N433 Care Plan #1

Lakeview College of Nursing

Abraham Eugenio

Demographics (3 points)

Date of Admission 10/20/2022	**Client Initials** ZB	**Age (in years & months)** 5 years and 4 months	**Gender** Male
Code Status Full	**Weight (in kg)** 19	**BMI** 15.99	**Allergies/Sensitivities (include reactions)** Peanut, tomato, tree nuts – all reactions unknown

Medical History (5 Points)

Past Medical History: autism spectrum disorder, status asthmaticus, acute respiratory disorder

Illnesses: asthma

Hospitalizations: acute respiratory distress on 7/21/2022

Past Surgical History: no surgical history

Immunizations: immunizations are up to date

Birth History: the patient was born full term with no complications

Complications (if any): N/A

Assistive Devices: N/A

Living Situation: the patient lives at home with his mother

Admission Assessment

Chief Complaint (2 points): shortness of breath, asthma exacerbation

Other Co-Existing Conditions (if any): asthma

Pertinent Events during this admission/hospitalization (1 points): The patient first came into convenient care for wheezing and shortness of breath. He was referred to the ED and was eventually admitted into the pediatric unit.

History of present Illness (OLD CARTS) (10 points):

The patient is a 5-year-old male who presented to Carle Convenient Care for wheezing and shortness of breath. According to his father, the patient's symptoms started on 10/19/2022. There was no verbalized complaint of pain in triage. The patient's mother administered albuterol inhaler to relieve symptoms, but it did not help. The patient got worse overnight and the patient was eventually brought to Convenient Care on 10/20/2022. The father states that the patient was showing retractions. The aggravating factors were unable to be assessed. The patient has previous history of respiratory distress.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): acute bronchiolitis due to other-specified organism

Secondary Diagnosis (if applicable): rhinovirus/enterovirus infection, respiratory distress

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

Inflammation is the body's natural response to foreign pathogens and antigens. During the inflammatory response, the body sends fluids and inflammatory mediators to neutralize the threat, resulting in local congestion (Capriotti & Frizzell, 2020). In Bronchiolitis, the bronchioles become inflamed due to respiratory viruses such as rhinovirus and RSV (Franklin et al., 2018). Bronchiolitis is a lower respiratory disease caused that results in symptoms like shortness of breath, wheezing and respiratory distress. The diagnosis of bronchiolitis is made due to the patient being tested positive for the rhinovirus. The rhinovirus can cause severe illness in patients

who have a history of respiratory disease (Centers for Disease Control and Prevention, 2021). This is consistent with ZB's prior hospitalization due acute respiratory distress. The signs and symptoms associated with severe acute bronchiolitis are cyanosis, tachycardia, hypoxia, wheezing, accessory muscle use in the chest wall, and difficulty breathing. The increased respiratory effort can cause general fatigue on the patient, and in more severe cases, can lead to tissue death due to poor oxygen perfusion. Complications associated with bronchiolitis are respiratory failure and dehydration (Centers for Disease Control and Prevention, 2021). Respiratory failure is characterized by low oxygen saturation, apnea, and cyanosis. Dehydration is characterized by tachycardia, hypotension, and poor skin turgor. These complications can be prevented by diligent nursing respiratory assessment. The assessments are designed to make sure that any decline in the patient's respiratory status is addressed to prevent the progression of disease.

Pathophysiology References (2) (APA):

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

Centers for Disease Control and Prevention (2021). Common colds: Protect yourself and others. *Centers for Disease Control and Prevention*. Retrieved October 24, 2022, from https://www.cdc.gov/features/rhinoviruses/index.html

Franklin, D., Babl, F. E., Schlapbach, L. J., Oakley, E., Craig, S., Neutze, J., Furyk, J., Fraser, J. F., Jones, M., Whitty, J. A., Dalziel, S. R., & Schibler, A. (2018). A randomized trial of high-flow oxygen therapy in infants with bronchiolitis. *The New England Journal of Medicine*, *378*(12), 1121–1131. https://doi.org/10.1056/NEJMoa1714855

