N433 Care Plan # 1

Lakeview College of Nursing

Name Brianna Lilly

## Demographics (3 points)

| Date of Admission | Client Initials | Age (in years & months) | Gender |
|---|---|---|---|
| 10/9/22 | S.K. | 5 years and 3 months | Female |
| **Code Status** | **Weight (in kg)** | **BMI** | **Allergies/Sensitivities (include reactions)** |
| Full | 22.1 kg | 23.732 | No known allergies |

## Medical History (5 Points)

**Past Medical History: listed below**

**Illnesses:** GERD (no date provided), Cerebral palsy (no date provided), neurogenic dysphagia (no date provided), congenital hip dysplasia (No date provided), hypoxic-ischemic encephalopathy (no date provided), shaken baby syndrome (2017), seizure disorder (no date provided), aspiration pneumonia (no date provided), retinal hemorrhage bilateral (no date provided), strabismus (no date provided), spastic (no date provided).

**Hospitalizations:** 10/9/22, 8/16/22, 12/31/21, 9/27/21

**Past Surgical History:** hip shunt bilateral 5/2021, CSF shunt 1/2018

**Immunizations:** up to date

**Birth History:** Born at 37 weeks gestation and has 1 older sibling from the same mother. Had one episode of unresponsiveness without breathing. Patient was taken to the NICU.

Complications (if any): developmental disorders related to nonaccidental trauma causing the shaken baby syndrome, not related to birth history complications per medical records.

**Assistive Devices:** wheelchair, BLE abductor brace, bilateral hand splints, Bantu splints

**Living Situation:** Ward of DCFS MO, currently lives at Swann care in Champaign, IL.

## Admission Assessment

**Chief Complaint (2 points):** Respiratory distress

**Co-existing conditions:** GERD (no date provided), Cerebral palsy (no date provided), neurogenic dysphagia (no date provided), congenital hip dysplasia (No date provided), hypoxic-ischemic encephalopathy (no date provided), shaken baby syndrome (2017), seizure disorder (no date provided), aspiration pneumonia (no date provided), retinal hemorrhage bacteria (no date provided), strabismus (no date provided), spastic (no date provided).

**Pertinent Events during this admission/hospitalization (1 points):** Repeated episodes of bloody emesis.

**History of present Illness (OLD CARTS) (10 points):** The patient was discovered by Swann Care CNAs to be in respiratory distress and to have large emesis x3 10/9/22. Vitals were taken and an ambulance was called by the Swann Care nurse on 10/9/22. Vitals at Swann care were 88% O2, 143 hr, 90/66 BP, and 36 R. In the ambulance the patient had 1 episode of bloody emesis. Vitals were unstable trending and dropping. The patient was admitted to pediatric intensive care and put on 8L of O2. The patient's airways were suctioned and the patient stabilized. Chest X-ray showed infiltrates in right upper lobe.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Aspiration pneumonia

**Secondary Diagnosis (if applicable):** Unspecified hypoxia or hypercapnia

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

Pneumonia is an increase in inflammation and mucus secretions in the lungs (Capriotti, 2020). There are several types of pneumonia; aspiration, community-acquired, hospital-acquired, ventilator-associated, bacterial, and viral but all are marked by an increase in inflammation and fluid in the lungs (Capriotti, 2020). Approximately 50,000 die every year in the United States from pneumonia (Capriotti, 2020).

The most common risk factors for pneumonia include certain settings and circumstances (Capriotti, 2020). Risk factors include; hospitalization, poor cough strength, influenza infection, intubation, and immunosuppression (Capriotti, 2020). Swallowed bacteria and stomach contents can cause aspiration pneumonia (Capriotti, 2020). Risk factors that the patient had were living in a long-term care facility, receiving G-tube feedings, and severally impaired strength which includes gag reflex and cough (Capriotti, 2020).

