N433 Care Plan 1

Lakeview College of Nursing

Shelby Myers

Demographics (3 points)

Date of Admission 02/25/2023	**Client Initials** I. C.	**Age (in years & months)** 3 months	**Gender** Female
Code Status Full code	**Weight (in kg)** 6.96 kg	**BMI** 17.26	**Allergies/Sensitivities (include reactions)** No known allergies

Medical History (5 Points)

Past Medical History:

Illnesses: Urinary tract infection (12/22/2022); COVID-19 (02/17/2023)

Hospitalizations: Urinary tract infections (12/22/2023)

Past Surgical History: N/A

Immunizations: Patient is up to date on immunizations.

Birth History: Patient was born on 11/22/2022 via vaginal delivery with no known complications.

Complications (if any): N/A

Assistive Devices: N/A

Living Situation: The patient lives at home with her parents and two older siblings.

Admission Assessment

Chief Complaint (2 points): Fever

Other Co-Existing Conditions (if any): N/A

Pertinent Events during this admission/hospitalization (1 points): Peripherally inserted central catheter placed on 03/02/2023.

History of present Illness (OLD CARTS) (10 points): The patient's mother brought her to the emergency room on 02/24/2023 with complaints of a fever that was unrelieved by Tylenol. The mother stated that the fever began the night before and she was regularly checking the child's axillary temperature. The patient had received scheduled Tylenol doses 24 hours prior to coming in, and the fever still remained. The mother tried other nonmedicinal remedies but stated that nothing seemed to bring the temperature down for long. The fever had a Tmax of 102.2 and was making the patient a little fussy and restless.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary tract infection (UTI) with extended-spectrum beta-lactamase (ESBL)

Secondary Diagnosis (if applicable): N/A

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

Urinary tract infections are among the most common infections, even in the pediatric population. These infections are caused by bacteria that enter the urinary system that is not a part of the body's normal flora (Flash et al., 2023). The bacteria can enter through different mechanisms such as fecal-perineal introduction, nosocomial or bacterial introduction in a medical setting, and urinary tract involvement secondary to a pre-existing systemic infection. Presentation of a urinary tract infection can differ from person to person and can be challenging to diagnose in children who cannot communicate these symptoms. The symptoms can range from a mild low-grade fever to febrile and systemic illness (Flash et al., 2023). Abdominal pain, back pain, dysuria, urgency, frequency, urinary incontinence, suprapubic pain, and pain with

urination can also be symptoms of a urinary tract infection. This patient's only symptoms were a changed mood and a high fever, unrelieved by medication. Just like all infections, urinary tract infections can affect all body systems depending on the severity of the infection and the patient's immune response. Some of these infection signs are expected findings for a urinary tract infection, such as fever, elevated CRP, elevated glucose, decreased creatinine, elevated white blood cells, etc. With a urinary tract infection, the lab work and vitals can be very similar to any infection and increase in severity depending on the affected body systems.

The diagnostic testing used to identify a urinary tract infection is typically just a urinalysis and culture to determine if a bacteria is present and what bacteria it is. The type of bacteria determines the course of treatment and the medication that will be used. The most common bacteria that is found to cause urinary tract infections is Escherichia coli (Flash et al., 2023). This patient's urine culture was positive and grew E. coli, but further testing revealed ESBL. ESBL bacteria are resistant to cephalosporin antibiotics. All ESBL-producing organisms resist first, second, and third-generation cephalosporins (Chan,2022). Cephalosporins are typically a first-line antibiotic for infections such as urinary tract infections, but when resistance builds up in the bacteria, another antibiotic is necessary. The treatment for ESBL-associated urinary tract infections is a different antibiotic that does not fit into the cephalosporin class. This patient receives 100mg of ertapenem for ten days to treat the urinary tract infection and then will be sent home for outpatient testing to explain why she is getting them so frequently. Two possible complications of recurrent urinary tract infections are sepsis and severe kidney damage (Ricci, Kyle & Carman, 2021). The symptoms of sepsis are very similar to that of a common infection, but special labs such as procalcitonin and lactic acid are elevated to indicate sepsis. Preventing sepsis is treating the primary infection before it can spread to the blood while monitoring labs.

