N433 Care Plan #1

Lakeview College of Nursing

Abbie Morman

Demographics (3 points)

Date of Admission	**Client Initials**	**Age (in years & months)**	**Gender**
10/20/2022	L.J.	80 days old (2.5 months old)	Male
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full code	4.8 kg.	Patient's BMI is uknown	No known allergies

Medical History (5 Points)

Past Medical History: This patient has no past medical history.

Illnesses: This patient has no past medical history.

Hospitalizations: This patient has no past medical history.

Past Surgical History: This patient has no past surgical history.

Immunizations: No immunizations were listed.

Birth History:

Complications (if any): This patient had no birth complications.

Assistive Devices: This does not pertain to this patient- infant.

Living Situation: Lives at home with parents and two siblings.

Admission Assessment

Chief Complaint (2 points): Decreased by mouth (PO) intake with increased cough

Other Co-Existing Conditions (if any): NA

Pertinent Events during this admission/hospitalization (1 points): Patient was transferred to Carle Hospital after admission from Morris Hospital.

History of present Illness (OLD CARTS) (10 points):.Patient's mother brought child into the emergency room with complaints of poor PO intake and increased coughing and respiratory effort. Baby had been sick for eight days. Mother said the child had normal urination patterns, no nausea or vomiting, though he had been sleeping more than usual. Patient's mother did not try any medications prior to seeking care. Patient was admitted to Morris Hospital for these complaints prior to Carle hospitalization.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.Respiratory syncytial virus (RSV)

Secondary Diagnosis (if applicable):.NA

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

Respiratory syncytial virus (RSV) is a common respiratory tract infection seen in children. RSV is spread via respiratory droplets from person to person (John et al., 2022). Once the virus comes into contact with the conjunctival or nasopharyngeal mucosa, it spreads and attacks the respiratory tract (John et al., 2021). Inflammatory response is activated and the toxic cells cause necrosis of the respiratory epithelial cells (John et al., 2021).

This invasion of these toxic cells creates cold and flu-like symptoms. Which includes dry cough, fever, sneezing, headache, and runny nose (Mayo Clinic Staff, 2021). In more serious cases, wheezing, bluish color of the skin, difficulty breathing and rapid breathing are apparent (Mayo Clinic Staff, 2021). In this particular patient's case, poor feeding, struggling to breathe and irritability were present. Infection fighting cells will be elevated in RSV. This includes white

blood cells, neutrophils, lymphocytes, and monocytes. Diagnostic tests used for RSV include chest x-ray and blood tests. This particular client had a chest x-ray upon admission.

Treatment for RSV involves supportive care, antivirals, and prevention of further complications (Hanish et al., 2021). Suctioning, antipyretics, assisted hydration, and oxygen are measures that can be taken to ensure the virus is controlled (John et al., 2021). Patients with severe cases of RSV may need mechanical ventilation, CPAP, high flow nasal cannula, or CPAP (John et al., 2012). This student's patient needed ventilation via RAM cannula and a nasogastric tube to ensure appropriate nutrients were being administered. This client was also receiving suctioning as needed, hydration of the nares, and antipyretics. Complications that are common with this virus include middle ear infection and pneumonia (Mayo Clinic Staff, 2021). Signs and symptoms of pneumonia and middle ear infection include fever, chills, fatigue, and loss of appetite. Handwashing, proper donning of personal protective equipment, and not allowing sick visitors are nursing interventions nurses can take to ensure this virus does not cause further complications.

Pathophysiology References (2) (APA):

John, H., Schweitzer, J., & Justice, N. (2022). *Respiratory syncytial virus infection*. National library of medicine. https://www.ncbi.nlm.nih.gov/books/NBK459215/

Mayo Clinic Staff. (2021). *Respiratory syncytial virus*. Mayo clinic. https://www.mayoclinic.org/diseases-conditions/respiratory-syncytial-virus/symptoms-causes/syc-20353098

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	Bedrest with head of bed elevated.
Diet/Nutrition:	Patient is nothing by mouth (NPO) receiving nutrition through a nasogastric tube (NG

	tube).
Frequent Assessments:	Vitals are ordered every hour and respiratory assessment every 4 hours.
Labs/Diagnostic Tests:	Blood sugars were ordered every 6 hours.
Treatments:	Patient is on ventilation via a RAM cannula, suction nares as needed, continuous tube feeds running at thirty mL/hour, contact isolation for RSV.
Other:	Intake and output recorded every four hours, assess IV patency every shift.
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
There were no new orders during this student's clinical day.	There were no new orders during this student's clinical day.
There were no new orders during this student's clinical day.	There were no new orders during this student's clinical day.
There were no new orders during this student's clinical day.	There were no new orders during this student's clinical day.