The patient vomited repeatedly due to intolerance to G-tube feedings. Anaerobic bacteria were likely swallowed resulting in aspiration pneumonia. Aspiration pneumonia is caused by inhalation of the stomach contents the liquid then fills the alveoli impairing their ability to perform gas exchange (Capriotti, 2020). Pneumonia is typically caused by the inhalation of bacteria and/or stomach contents (Capriotti, 2020). The bacteria stimulate the inflammation response in the lungs (Capriotti, 2020). Excessive mucus production from the goblet cells fills the alveoli (Capriotti, 2020). Gas exchange is impaired due to the alveoli being unable to open and close (Capriotti, 2020).

The patient presented aspiration pneumonia at Swann care. The patient was not tolerating the G-tube feeding as evidenced by emesis. The patient was in respiratory distress and vitals started dropping 88% O2, 143 hr, 90/66 BP, and 36 R. Patient showed the signs and symptoms of aspiration pneumonia; nausea and vomiting, tachycardia, diminished lung sounds, and accessory muscle use (Capriotti, 2020).

Pneumonia was diagnosed at carle on 10/9/22 via a chest x-ray. The chest x-ray confirmed pneumonia due to bacterial infiltrates in the upper right lobe. Pneumonia can be diagnosed via a chest x-ray, sputum culture a serum test (Capriotti, 2020).

The patient was started on clarithromycin for bacterial pneumonia. The patient had already been started on O2 before diagnosis, so O2 was continued. The patient is currently on 4L of O2. The patient was on IV hydration and positioned upright. Treatment of pneumonia includes antibiotic therapy, oxygen therapy, IV fluids, upright positioning, bronchodilators, antipyretics, and analgesia (Capriotti, 2020).

**Pathophysiology References (APA):**

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

**Active Orders (2 points)**

| **Order(s)** | **Comments/Results/Completion** |
|---|---|
| **Activity:** up with 2 assist. | Patient is quadriplegic but is able to get into wheelchair with 2 assist. |
| **Diet/Nutrition:** NPO | NPO in anticipation for G to J tube operation later 1pm on clinical day. |

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|---|---|
| **Frequent Assessments:** Q4 hour | Patient is stable and no longer pediatric ICU patient. |
| **Labs/Diagnostic Tests:** Chest X-Ray, Covid-19 screen | Chest X-ray shows infiltrates in upper right lobe, Covid-19 screen negative |
| **Treatments:** O2, IV hydration, q2 hour turns, antibiotics, muscle relaxers, seizure medication | Maintain O2 Sat level, prevent infection, hydrate in replacement of oral hydration, prevent seizures, relax muscles as they are contracted. |
| **Other:** None | NA |
| **New Order(s) for Clinical Day** | |
| **Order(s)** | **Comments/Results/Completion** |
| Anesthesia preop report | Ensure necessary measures are taken before surgery. |
| G to J tube conversion | Ordered due to G tube intolerance as evidenced by aspiration pneumonia. |
| | |

**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** | 3.9-4.96 | 3.61 | NA | Decreased RBC related to nutritional deficit as evidenced by unable to tolerate G-tube feedings (Leeuwen & Bladh, 2019) |
| **Hgb** | 10.6-13.2 | 10.6 | NA | Within normal ranges |
| **Hct** | 32.4-39.5% | 32.5 | NA | Within normal ranges |
| **Platelets** | 35.5-41.8 | 44 | NA | Elevated platelet level relating to infection and nutritional deficit- iron deficiency (Leeuwen & Bladh, 2019) |
| **WBC** | 4.27-11.40 | 21.86 | NA | Elevated WBC related to immune response as evidenced by pneumonia infection (Leeuwen & Bladh, 2019). |
| **Neutrophils** | 1.64-7.87 | 18.46 | NA | Elevated neutrophils related to immune response as evidenced by pneumonia infection (Leeuwen & Bladh, 2019). |
| **Lymphocytes** | 10-20 | 12.5 | NA | Within normal ranges |