Severe kidney damage would present as decreased urinary output and other abnormalities such as frequency, urinary incontinence, and abnormal BUN and creatinine labs. Preventing severe kidney damage would also be treating the infection, encouraging fluids, and monitoring labs to promote kidney health and maintenance.

Pathophysiology References (2) (APA):

Chan, E. Y. H. (2022). Community-acquired urinary tract infections caused by ESBL-producing Enterobacteriaceae in infants less than 2 years of age. *Pediatric Nephrology*, *37*(5), 1167-1168.

Flash, U., Beats, B., Flash, N., Flash, P., & Flash, G. (2023). Urinary tract infections in infants and children. *Sat*.

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

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: As tolerated	Continuous order.
Diet/Nutrition: Breastmilk and formula PRN	Continuous order.
Frequent Assessments: Continuous pulse oximetry, blood pressure Q8H, vital signs Q4H	Continuous order.
Labs/Diagnostic Tests: HIV-1 RNA Quant by PCR	In progress.
Treatments: 10 day regimen of ertapenem, then outpatient immunology testing	In progress, on day 9/10.
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
N/A	N/A

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 (specific to the age of the child)	Admission or Prior Value (02/25)	Today's Value	Reason for Abnormal Value
RBC	3.45 – 4.75x10^6 u/L (Carle Foundation Hospital)	4.0x10^6 u/L	N/A	N/A
Hgb	9.9 – 12.4 g/dL (Carle Foundation Hospital)	10.9 g/dL	N/A	N/A
Hct	29.5% - 37.1% (Carle Foundation Hospital)	31.4%	N/A	N/A
Platelets	247,000 – 580,000 u/L (Carle Foundation Hospital)	592,000 u/L	N/A	This lab is elevated due to infection such at the recurrent urinary tract infections and COVID-19 infection as well (Ricci, Kyle & Carman, 2021)
WBC	6,000 – 13,250 u/L (Carle Foundation Hospital)	10.7 u/L	N/A	N/A
Neutrophils	20.7% - 61.8% (University of Louisville, 2023)	49.5%	N/A	N/A

Lymphocytes	32% - 80% (University of Louisville, 2023)	37.4%	N/A	N/A
Monocytes	2.7% - 22.9% (University of Louisville, 2023)	11.7%	N/A	N/A
Eosinophils	0% - 3.1% (University of Louisville, 2023)	0.7%	N/A	N/A
Basophils	0% - 1.1% (University of Louisville, 2023)	0.2%	N/A	N/A
Bands	0% - 1.1% (University of Louisville, 2023)	0.5%	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 (02/25)	Today's Value	Reason For Abnormal
Na-	136 – 145 mmol/L (Carle Foundation Hospital)	140 mmol/L	N/A	N/A
K+	3.5 – 5.1 mmol/L (Carle Foundation Hospital)	4.7 mmol/L	N/A	N/A
Cl-	98 – 107 mmol/L (Carle Foundation Hospital)	106 mmol/L	N/A	N/A
Glucose	74 – 100 mg/dL	109 mg/dL	N/A	This level is high because glucose can raise with elevated stress on the

	(Carle Foundation Hospital)			body such as with infections like her urinary tract infections (Ricci, Kyle & Carman, 2021)
BUN	5 – 17 mg/dL (Carle Foundation Hospital)	5 mg/dL	N/A	N/A
Creatinine	0.55 – 1.02 mg/dL (Carle Foundation Hospital)	0.37 mg/dL	N/A	This level is low because of injury to the kidneys caused by recurrent urinary tract infections and the current urinary tract infection (Ricci, Kyle & Carman, 2021)
Albumin	3.8 – 5.4 g/dL (Carle Foundation Hospital)	3.4 g/dL	N/A	This level is low because of kidney damage which is a result of recurrent urinary tract infections and the current urinary tract infection (Ricci, Kyle & Carman, 2021)
Total Protein	4.4 – 7.6 g/dL (Carle Foundation Hospital)	6.4 g/dL	N/A	N/A
Calcium	9 – 11 mg/dL (Carle Foundation Hospital)	10.3 mg/dL	N/A	N/A
Bilirubin	0.2 – 1.2 mg/dL (Carle Foundation Hospital)	0.5 mg/dL	N/A	N/A
Alk Phos	9 – 500 u/L (Carle Foundation Hospital)	276 u/L	N/A	N/A
AST	5 – 34 u/L (Carle Foundation Hospital)	30 u/L	N/A	N/A
ALT	0 – 55 u/L (Carle Foundation Hospital)	14 u/L	N/A	N/A
Amylase	0 – 140 u/L (University	N/A	N/A	N/A

