N433 Care Plan #1

Lakeview College of Nursing

Jamal Drea

Demographics (3 points)

Date of Admission	Client Initials	Age (in years & months)	Gender
10/17/22	M.K.C	3 years 2 months	Male
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
FULL	17.2	14.4	NKA

Medical History (5 Points)

Past Medical History: None

Illnesses: RSV, acute ear infection

Hospitalizations: None

Past Surgical History: None

Immunizations: Up-to-date

Birth History: Born at 39 weeks and 4 days gestation vaginally spontaneously

Complications (if any): Gestational hypertension

Assistive Devices: None

Living Situation: Lives in home with both parents and four older siblings

Admission Assessment

Chief Complaint (2 points):Difficulty breathing

Other Co-Existing Conditions (if any): Fever

Pertinent Events during this admission/hospitalization (1 points): Patient was transferred via EMS from Kirby medical and admitted to PICU.

History of present Illness (OLD CARTS) (10 points): Patient was reportedly feeling sick with a cough for five days before their mother took them to the ED at 1120 on 10/17 after

signs of respiratory distress with retractions. The patient was tachycardic (168 bpm), tachypneic (52 respirations/min), and had a fever above 101.3°F. Ibuprofen, albuterol, methylprednisolone were administered to the patient in the ED to relieve symptoms. No aggravating factors were reported. Severity led to patient being admitted to PICU.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Bronchiolitis secondary to RSV

Secondary Diagnosis (if applicable): Pneumonia

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

The respiratory syncytial virus is a virus that usually infects children to cause bronchiolitis or pneumonia. This illness is associated with the complication of pneumonia and airway obstruction, leading to respiratory failure. RSV is spread through droplets and can incubate for 2-8 days after coming into contact with the mucosa of the nose or throat (Jain et al., 2022). It can then move to the epithelial cells of the respiratory tract and insert glycoproteins into the host cells of the individual to spread its DNA to replicate and cause infection. Because of this, the body will enact an immune response that will result in inflammation that kills the infected cells. From that occurrence, the patency of the airway could be obstructed due to edema, impaired cilia, and a buildup of mucus mixed with cell debris that covers the alveoli. Signs and symptoms of RSV are related to bronchiolitis and present with rhonchi, tachypnea, accessory muscle use, and wheezing. Congestion, cough, sneezing, and findings consistent with viral pneumonia are also expected for this illness. Vital signs may show increased temperature and tachypnea due to hypoxia. A PCR panel

or antigen test could be done to confirm RSV and a chest x-ray could show hyperinflation or atelectasis (Jain et al., 2022). This patient had a fever on admission that was managed with antipyretics. They also exhibited hypoxia with an SpO2 of 88% at one point with intercostal retractions along with respirations over 50 per minute because of the effects on their respiratory tract. Treatment is mainly oriented around a supportive approach with oxygen therapy as needed and making sure the patient has adequate nutrition with fluid intake. Bronchodilators and corticosteroids could be administered to treat symptoms (Barr et al., 2019). The patient was receiving high humidity oxygen through nasal cannula. There were no restrictions with diet and intake and output were monitored. They received albuterol early on in treatment and were given methylprednisolone. Two potential complications are impaired gas exchange and ineffective breathing, which could be shown with decreased SpO2 and increased respirations. Nursing interventions for these complications include administering oxygen therapy, providing prescribed medications, and monitoring vital signs.

Pathophysiology References (2) (APA):

Barr, R., Green, C. A., Sande, C. J., & Drysdale, S. B. (2019). Respiratory syncytial virus: diagnosis, prevention and management. *Therapeutic advances in infectious disease*, *6*, Therapeutic Advances in Infectious Disease. https://doi.org/10.1177/2049936119865798

Jain, H., Schweitzer, J.W., Justice, N.A. (2022) Respiratory syncytial virus infection. *StatPearls*. Treasure Island StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK459215/

