N433 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/17/2022	**Client Initials** M.C.	**Age (in years & months)** 3 years & 36 months	**Gender** Male
Code Status Full Code	**Weight (in kg)** 17.2 kg	**BMI** 16.3 kg/m^2	**Allergies/Sensitivities (include reactions)** No known allergies

Medical History (5 Points)

Past Medical History: No past medical history.

Illnesses: No previous illnesses noted.

Hospitalizations: No previous hospitalizations noted.

Past Surgical History: No past surgical history.

Immunizations: Up to date per caregiver verbally stated.

Birth History: The patient was born at 39 weeks gestation via cesarean, the patient's mother has HSV during pregnancy, but no other known factors.

Complications (if any): The patient's mother states that the patient had transient tachypnea at birth but no there was no oxygen requirements needed.

Assistive Devices: The patient has no assistive devices.

Living Situation: The patient lives at home with his mother and father and four other older siblings.

Admission Assessment

Chief Complaint (2 points): Respiratory distress

Other Co-Existing Conditions (if any): RSV positive, right sided otitis media, and poor feeding intake.

Pertinent Events during this admission/hospitalization (1 points): His mother and father took the patient to Kirby Medical Center Emergency Department. The patient was tested for RSV and COVID. The patient did receive a 22G IV on his right anterior lower proximal forearm at Kirby Medical Center. The patient received DuoNeb while at Kirby, but the patient's symptoms came back in two hours. EMS brought the patient to Carle Pediatric Intensive Care Unit for further extensive care.

History of present Illness (OLD CARTS) (10 points): The patient started experiencing worsening coughing and congestion on 10/12/22, per the mother. The caregivers noticed a deep, productive loose cough that worsened upon playtime. The caregivers noted that M.C. was not being as active and started being more fatigued even at times of rest. The patient's mother tried putting a warm mist humidifier in his room but noticed no change in the patient's symptoms. The duration of symptoms is five days. The mother noticed that the patient had a coughing spell repeatedly, and he could not get comfortable. The mother noticed that he had mild retractions and belly breathing. The patient was treated for otitis media on his right side by a convenient care provider on 10/07/22, who then prescribed 250 mg of Amoxicillin twice daily. The mother states that no prior treatments were provided for her son's respiratory distress. The provider's notes stated that a DuoNeb treatment was provided and seemed adequate, but symptoms came back within two hours. The father states that the severity was so intense that they decided to rush him to the Kirby Medical Center Emergency Department. Within four hours, he was transferred to PICU via EMS due to a de-saturation of 84%.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): The patient has acute respiratory failure.

Secondary Diagnosis (if applicable): The patient is positive for RSV, has an acute right ear infection, asthma, and pneumonia.

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

A frequent respiratory virus that affects the nose, throat, lungs, and breathing passages is the respiratory syncytial virus (RSV). RSV is communicated by touching surfaces exposed to the virus, contacting your eyes, nose, or mouth, or inhaling respiratory droplets (coughing, sneezing, or kissing) from an infected person. On hard surfaces like tables and crib rails, RSV can persist for several hours. Typically, the virus only survives briefly on hands and delicate surfaces like tissues. RSV is frequently transmitted to kids outside the house, school, or childcare facilities. They can then spread the illness to other family members (National Foundation for Infectious Diseases, 2022).

A common disease in people of all ages, respiratory syncytial virus (RSV) is a medium-sized enveloped ribonucleic acid virus of the paramyxovirus family. The virus appears to circulate simultaneously in two subtypes, A and B; typically, one subtype predominates during a particular season (Lin et al., 2022). Subtype A appears to be connected with more severe disease and does so more frequently. Primary RSV infection often affects children under the age of two; by the time they are two years old, 95% of children have serological evidence of a prior infection, and by adulthood, this percentage rises to almost 100% (Lin et al., 2022). Reinfection is frequent despite neutralizing antibodies being universally present in adults. In contrast to infants and young children, where RSV infection spreads from the upper to the lower respiratory tract in around 40% of infected children, only about 1 in 100 of these children will need

hospitalization. RSV infection in adults typically manifests as a common cold (Lin et al., 2022). Bronchitis is the most typical clinical manifestation of these conditions, while pneumonia and bronchopneumonia are also frequent. In contrast, infection in newborns may be unusual and nonspecific, with no apparent symptoms affecting the lower respiratory tract.