	of Louisville, 2023)			
Lipase	0 – 160 u/L (Carle Foundation Hospital)	N/A	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 (03/02)	Today's Value	Reason for Abnormal
ESR	3 – 13 mm/hr (Carle Foundation Hospital)	N/A	N/A	N/A
CRP	0 – 0.050 mg/dL (Carle Foundation Hospital)	9.30 mg/dL	N/A	This lab is elevated to indicate inflammation which is a result of severe infection from the urinary tract infection (Ricci, Kyle & Carman, 2021)
Hgb A1c	< 6% (Carle Foundation Hospital)	N/A	N/A	N/A
TSH	< 6 mIU/L (Carle Foundation Hospital)	N/A	N/A	N/A
IgA	8.0 – 91.0 mg/dL (Carle Foundation Hospital)	8.4 mg/dL	N/A	N/A
IgG	203 – 934 mg/dL (Carle Foundation Hospital)	258.3 mg/dL	N/A	N/A
IgM	17 – 150 mg/dL (Carle Foundation Hospital)	49.6 mg/dL	N/A	N/A
Procalcitonin	< 0.5 ng/mL	1.4 ng/mL	N/A	This lab is elevated because the

				patient has an infection and it may now have spread to the bloodstream and become septic (Ricci, Kyle & Carman, 2021)

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 (02/25)	Today's Value	Reason for Abnormal
Color & Clarity	Yellow; clear (Carle Foundation Hospital)	Yellow; clear	N/A	N/A
pH	4.6 – 8.0 (Carle Foundation Hospital)	5.5	N/A	N/A
Specific Gravity	1 – 1.030 (Carle Foundation Hospital)	< 1.005	N/A	N/A
Glucose	Negative (Carle Foundation Hospital)	Negative	N/A	N/A
Protein	Trace or negative(Carle Foundation Hospital)	100+	N/A	This lab is elevated because the patient has a urinary tract infection (Ricci, Kyle & Carman, 2021)
Ketones	Negative (Carle Foundation Hospital)	Negative	N/A	N/A
WBC	Negative (Carle Foundation Hospital)	N/A	N/A	N/A
RBC	Negative (Carle Foundation Hospital)	N/A	N/A	N/A
Leukoesterase	Negative(Carle	N/A	N/A	N/A

	Foundation Hospital)			

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 (02/25)	Today's Value	Explanation of Findings
Urine Culture	Negative (Carle Foundation Hospital)	>100,000 cfu/mL of E. coli	N/A	This lab was elevated because the patient has a urinary tract infection and is growing E. coli bacteria (Ricci, Kyle & Carman, 2021)
Blood Culture	Negative(Carle Foundation Hospital)	Preliminary negative value (not final)	N/A	N/A
Sputum Culture	Negative(Carle Foundation Hospital)	N/A	N/A	N/A
Stool Culture	Negative (Carle Foundation Hospital)	N/A	N/A	N/A
Respiratory ID Panel	Negative (Carle Foundation Hospital)	N/A	N/A	N/A
COVID-19 Screen	Negative (Carle Foundation Hospital)	Positive	N/A	The patient tested positive for COVID-19 on 02/17/23.