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	6.5-13.3	19.33	NA	RBC count may be high because of low oxygen levels (Mayo Clinic Staff, 2020).
Hgb	9.6-12.4	9.3	NA	Hgb could be low because of blood loss, for example ulcers (Mayo Clinic

				Staff, 2022).
Hct	28.6-37.2	27.6	NA	Low Hct levels could indicate bleeding. In this patient's case it could be caused by ulcers (Mayo Clinic Staff, 2022).
Platelets	244-529	737	NA	Infections can cause an increase in platelet counts (Barlow, 2022).
WBC	3.43-4.80	5	NA	Increase in white blood cells could indicate an infection.
Neutrophils	0.97-5.45	9.13	NA	Increase in neutrophils could indicate an infection (Balingit, 2022).
Lymphocytes	18-44	43.4	NA	
Monocytes	4-12	8.5	NA	
Eosinophils	0-5	0	NA	
Basophils	0.5-1%	0.1	NA	
Bands	<10%	NA	NA	

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	NA	NA	
K+	3.5-5.1	NA	NA	
Cl-	98-107	NA	NA	
Glucose	70-99	NA	NA	
BUN	7-25	NA	NA	
Creatinine	0.5-1.00	NA	NA	
Albumin	3.5-5.7	NA	NA	

Total Protein	6.0-8.3	NA	NA	
Calcium	8.8-10.2	NA	NA	
Bilirubin	0-0.2	NA	NA	
Alk Phos	34-104	NA	NA	
AST	13-39	NA	NA	
ALT	7-52	NA	NA	
Amylase	23-85	NA	NA	
Lipase	0-160	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	0-2	NA	NA	
CRP	2-5	NA	NA	
Hgb A1c	4.5-5.7%	NA	NA	
TSH	0.5-2.0	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	Yellow	Yellow	NA	
pH	5-9	6.5	NA	
Specific Gravity	1.003-1.030	1.010	NA	

Glucose	Negative	Negative	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	Negative	NA	
WBC	Negative	15	NA	Elevated WBC count indicates an infection is present.
RBC	Negative	0	NA	
Leukoesterase	Negative	Negative	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	Negative	NA	NA	
Blood Culture	Negative	NA	NA	
Sputum Culture	Negative	NA	NA	
Stool Culture	Negative	NA	NA	
Respiratory ID Panel	Negative	NA	NA	
COVID-19 Screen	Negative	NA	NA	

Lab Correlations Reference (1) (APA):

Balingit, A. (2022). *What are neutrophils and what do they do?* Medical news today. https://www.medicalnewstoday.com/articles/323982

Barlow, B. (2022). *High platelets: Levels, causes, related symptoms, and more*. Healthgrades. https://www.healthgrades.com/right-care/blood-conditions/high-platelets

Mayo Clinic Staff. (2020). *High red blood cell count*. Mayo clinic. https://www.mayoclinic.org/symptoms/high-red-blood-cell-count/basics/causes/sym-20050858

Mayo Clinic Staff (2022). *Low hemoglobin count*. Mayo clinic. https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray

Diagnostic Test Correlation (5 points):

Chest x-rays produce images of the heart, lungs, and airway (Mayo Clinic, 2022). If a patient presents with respiratory symptoms, a chest x-ray will be ordered to help determine the underlying cause (Mayo Clinic, 2022). This student's patient had an increased respiratory effort, therefore a chest x-ray was performed to better visualize the lungs and airway. This patient's chest x-ray showed pneumonia.