People can contract the respiratory syncytial virus through their mouth, nose, or eyes. It is easily contagious when respiratory droplets carry it through the air. Infection can spread to you or your child if an RSV carrier coughs or sneezes close to you. The virus can also spread by direct touches, such as hand-to-hand contact. The signs and symptoms of RSV are congestion or runny nose, dry productive cough, headache, sneezing, sore throat, body aches, and a low-grade fever (Capriotti & Frizzell, 2020). Patients with severe RSV may have cyanosis and rapid difficulty breathing. When assessing a patient with RSV their WBC may be elevated when obtaining a CBC. An RSV positive child will often be tachycardic and tachypneic. Providers will often order a chest x-ray to help determine the extent of the virus. Most people at risk for contracting RSV are immunosuppressed individuals, infants, children who attend daycare centers, children with chronic lung and heart disease, and premature infants. The two most common complications associated with RSV are pneumonia and bronchitis.

The ways to prevent RSV are good hand hygiene, covering your nose and mouth when you sneeze or cough, avoiding being around people who smoke, and washing toys and most touched surfaces regularly (Capriotti & Frizzell, 2020). The standard medication for children with severe RSV is palivizumab (Synagis). This medication is also given to infants and children two years old and younger (Jones & Bartlett Learning, 2020). The nursing actions that should be implemented when encountering a child with RSV are wearing a mask, and gloves, using a warm mist humidifier, encouraging fluid intake, and educating caregivers and the patient about proper

hand hygiene. When handling a patient with RSV, the nurse should plan to assess the patient's respiratory status more often than other patients. Assessing the patient's vital signs, capillary refills, and mental status is often crucial to dealing with a patient with RSV.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

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

Lin, H. C., Liu, Y. C., Hsing, T. Y., Chen, L. L., Liu, Y. C., Yen, T. Y., Lu, C. Y., Chang, L. Y., Chen, J. M., Lee, P. I., Huang, L. M., Lai, F. P. (2022). RSV pneumonia with or without bacterial co-infection among healthy children. *Journal of the Formosan medical association*, *121*, 687-693. https://dx.doi.org/10.1016/j.jfma.2021.08.012

National Foundation for Infectious Diseases. (2022). *Respiratory syncytial virus (RSV)*. https://www.nfid.org/infectious-diseases/rsv/

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Increase activity as tolerated	The patient is compliant with activity restrictions.
Diet/Nutrition: Regular	Pushing the patient's fluids and allowing a regular diet. The client is compliant with diet/

	nutrition.
Frequent Assessments: Respiratory assessments Q2hr, vitals Q2hr, and I/O Q1hr.	The patient is compliant to the listed frequent assessments, the patient has a good output as well. O2 levels remain lower.
Labs/Diagnostic Tests: N/A	N/A. The patient had a previous chest x-ray that showed perihilar infiltrates bilaterally.
Treatments: albuterol sulfate 2.5 mg/3 mL Q4hr, prednisolone 17.19 mg BID, and amoxicillin 776 mg Q2hr.	The patient is tolerating taking PO medications allowed by his mother only.
Other: Suction PRN, and reposition PRN	Patient is compliant with suctioning and repositioning. The patient prefers his mother for all treatments, education was provided to his mother regarding suctioning. The patient's caregiver was active in education.
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Wean oxygen from 10 L at 30% to 6 L at 30%	This order was implicated at 1005, pending feedback.

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	4.0-5.5	4.1	N/A	Within normal range.
Hgb	9.5-14	11.0	N/A	Within normal range.
Hct	30-40	34	N/A	Within normal range.
Platelets	150,000-400,000	297,000	N/A	Within normal range.
WBC	6.2-17.0	11.6	N/A	Within normal range.
Neutrophils	55-70	69	N/A	Within normal range.
Lymphocytes	20-40	20	N/A	Within normal range.
Monocytes	2-8	12	N/A	The patient has an elevated monocyte due to RSV, and pneumonia (Pagana et al., 2018).
Eosinophils	1-4	1	N/A	Within normal range.
Basophils	0.5-1	0.8	N/A	Within normal range.
Bands	0%-5%	N/A	N/A	Not completed on this admission.