Lab Correlations Reference (1) (APA):

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

University of Louisville. (2023, February 17). *UofL libraries: Toby Cartwright: Normal values – - pediatrics*. XYZ Laboratory Pediatric Reference Ranges. Retrieved March 12, 2023, from https://library.louisville.edu/kornhauser/PBL/TobyCartwright/normal

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient had three diagnostic tests performed during this hospital admission: a chest x-ray, an x-ray of the renal system, and a sonogram of the kidneys and bladder. The chest x-ray was performed on 02/25/2023 because the patient tested positive for COVID-19 on 02/27/2023. The x-ray machine creates images by sending a high-voltage electrical current through a tungsten filter in a vacuum tube through a patient in a specified location (Pagana, Pagana & Pagana, 2021). These rays penetrate tissues, bones, and other objects differently which produces the shade difference that creates a picture of the placement, size, and gross abnormalities within the body. Her x-ray showed mild hyperxpansion, distended colonic loops within the upper abdomen with air fluid level, and no focal infiltrate. The patient also had another x-ray performed on 02/25/2023 of the kidneys, ureter and bladder. This x-ray was performed due to the patient's history of small bowel obstruction vs ileus and showed colonic distention with an otherwise unremarkable abdomen. The last scan the patient had performed during this admission was a sonogram of the kidneys and bladder on 02/25/2023. The sonogram uses a probe to emit sound waves into the body and record the waves that echo back to create an image (Pagana, Pagana & Pagana, 2021). The sonogram was performed because the patient has a history of frequent urinary tract infections with fever and showed no abnormalities and a negative renal scan.

Diagnostic Test Correlation (5 points):

The chest x-ray and the x-ray of the kidneys, ureter, and bladder both showed some signs of possible bowel obstruction and a buildup of feces with the colonic distention and distended

colonic loops with air fluid. Other than those findings everything else with the scans was considered normal.

D**iagnostic Test Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Manual of Diagnostic and Laboratory Tests-E-Book*. Elsevier Health Sciences.

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

Brand/Generic	Ivanz / ertapenem (Jones, 2021)	Tylenol / acetaminophen (Jones, 2021)
Dose	100 mg	102.4 mg
Frequency	Q12H	Q4H PRN
Route	IV	Oral liquid
Classification	Carbapenem & Antibiotic (Jones, 2021)	Nonsalicylate, para-aminophenol derivative & Antipyretic, nonopioid analgesic (Jones, 2021)
Mechanism of Action	Inhibits bacterial cell wall synthesis by binding to specific penicillin-binding proteins in the cell wall and leads to bacterial cell wall lysis (Jones, 2021)	Inhibits cyclooxygenase which blocks prostaglandin production and interferes with pain impulse and acts on the hypothalmus to regulate temperature (Jones, 2021)
Reason Client Taking	The patient is taking to treat the ESBL that is causing the UTI.	The patient is taking for fever reduction and pain scored 0-3.
Concentration Available	1 g vial	160 mg/5 mL
Safe Dose Range Calculation	208.8 mg is recommended dose (15mg/kg Q12H)	69.6 mg – 104.4 mg (10 – 15 mg/kg Q4H or Q6H)

Maximum 24-hour Dose	1 g (Jones, 2021)	417.6 mg (Jones, 2021)
Contraindications (2)	Hypersensitivity to ertapenem & hypersensitivity to amide type local anesthetics (Jones, 2021)	Severe hepatic impairment & severe liver dysfunction (Jones, 2021)
Side Effects/Adverse Reactions (2)	*Clostridium difficile*-associate diarrhea & thrombocytopenia (Jones, 2021)	Stevens-Johnson syndrome & pulmonary edema (Jones, 2021)
Nursing Considerations (2)	Needs to be reconstituted with 1g in 10mL of sterile water & monitor for anaphylaxis after administration (Jones, 2021)	Monitor liver function tests during therapy & monitor renal function (Jones, 2021)
Client Teaching needs (2)	Report signs and symptoms of anyphalaxis &monitor stools for symptoms of *C. Difficile*	Report any unusual or easy bruising & do not exceed maximum dosage (Jones, 2021)

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2021). *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 within the defined limits. She is cooperative, calm, and quiet. There are no signs of distress and the patient seems overall content and well-groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:**	The patient's skin was appropriate for ethnicity with no signs of abnormalities present. Her skin was soft and warm to touch with elastic skin turgor. There were no signs of rashes, bruises,