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|---|---|---|---|---|
| **Monocytes** | 3.0-13.0 | 2.7 | NA | Within normal ranges |
| **Eosinophils** | 0.0-8.0 | 0.0 | NA | Within normal ranges |
| **Basophils** | 0-1.0 | 0.1 | NA | Within normal ranges |
| **Bands** | 0.0-10 | 0.3 | NA | Within normal ranges |

**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 | 148 | NA | Elevated Na- levels related to dehydration as evidenced by 4 emesis before blood was drawn (Leeuwen & Bladh, 2019). |
| **K+** | 3.5-5.1 | 3.8 | NA | |
| **Cl-** | 98-107 | 116 | NA | Elevated Cl- levels related to dehydration as evidenced by 4 emesis before blood was drawn (Leeuwen & Bladh, 2019). |
| **Glucose** | 74-100 | 129 | NA | Elevated glucose levels related to stress of travel and emesis, infection, and likely pain (Leeuwen & Bladh, 2019). |
| **BUN** | 7-17 | 7 | NA | Within normal ranges |
| **Creatinine** | 0.55-1.02 | 0.32 | NA | Decreased creatine levels related to |

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| | | | | nutritional deficit relating to unable to tolerate g-tube feedings and 4x emesis (Leeuwen & Bladh, 2019). |
| **Albumin** | 3.8-5.4 | 3.8 | NA | Within normal ranges |
| **Total Protein** | 6.0-8.0 | 6.1 | NA | Within normal ranges |
| **Calcium** | 8.8-10.8 | 9.0 | NA | Within normal ranges |
| **Bilirubin** | 0.2-1.2 | 0.2 | NA | Within normal ranges |
| **Alk Phos** | 9-500 | 161 | NA | Within normal ranges |
| **AST** | 5-34 | 31 | NA | Within normal ranges |
| **ALT** | 0-55 | 43 | NA | Within normal ranges |
| **Amylase** | 40-140 | NA | NA | NA |
| **Lipase** | 0-160 | NA | NA | NA |

**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 | NA | NA | NA |
| **CRP** | 0-0.5 | 6.73 | NA | Elevated CRP levels relating to pneumonia infection (Leeuwen & Bladh, 2019). |

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|---|---|---|---|---|
| **Hgb A1c** | >5.7 | NA | NA | NA |
| **TSH** | 0.5-5.0 | NA | NA | NA |

**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** | Pale yellow | NA | NA | NA |
| **pH** | 5.0-9.0 | NA | NA | NA |
| **Specific Gravity** | 1.001-1.029 | NA | NA | NA |
| **Glucose** | Negative | NA | NA | NA |
| **Protein** | Negative | NA | NA | NA |
| **Ketones** | Negative | NA | NA | NA |
| **WBC** | 0-5 | NA | NA | NA |
| **RBC** | 0-5 | NA | NA | NA |
| **Leukoesterase** | Negative | NA | NA | NA |

**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** | No growth | NA | NA | NA |
| **Blood Culture** | No growth | NA | NA | NA |
| **Sputum Culture** | No growth | NA | NA | NA |
| **Stool Culture** | No occult blood detected | NA | NA | NA |
| **Respiratory ID Panel** | Negative | NA | NA | NA |
| **COVID-19 Screen** | Negative | Negative | NA | Within normal ranges |

**Lab Correlations Reference (1) (APA):**

Van Leeuwen, A. M., & Bladh, M. L. (2019). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (8th ed.). F. A. Davis Company

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** Chest X-Ray

**Diagnostic Test Correlation (5 points):** Chest X-Ray 10/9/2022 infectious infiltrates were observed in the right upper lobe of the lung.