Diagnostic Test Reference (1) (APA):

Mayo Clinic Staff. (2022). *Chest x-rays.* Mayo clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

Current Medications (8 points)
****Complete ***ALL*** of your Client's medications****

Brand/Generic	Albuterol AccuNeb	Ceftriaxone Rocephin	Famotidine Pepcid	Sodium Chloride Nebulizer	Acetaminophen Tylenol

				Treatment Nebusal	
Dose	2.5 mg	240 mg	2.4 mg	3 mL	73.6 mg
Frequency	Q8 hours	Q24 hours	2 times a day	Q8 hours	Q4 hours PRN
Route	Nares	IV	IV	Nares	oral
Classification	Pharm: adrenergic Therapeutic: bronchodilator	Pharm: 3rd generation cephalosporin Therapeutic: antibiotic	Pharm: histamine 2 blocker Therapeutic: antiulcer agent	Pharm: crystalloid fluid Therapeutic: respiratory agent	Pharm: non salicylate Therapeutic: antipyretic
Mechanism of Action	Attaches to beta receptors on the bronchial cell membranes, causing relaxed muscles (Jones & Bartlett Learning, 2021).	Interferes with bacterial cell wall synthesis by inhibiting cross-linking peptidoglycan ().	Reduces HCl formation by preventing histamine from binding with H2 receptors ().	Works by thinning mucous secretions in nares so it can be taken from body by coughing (Drugs.com, 2022)	Blocks prostaglandin production and interferes with pain impulse in the peripheral nervous system ().
Reason Client Taking	RSV	Pneumonia	Ulcer	RSV	Elevated temperature
Concentration Available	2.5 mg/1 mL	240 mg/1 mL	3 mg/0.3 mL	3 mL/1 mL	160 mg/5mL
Safe Dose Range Calculation	4.8 kg x 2.5 mg	240 mg	4.8 kg x 2.4 mg	4.8 kg x 3 mL	4.8 kg x 73.6 mg
Maximum 24-hour Dose	12 mg	240 mg	11.52 mg	14.4 mL	353.3 mg
Contraindications (2)	Hypersensitivity to albuterol or its components.	Hypersensitivity to betalacam antibacterials and premature neonates.	Hypersensitivity to H2 receptor antagonists or famotidine.	Allergic to sodium chloride or any of its components.	Severe hepatic impairment or severe active liver disease.
Side Effects/Adverse Reactions (2)	Hypotension, diarrhea	seizures, dyspnea	Bronchospasm, wheezing,	Hives, rash	Agitation, hypotension

			and pneumonia		
Nursing Considerations (2)	Use cautiously in patients with cardiac disorders or hypertension. Monitor potassium levels because it can cause hypokalemia.	obtain culture and sensitivity results prior to administration and never give with calcium containing IV solutions.	Shake vigorously and dilute injection with 2 mL of normal saline and give IV injection over 2 minutes.	Do not mix other drugs in with medication and ensure accurate dosing.	Ensure the dose is based on the patient's weight and check temperature to ensure therapeutic results are met.
Client Teaching needs (2)	Teach how to use an inhaler to parents and do not exceed prescribed dose (Jones & Bartlett Learning, 2021).	Report superinfection, and bloody stools.	Store at room temperature and caution guardians to not take with other acid-reducing agents.	Do not take 2 doses at the same time and do not use more than the doctor has prescribed (Drugs.com, 2022).	Caution to not exceed dosing amount and not to take other drugs containing acetaminophen (Jones & Bartlett Learning, 2021).

Medication Reference (1) (APA):

Drugs.com (2022). *Sodium chloride nebulizer solution*. Drugs.com. https://www.drugs.com/cdi/sodium-chloride-nebulizer-solution.html

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

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Infant is alert and alert to sounds around him. He appears to be using accessory muscles when breathing, though does not seem to be in distress. Patient is fussy with movement.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 7** **Drains present: Y☐ N X** **Type:** **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:**	Skin is warm, pink, and smooth. Good skin turgor is present, no rashes, bruises, or wounds noted. Patient has an IV in the left antecubital with a date of 10/20/22. The IV appears to have slight drainage coming from the insertion site. It is patent and has a clean dressing. Patient is receiving an antibiotic through the IV. Size of IV is unknown. Patient is receiving antibiotic treatment at 8 mL/hour once a day.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Head appears symmetric and round. Both fontanelles are soft and flat. The ears are soft and recoil quickly when folded and released. The eyes are clear and symmetrically placed. They react to light. Nose is small, narrow and has an intact septum. Nostrils are equal in size and patent. No teeth are present. Thyroid is nonpalpable.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	Upon auscultation of the heart, normal S1 and S2 sounds are present. Cardiac rhythm is tachycardic. Palpation of the apical, femoral, and brachial pulse sites shows 2+ strength. Capillary refill is less than 3 seconds. No neck distention or edema are noted.
RESPIRATORY:	Patient uses abdominal and accessory muscles

