Medications (8 points)

****Complete ALL of your Client's medications****

Brand/Generic	Ampicillin-sulbactam	Advil/ ibuprofen	Tylenol/ acetaminophen	N/A	N/A
Dose	3 grams	400 mg	500 mg	N/A	N/A
Frequency	Every 6 hours	Every 6 hours PRN	Every 4 hours PRN	N/A	N/A
Route	IVPB	Oral	Oral	N/A	N/A
Classification	Pharmacologic: aminopenicillin (Jones & Bartlett, 2020). Therapeutic: antibiotic (Jones & Bartlett, 2020).	Pharmacologic: NSAID (Jones & Bartlett, 2020). Therapeutic: Analgesic, anti-inflammatory, antipyretic (Jones & Bartlett, 2020).	Pharmacological : nonsalicylate, para-aminophenol derivative (Jones & Bartlett, 2020). Therapeutic: antipyretic, nonopioid analgesic (Jones & Bartlett, 2020).	N/A	N/A
Mechanism of Action	Inhibits bacterial wall synthesis (Jones & Bartlett, 2020).	Blocks cyclooxygenase (Jones & Bartlett, 2020).	Blocks prostaglandin production and interferes with pain impulse (Jones & Bartlett, 2020).	N/A	N/A
Reason Client Taking	Infection	Pain, fever, and swelling	Mild pain and fever	N/A	N/A
Concentration Available	3 grams in 100 ml normal saline (Jones & Bartlett, 2020).	100 mg, 200 mg, 325 mg, 400 mg, and 600 mg, 800 mg (Jones & Bartlett, 2020).	160 mg tablets, 160 mg/ 5 ml (Jones & Bartlett, 2020).	N/A	N/A
Safe Dose Range Calculation	2.148 grams-2.865 grams (Jones & Bartlett, 2020).	1.2-3.2 grams daily (Jones & Bartlett, 2020).	325-659 mg every 4-6 hours (Jones & Bartlett, 2020).	N/A	N/A
Maximum 24-hour Dose	11.46 g/day (Jones & Bartlett, 2020).	3.2 grams/day (Jones & Bartlett, 2020).	4 grams/day (Jones & Bartlett, 2020).	N/A	N/A

Contraindications (2)	Allergic to penicillin and use of aminoglycosides (Jones & Bartlett, 2020).	Bleeding and bronchospasms (Jones & Bartlett, 2020).	Severe hepatic impairment and severe active liver disease (Jones & Bartlett, 2020).	N/A	N/A
Side Effects/Adverse Reactions (2)	Clostridium difficile and throat tightness (Jones & Bartlett, 2020).	Gastrointestinal bleeding and hypokalemia (Jones & Bartlett, 2020).	Hepatotoxicity and hypokalemia (Jones & Bartlett, 2020).	N/A	N/A
Nursing Considerations (2)	Infuse over 15-30 minutes and stop immediately if anaphylactic reactions occur (Jones & Bartlett, 2020).	Long term ibuprofen use can cause cardiovascular thrombotic events (Jones & Bartlett, 2020). Monitor for infection as the medication can reduce fever and inflammatory response (Jones & Bartlett, 2020).	Monitor renal function and monitor liver function tests (Jones & Bartlett, 2020).	N/A	N/A
Client Teaching needs (2)	Importance of finishing all the antibiotics and review the signs of anaphylactic reactions (Jones & Bartlett, 2020).	Report a headache, high fever, nausea, diarrhea, and a severe sore throat to the provider (Jones & Bartlett, 2020). Report epigastric pain immediately to the provider (Jones & Bartlett, 2020).	Report any changes in skin and report any signs of hepatotoxicity (Jones & Bartlett, 2020).	N/A	N/A

Medication Reference (1) (APA):

Jones & Bartlett. (2020). Nurse's Drug Handbook (12th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) **Highlight Abnormal Pertinent Assessment Findings**

