Medications

Clonazepam Tab 0.25mg Patient is taking to limit seizures.

Pharmacological class: benzodiazepines (Jones & Bartlett Learning, 2020)

Therapeutic class: decreases abnormal electrical activity in the brain (Jones & Bartlett Learning, 2020)

Cyproheptadine Tab 4mg Patient is taking to increase feeding tolerance.

Pharmacological class: antihistamines (Jones & Bartlett Learning, 2020)

Therapeutic class: Appetite Stimulants (Jones & Bartlett Learning, 2020)

Levetiracetam oral solution 400mg Patient is taking to limit seizure activity.

Pharmacological class: Pyrrolidine derivative (Jones & Bartlett Learning, 2020)

Therapeutic class: anticonvulsants (Jones & Bartlett Learning, 2020)

Pantoprazole oral solution 20mg Patient is taking to help reduce symptoms of GERD.

Pharmacological class: Proton pump inhibitor (Jones & Bartlett Learning, 2020)

Therapeutic class: antiulcer (Jones & Bartlett Learning, 2020)

Demographic Data

Admitting diagnosis: The patient was admitted for hypoxia and a urinary tract infection.

Age of client: 5 yrs

Sex: Female

Weight in kgs: 22.4kg

Allergies: No allergies

Date of admission: 01/09/2023

Psychosocial Developmental Stage: initiative versus guilt

Cognitive Development Stage: Preoperational stage

Admission History

The patient is a 5 year old girl that was admitted on 01/09/2023 after an episode of vomit during tube feeding. Upon admission from swan special care center the patients o2 stats were in the 70's and she was becoming hypoxic.

Pathophysiology

Disease process: The urine contains water, salts, and waste products. For the most part, it is free of germs, bacteria, viruses, and fungi. The infection occurs when bacteria enter the urethra. From there it travels up to the and begins to grow. Most infections are caused by bacteria from the digestive tract. The most common is Escherichia coli (E. coli) bacteria. Urinary tract infections are more common in girls due to the shorter length of the urethra (*Urinary Tract Infections (UTI) in Children*, n.d.)

S/S of disease: The signs and symptoms of this infection are fever, chills, fowl smelling urine, and pain while urinating (*Urinary Tract Infections (UTI) in Children*, n.d.)

Method of Diagnosis: A urine analysis was performed and it was found to have an elevated amount of white blood cells present. This is consistent with diagnostic testing (*Urinary Tract Infections (UTI) in Children*, n.d.).

Treatment of disease: Treatment for a urinary tract infection includes antibiotics, a heating pad for pain, and adequate hydration (*Urinary Tract Infections (UTI) in Children*, n.d.).

Relevant Lab Values/Diagnostics

Admitting Lab values	Normal ranges (Capriotti, 2020)
PO2- 24.8 (L)	75-100 mm/hg
WBC- 21.51(h)	4.1-10.9 10^3/uL
RBC- 5.47(h)	4.0-4.9 10^6/ uL
HGB- 15.4(h) ish	12.0-16.0 g/dL
HCT- 47.1(h) ish	37.0-48.0%

Medical History

Previous Medical History: G-tube, cerebral palsy, non-accidental traumatic brain injury, and seizure disorder.

Prior Hospitalizations: Pneumonia 01/03/2022

Past Surgical History: CSF shunt placement 01/06/2018

Gastrojejunostomy 11/25/2022

Social needs: N/A

Active Orders

Isolation: C-diff

Isolation: MRSA

Feeding order: 30ml/hr 1500-0700, flush with 30ml of Sterile water before and after feeding.

After feeding 50ml of sterile water every 3hrs.

Assessment	
General	Non-verbal indicators are present, pt is happy and calm, indicated by cooing and smiling.
Integument	Pt skin is warm, pink, and dry, with a rash on the antecubital and armpit regions. Braden score of 8.
HEENT	Because this patient has a traumatic brain injury and cerebral palsy this was not a part of the focus assessment per the nurse.
Cardiovascular	Clear S1 and S2 heard without gallops or rubs. Peripheral pulses were palpable. Capillary refill is less than 3sec.
Respiratory	Respirations are regular and even without laboring. Lungs sound clear throughout bilaterally.
Genitourinary	Absorbent pad in use.
Gastrointestinal	The abdomen is soft and non-tender in all quadrants, and the bowel sounds normal.
Musculoskeletal	Not assessed
Neurological	The patient exhibits roving eye movement, muscles are toned bilateral upper and lower.
Most recent VS (highlight if abnormal)	**Time: 0731** **Temperature: 37.6c** **Route: Axillary** **RR: 24** **HR: 105** **BP and MAP: 89/58 map 69** **Oxygen saturation: 98 room air** **Oxygen needs: none**
Pain and Pain Scale Used	RFLACC – Non-verbal indicators absent.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3

Risk for aspiration (Linda Lee Phelps, 2020)	Impaired urinary elimination (Linda Lee Phelps, 2020)	Bathing and self-care deficit (Linda Lee Phelps, 2020)
Rationale **As evidenced drop in oxygen saturation and signs of hypoxia related to vomiting during tube feedings.**	**Rationale** **As evidenced by unretract infection related to patient's incontinence.**	**Rationale** **As evidenced by skin break down in the armpit and antecubital area related to the inability to preform self-hygiene.**
Interventions **Intervention 1: Ensure that the head of the patient's bed is elevated during tube feedings. (Linda Lee Phelps, 2020)** **Intervention 2: Monitor oxygen saturations at bedside while continuous feeding is in place. (Linda Lee Phelps, 2020)**	**Interventions** **Intervention 1: Check and change patient every two hours to minimize urine and feces accumulation in peri area. (Linda Lee Phelps, 2020)** **Intervention 2: Provide proper peri hygiene and used appropriate products for cleansing soiled area. (Linda Lee Phelps, 2020)**	**Interventions** **Intervention 1: Patients skin should be washed and dried daily to avoid buildup of bacteria in creased places. (Linda Lee Phelps, 2020)** **Intervention 2: patient should be turned and repositioned every two hours to prevent skin breakdown. (Linda Lee Phelps, 2020)**
Evaluation of Interventions **Optimal bed placement will reduces the risk of aspiration by the patient. Monitoring oxygen saturation will allow staff to recognize de-stating quicker.**	**Evaluation of Interventions** **By changing and cleansing the patient on a scheduled basis with appropriate products, the risk for urinary infection issues should dissipate.**	**Evaluation of Interventions** **With proper cleansing and positioning the patient should be able to avoid major skin breakdown.**

References (3):

Capriotti, T. M. (2020). *Pathophysiology: introductory concepts and clinical perspectives.* (2nd ed.). F A Davis.

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

Linda Lee Phelps. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer Medical.

Urinary Tract Infections (UTI) in Children. (n.d.). Www.hopkinsmedicine.org. Retrieved January 20, 2023, from https://www.hopkinsmedicine.org/health/conditions-and-diseases/urinary-tract-infections/urinary-tract-infections-uti-in-children