**Diagnostic Test Reference (1) (APA):**

Van Leeuwen, A. M., & Bladh, M. L. (2019). Davis's comprehensive handbook of laboratory & *diagnostic tests with nursing implication* (8th ed.). F. A. Davis Company

***Current Medications (8 points)***

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

| **Brand/Generic** | Cyproheptadine | Gabapentin/ Neurontin | Keppra/ Levetiracetam | Protonix/ pantoprazole | Baclofen |
|---|---|---|---|---|---|
| **Dose** | 3mg | 160mg | 400mg | 20mg | 10mg |
| **Frequency** | Daily | TID | BID | Daily | TID |
| **Route** | G tube | G tube | G tube | IV push | G tube |
| **Classification** | Antihistamine | Anticonvulsant | Anticonvulsant | Proton pump inhibitor | muscle relaxant |
| **Mechanism of Action** | The histamine and serotonin receptors are competed for | Gabapentin is built like (GABA) this acid is a neurotransmitter inhibitor. | Protects against seizure activity by prevention of | Inhibits potassium, hydrogen, adenosine triphosphate enzyme | Reduces neurotransmitters by stimulating an inhibitory |

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| | by the medication to limit the absorption (Jones & Bartlett, 2020) | Medication slows down rapid firing of neurons which decreases sensation of pain and pain responses (Jones & Bartlett, 2020). | epileptiform burst firing (Jones & Bartlett, 2020). | system in gastric partial cells which inhibits gastric acid production (Jones & Bartlett, 2020). | signal (Jones & Bartlett, 2020). |
| **Reason Client Taking** | Nausea and vomiting | Seizure disorder | Seizure disorder | GERD | Cerebral palsy |
| **Concentration Available** | 3mg tablets | 160mg | 100mg tablets | 20 mg tablets | 10 mg tablets |
| **Safe Dose Range Calculation** | 4-20mg daily | 10-257mg | 250-750 mg | 20mg | 5-20mg |
| **Maximum 24-hour Dose** | 11.05 mg | 770mg | 1500mg | 20mg once daily | 40mg |

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| **Contraindications (2)** | Hypersensitivity, peptic ulcer (Jones & Bartlett, 2020). | Hypersensitivity to gabapentin, hypersensitivity to a component of gabapentin (Jones & Bartlett, 2020). | “Hypersensitivity to levetiracetam or its components” (Jones & Bartlett, 2019). | Rilpivirine therapy, hypersensatiity (Jones & Bartlett, 2020 | Hypersensitivity, peptic ulceration (Jones & Bartlett, 2020). |
| **Side Effects/Adverse Reactions (2)** | Facial flushing, drowsiness (Jones & Bartlett, 2020) | Fatigue, dizziness (Jones & Bartlett, 2020). | Increased diastolic blood pressure, mood changes (Jones & Bartlett, 2020). | Diarrhea, anxiety (Jones & Bartlett, 2020). | Fatigue, dry mouth (Jones & Bartlett, 2020). |
| **Nursing Considerations (2)** | May depress central nervous system, may cause excitation in children (Jones & Bartlett, 2020). | Initial dose should be at bedtime, give at least 2 hours after sntiacid (Jones & Bartlett, 2020). | Monitor for a rash, monitor blood pressure (Jones & Bartlett, 2020). | Monitor PT and INR, monitor magnesium (Jones & Bartlett, 2020). | Monitor bowl activity, monitor spastic activity (Jones & Bartlett, 2020). |
| **Client Teaching needs (2)** | Avoid alcohol on this medication, may increase appetite (Jones & Bartlett, 2020). | Take miss dose as soon as remember, do not stop drug abruptly (Jones & Bartlett, 2020) | Do not drive when starting this medication, schedule follow ups with provider to evaluate effectiveness (Jones & Bartlett, 2020). | Relief may not be felt till 2 weeks after initiation, alert provider if any new or worsening joint pain (Jones & Bartlett, 2020). | Avoid driving, avoid alcohol (Jones & Bartlett, 2020) |

**Medication Reference (1) (APA):**

Jones & Bartlett Learning. (2020). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