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>The patients alert and oriented times four. The patient shows no signs of distress, and the overall appearance is appropriate for age.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: IV 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:</p>	<p>The patients skin color is appropriate for ethnicity. The patient's skin is dry, warm, and intact. The patients skin turgor is elastic with no rashes, bruises, or wounds present. The patients Braden score is six. One drain is present, and it is an intravenous (IV) catheter in the right antecubital vein. The size of the IV is a twenty gage in the right antecubital vein in the arm. The date of the IV is 9-27-22 and the IV is patent. No signs of erythema, drainage, or other adverse signs noted. The dressing is clean, dry, and intact with an IV fluid rate of 100 ml/hr.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth: Thyroid:</p>	<p>The client's head is having edema noted on the left side of the face. The neck is having edema noted on the right side and one mass is noted. The ears are symmetrical with no signs of drainage present. The pupils are equal and reactive to light. PERLA and EOM intact. The nares are patent with no signs of deviated septum. The gums are pink, moist, and intact. The teeth show no signs of dental carries. No masses or lesions noted by the thyroid.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: right side of the face</p>	<p>The patient's heart sounds are auscultated with no murmurs present. S1 and S2 with normal sinus rhythm. +2 radial pulses noted bilaterally. The capillary refill less than three seconds noted in all extremities. No signs of neck vein distention. Edema is noted in the right side of the face.</p>

<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>The client showed no signs of accessory muscle being used. Anterior and posterior breath sounds auscultated clear and equal bilaterally.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The client's diet at home and the current diet is nothing by mouth. The client is one hundred and fifty-six point nine centimeters. The client has active bowel sounds in all four quadrants and the last bowel movement has not been noted. The client's abdomen is soft and nontender with no masses noted. There are no signs of distention, incisions, or wounds in the abdominal area. No ostomy is present. Nasogastric tube is not present. No feeding or PEG tubes are present.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>The client's urine is pale yellow and clear. The quantity of urine is one void that is flushed before measured. The client reports no pain with urination. The client is not receiving dialysis. The genitalia were not assessed at this time. No catheter is present.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>The neurovascular status is intact. The range of motion is intact active and passively. The client does not use supportive devices and has strength 5/5 in all extremities. The client does not need activities of daily living assistance and is not a fall risk. The fall score is two and the client is independent.</p>
<p>NEUROLOGICAL:</p>	<p>The patient can move all extremities well and</p>

<p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>PERLA is intact. The strength is equal in arms and legs. The client is alert and oriented times four. The client’s speech is clear and quiet, with no sensory or LOC.</p>
<p>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):</p>	<p>Coping methods of the caregiver is leaving the floor to destress and get coffee. No social needs are required at this time. The patient lives at home with parents and siblings.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	99 beats/minute	104/69 mmHg	18 breaths/ minute	37.2°C oral	98% room air
1130	95 beats/minute	113/75 mmHg	18 breaths/ minute	36.8°C oral	98% room air

Vital Sign Trends: Stable throughout the shift.

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

Pulse Rate	50-100 beats/minute (Holman et al., 2019)
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Blood Pressure	97/58 mmHg- 130/90 mmHg (Holman et al., 2019)
Respiratory Rate	16-20 breaths/minute (Holman et al., 2019)
Temperature	36°C-38°C (Holman et al., 2019)
Oxygen Saturation	92%-100% (Holman et al., 2019)

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

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). RN nursing care of children review module (11th ed.). Assessment Technologies Institute, LLC.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numeric	N/A	0/10	N/A	None at this time.
Evaluation of pain status <i>after</i> intervention	Numeric	N/A	0/10	N/A	None at this time.
Precipitating factors: N/A Physiological/behavioral signs: N/A					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
Intravenous fluids: 600 mL	One void flushed before measured.

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. Acne may appear.
2. Sexual maturation occurs.
3. Height will increase until eighteen to twenty years old.

Age Appropriate Diversional Activities

1. Nonviolent video games
2. Nonviolent music
3. Social media

Psychosocial Development:

Which of Erikson's stages does this child fit? Identity vs role confusion (Holman et al., 2019).

What behaviors would you expect? Peer groups influence behavior (Holman et al., 2019).

Adolescence tries different roles and experiences (Holman et al., 2019).

What did you observe? The patient is noticeably quiet but does partake in social media.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Formal operations (Holman et al., 2019).

What behaviors would you expect? Able to maintain attention, imaginative, formal logic for decision making, thinking beyond current circumstances, and abstract thinking (Holman et al., 2019).

What did you observe? The patient is able to make own decisions, maintain attention, and understands future complications.

Vocalization/Vocabulary:

Development expected for child’s age and any concerns? The patient should talk grammatically correct sentences with no concerns at this time.

Any concerns regarding growth and development? No concerns regarding growth and development at this time.