Accessory muscle use: Y☒ N ☐ **Breath Sounds: Location, character**	when breathing. Fine crackles were heard in all lung fields. Respiration rate was within normal limits.
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 ☐ N ☒** **Nasogastric: Y ☒ N ☐** **Size:** 5 Fr **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient's abdomen is protuberant with synchronous abdominal movement with respirations. No incisions, scars, drains, or wounds present. Patient is bottle fed with formula at home. Current diet status is NPO with continuous tube feedings. Normoactive bowel sounds are present in all four quadrants. No ostomy or PEG tube present. Patient had a 5 Fr nasogastric tube. Patient's last bowel movement was 10-14-2022. Patient's height is unknown.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient had 80 mL of urine output during this clinical day. It was yellow and clear. There was no pain during urination. Patient is not on dialysis. The scrotum was relatively large with rugae present. The penis had smooth meatus centered at the tip. No lesions, swelling, draining, or discharge present.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 8 **Activity/Mobility Status:** Patient doesn't walk-infant **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Patient moves extremities appropriately for age. Strength appears to be equal throughout. Supportive devices are not appropriate for this client's age. Patient needs activities of daily living assistance. He does not ambulate. Patient has a fall score of 15.
NEUROLOGICAL:	Patient moves extremities equally and

MAEW: Y X N☐ **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	appropriately for age. PERRLA. Strength is equal throughout. Newborn is alert to his surroundings, responds to sounds and is able to voice needs by crying.
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):**	Patient's mother was at bedside. No social needs are needed for this client. Patient has a good support system, willing and able to provide appropriate care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	152 beats per minute	98/50	68 breaths per minute	97.8 degrees F axillary	94% via ventilator
1600	124 beats per minute	90/47	58 breaths per minute	97.9 degrees F axillary	90% via ventilator

Vital Sign Trends:

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

Pulse Rate	120-160 (Ricci et al., 2021)
Blood Pressure	50-75 systolic/30-45 diastolic (Ricci et al., 2021)
Respiratory Rate	30-60 breaths per minute (Ricci et al., 2021)
Temperature	97.7-99.5 degrees (Ricci et al., 2021)

Oxygen Saturation	90-100 (Ricci et al., 2021)

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

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

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1405	rFLACC	Non-verbal indicators absent	Non-verbal indicators absent	Non-verbal indicators absent	Non-verbal indicators absent
Evaluation of pain status *after* intervention	This client had no pain, therefore pain management interventions were not necessary at this time.	This client had no pain, therefore pain management interventions were not necessary at this time.	This client had no pain, therefore pain management interventions were not necessary at this time.	This client had no pain, therefore pain management interventions were not necessary at this time.	This client had no pain, therefore pain management interventions were not necessary at this time.
Precipitating factors: NA **Physiological/behavioral signs:** NA					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
30 mL/hour of continuous tube feedings 210 mL for intake for this clinical shift	80 mL output of urine

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. By the age of 2 months old, the newborn is able to raise head and chest (Ricci et al., 2021).
2. By age 2 month, the newborn starts smiling at caregivers (Ricci et al., 2021).
3. Head control is improving at the age of 2 months (Ricci et al., 2021).

Age Appropriate Diversional Activities

1. By 2 months old, the infant enjoys social activities. Singing by the parents while doing daily care activities is appropriate (Ricci et al., 2021).
2. Rattles and high contrast pictures in books are appropriate (Ricci et al., 2021).
3. Bright mobile in the crib is also appropriate (Ricci et al., 2021).

Psychosocial Development:

Which of Erikson's stages does this child fit? This child fits the trust versus mistrust psychosocial developmental level (Ricci et al., 2021).