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:Increase activity as tolerated	**Respiratory status could affect patient's activity level.**
Diet/Nutrition:Normal diet, monitor I&O	**Patient should maintain adequate diet and fluid intake.**
Frequent Assessments:Vitals Q2, continuous pulse oximeter to maintain >90% SpO2	**Frequent assessment is needed to check patient's respiratory function. They maintained SpO2 >90%.**
Labs/Diagnostic Tests:Chest x-ray once	**X-ray showed infiltrates that are indicative of pneumonia.**
Treatments: Ibuprofen Q6H prn, acetaminophen Q4H, amoxicillin Q12H, methylprednisolone BID	**Patient is prescribed medication to treat their ear infection, control their fever, and relieve inflammation.**
Other: IV access, suction and reposition prn	**IV access is established to administer fluids or medications. Suction and repositioning is done to clear the patient's airway.**
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Discharge the patient	**Patient has shown improvement in respiratory status.**

Follow-up appointment in 2-3 days with the provider	Provider wants to assess the patient in the following week.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	4-5.5	4.1	N/A	
Hgb	10-15.5	12.1	N/A	
Hct	32-44	36%	N/A	
Platelets	150-400	297	N/A	
WBC	5-10	11.6	N/A	Leukocytosis is caused by active infection and tissue necrosis. This applies to the patient because they were infected by RSV, and this could cause necrosis of cells in the respiratory tract (Pagana, 2018).
Neutrophils	55-70	78	N/A	Neutrophilia could be caused by physical stress that it exerted on the body in response to an acute infection (Pagana, 2018).
Lymphocytes	20-40	9	N/A	Lymphocytes are decreased as a result of drug therapy with

				corticosteroids (Pagana, 2018). The patient was given Solu-Medrol, which is a corticosteroid that is used to treat inflammation of the airway.
Monocytes	**2-8**	**12**	**N/A**	**Monocytosis is associated with viral infection, which is related to this patient's RSV infection (Pagana, 2018).**
Eosinophils	**1-4**	**0**	**N/A**	
Basophils	**0.5-1**	**0**	**N/A**	
Bands	**0**	**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**	**136**	**N/A**	
K+	**3.5-5**	**4**	**N/A**	
Cl-	**98-106**	**100**	**N/A**	
Glucose	**74-106**	**95**	**N/A**	
BUN	**5-18**	**5**	**N/A**	
Creatinine	**0.3-0.7**	**0.3**	**N/A**	
Albumin	**3.5-5**	**3.7**	**N/A**	
Total Protein	**6.4-8.3**	**6.7**	**N/A**	
Calcium	**8.8-10.8**	**8.8**	**N/A**	
Bilirubin	**0.3-1**	**0.3**	**N/A**	
Alk Phos	**65-210**	**136**	**N/A**	

AST	**0-35**	**25**	**N/A**	
ALT	**4-36**	**12**	**N/A**	
Amylase	**6.6-35.2**	**N/A**	**N/A**	
Lipase	**0-160**	**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	**<10**	**N/A**	**N/A**	
CRP	**<1**	**N/A**	**N/A**	
Hgb A1c	**4-5.9%**	**N/A**	**N/A**	
TSH	**2-10**	**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	**Amber-light yellow**	**N/A**	**N/A**	
pH	**4.6-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.030**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**0-8**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**0-4**	**N/A**	**N/A**	

RBC	**<2**	**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	**Negative**	**Positive for RSV**	**N/A**	**The patient's results came back positive for respiratory syncytial virus.**
COVID-19 Screen	**Negative**	**Negative**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray shows bilateral perihilar infiltrates with no pneumothorax and normal heart size.

Diagnostic Test Correlation (5 points): A chest x-ray could be used to find inflammation or fluid accumulation in the lungs for evidence of pneumonia, which is prevalent for an RSV infection (Pagana, 2018).