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Increase activity as tolerated, routine	The patient's condition may worsen due to activity. His activity tolerance has to be developed to prevent respiratory distress.
Diet/Nutrition: regular	The patient does not have any dietary restrictions. However, due to the nature of his condition, meals should be eaten frequently in small volumes.
Frequent Assessments: Vital signs Q4, respiratory assessment Q1hr	The patient's vital signs are to be monitored every 4 hours, and respiratory status every hour. Respiratory assessment is crucial in maintaining and monitoring his health during this admission.
Labs/Diagnostic Tests:	N/A
Treatments: Albuterol sulfate nebulizer treatment	The albuterol sulfate nebulizer inhalation treatment helps the patient's respiratory effort. This should reduce the patient's respiratory workload, and increase oxygen perfusion to his peripheral tissues.
Other:	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Oxygen therapy - Optiflow at 8 L/min at 21%	Patient's oxygen saturation went down from 96% to 93%.
N/A	N/A
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	Admission or Prior	Today's Value	Reason for Abnormal Value

	(specific to the age of the child)	Value		
RBC	4.10 - 5.70 10:6/uL	N/A	N/A	
Hgb	12.0 – 18.0 g/ dL	N/A	N/A	
Hct	37.0 – 51.0 %	N/A	N/A	
Platelets	140 – 400 10:3/uL	N/A	N/A	
WBC	4.0 – 11.0 10:3 uL	N/A	N/A	
Neutrophils	%	N/A	N/A	
Lymphocytes	%	N/A	N/A	
Monocytes	%	N/A	N/A	
Eosinophils	%	N/A	N/A	
Basophils	%	N/A	N/A	
Bands	%	N/A	N/A	

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 mmol/L	N/A	N/A	
K+	3.5 – 5.1 mmol/L	N/A	N/A	
Cl-	98 – 107 mmol/L	N/A	N/A	
Glucose	74 – 100 mg/dL	N/A	N/A	
BUN	8 - 26 mg/dL	N/A	N/A	
Creatinine	0.55 – 1.30 mg/dL	N/A	N/A	

Albumin	3.4 – 4.8 mg/dL	N/A	N/A	
Total Protein	6.0 – 8.3 g/dL	N/A	N/A	
Calcium	8.9 – 10.6 mg/dL	N/A	N/A	
Bilirubin	0.2 -12 mg/dL	N/A	N/A	
Alk Phos	40 -150 U/L	N/A	N/A	
AST	5-34 U/L	N/A	N/A	
ALT	0 – 55 U/L	N/A	N/A	
Amylase	40 – 140 U/ L	N/A	N/A	
Lipase	0-160 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	<10mm/hr	N/A	N/A	
CRP	<0.9 mg/dL	N/A	N/A	
Hgb A1c	4.5% – 5.7%	N/A	N/A	
TSH	0.7 – 6.6 (mU/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	N/A	N/A	N/A	

pH	5.0 – 9.0	N/A	N/A	
Specific Gravity	1.003 – 1.030	N/A	N/A	
Glucose	negative	N/A	N/A	
Protein	negative	N/A	N/A	
Ketones	negative	N/A	N/A	
WBC	negative	N/A	N/A	
RBC	negative	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 Panel	Not detected	Positive for rhino/enterovirus	N/A	The rhinovirus or the common cold can cause respiratory distress in patients with preexisting respiratory conditions (Centers for Disease Control and Prevention, 2021). The common cold can cause serious illness or respiratory distress in patients who have a history of bronchitis or asthma (Centers for Disease Control and Prevention, 2021). In this case, the rhinovirus caused acute bronchiolitis.
COVID-19 Screen	Not detected	not detected	N/A	

Lab Correlations Reference (1) (APA):

Centers for Disease Control and Prevention (2021). Common colds: Protect yourself and others. *Centers for Disease Control and Prevention*. Retrieved October 24, 2022, from https://www.cdc.gov/features/rhinoviruses/index.html

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): N/A

Diagnostic Test Reference (1) (APA): N/A

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

Brand/Generic	Albuterol Sulfate / Ventolin HFA	Dexamethason/ Decadon	Prednisolone sodium phosphate/ Pediapred	**N/A**	**N/A**
Dose	2.5mg	9.76mg	19.5mg		
Frequency	Q 4hrs	Once	BID		
Route	Nasal/ nebulization	Oral	oral		
Classification	Adrenergic, bronchodilator	Glucocorticoid, anti-inflammatory	Glucocorticoid, immunosuppressant		
Mechanism of Action	Albuterol relaxes the smooth muscles in the bronchi by decreasing intracellular calcium levels Albuterol attains this action by converting ATP to cAMP.	Dexamethasone suppresses the immune response by inhibiting the production of inflammatory response mediators and inhibiting the response of helper T-cells	Prednisolone suppresses the body's immune and inflammatory response by inhibiting the production of inflammatory response mediators and inhibiting the response of helper T-cells against		

