

## Medications

### Azithromycin

Pharmacological class: Macrolide (Jones & Bartlett, 2021)

Therapeutic Class: Antibiotic (Jones & Bartlett, 2021)

Why the client is taking it: For facial abscess.

Key nursing assessments: Monitor patient for an allergic reaction to the drug

### Ampicillin-Sulbactam

Pharmacological Class: Aminopenicillin (Jones & Bartlett, 2021)

Therapeutic Class: Antibiotic (Jones & Bartlett, 2021)

Why the client is taking it: Facial abscess.

Key nursing assessments: Monitor for anaphylaxis and diarrhea.

### Acetaminophen

Pharmacological Class: Nonsalicylate, para-aminophenol derivative (Jones & Bartlett, 2021)

Therapeutic Class: Antipyretic, nonopioid analgesic (Jones & Bartlett, 2021)

Why the client is taking it: Acute pain.

Key nursing assessment: Assess the patient's skin and output.

## Demographic Data

**Admitting diagnosis:** Facial abscess

**Age of client:** 3 years old

**Sex:** Female

**Weight in kgs:** 15.2 kg

**Allergies:** N/A

**Date of admission:** 1/19/22

**Psychosocial Developmental Stage:** Autonomy vs. Shame and  
Doubt

**Cognitive Development Stage:** Pre-operational

## Admission History

## Pathophysiology

**Disease process:** An abscess can manifest from an infection in the body. White blood cells travel to the site of infection, which is why the site swells. The abscess is later filled with fluid, dead tissue, and white blood cells (Cleveland, 2022).

### S/S of disease:

- Inflammation on site
- Pain and tenderness
- Fever
- Fatigue

### Method of Diagnosis:

- CT Scan
- MRI
- Ultrasound

**Treatment of disease:** An abscess can be treated simply by antibiotics depending on the size of the abscess. In other situations, an abscess can be treated surgically by removing the abscess (Cleveland, 2022)

The patient's mother noticed a small bump on her right cheek three days ago and took the patient to her provider. The provider prescribed an ointment to help with the swelling. Over the days, the mother noticed the bump getting more extensive and decided to take her daughter to the hospital. The patient was then shortly admitted to the pediatric floor.

### Relevant Lab Values/Diagnostics

Creatinine → 0.60-1.00 → 0.54 (Dehydration)

BUN/Creatinine → 12-20 → 11 (Dehydration)

MCV → 72.3-85 → 69.3 (Iron deficiency)

MCH → 23.7-28.6 → 22.4 (Iron deficiency)

RDW → 12.2-14.9 → 17.3 (Inflammation response)

MPV → 8.9-11.0 → 6.9 (Infection)

The patient had a CT image done, and the results showed swelling, edema, and right neck thickening and inflammation.

### Medical History

**Previous Medical History:** N/A

**Prior Hospitalizations:** N/A

**Past Surgical History:** N/A

**Social needs:** N/A

### Active Orders

- Regular Diet (The pt is on no dietary restrictions)
- Vital Signs Q4h (Routine on pt)
- IV access (To be able to give medication and fluids)
- Pediatric airway status (Routine)
- Strict I&O's (Pt has a hard time drinking enough fluids)
- Pulse oximetry to keep O<sub>2</sub> stats =<92% (Routine)

**Assessment**

<b>General</b>	Active, alert, and does not appear in any distress.
<b>Integument</b>	Warm and moist skin, facial abscess noted on the right lower cheek.
<b>HEENT</b>	Patient appeared in well condition. Head and neck aligned, nonpalpable lymph nodes.
<b>Cardiovascular</b>	S1 and S2 heart sounds present, no murmur or bruits detected. Normal sinus rhythm.
<b>Respiratory</b>	Regular breath sounds and equal rise and fall of the chest.
<b>Genitourinary</b>	Voided three times in total of 450cc.
<b>Gastrointestinal</b>	Bowel sounds in all four quadrants; the last bowel movement was an hour before the assessment.
<b>Musculoskeletal</b>	Equal strength in all extremities, full range of motion, and no swelling in joints and no tenderness. Fall risk score of 3
<b>Neurological</b>	Awake and alert
<b>Most recent VS (highlight if abnormal)</b>	<b>Time: 8:30 am</b>  <b>Temperature: 97.4 F</b>  <b>Route: Axillary</b>  <b>RR: 25</b>  <b>HR: 97</b>  <b>BP : 103/51 MAP: 74</b>  <b>Oxygen saturation: 100</b>  <b>Oxygen needs: N/A</b>
<b>Pain and Pain Scale Used</b>	FLAAC - No pain demonstrated

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
<p>Impaired skin integrity related to a facial abscess, as evidence by swelling of the right cheek.</p>	<p>Acute pain related to a facial abscess, as evidence by the patient having little energy and expressing that the affected area hurts.</p>	<p>Deficient Knowledge related to the patient's age, as evidence by the patient being three years old.</p>
<p>Rationale</p>	<p>Rationale</p>	<p>Rationale</p>
<p>Due to swelling of the right cheek.</p>	<p>Due to the facial abscess on her right cheek.</p>	<p>Due to the patient's developmental capacity, she cannot fully understand why her cheek is swollen.</p>
<p><b>Interventions</b></p>	<p><b>Interventions</b></p>	<p><b>Interventions</b></p>
<p><b>Intervention 1:</b> Inspect patient's skin every 8 hours and describe and document the skin condition. <b>Intervention 2:</b> Perform the prescribed treatment regimen for the skin condition and monitor progress.</p>	<p><b>Intervention 1:</b> Use the FLAAC pain rating scale and administer pain medication. <b>Intervention 2:</b> Provide activities for the patient to help distract them, such as reading, coloring, or television.</p>	<p><b>Intervention 1:</b> Limit the length of each teaching session to avoid information overload. <b>Intervention 2:</b> Communicate openly and honestly with the patient.</p>
<p><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• Patient's skin was checked frequently for progress.</li> <li>• Monitoring of the prescribed medication's effects on the patient's facial abscess.</li> </ul>	<p><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• The patient was evaluated for pain by nonverbal indicators every 4 hours.</li> <li>• Coloring pages, crayons, and time at the playroom were provided to the patient.</li> </ul>	<p><b>Evaluation of Interventions</b></p> <ul style="list-style-type: none"> <li>• The patient is informed about what is going on in a 2 to 3-minute increment.</li> <li>• Words that the patient can understand were used and honesty about what was the patients situation.</li> </ul>

**References (3):**

Phelps, L.L. (2020). Sparks and Taylor's nursing diagnosis reference manual (11<sup>th</sup> ed.). Wolters Kluwer

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

*Abscess: Types, Symptoms, Causes & Treatment.* (n.d.). Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22876-abscess>