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	136	N/A	Within normal range.
K+	3.4-4.7	4.0	N/A	Within normal range.
Cl-	90-110	100	N/A	Within normal range.
Glucose	60-110	95	N/A	Within normal range.
BUN	5-18	5	N/A	Within normal range.
Creatinine	0.3-0.7	0.3	N/A	Within normal range.
Albumin	4-5.9	5.0	N/A	Within normal range.
Total Protein	6-2.8	2.3	N/A	Within normal range.
Calcium	8.8-10.8	8.8	N/A	Within normal range.
Bilirubin	0.3-1.0	0.30	N/A	Within normal range.
Alk Phos	85-235	136	N/A	Within normal range.
AST	15-60	25	N/A	Within normal range.
ALT	4-36	12	N/A	Within normal range.
Amylase	60-120	N/A	N/A	Not completed on this admission.
Lipase	0-160	N/A	N/A	Not completed on this admission.

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	≤10 mm/hr	N/A	N/A	Not completed on this admission.
CRP	<1.0 mg/dL	N/A	N/A	Not completed on this admission.

Hgb A1c	4.5%-5.7%	N/A	N/A	Not completed on this admission.
TSH	2-10 mU/L	N/A	N/A	Not completed on this admission.

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	Amber yellow & clear	N/A	N/A	Not completed on this admission.
pH	4.6-8	N/A	N/A	Not completed on this admission.
Specific Gravity	1.005-1.030	N/A	N/A	Not completed on this admission.
Glucose	Negative (-)	N/A	N/A	Not completed on this admission.
Protein	0-8	N/A	N/A	Not completed on this admission.
Ketones	Negative (-)	N/A	N/A	Not completed on this admission.
WBC	0-4	N/A	N/A	Not completed on this admission.
RBC	≤2	N/A	N/A	Not completed on this admission.
Leukoesterase	Negative (-)	N/A	N/A	Not completed on this admission.

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	Not completed on this admission.
Blood Culture	Negative (-)	N/A	N/A	Not completed on this admission.
Sputum Culture	Negative (-)	N/A	N/A	Not completed on this admission.
Stool Culture	Negative (-)	N/A	N/A	Not completed on this admission.
Respiratory ID Panel	Negative (-)	RSV (+)	N/A	The patient tested positive for RSV.

COVID-19 Screen	Negative (-)	Negative (-)	N/A	Not completed on this admission.

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient had a chest x-ray done on 10/19/2022 that showed perihilar infiltrates were noted bilaterally. There were no other diagnostic tests were performed at this time.

Diagnostic Test Correlation (5 points): A chest x-ray will help the provider see the extent of the patient's respiratory failure and rule out pertinent causes, allowing for adequate treatment. A chest x-ray is important when assessing the respiratory system (Pagana et al., 2018).

Diagnostic Test Reference (1) (APA):

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

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

Brand/Generic	Amoxicot (amoxicillin)	AccuNeb (albuterol sulfate)	Prelone (prednisolone)		
Dose	776 mg	2.5 mg	17.19 mg		
Frequency	Q12hr	Q4hr	BID		

Route	PO	Inhalant/PO	PO		
Classification	Pharmacologic class: Aminopenicillin Therapeutic class: Antibiotic (Jones & Bartlett Learning, 2020).	Pharmacologic class: Adrenergic Therapeutic class: Bronchodilator (Jones & Bartlett Learning, 2020).	Pharmacologic class: Glucocorticoid Therapeutic class: Immunosuppressant (Jones & Bartlett Learning, 2020).		
Mechanism of Action	Kills germs by attaching to and deactivating proteins on the inner bacterial cell wall that bind penicillin, weakening the cell wall and resulting in lysis (Jones & Bartlett Learning, 2020).	The intracellular enzyme adenylate cyclase is stimulated by albuterol's attachment to the beta receptors on the bronchial cell members, turning adenosine triphosphate into cyclic adenosine monophosphate (Jones & Bartlett Learning, 2020).	Prevents neutrophil and monocyte concentration at the site of the inflammation and reduces their bactericidal and phagocytic activity (Jones & Bartlett Learning, 2020).		
Reason Client Taking	Otitis media/pneumonia	Respiratory distress/asthma	Asthma/respiratory distress		
Concentration Available	400 mg/5 mL	2.5 mg/3 mL	15 mg/5 mL		
Safe Dose Range Calculation	For severe infection 40-45mg/kg/daily every 12 hours	0.63 mg to 1.25 mg/kg, 3-4 times daily or as needed.	0.14 mg to 2 mg/kg/day Low end dose: 0.14 mg x 17.2 kg= 2.4		