**Assessment**

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

| | |
|---|---|
| **GENERAL:**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Patient did not appear to be in any acute distress. Patient appeared tired, well groomed and dressed appropriately. Patient is non verbal and has a baseline of being oriented to voice and sensation. Unable to evaluate orientation to person, place, situation and time due to nonverbal and developmental deficits at baseline. Patient sleeps in-between care. |

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| **INTEGUMENTARY:**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☐**<br>**Type:**<br><br>**IV Assessment (If applicable to child):**<br>**Size of IV:**<br>**Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:**<br>**IV Fluid Rate or Saline Lock:** | Pallor observed, non pitting facial edema and edema in the hands and feet bilaterally. Skin is intact except G tube and IV insertion sites and dry. Extremities are cool to touch. Skin turgor is brisk. No bruising noted. Blanch-able redness in axillary regions bilaterally, around g-tube insertion site, and right side of neck. Redness treated with nystatin cream. Braden score of 12 which indicates a high risk for pressure injury.<br>No drains present.<br>IV on L hand: 20g edema noted, currently not in use but patent. Dressing is dry and intact 10/9/22, impregnated saline lock.<br>IV on R foot 18G 10/10/22 infusing lactated ringers at 125 mL/hour, IV is patent. No signs of erythema, drainage, redness, or swelling.<br>Dressing is dry and intact. |

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| **HEENT:**<br><br>**Head/Neck:**<br><br>**Ears:**<br><br>**Eyes:**<br><br>**Nose:**<br><br>**Teeth:**<br><br>**Thyroid:** | Head is normocephalic. CSF shunt in place. Limited mobility of neck. Ears are symmetrical without drainage, hearing is intact. Demonstrates PERRLA 4mm left pupil 5mm right pupil. Extra-ocular movements, strabismus, retinal hemorrhage bilaterally. Does not wear glasses. Nose is congested with thick mucus due to oxygen constantly in nose. Nares suctioned on clinical shift. Undeviated septum, no polyps or obstructions. dentition intact. Oral care via suction oral sponge. Thyroid palpable and midline. |
| **CARDIOVASCULAR:**<br><br>**Heart sounds:**<br><br>**S1, S2, S3, S4, murmur etc.**<br><br>**Cardiac rhythm (if applicable):**<br><br>**Peripheral Pulses:**<br><br>**Capillary refill:**<br><br>**Neck Vein Distention: Y ☐ N ☐**<br><br>**Edema Y ☐ N ☐**<br><br>**Location of Edema:** | Regular rate and rhythm no S3/4 auscultated. Capillary refill less than 2 secs. Peripheral pulses palpable bilaterally 2+. No neck vein distention. Edema non-pitting in hands and feet bilaterally. |

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| **RESPIRATORY:**<br><br>**Accessory muscle use: Y☐ N ☐**<br><br>**Breath Sounds: Location, character** | Clear breath sounds, diminished in all lobes, no accessory muscle use. Currently on 4L of oxygen. Respirations of 23 per min. |

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| **GASTROINTESTINAL:**<br>**Diet at home:**<br>**Current diet:**<br>**Height (in cm):**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☐**<br>**Nasogastric: Y ☐ N ☐**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☐**<br>**Type:** | G tube feedings at home. Patient is currently NPO in anticipation of G to J tube conversion operation. Patient is 93 cm. Bowel sounds are auscultated and within normal range of 5-30 per minute in all four quadrants. Last bm 10/12/22. No pain, or assess upon palpatation. No distention, scars, or drains. Slight redness around G tube insertion site. No NG tube. No ostomy. G tube used for feedings previously, patient now NPO. |