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:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	wounds, or any other skin conditions. The patient's Braden score is 4. The patient had no drains upon assessment. For antibiotic treatment purposes, the patient had a peripherally inserted central catheter (PICC) placed in her right arm on 03/02/2023. The PICC line was used for all IV medications therefore there was no IV to assess. The PICC line was covered and the patient had an arm splint over the central catheter for protection.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	The patient's head was normocephalic with symmetrical features. The pupils were round and reactive to light. The extraocular movements were present within defined limits for her age. The patient's ears were clear, patent and free from any discharge bilaterally. The tympanic membrane was not visualized during the assessment. The patient's nose was congested and runny with a thin, clear discharge upon gross examination. Her mucous membranes in her mouth were pink and moist and free from any abnormalities.
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:**	The patient's heart sounds were auscultated and S1 and S2 were identified. Her pulse was tachycardic at a rate of 155 beats per minute, but the rate was identified as normal sinus. The patient's peripheral pulses were assessed in her upper extremities and were 2+ bilaterally. Capillary refill was assessed and was less than 3 seconds. There was no neck vein distention or edema noted upon examination.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient's lung sounds were auscultated on the anterior side due to the patient lying supine on the bed. The lung sounds were clear and equal bilaterally with unlabored efforts. No wheezes, crackles, accessory muscle use, or rhonchi was noted.
GASTROINTESTINAL: **Diet at home:**	The patient is on a breastfed diet with formula supplementation as necessary both at home and

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:**	here in the hospital. She is 63.5 cm tall and weighs 6.96 kg. The patient's bowel sounds were auscultated and were active in all four quadrants. The last bowel movement for the patient was 03/03/2023 at 0005. There was no distention, incisions, scars, drains, or wounds present on inspection of the abdominal area. Her belly was soft to the touch and she did not show signs of tenderness upon palpation. The patient did not have an ostomy, nasogastric tube, or any other type of feeding tube present upon examination.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient had 1x void of urine in her diaper during the clinical day. The diaper was not measured, but the urine was yellow and clear. Due to the age of the patient it is unknown if there is pain with urination but the mother said she does not notice a difference in her expressions. The patient is not receiving dialysis and does not have a urinary catheter. The genitals were not assessed due to the mother changing the diapers on her own in the room prior to our assessment.
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 ☐**	The patient is alert and responds to stimuli within defined limits of her age. She is able to move all extremities well and has active and passive motion intact. The patient relies on mom to move about and perform tasks due to her age. Her overall strength is within the defined limits and was assessed by grabbing onto a finger. The patient's Cumming's scale score was 2. She relies on her mother to pick her up and move her around the room, change her diaper, and eat. Due to her age the client is not walking yet.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:**	The patient is able to move all extremeities well while lying in bed. PERLA is intact and the extraocular movements are within defined limits for her age. Her strength was equal bilaterally and unable to be fully assessed due to the inability to follow instructions yet. The patient is

Mental Status: **Speech:** **Sensory:** **LOC:**	alert and content with her mental status being within the defined limits for her age. She coos and babbles but is not able to make words yet. Her reflexes were all intact and she responded well to touch and other stimuli.
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 mother is the present parent and is very attentive at the bedside of the patient. The mother watched TV and plays on her phone when the patient is sleeping. Her family is already enrolled in financial assistance programs such as WIC and CHI food box delivery. The patient lives at home with her parents and two older siblings.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0825	155 beats per minute	109/49	30 breaths per minute	97.4 ℉	99% on room air
1115	144 beats per minute	N/A	28 breaths per minute	98.0 ℉	96% on room air

Vital Sign Trends:

The vital signs were stable throughout the clinical day. The systolic blood pressure was slightly elevated and the pulse rate was slightly elevated as well. On the second set of vital signs the heart rate fell back into the normal range, respirations slightly decreased, temperature slightly increased, and oxygen saturation slight decreased. On the second set of vitals the values were all within the expected range.