What behaviors would you expect? Behaviors to expect during this stage include infants gaining trust from parents by being soothed when crying, fed when hungry, diapers being changed, and holding and talking to the infant (Ricci et al., 2021).

What did you observe? This student observed the mother swaddling the infant and soothing him when he was crying. She also changed diapers and talked to the infant.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? This infant is at the sensorimotor stage (Ricci et al., 2021).

What behaviors would you expect? Behaviors within this stage include motor responses and curiosity about the world around them (Ricci et al., 2021).

What did you observe? This student observed the infant moving their arms around vigorously and he followed objects.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? Two month old babies use crying as their main form of communication (Ricci et al., 2021). Cooing and differentiated crying is apparent at this stage (Ricci et al., 2021)

Any concerns regarding growth and development? There are no concerns regarding growth and development for this patient.

Developmental Assessment Reference (1) (APA):

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

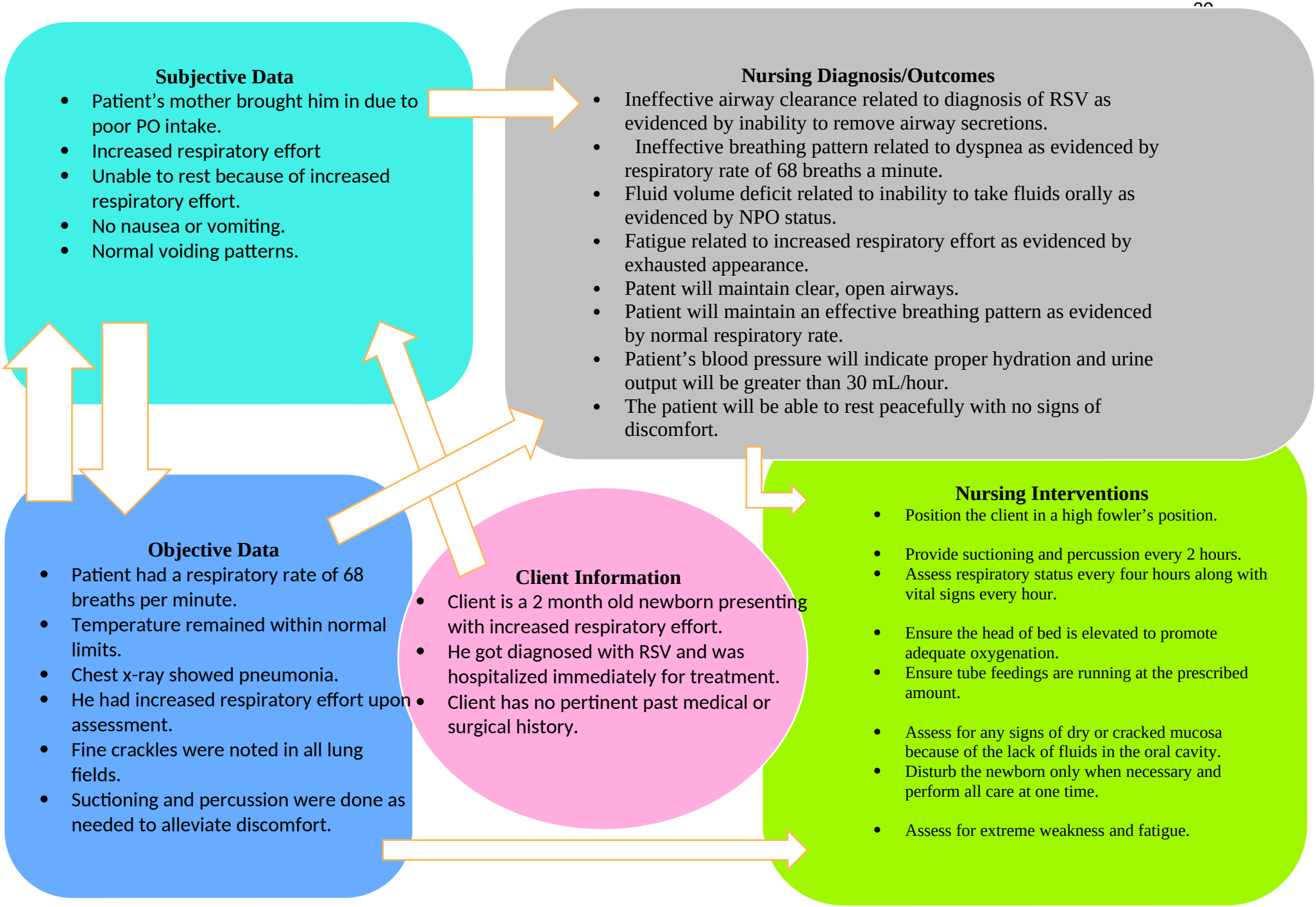
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis ● 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** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcomes**	**Evaluation** ● How did the Client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Ineffective airway clearance related to diagnosis of RSV as evidenced by inability to remove airway secretions.	This client had a diagnosis of RSV and was unable to remove secretions by themselves.	1. Position the client in a high fowler's position. 2. Provide suctioning and percussion every 2 hours.	Patent will maintain clear, open airways.	The client and family responded well to these interventions. Client was able to maintain a clear airway with ease of breathing.
2. Ineffective breathing pattern related to dyspnea as evidenced by respiratory rate of 68 breaths a minute.	The client's mother noticed an increased respiratory effort.	1. Assess respiratory status every four hours along with vital signs every hour. 2. Ensure the head of bed is elevated to promote adequate oxygenation.	Patient will maintain an effective breathing pattern as evidenced by normal respiratory rate.	Patient responded well to these interventions. Client was able to rest with no signs of increased respiratory effort.
3. Fluid volume deficit	This client is in NPO status and on continuous	1. Ensure tube feedings are running at the	Patient's blood pressure	The client responded well to these interventions. There