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|---|---|
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☐**<br>**Dialysis: Y ☐ N ☐**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☐**<br>**Type:**<br>**Size:** | Pale yellow urine, clear. Voided into depends. No pain with urination assessed. No dialysis, no catheter. Normal genitalia without redness or swelling. Baseline of incontinence |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☐**<br>**Fall Risk: Y ☐ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)**<br>**Needs assistance with equipment**<br>**Needs support to stand and walk** | Patient responsive to sensation. Severely limited range of motion and strength bilaterally. Quadriplegic, can lift extremities occasionally but not against resistance. Utilizes wheelchair, back brace, hand splints. Fully dependent care for ADLs. Fall risk with a fall score of 12. 2 assist required for transfers. Can sit in wheelchair with brace and board. Cannot walk or stand. Full assistance with equipment. |

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|---|---|
| **NEUROLOGICAL:**<br><br>**MAEW: Y ☐ N☐**<br><br>**PERLA: Y ☐ N☐**<br><br>**Strength Equal: Y ☐ N ☐ if no -**<br><br>**Legs ☐ Arms ☐ Both ☐**<br><br>**Orientation:**<br><br>**Mental Status:**<br><br>**Speech:**<br><br>**Sensory:**<br><br>**LOC:** | Patient unable to track ocularly. Patient presents Perrla. Strengths are equal bilaterally 3/5. Patient has developmental delays at baseline, nonverbal. Patient is responsive to voice and sensation unable to evaluate orientation to person, place, situation and time. |
| **PSYCHOSOCIAL/CULTURAL:**<br><br>**Coping method(s) of caregiver(s):**<br><br>**Social needs (transportation, food, medication assistance, home equipment/care):**<br><br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | Patient is a DCFS ward of MO. Patient lives at Swann care in Champaign and has a designated caregiver however, they have not been present through the patient's 5 day long hospitalization. Parents lost custody of the child. Patient is fully dependent on caregivers for all care. Patient seems to be coping well with hospitalization and was giggling and smiling after her bath this clinical. |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| | | | | | |

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|---|---|---|---|---|---|
| 8am | 94 L calf | 100/56 L calf | 23 | 96.9 F axillary | 97% on 4L O2 |
| 11am | 98 L calf | 114/61 L calf | 23 | 96.9 F axillary | 100% on 4 L O2 |

**Vital Sign Trends:** Stable, temperature is low at baseline

**Normal Vital Sign Ranges (2.5 points)**

****Need to be specific to the age of the child****

| | |
|---|---|
| **Pulse Rate** | 80-120 |
| **Blood Pressure** | 89-112<br>46-72 |
| **Respiratory Rate** | 20-28 |
| **Temperature** | 97.6-100.0 |
| **Oxygen Saturation** | 95-100% |

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

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolters Kluwer.

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 730 | RFLACC | NA | Nonverbal pain indicators absent | NA | NA |
| **Evaluation of pain status *after* intervention** | NA | NA | NA | NA | NA |
| **Precipitating factors:** NA<br><br>**Physiological/behavioral signs:** NA | | | | | |

**Intake and Output (1 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| 103.7 mL IV fluid | 2 voids |

**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. Jumps rope

2. Walks backward heel to toe
3. Throws balls and catches

**Age Appropriate Diversional Activities**

1. Television
2. Music
3. Stuffed animals

**Psychosocial Development:**

**Which of Erikson's stages does this child fit?** Initiative versus guilt

**What behaviors would you expect?** Energetic learning, asking many questions, expression of guilt

**What did you observe?** The patient was nonverbal but seemed to enjoy being talked to and watching television.

**Cognitive Development:**

**Which stage does this child fit, using Piaget as a reference?** Pre-operational phase

**What behaviors would you expect?** Magical thinking, understanding time, giving objects lifelike qualities

**What did you observe?** The patient seemed concerned about what caregivers were doing and smiled when spoken to.

**Vocalization/Vocabulary:** nonverbal

**Development expected for child's age and any concerns?** Patient is nonverbal at baseline this is related to non accidental trauma sustained at 6 months of age.

**Any concerns regarding growth and development?** Patient is developmentally delayed at baseline concerns would be to support comfort and quality of life.