	(Jones & Bartlett Learning, LLC, 2021)	against foreign material. (Jones & Bartlett Learning, LLC, 2021)	foreign material. (Jones & Bartlett Learning, LLC, 2021)		
Reason Client Taking	The patient gets albuterol treatments to open up his airways which are constricted because of inflammation.	Dexamethasone is taken by ZB to reduce pulmonary congestion and airway constriction.	Prednisolone is taken by ZB to reduce pulmonary congestion, inflammation and airway constriction.		
Concentration Available	2.5mg/3mL	0.5/5mL	15mg/5mL		
Safe Dose Range Calculation	0.63mg to 1.25mg per kg, administered 3-4 times a day	0.02mg to 0.3mg per kg per day, divided in three to four doses	0.14mg to 2mg/kg per day or 5 to 60mg once a day or in divided doses		
Maximum 24-hour Dose	95mg	5.7mg	60mg		
Contraindications (2)	Hypokalemia, hypoglycecmia	Possible administration of live virus to patient or caregivers, hypersensitivity to dexamethasone	Possible administration of live virus to patient or caregivers, hypersensitivity to prednisolone		
Side Effects/Adverse Reactions (2)	Arrythmias, hypotension	Arrythmias, bronchospasm	Hypokalemia, restlessness		
Nursing Considerations (2)	- Serum potassium levels must be monitored due to the potential development of hypokalemia. - Drug tolerance may develop with extended use. (Jones & Bartlett	- Administer dexamethasone in the morning to time it with the body's cortisol secretion. - Dexamethasone should be administered with food to	- Monitor the patient's intake and output due to the drug's endocrinal and genitourinary effects. - Prednisolone puts the patient at risk for emotional instability. (Jones & Bartlett Learning, LLC,		

	Learning, LLC, 2021).	prevent gastrointestinal distress. (Jones & Bartlett Learning, LLC, 2021)	2021)		
Client Teaching needs (2)	- Tell the patient's caregivers to limit dose to prescribed amount and frequency to prevent lessened effectiveness. - Educate caregivers that albuterol must be reported to a medical provider if being prescribed another inhaled drug. (Jones & Bartlett Learning, LLC, 2021)	- The patient is at a higher risk of contracting an infection, and must avoid close contact with persons who have measles or chickenpox. - Instruct caregivers if the patient presents with nausea, vomiting, malaise, light-headedness, weakness, and bruising. (Jones & Bartlett Learning, LLC, 2021)	- Instruct ZB's caregivers to administer prednisolone with meals to decrease risks for gastrointestinal distress. - Tell the patient's parents that signs and symptoms of joint pain, swelling, and tarry stools must be reported immediately to the provider or nurse. (Jones & Bartlett Learning, LLC, 2021)		

Medication Reference (1) (APA):

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

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented to people and place x4, unable to assess orientation to time and situation, but patient is aware that he is in the hospital; the patient is well groomed, and does not show any signs of distress
INTEGUMENTARY:	Skin color is light brown and appropriate for race

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** Braden Q = 6 **Drains present: Y☐ N ☒** **Type:** **IV Assessment (If applicable to child):** N/A **Size of IV:** N/A **Location of IV:** N/A **Date on IV:** N/A **Patency of IV:** N/A **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** N/A **IV Fluid Rate or Saline Lock:** N/A	(biracial); the skin is dry and cool to touch; skin turgor of normal mobility; no rashes, bruises, bleeding or cuts noted; small healed wound on left knee noted;
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	The patient's head is normocephalic and atraumatic; hair is of normal distribution; ears and nose are clear, with no drainage or purulent discharge noted; uvula is unable to be visualized; some teeth are black and some teeth are missing; oral and nasal mucosa are pink and intact; thyroid is nonpalpable; no jugular vein distension noted; no redness, drainage noted in eyes, and sclera are white bilaterally; eyes are symmetrical; throat is centered;
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: N/A**	S1 and S2 clear, strong and present upon auscultation; no S3, S4, murmur, rubs, gallops auscultated; heart sounds normal rate and strong; capillary refill are less than 3 seconds in hands and toes bilaterally; peripheral pulses are palpable in upper extremities bilaterally, and faint in lower extremities bilaterally; no neck vein distension, or edema noted
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Upon assessment, the patient's respirations are nonlabored and of normal rate and rhythm; coarse crackles auscultated in lungs in all lobes bilaterally; breath sounds are clear, and no accessory muscle use noted;
GASTROINTESTINAL:	No incisions, scars, wounds, bruising, bleeding,