related to inability to take fluids orally as evidenced by NPO status.	tube feedings.	prescribed amount. 2. Assess for any signs of dry or cracked mucosa because of the lack of fluids in the oral cavity.	will indicate proper hydration and urine output will be greater than 30 mL/ hour.	were no signs of dehydration present. Tube feedings will remain running at 30mL/ hour, no complications noted.
4. Fatigue related to increased respiratory effort as evidenced by exhausted appearance.	The patient exhibited signs of exhaustion related to the increase in effort to breathe.	1. Disturb the newborn only when necessary and perform all care at one time. 2. Assess for extreme weakness and fatigue.	The patient will be able to rest peacefully with no signs of discomfort.	The patient responded well to these interventions. Newborn was able to rest comfortably throughout the shift with no disturbances.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient's mother brought him in due to poor PO intake.
Increased respiratory effort
Unable to rest because of increased respiratory effort.
No nausea or vomiting.
Normal voiding patterns.
Nursing Diagnosis/Outcomes
Ineffective airway clearance related to diagnosis of RSV as evidenced by inability to remove airway secretions.
Ineffective breathing pattern related to dyspnea as evidenced by respiratory rate of 68 breaths a minute.
Fluid volume deficit related to inability to take fluids orally as evidenced by NPO status.
Fatigue related to increased respiratory effort as evidenced by exhausted appearance.
Patent will maintain clear, open airways.
Patient will maintain an effective breathing pattern as evidenced by normal respiratory rate.
Patient's blood pressure will indicate proper hydration and urine output will be greater than 30 mL/hour.
The patient will be able to rest peacefully with no signs of discomfort.
Objective Data
Patient had a respiratory rate of 68 breaths per minute.
Temperature remained within normal limits.
Chest x-ray showed pneumonia.
He had increased respiratory effort upon assessment.
Fine crackles were noted in all lung fields.
Suctioning and percussion were done as needed to alleviate discomfort.
Client Information
Client is a 2 month old newborn presenting with increased respiratory effort.
He got diagnosed with RSV and was hospitalized immediately for treatment.
Client has no pertinent past medical or surgical history.
Nursing Interventions
Position the client in a high fowler's position.
Provide suctioning and percussion every 2 hours.
Assess respiratory status every four hours along with vital signs every hour.
Ensure the head of bed is elevated to promote adequate oxygenation.
Ensure tube feedings are running at the prescribed amount.
Assess for any signs of dry or cracked mucosa because of the lack of fluids in the oral cavity.
Disturb the newborn only when necessary and perform all care at one time.
Assess for extreme weakness and fatigue.