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). ***Mosby's Diagnostic and Laboratory Test Reference*** **(14th ed.). Mosby.**

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

Brand/Generic	**Tylenol (acetaminophen)**	**Amoxil (amoxicillin)**	**Solu-Medrol (methylprednisolone)**		
Dose	**259.2 mg**	**776 mg**	**17.19 mg**		
Frequency	**Q4H prn for pain/fever**	**Q12H**	**BID**		
Route	**Oral**	**Oral**	**Oral**		
Classification	**Pharmacological class: Nonsalicylate** **Therapeutic class: Antipyretic, nonopioid analgesic**	**Pharmacological class: Aminopenicillin** **Therapeutic class: Antibiotic**	**Pharmacological class: Glucocorticoid** **Therapeutic class: Corticosteroid**		
Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus**	**Kills bacteria by binding to and inactivating penicillin-binding proteins on the inner bacterial cell wall, weakening the bacterial cell wall and causing lysis**	**Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils at inflammation sites, stabilizing lysosomal membranes, suppressing the antigen response of macrophages**		

	by inhibiting synthesis of prostaglandin E2.		**and helper T cells, and inhibiting the synthesis of inflammatory response mediators, such as cytokines, interleukins, and prostaglandins.**		
Reason Client Taking	**The patient is given this drug to control their fever.**	**The patient is taking this antibiotic for an acute ear infection.**	**This patient was given this drug to treat inflammation of their airway.**		
Concentration Available	**160 mg/5 mL**	**250 mg/5 mL**	**40 mg/mL**		
Safe Dose Range Calculation	**240 mg Q4H if 16-21 kg**	**20 mg/kg daily; 40-45 mg/kg daily for severe infection**	**0.11 to 1.66 mg/kg daily**		
Maximum 24-hour Dose	**1200 mg daily**	**344 mg; 688-774 mg daily for severe infection**	**1.89-28.55 mg daily**		
Contraindications (2)	**Hypersensitivity to acetaminophen or components of acetaminophen**	**Hypersensitivity to amoxicillin or other beta-lactam antibiotics**	**Hypersensitiyivity to methylprednisolone or a component of methylprednisolone**		
Side Effects/Adverse Reactions (2)	**Hypotension and leukopenia**	**Leukopenia and thrombocytopenia**	**Arrhythmias and hypotension**		
Nursing Considerations (2)	**Ensure that the patient does not exceed the daily limit for this drug. Assess liver function tests and renal function because of potential for hepatotoxicity**	**This drug could cause renal impairment. Assess for rash, fever, abdominal pain, or other adverse reactions.**	**This drug could raise blood glucose. Check electrolytes because this drug could cause hypernatremia, hypocalcemia, and hypokalemia.**		

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Client Teaching needs (2)	**Inform family about importance of following guidelines and pay attention to concentration for safe daily dosage. Educate on use for fever that reaches 102 F or higher.**	**Encourage family to administer antibiotic for full length of treatment. Inform that GI upset could be avoided if the medication is taken with a meal.**	**Inform family to report symptoms like dizziness, fatigue, fever, and nausea. Inform on taking with food or milk to avoid GI symptoms.**		

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and oriented x3** **No acute distress** **Clean, anxious appearance**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:** **IV Assessment (If applicable to child):** **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:**	 **Skin color is pink and clear** **Normal, dry** **Warm on palpation** **No tenting present, normal skin turgor** **No rashes** **No bruises** **No abrasions** **Braden score: 19** **No drains present** **22 G IV on right ac was discontinued before assessment**

Signs of erythema, drainage, etc.: **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	 **Head is normocephalic, trachea midline** **External ears normal and in regular position** **Sclera and conjunctiva normal, PERRL** **Nasal mucosa is pink, dried mucus is present** **All teeth appear to be present, dentition is good** **Thyroid is normal size and nonpalpable**
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:**	 **Normal S1 and S2 heart sounds** **Normal heart rate and rhythm** **Peripheral pulses 2+ and symmetric** **Capillary refill <2 seconds** **No neck vein distention** **No edema present**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**No accessory muscle use, unlabored breathing** **Clear breath sounds with on crackles or wheezing** **Normal respiratory rate and rhythm**
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:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	 **Normal diet at home** **No restrictions on diet; did not initially tolerate food but is eating better** **104 cm** **Normoactive bowel sounds throughout all quadrants** **Last BM: 10/20 at 1900** **No masses, tenderness, or organomegaly on palpation** **No distention present in abdomen** **No incisions around abdominal region** **No scars around abdominal region** **No drains** **No wounds present** **No ostomy** **No NG or feeding tubes**
GENITOURINARY: **Color:** **Character:**	 **Amber yellow** **Clear**