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

Pulse Rate	80 – 150 beats per minute (Ricci, Kyle & Carman, 2021)
Blood Pressure	70 – 90/ 50 – 65 mmHg (Cleveland Clinic, 2022)
Respiratory Rate	25 – 55 breaths per minute (Ricci, Kyle & Carman, 2021)
Temperature	96.8 ˚F – 100.4 ˚F (Cleveland Clinic, 2022)

Oxygen Saturation	92% - 100% (Ricci, Kyle & Carman, 2021)

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

Cleveland Clinic. (2022, October 12). *A guide to your kid's vital signs*. Cleveland Clinic. Retrieved March 12, 2023, from https://health.clevelandclinic.org/pediatric-vital-signs/

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**
0825	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:** N/A					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
0805 – mother breastfed for 5 minutes	1x void in diaper (not measured)

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. The patient can hold their hands in front of their face with hands open (Ricci, Kyle & Carman, 2021)
2. The patient can hold head up to 45 degrees when lying prone (Ricci, Kyle & Carman, 2021)
3. The patient can track sounds and voices with their head and eyes (Ricci, Kyle & Carman, 2021)

Age Appropriate Diversional Activities

1. Watching educational television (Ricci, Kyle & Carman, 2021)
2. Playing with toys (Ricci, Kyle & Carman, 2021)
3. Talking with mom and making noises (Ricci, Kyle & Carman, 2021)

Psychosocial Development:

Which of Erikson's stages does this child fit?

This patient fits into the trust vs mistrust stage of Erickson's stages and is very trusting of her mother and the staff (Ricci, Kyle & Carman, 2021)

What behaviors would you expect?

In this stage you would expect the child to seem comfortable and calm with the caregiver (Ricci, Kyle & Carman, 2021)

What did you observe?

I observe the patient let the mother and staff play with her, perform assessments, give medications, and other activities without becoming angry or fussing

Cognitive Development:

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

This patient fits into the sensorimotor stage of Piaget's theory (Ricci, Kyle & Carman,

2021)

What behaviors would you expect?

In the sensorimotor stage infants progress from reflective to simple repetitive imitative activities (Ricci, Kyle & Carman, 2021)

What did you observe?

I observed the patient copying his mom's babbling noises back to her and moving extremities when she was moving hers

Vocalization/Vocabulary: The patient coos and babbles to communicate.

Development expected for child's age and any concerns?

Cooing and babbling is expected for this age, no concerns at this time.

Any concerns regarding growth and development?

There are no concerns for growth and development at this time.