	Low end dose: 40 mg x 17.2 kg= 688 mg High end dose: 45 mg x 17.2 kg= 774 mg The dosage that the patient is taking is the right amount for the patient's weight. (Jones & Bartlett Learning, 2020).	Low end dose: 0.63 mg x 17.2 kg= 10.9 mg High end dose: 1.25 mg x 17.2 kg= 21.5 mg The dosage for this patient is adequate and safe for the patient. (Jones & Bartlett Learning, 2020).	mg High end dose: 2 mg x 17.2 kg= 34.4 mg The dosage is accurate and safe for the patient. (Jones & Bartlett Learning, 2020).		
Maximum 24-hour Dose	1548 mg (Jones & Bartlett Learning, 2020).	86 mg (Jones & Bartlett Learning, 2020).	68.8 mg (Jones & Bartlett Learning, 2020).		
Contraindications (2)	Stevens-Johnson syndrome, allergies to beta-lactam antibiotics (Jones & Bartlett Learning, 2020).	Hypersensitivity to albuterol and sensitivity to anhydrous lactose (Jones & Bartlett Learning, 2020).	Hypersensitivity to prednisolone and systemic fungal infection (Jones & Bartlett Learning, 2020).		
Side Effects/Adverse Reactions (2)	The two side effects the patient may experience is nausea and diarrhea (Jones & Bartlett Learning, 2020).	The two side effects that the client may experience is tremor and tachycardia (Jones & Bartlett Learning, 2020).	The two side effects that this patient may experience is increased appetite and headache (Jones & Bartlett Learning, 2020).		
Nursing Considerations (2)	Checking the skin for erythematous rash and	Complete a CBC count prior to administering	Give dosage in the morning to mirror the body's normal cortisol secretion		

	monitoring the patients output (Jones & Bartlett Learning, 2020).	the inhalant and checking vital signs (Jones & Bartlett Learning, 2020).	and obtain vital signs (Jones & Bartlett Learning, 2020).		
Client Teaching needs (2)	Educate the caregivers to mix with milk or have the child drink milk immediately after and shake well before use (Jones & Bartlett Learning, 2020).	Instruct the caregivers to turn the inhalant towards the cheek and avoid deli meat and other sources of *Listeria monocytogenes* (Jones & Bartlett Learning, 2020).	Advise the caregivers to only take the correct dosage and educate the caregivers on limiting sun exposure (Jones & Bartlett Learning, 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: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented to mother. The patient is well-nourished and not in any distress. The patient's appearance is well suited giving the patients reason of stay.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 4 **Drains present:** **Y**☐ **N** ☒ **Type:**	The patient's skin color is pale, dry, and warm. Skin turgor is normal. The patient does not have any rashes, bruises, or wounds present. The capillary refill is less than 3. The patient's Braden score is a 4. The patient does not have any drains present. The patient has a 22G IV in his right anterior lower proximal that was placed on 10/17/22. The patency of the IV is good and flushes with no signs of infiltration. There are no visible signs of erythema or warmness around the IV site. The 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:**	has a Tegaderm attached to it, along with a cotton sleeve for protection. The IV has a saline lock over it and is not being used due to taking all his medications PO.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	The head is normocephalic, and the neck is midline and symmetrical with the patient's body. The thyroid is non-palpable. The patient's anterior and posterior fontanels are fully closed. The patient's dentition is appropriate per his age, and he has no loose teeth. The patient's left ear is clear, and inspection of the tympanic membrane is pearly gray. The patient's right ear has erythema, and the tympanic membrane is red. There is no drainage or deformities upon inspection of both ears. His eyes show PERLA bilaterally. The nose is midline, and the turbinates are moist and pink bilaterally. There is mild clear drainage from both nostrils. No complaints of pain when pressing on the patient's sinuses.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Clear S1 and S2 sound with no murmurs, gallops, or rubs. Peripheral pulses are 2+, and capillary refills are less than 3 seconds. There is no neck vein distention or edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Mild retractions were noted in ribs upon auscultation. The patients breathing is symmetrical bilaterally and is nonlabored. There are no crackles or rhonchi noted. The patient has some mild wheezing. There is no accessory muscle use.
GASTROINTESTINAL: **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation Bowel sounds:** **Last BM:**	The patient's diet at home is regular, and the mother notes he is a picky eater. The current diet at the hospital is also regular. The patient is 104 cm. Normal active bowel sounds in all four quadrants. The patient has a soft and warm abdomen. The patient's last bowel movement