Developmental Assessment Reference (1) (APA):

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). RN nursing care of children review module (11th ed.). Assessment Technologies Institute, LLC.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • 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. 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcomes	Evaluation <ul style="list-style-type: none"> • How did the Client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired oral mucous membrane related to	The parotoid glands are swollen	1. Inspect oral mucosa every	1. The patient will have pink, moist oral mucosa	Goal met. The oral mucosa is assessed during this shift.

<p>decrease in salivation as evidenced by parotid trauma (Phelps, 2020).</p>	<p>causing a deficiency of salivary gland production.</p>	<p>shift (Phelps, 2020). 2. Encourage oral hygiene practice (Phelps, 2020).</p>	<p>(Phelps, 2020).</p>	<p>Goal met. The nursing student reports the importance of oral hygiene.</p>
<p>2. Imbalanced nutrition related to insufficient dietary intake as evidenced by pain and swelling of the face (Phelps, 2020).</p>	<p>The client reports pain when chewing.</p>	<p>1. Monitor input and output closely (Phelps, 2020). 2. Maintain parenteral fluids (Phelps, 2020).</p>	<p>1. The client will maintain weight (Phelps, 2020).</p>	<p>Goal met. Input and output are documented in client's chart. Goal met. The client receives 100 ml/hr of normal saline.</p>
<p>3. Acute pain related to swelling of the parotid glands as evidence by self-report of pain upon admission (Phelps, 2020).</p>	<p>The client report pain at time of admission and to the doctors during shift.</p>	<p>1. Use a pain scale when assessing pain (Phelps, 2020). 2. Assess for nonverbal pain gestures (Phelps, 2020).</p>	<p>1. Reduce the client's pain to a 0/10 on the numeric scale (Phelps, 2020).</p>	<p>Goal met. The client rates the pain a 0/10 on the numeric scale. Goal met. The client shows no signs of pain during shift.</p>
<p>4. Impaired verbal communication related to</p>	<p>While asking the client questions</p>	<p>1. Use yes or no question (Phelps,</p>	<p>1. The client will maintain effective communication</p>	<p>Goal met. The client is asked yes or no questions.</p>

swelling of the face as evidenced by difficulty maintaining communication (Phelps, 2020).	the client is quiet and does not speak and just nods.	2020). 2. Observe client for gestures (Phelps, 2020).	on (Phelps, 2020).	Goal met the client pointed to the bathroom when needing to void.
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Other References (APA):

Phelps, L. L. (2020). Sparks & Taylor's nursing diagnosis reference manual (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The client reports pain and swelling of the left face. The client reports unable to open mouth and pain when chewing at the time of admission. The client reports no pain throughout the shift. The client reports no dental problems or tooth pain.

Nursing Diagnosis/Outcomes

Impaired oral mucous membrane related to decrease in salivation as evidenced by parotid trauma (Phelps, 2020).
Outcome: The patient will have pink, moist oral mucosa (Phelps, 2020).
Imbalanced nutrition related to insufficient dietary intake as evidenced by pain and swelling of the face (Phelps, 2020).
Outcome: The client will maintain weight (Phelps, 2020).
Acute pain related to swelling of the parotid glands as evidence by self-report of pain upon admission (Phelps, 2020).
Outcome: Reduce the client's pain to a 0/10 on the numeric scale (Phelps, 2020).
Impaired verbal communication related to swelling of the face as evidenced by difficulty maintaining communication (Phelps, 2020).
Outcome: The client will maintain effective communication (Phelps, 2020).

Objective Data

Abnormal labs include WBC: 20.6 10x3, Neutrophils:14.4 10x3/uL, Lymphocytes: 3.85, Monocytes: 2.11, Basophils: 0.11, Bands: 0.09, K+: 3.4, and Glucose: 108 mg/dL
Diagnostic tests reveal a computerized tomography that shows chronic left greater than right parotitis with multiple scattered enhanced lymph nodes.

Client Information

15 year and 9-month-old client reports with swelling, pain, and a fever of the left side of the face. The client reports the same symptoms happened one year ago. The client has a history of leukemia.

Nursing Interventions

- 1. Inspect oral mucosa every shift (Phelps, 2020).
- 2. Encourage oral hygiene practice (Phelps, 2020).
- 1. Monitor input and output closely (Phelps, 2020).
- 2. Maintain parenteral fluids (Phelps, 2020).
- 1. Use a pain scale when assessing pain (Phelps, 2020).
- 2. Assess for nonverbal pain gestures (Phelps, 2020).
- 1. Use yes or no question (Phelps, 2020).
- 2. Observe client for gestures (Phelps, 2020).