Diet at home: regular **Current diet:** regular **Height (in cm):** 109cm **Auscultation Bowel sounds:** **Last BM:** 10/20/21 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	or cuts noted upon inspection; no organomegaly noted upon palpation; no mass, pain upon palpation; bowel sounds are present and normoactive in all quadrants; the patient does not have any nasogastric tube, ostomy, or feeding tubes in place;
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	According to father's report, the patient urinates 3x a day because he holds his urine; the patient's urine is clear, yellow and of regular amount for patient; unable to visualize genitals at this time, but per father, the patient does not have any cuts, lesions or bruising in the genital area; the patient does not complain of pain when urinating; no penile discharge reported
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** Cumming's = 2 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	The patient does not need any assistance with daily living other than his nasal cannula connected to optiflow machine; he does not have any musculoskeletal deficits and has full ROM in all extremities; he is mobile; gait unable to be assessed at this time; the patients arms and legs are strong 5/5; the patient is independent and does not need help with walking, standing or sitting
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** X4	The patient is alert and awake; no speech impediment or impairment observed; no sensory deficits noted; the patient does not follow instructions at this time and is distracted; no mental impairment, and patient is able to watch television and draw normally

Mental Status: **Speech:** **Sensory:** **LOC:**	
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):**	The patient lives with his mother and father at home. Currently, ZB's parents need guidance on how to ensure that the patient's medication is available at school. ZB's father expressed concern that the ZB might have another respiratory event at school and wants to make sure that ZB has medication available.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
911	145	UTA	30	98.3 Fahrenheit	96%, optiflow at 8L/min at 30%
1100	136	89/59	28	98. 5 Fahrenheit	93%, optiflow at 8L/min at 29%

Vital Sign Trends: The patient's pulse and respiratory rate are going down, which may indicate deceased respiratory effort. His blood pressure is low, but the patient does not show any signs of distress. The patient's temperature has increased, but is still within the normal range. His oxygen saturation has decreased.

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

Pulse Rate	70-120 bpm
Blood Pressure	90 to 110 systolic, 55 to 75 diastolic

Respiratory Rate	20 to 30 per minute
Temperature	97.4F to 99.6 F
Oxygen Saturation	93% to 100%

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

Healthwise Staff. (2022). Vital signs in children. Retrieved October 24, 2022, from https://www.cham.org/HealthwiseArticle.aspx?id=abo2987

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1100	rFLACC	N/A	0	N/A	N/A
Evaluation of pain status *after* intervention	N/A	N/A	N/A	N/A	N/A
Precipitating factors: N/A **Physiological/behavioral signs:** The patient is alert and oriented. The patient appears to be in a good mood and does not show any sign of distress, sweating, crying or shortness of breath.					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
240ml (1 bottle of chocolate milk)	According to father, patient pees 3x a day with normal amount

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.
2.
3.

Age Appropriate Diversional Activities

1. Watching television
2. Drawing on portable board
3. Provide interactive toys with feedback

Psychosocial Development:

Which of Erikson's stages does this child fit?

What behaviors would you expect?

What did you observe?

Cognitive Development:

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

What behaviors would you expect?

What did you observe?

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

Any concerns regarding growth and development?