**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** | **Rational** | **Interventions (2 per dx)** | **Outcomes** | **Evaluation** |
|---|---|---|---|---|
| • Include full nursing diagnosis with "related to" and "as evidenced by" components<br>• Listed in order by priority – highest priority to lowest priority pertinent to this client. | • Explain why the nursing diagnosis was chosen | | | • How did the Client/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |

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| **1.** Risk for ineffective airway clearance related to aspiration pneumonia as evidenced by diminished lung sounds. | Diminished lung sound auscultated, patient aspirated which was the cause of the admission airway clearance is the most important consideration at this time | **1.** Monitor vitals including respirations and O2 sat every 4 hours per orders<br><br>**2.** Assess pulmonary function by auscultation and percussion every 4 hours | **1.** Patient will show no signs of respiratory distress within my clinical time | Patient remained stable without accessory muscle use, low O2 or worsening lung sounds throughout clinical shift. Patient was calm and accepting to plan of care. Goal met |

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|---|---|---|---|---|
| **2.** Ineffective tissue perfusion relating to decreased RBC and low blood volume as evidenced by cool extremities, edema, pallor | Patient's hands and feet were cool during assessment, although no clubbing of the nails, or decreased pulses were assessed this finding is concerning her, circulation is diminished. | **1.** Administer IV hydration as ordered<br><br>**2.** Reposition patient every 2 hours and have up in wheelchair in the afternoon during clinical shift | **1.** Patient will have no decrease from baseline extremity temperature | Patient was accepting and calm during care plan. Patient's extremities were still cool to touch throughout clinical shift however they did not worsen goal met. |
| 1. Risk for pressure injury relating to impaired mobility as evidenced by 3/5 strengths and quadriplegic | Patient could very easily develop a pressure injury without healthcare personell intervention, it is important to keep patient free from injury as it would likely take a long time for her to heal and the wound could get infected and cause up to and including death | **1.** Reposition patient every 2 hours including pillows for comfort<br><br>2. Apply nystatin cream as ordered | **1**. Patient will not sustain a pressure injury throughout my clinical shift. | Patient was calm and accepting to plan of care. Patient did not sustain a pressure injury throughout clinical shift goal met. |

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| 1. Risk for infection (sepsis) relating to pneumonia as evidenced by increased WBCs and neutrophils | Pneumonia can spread to infection of the blood which is a very serious and life threatening infection | 1. Monitor temperature every 4 hours<br><br>**2.** Administer antibiotics as ordered | **1**. patient's infection will not worsen or spread (turn septic) through clinical shift | Patient was calm and accepting of care plan. Patient did not have a fever, sweating, loss of consciousness or other s/s of sepsis throughout clinical shift. Goal met |

**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

Patient is nonverbal does not show signs of pain, giggling and smiling throughout clinical shift.

**Nursing Diagnosis/Outcomes**

Risk for infection (sepsis) relating to pneumonia as evidenced by increased WBCs and neutrophils
Risk for pressure injury relating to impaired mobility as evidenced by 3/5 strengths and quadriplegic
Ineffective tissue perfusion relating to decreased RBC and low blood volume as evidenced by cool extremities, edema, pallor
Risk for ineffective airway clearance related to aspiration pneumonia as evidenced by diminished lung sounds.

**Objective Data**

Pallor, cool extremities, 3/5 strengths, decreased RBC, dehydrated from emesis x4, increased WBC, increased neutrophils, diminished lung sounds,

**Client Information**

5 year old female white patient with cerebral palsy and developmental delays from shaken baby syndrome, patient is a DCFS ward and lives at Swann care in champaign, has a G tube and was previously on continuous G tube feedings

**Nursing Interventions**

...tor vitals including ...rations and O2 sat every 4 ...s per orders
...ssess pulmonary function by ...uscultation and percussion every 4 hours
Reposition patient every 2 hours including pillows for comfort **...mperature every 4 hours.** Administer antibiotics as ordered **nystatin cream as ordered**