Palpation: Pain, Mass etc.: **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	was on 10/20/22. There are no signs or pain when palpating the patient's abdomen. No masses are noted upon palpation. There are no incisions, distention, scars, drains, or wounds. The patient does not have an ostomy bag, nasogastric tube, or feeding/PEG tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient's urine was yellow and clear upon inspection of his diaper. The caregiver changes around eight diapers a day with moderate amounts of urine. The last diaper change was at 1118 and was 376 mL. There is no pain with urination. The patient is not on dialysis. Inspection of the patient's genitals were normal. The patient does not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 2 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	The patient's neurovascular status is normal. When testing the patient's ROM, the patient refused but complied, which was normal. The patient does not have any supportive devices. Strength was equal bilaterally, with no signs of weakness. The patient relies on his caregivers for assistance but is moderately independent. The patient does not need support to stand or walk. The patient's fall score is a 2.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is oriented to his mother, who is at his bedside, and to this nursing student. PERLA/ MAEW are normal. His strength is equal bilaterally in the upper and lower extremities. When this nursing student asked, the patient was oriented to be in the hospital. His mental status, speech, and sensory are appropriate for being a full-term three-year-old. No LOC noted.
PSYCHOSOCIAL/CULTURAL:	The patient's mother is at his bedside today, his

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):**	other siblings are at school, and his father is at work. The caregivers use therapeutic communication for coping methods. The family has adequate social needs and owns three vehicles. The patient's environment is stable and healthy. The family is a close-knit family.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0822	123 bpm	110/57	26	98.3F (auxiliary)	93% on 10L of oxygen
1027	118 bpm	N/A	28	98.2F (auxiliary)	95% on 6L of oxygen

Vital Sign Trends: The patient was tachycardiac and tachypneic when arriving via EMS from KMC. The patient's vitals have been stable and continue to be stable throughout the day. The patient is no longer tachycardic or tachypneic during this nursing student's clinical time.

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

Pulse Rate	70-110 bpm
Blood Pressure	85-105 for systolic and 40-65 for diastolic
Respiratory Rate	24-40 breaths/min
Temperature	97.8F (36.5C)-99.5F (37.5C)
Oxygen Saturation	>92%

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
0805	rFLACC	N/A	N/A	N/A	The patient is using his tablet for comforting and distracting methods.
Evaluation of pain status *after* intervention	rFLACC	N/A	N/A	N/A	The patient was compliant with the interventions.
Precipitating factors: The patient expressed no pain. **Physiological/behavioral signs:** The patient expressed no pain.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
240 mL of apple juice 120 mL of 2% white milk 100 mL of orange juice	464 mL of voided urine obtained from the patient's diaper at 0912. 376 mL of voided urine obtained from the patient's diaper at 1114. 1 bowel movement at 0845 obtained from the patient's diaper.

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. Has a sense of ownership
    - Tablet is his
    - Sippy cup is his
    - Blanket is his
2. Spontaneously shows affection
    - He wants his mother to lay with him
    - He wants his mother to hold him
    - He asks to sit on this nursing students lap
3. Starts to think before acting
    - Whines when taking his medicine but realizing he must take it to feel better
    - Plays with his soccer ball and acts like he is outside playing knowing he cannot go outside right now
    - While playing with his tablet he listens to the instructions on what to do in the game

Age Appropriate Diversional Activities

1. Plays with blocks
2. Sorts colors of blocks in groups
3. Turns the pages in the book one at a time

Psychosocial Development:

Which of Erikson's stages does this child fit?

- Autonomy versus shame and doubt

What behaviors would you expect?

- Becoming more independent

- Not wanting to follow everyday routine
- Acting out more than usual due to being in the hospital

What did you observe?

- The patient was uncomfortable with outside members being in the room with him. He only allowed his mother to give him his medications. This nursing student tried to distract him by tickling him.
- The patient did not want us to listen to his heart and lungs when doing our assessment. This nursing student tried to distract him with playing with the tablet with him.
- The patient did not want to leave his medical bracelet on his ankle. This nursing student tried to distract him by having his mother wear one too showing it was okay.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference?

- Sensorimotor-preoperational (2-7 years)

What behaviors would you expect?

- Symbolic play
- Mental imagery
- Imitation

What did you observe?

- The patient was acting like he was a firefighter when playing dress up. The firefighter blanket his mother brought was used as a distracting method.
- The patient was scared about this nursing student taking his temperature. This nursing student showed him that there was nothing to be scared of and let the patient take this nursing students temperature.