Developmental Assessment Reference (1) (APA):

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 breathing pattern related to bronchiolitis as evidenced by dyspnea, and tachypnea and retractions upon admission.	Breathing is a vital physiological function. In children, increased respiratory effort for extended periods can be fatal.	1. To promote rest, vital activities related to the patient's care should be scheduled and regulated (Phelps, 2020). 2. Monitor the patient's pulse oximetry readings and frequently assess the patient's respiratory and oxygenation status (Phelps, 2020).	1. The patient's oxygen saturation stays above 92% and his respirations and pulse remain within the normal range.	Since the patient is responding well to treatment, he should be slowly weaned off of 30% concentration oxygen therapy. His activities should also be increased as tolerated.
1. Risk for infection related to bronchiolitis treatment as evidenced by intake of	Children with a history of respiratory distress and respiratory infection are at an	1. Practice good and consistent hand hygiene before and after taking care of the patient (Phelps, 2020).	1. The patient will not develop any health-care	1. The patient should not exhibit signs and symptoms of a new infection

glucocorticoids.	increased risk of other infections. Glucocorticoids can suppress immune function, and can be fatal to children.	2. Ensure the patient's adequate nutritional intake by providing high-protein and high energy foods to promote immune function and healing (Phelps, 2020).	associated infections. The patient's immune function will be properly supported by nutritional intake.	while in the hospital. The patient's parents are compliant with providing the patient with nutrient-dense foods to promote his immune function.
1. Deficient knowledge related to insufficient knowledge of precautions as evidenced by rhinovirus infection.	The patient may not have proper education in infection prevention. Due to the patient's respiratory history, reinforcement of teaching is necessary in this case.	1. Assess the parents' knowledge level when it comes to infection prevention and plan teaching based on their level of knowledge (Phelps, 2020). 2. Let the parents verbally demonstrate understanding of knowledge and teaching reinforcement (Phelps, 2020).	1. The patient's family should be able to state the steps to promote infection prevention measures.	1. The parents would ideally be receptive to teaching and show concern for their child's health. They will express the desire to make sure that the patient is not exposed to large crowds, and uses proper hygiene.
Readiness for enhanced knowledge related to medication compliance as	Rescue inhalers are crucial during respiratory	1. Help the patient's father acquire	1. The father asks questions regarding	1. The father shows great concern and desire to

evidenced by the father's desire for the albuterol to be available at school.	distress.	knowledge needed to provide the medication at school (Phelps, 2020). 2. Be available for patient's questions and concerns, and develop a plan on how to implement his desire to ensure that his child gets the medication he needs at school.	the availability of his child's medication at school. The student referred the patient to the nurse and the provider to answer his concerns regarding prescribing the medication for school nurse.	comply with medication therapy. The patient shows willingness to ensure his child's safety at school.

Other References (APA):

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

Wolters Kluwer

Concept Map (20 Points):

Subjective Data

The patient is currently unable to verbalize many of his symptom due to his age. But, according to the patient's mother, the patient was wheezing, had difficulty breathing, and was retracting. The patient is able to say yes or no when he is asked to do somethings. Upon assessment, he point at his knee for pain, but unable to verbalize the severity.

Nursing Diagnosis/Outcomes

Ineffective breathing pattern related to bronchiolitis as evidenced by dyspnea, and tachypnea and retractions upon admission.
Risk for infection related to bronchiolitis treatment as evidenced by intake of glucocorticoids.
Deficient knowledge related to insufficient knowledge of precautions as evidenced by rhinovirus infection.
The patient's oxygen saturation stays above 92% and his respirations and pulse remain within the normal range.
The patient will not develop any health-care associated infections. The patient's immune function will be properly supported by nutritional intake.
The patient's family should be able to state the steps to promote infection prevention measures.

Objective Data

As of 10/21/2022, the patient's vital signs are as follows:

BP: 89/59
Resp: 28
O2 saturation: 96%
HR: 136
Temp: 98.5F

The patient is also positive for rhinovirus/enterovirus

Client Information

The patient is a 5-year-old biracial male who live with his parents. He has a history of acute respiratory distress and is currently prescribed albuterol nebulizer for use at home. Upon arrival to Convenient Care, the patient was retracting, wheezing, and having difficulty breathing.

Nursing Interventions

Practice good and consistent hand hygiene before and after taking care of the patient (Phelps, 2020).
Ensure the patient's adequate nutritional intake by providing high-protein and high energy foods to promote immune function and healing (Phelps, 2020).
To promote rest, vital activities related to the patient's care should be scheduled and regulated (Phelps, 2020).
Monitor the patient's pulse oximetry readings and frequently assess the patient's respiratory and oxygenation status (Phelps, 2020).