Quantity of urine: **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**300 mL output** **No reports of pain during urination** **No dialysis** **N/A** **No urinary catheter**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**No pain, pallor, paresthesia, or paralysis and pulses are normal** **Normal ROM** **No supportive devices** **Strength equal in extremities** **No ADL assistance necessary** **Morse fall score: 15** **Activity/Mobility status: Independent**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**MAEW ✓** **PERLA ✓** **Strength is equal in arms an legs** **Oriented x3** **Normal mental status and behavior** **Speech is appropriate for 3-year-old child** **Normal** **Alert and responsive**
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):**	**Caregivers are calm and talking with each other with the television on.** **N/A** **Patient lives in home with both parents and four older siblings. Both parents are present and supportive of the patient.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0822	**118**	**110/57**	**26**	**98.3°F**	**93%**
1300	**123**		**28**	**98.2°F**	**96%**

Vital Sign Trends: There were slight increases in pulse and respiratory rate. Temperature remain constant. Oxygen saturation increased, which is significant improvement after being taken off of oxygen therapy.

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

Pulse Rate	**70-120 bpm**
Blood Pressure	**Systolic: 91-120** **Diastolic: 48-75**
Respiratory Rate	**20-30 respirations/min**
Temperature	**97-100.4**
Oxygen Saturation	**>95%**

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

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

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1410	**FLACC (0)**	**N/A**	**N/A**	**N/A**	**N/A**
Evaluation of pain status *after* intervention	**FLACC**	**N/A**	**N/A**	**N/A**	**N/A**
Precipitating factors: N/A **Physiological/behavioral signs: Patient had no signs of pain.**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)

240 mL oral intake	**300 mL urinary output**

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. **Average weight gain is 3-5 lbs a year and height increases by 3 inches per year in toddlers.**
2. **A child that is 36 months of age can climb, run easily, bend over easily without falling, and walk up and down stairs.**
3. **A child that is 36 months of age can hold a pencil, draw a circle, turn pages in a book one at a time, build a tower of blocks, and undress themselves.**

Age Appropriate Diversional Activities

1. **Focus attention to toy or object that provides the patient with comfort.**
2. **Make up a game to get the patient to cooperate.**
3. **Reference a song, movie, or cartoon that is an interest of the child.**

Psychosocial Development:

Which of Erikson's stages does this child fit?

This child is currently in the Erikson psychosocial stage of autonomy versus shame and doubt.

What behaviors would you expect?

In the stage of autonomy versus shame and doubt, the child wants a sense of control and will exhibit emotional lability if they are unwilling to give up independence.

What did you observe?

The patient was anxious during assessment and became emotional but was more cooperative when they understood they could direct the sequence of the assessment.

Cognitive Development:

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

This child is currently in the Piaget cognitive development period known as the preoperational stage.

What behaviors would you expect?

The child can be expected to show more behaviors that are symbolic and are able to attribute characteristics to objects, people, and past experiences. There is less impulsive actions and more thinking before doing in this stage.

What did you observe?

The child was anxious due to previous interventions, which applies to the reflection of past experience that is present in this stage.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

Expected language development in toddlers includes understanding of most sentences, participation in short conversations, and use of three to four word sentences. The patient used 3-4 word sentences and could understand what was being said so there are no concerns.

Any concerns regarding growth and development?

There are on concerns regarding growth and development.