- The patient imitated the nurse by using a stethoscope as if he was a doctor. The second stethoscope was given to distract him while doing his assessment.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- Asks why
- Uses three-to-four-word sentences
- Can say his name, age and that he is a boy

Any concerns regarding growth and development?

- His mother denied concerns regarding growth and development
- The provider did not note any concerns about his growth and development
- The mother notes he has hit milestones faster than his other siblings

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 • Listed in order by priority –	• Explain why the nursing diagnosis was chosen			• How did the Client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

highest priority to lowest priority pertinent to this client.				
1. Ineffective airway clearance related to respiratory distress as evidence by declining oxygen saturations.	The patient arrived at Carle PICU in respiratory distress.	**1.** Actively assessing the patient's respirations. **2.**Assessing the patient's mental status.	**1.**The patient had stable respiratory patterns and normal mental status.	▪ The caregivers understood what to look for when assessing the patient's breathing patterns. The client was compliant with the interventions and no modifications were needed. The patient's respiratory patterns remained stable.
2. Ineffective breathing pattern related to respiratory muscle fatigue as evidence by tachypnea.	The patient had irregular breathing patterns during his admission.	**1.** Suctioning the patient as needed. **2.**Encourage the patient to do deep breathing exercises.	**1.**The patient allowed his mother to suction him PRN and participated in the breathing exercises like they were a game.	▪ The patient's mother understood that suctioning will help pull out the mucus and allow for better breathing. The patient thought that deep breathing was fun and there were no modifications needed at this time.
3. Impaired	The patient is	**1.** Monitor the	**1.**The	▪ The family

gas exchange related to ventilation-perfusion changes as evidence by abnormal chest x-ray.	unable to properly distribute gas out of his lungs leading to decline in his oxygen saturation.	patients O2 by leaving a pulse ox on him. **2.** Encouraging the mother to push fluids.	patient allowed the pulse ox to be left on and maintained a O2 saturation above 93% and enjoyed drinking out of his SpongeBob sippy cup.	understood that the pulse ox helped us see his oxygen levels and his mother said that he has been drinking a lot more than normal. The patient tolerated the interventions. There were no modifications needed for the provided interventions.
4. Readiness for enhanced knowledge related to new diagnoses as evidence by the caregivers actively asking questions about the disease processes.	The caregivers do not know about the different diagnoses and wanted to gain more knowledge about them.	**1.** Encourage questions and set aside time to talk about the different disease processes. **2.** Use therapeutic communication when responding to the severity of respiratory failure.	**1.**The parents expressed their concerns and the nurse answered all of their questions.	▪ The parents showed excitement when understanding the different diseases. The parents understood what signs and symptoms to look for when dealing with respiratory distress. The patient was distracted during this time on his tablet. There is no need for modifications.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

No known allergies
Not on any current daily medications
The patient's symptoms started on 10/14
Lives at home with his mom, dad, and four older siblings

Objective Data

BP: 110/57
Pulse: 123
RR: 26
Temperature: 98.3F (auxiliary)
O_2: 93% on 10L of oxygen
Full term gestational age 3-year-old

Client Information

3 years old
Male
Full code
17.2 kg

Nursing Diagnosis/Outcomes

ctive airway clearance related to respiratory distress as evidence by declining oxygen saturations.
Patient's outcome: The patient had stable respiratory patterns and normal mental status.
Ineffective breathing pattern related to respiratory muscle fatigue as evidence by tachypnea.
The patient allowed his mother to suction him PRN and participated in the breathing exercises like they were a game.
Impaired gas exchange related to ventilation-perfusion changes as evidence by abnormal chest x-ray.
The patient allowed the pulse ox to be left and maintained a O2 saturation above 93% and enjoyed drinking out of his SpongeBob sippy cup.
Readiness for enhanced knowledge related to new diagnoses as evidence by the caregivers actively asking questions about the disease processes.
The parents expressed their concerns and the nurse answered all of their questions.

Nursing Interventions

Actively assessing the patient's respirations.
Assessing the patient's mental status.
Suctioning the patient as needed.
Encourage the patient to do deep breathing exercises.
Monitor the patients O2 by leaving a pulse ox on him.
Encouraging the mother to push fluids.
Encourage questions and set aside time to talk about the different disease processes.
Use therapeutic communication when responding to the severity of respiratory failure.