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

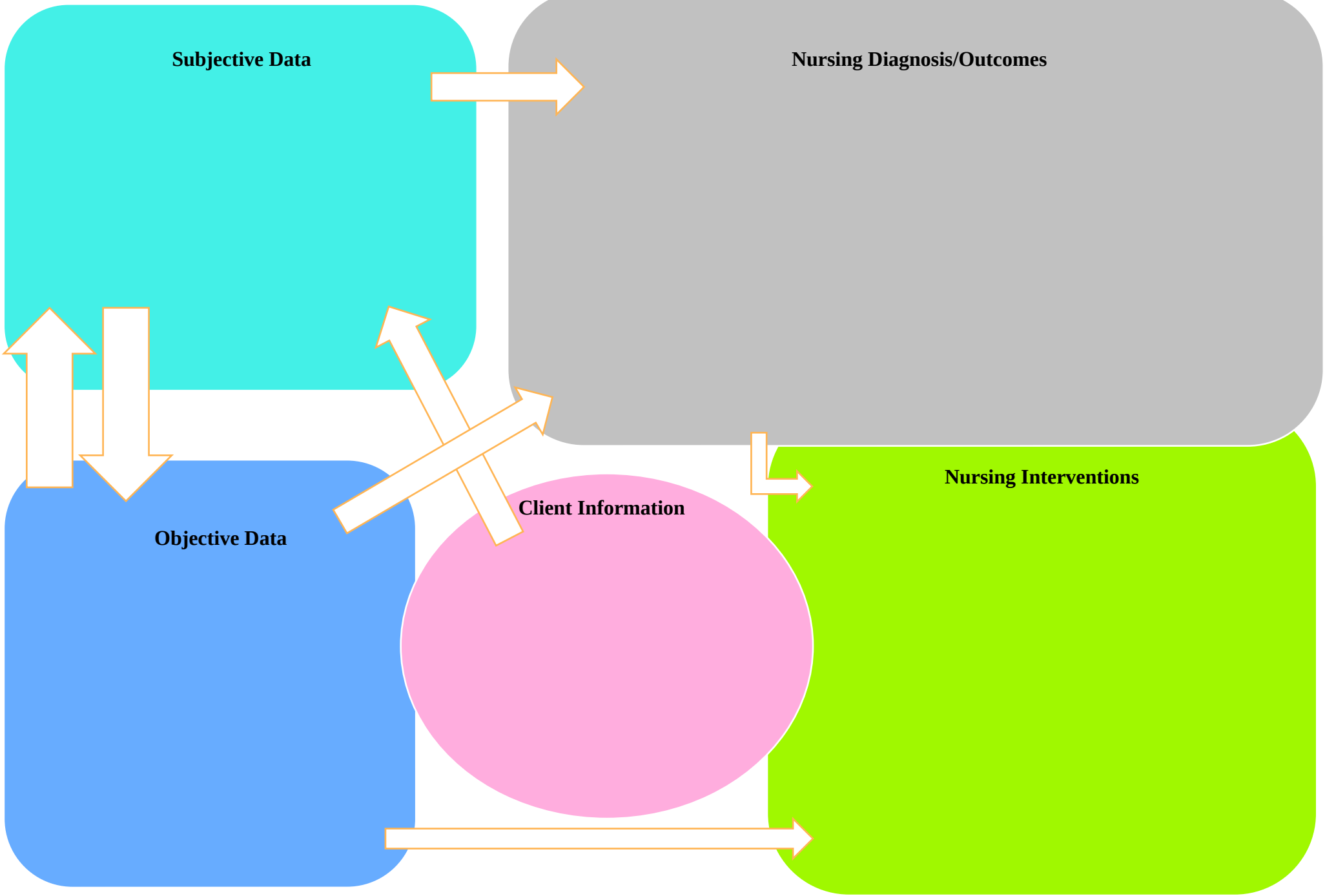
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client.	**Rational** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcomes**	**Evaluation** • How did the Client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for sepsis related to	This diagnosis was chosen	**1.** Monitor vital signs and labs	**1.** The patient's	• The mother and patient

bacterial infection as evidenced by procalcitonin level	because the patient's procalcitonin level was indicated which can be indicative of sepsis and she already has a recurring infection.	for possible decline **2.** Monitor for signs and symptoms of sepsis	procalcitonin levels will be below 0.5 ng/mL by 03/10/2023	were very compliant in the treatment process • The patient's vital signs were stable • Goals partially met
2. Knowledge deficit related to infection control as evidenced by frequent urinary tract infections	This diagnosis was chosen because this is the second time in the patient's three months of life that she has been to the hospital for a resistant urinary tract infection.	**1.** Educate caregiver on proper hygiene practices **2.** Educate caregiver on signs and symptoms of infection	**1.** The caregiver will verbalize understanding of infection control practices by 03/10/2023	• The mother asked several questions during the assessment about the patient's labs • The mother verbalized understanding of infection control practices • Goals were met
3. Risk for impaired parenting related to communication difficulties as evidenced by the mother's primary language being Spanish and not English	This diagnosis was chosen because the mother needed a translator to translate the conversations between healthcare members and information can easily get lost in translation.	**1.** Provide written materials in Spanish whenever possible **2.** Assess the parents knowledge on the condition and preventative measures to take after dischrge	**1.** The caregiver will verbalize understanding of the patient's condition by 03/10/2023	• The mother verbalized understanding of the current patient goals • She used the translator to ask questions about labs and plans of care • Goals were met

4. Risk for infection related to possible altered immune status as evidenced by several infections in the last three months	This diagnosis was chosen because the patient's immunology labs came back on the lower side of the normal range and she has had three infections in the three months that she has been alive.	**1.** Educate the caregiver on infection control practices **2.** Emphasize keeping the child away from sick family members	**1.** The patient's white blood cell count will remain with the expected range by 03/10/2023	• The patient's white blood cell count in within the expected range • Further testing will be needed to meet goal • Goals partially met

Other References (APA):

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
Nursing Interventions
Client Information
Objective Data