Developmental Assessment Reference (1) (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing* (4th ed.). Wolter 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.Impaired gas exchange related to	**This diagnosis was chosen**	**1. Assess and record pulmonary**	**1.Patient will maintain**	**The patient was taken off oxygen and had a**

RSV infection as evidenced by reading of 93% SpO2 while on HHNC	**because the patient has a respiratory virus that leads to impaired gas exchange due to blocking of the alveoli. It important to ensure that the patient has adequate oxygenation.**	**status and listen to lung sounds every 4 hours or more frequently if their condition is unstable.** **2. Monitor vital signs for abnormal heart rate, respiratory rate, and oxygen saturation to check for signs of impaired gas exchange.**	**normal breath sounds and respiratory rate.**	**stable reading of 96% SpO2. There were no signs of adventitious breath sounds. The family will understand signs of inadequate gas exchange and appear for a follow-up appointment in the following week.**
2.Ineffective breathing pattern related to increased work of breathing as evidenced by tachypnea and intercostal retractions	**The patient showed signs of respiratory distress so a priority should be to stabilize their breathing for adequate ventilation.**	**1. Administer oxygen as ordered to reduce respiratory distress and improve oxygenation.** **2. Assess respiratory rate and breath sounds every 4 hours. Watch for signs of respiratory distress like retractions, accessory muscle use, and nasal flaring.**	**1.The patient will show no signs of labored breathing and will have a respiratory rate within normal limits.**	**The patient shows no signs of labored breathing and no longer has retractions. Family will understand signs of respiratory distress and come for a follow-up appointment in 2-3 days.**
3.Imbalanced nutrition less than body requirements related to acute illness as evidenced by parent report of eating less	**The patient was reportedly not tolerating food. This finding is a significant because treatment for RSV is supportive, which would need the patient to have an adequate diet and fluid intake to assist in recovery.**	**1. Monitor fluid intake/output and electrolyte levels to monitor hydration status and check for abnormal values.** **2. Determine food preferences and provide small frequent meals to increase compliance that could be affected by respiratory infection.**	**1.The patient will be within normal limits for lab values of a metabolic panel and maintain adequate hydration.**	**The patient is now tolerating an adequate diet and fluid intake. The family will understand the goal of maintaining a normal diet and fluid intake for the patient.**
4.Deficient	**This is the**	**1. Assess level of**	**1.Family will**	**The family will show an**

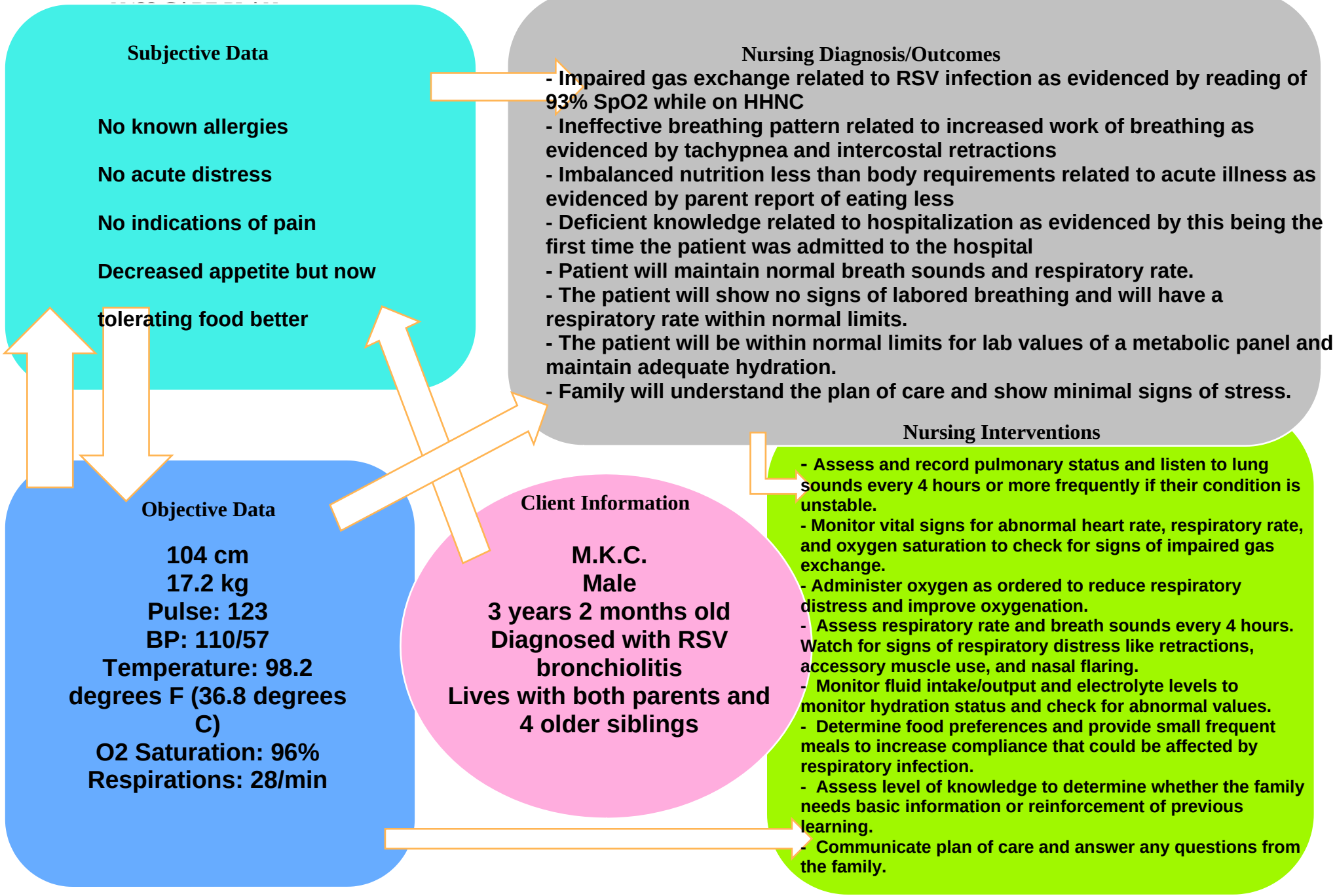
knowledge related to hospitalization as evidenced by this being the first time the patient was admitted to the hospital	**patient's first time being admitted to the hospital and PICU, so it is beneficial to educate the parents in a collaborative effort to reduce stress.**	**knowledge to determine whether the family needs basic information or reinforcement of previous learning.** **2. Communicate plan of care and answer any questions from the family.**	**understand the plan of care and show minimal signs of stress.**	**understanding of the teaching. The family will be included and know about the treatment plan for the patient.**

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
No known allergies
No acute distress
No indications of pain
Decreased appetite but now tolerating food better
Nursing Diagnosis/Outcomes
- Impaired gas exchange related to RSV infection as evidenced by reading of 93% SpO2 while on HHNC
- Ineffective breathing pattern related to increased work of breathing as evidenced by tachypnea and intercostal retractions
- Imbalanced nutrition less than body requirements related to acute illness as evidenced by parent report of eating less
- Deficient knowledge related to hospitalization as evidenced by this being the first time the patient was admitted to the hospital
- Patient will maintain normal breath sounds and respiratory rate.
- The patient will show no signs of labored breathing and will have a respiratory rate within normal limits.
- The patient will be within normal limits for lab values of a metabolic panel and maintain adequate hydration.
- Family will understand the plan of care and show minimal signs of stress.
Nursing Interventions
- Assess and record pulmonary status and listen to lung sounds every 4 hours or more frequently if their condition is unstable.
- Monitor vital signs for abnormal heart rate, respiratory rate, and oxygen saturation to check for signs of impaired gas exchange.
- Administer oxygen as ordered to reduce respiratory distress and improve oxygenation.
- Assess respiratory rate and breath sounds every 4 hours. Watch for signs of respiratory distress like retractions, accessory muscle use, and nasal flaring.
- Monitor fluid intake/output and electrolyte levels to monitor hydration status and check for abnormal values.
- Determine food preferences and provide small frequent meals to increase compliance that could be affected by respiratory infection.
- Assess level of knowledge to determine whether the family needs basic information or reinforcement of previous learning.
- Communicate plan of care and answer any questions from the family.
Objective Data
104 cm
17.2 kg
Pulse: 123
BP: 110/57
Temperature: 98.2 degrees F (36.8 degrees C)
O2 Saturation: 96%
Respirations: 28/min
Client Information
M.K.C.
Male
3 years 2 months old
Diagnosed with RSV bronchiolitis
Lives with both parents and 4 older siblings