N433 Care Plan # 1

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Lakeview College of Nursing

N433: Infant, Child, & Adolescent Health

Professor King

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Demographics (3 points)

Date of Admission 06/21/23	**Client Initials** P.S.	**Age (in years & months)** 0 years, 9 months	**Gender** Female
Code Status Full Code	**Weight (in kg)** 8.62 kg	**BMI** 17.67 kg/meters squared	**Allergies/Sensitivities (include reactions)** No known allergies or sensitivities.

Medical History (5 Points)

Past Medical History: Unliteral cleft lip, bilateral conductive hearing loss

Illnesses: Acute viral bronchiolitis

Hospitalizations: No previous hospitalizations until this procedure.

Past Surgical History: No previous surgical history until cleft lip repair.

Immunizations: Up to date: DTAP x 3, IVP x 3, Hepatitis B x 4, ActHIB x 2, Prevnar 13 x 2, Rotateq x 3.

Birth History: Patient was born vaginally at 40 weeks and 3 days.

Complications (if any): There was meconium stained amnionic fluid and one true knot in the umbilical cord.

Assistive Devices: None

Living Situation: Patient lives at home with her mother, father and 2-year-old sister.

Admission Assessment

Chief Complaint (2 points): Status post cheilorhinoplasty of right unilateral incomplete cleft lip.

Other Co-Existing Conditions (if any): None

Pertinent Events during this admission/hospitalization (1 points): The patient was born with a cleft lip. The patient's parents elected to have the cleft lip repaired.

History of present Illness (OLD CARTS) (10 points): The 9-month-old female patient was admitted to the pediatric floor at Carle Foundation Hospital after a cheilorhinoplasty of right unilateral incomplete cleft lip. This defect was present at birth and was unfounded until her birth. Her parents and provider elected to have the repair completed at this time due to the defect of her lip and the asymmetry of her right nostril as well as some slowing her the progression of her expected weight gain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Right unilateral incomplete cleft lip.

Secondary Diagnosis (if applicable):N/A

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

A cleft lip deformity is one of the most common congenital facial abnormalities, which will require a multidisciplinary team approach to correct the physical deformity and possible issues related to speech and swallowing. The degree of severity can vary, and it can be distressing for the patient's parents and the child growing up with the deformity (Odunze, 2022). Various types of cleft lip deformity can occur, often combined with cleft palate. Microform or occult clefts involve incomplete separation of the lip without disruption of the white roll/vermillion border. In contrast, incomplete cleft lips have lip separation through the white roll/vermillion border, a downward displacement of the ala, an intact nasal sill, and a fibrous band called a Simonart band. Complete cleft lips involve complete separation of the lip and nasal sill (Walker et al., 2023).

The cause of cleft lip is not well understood, but it is believed to involve a combination of genetic factors and environmental influences. Cleft lips develop during embryonic stages, involving contributions from the first and second pharyngeal arches and various nasal processes. The failure of fusion between the medial nasal process of the frontal nasal prominence and the maxillary process leads to cleft lip formation. The occurrence of cleft lips is influenced by genetic factors, as well as environmental factors such as maternal malnourishment, exposure to certain medications, and tobacco/alcohol use during pregnancy. Folate has been found to have a preventative effect on cleft lip formation (Walker et al., 2023).

In this patient's case, she was born with a right unilateral incomplete cleft lip with her palate intact. This was found after she was born. Unilateral cleft lip affects one side of the upper lip and is the most common type. In a complete unilateral cleft lip, two-thirds of the Cupid's bow, one philtral column, and the philtral dimple are preserved on the noncleft side (Odunze, 2022), while the cleft extends from the lip to the nose. The orbicularis oris muscle is disrupted, causing difficulties with speaking, eating, and drinking. The nose is also distorted, with widened nostrils and a missing floor in a complete cleft lip deformity (Odunze, 2022). Since she has the right unilateral incomplete cleft lip, her palate is intact, but her right nostril was also affected, demonstrating a distorted and widened right nostril. Therefore, her parents and provider elected to have the surgical repair done. She was also gaining weight slower than expected for her age which was concerning.

Pathophysiology References (2) (APA):

Odunze, MD, M. (2022, September 2). *Cleft lip is a type of facial anomaly children can be born with*. Verywell Health. https://www.verywellhealth.com/what-is-a-cleft-lip-2709800

Walker, N. J., Anand, S. A., & Podda, S. (2023, January). *Cleft lip - StatPearls - NCBI Bookshelf*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK482262/

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: As tolerated and appropriate for age and development.	No restrictions on activity were made, patient was free to do appropriate activates for age and development.
Diet/Nutrition: Clear liquids for 24 hours post-operative.	The dietary restrictions were made since patient was postoperative. As well as clear liquids were tolerated in the first 24 hours the patient could increase diet to soft solid baby foods.
Frequent Assessments: Vital signs every 4 hours, Input and output every 4 hours.	Vital signs and I & O's were assess every 4 hours during shift.
Labs/Diagnostic Tests: None	No laboratory or diagnostics were ordered for patient.
Treatments: Pain medication scheduled	Around the clock dosing, care clustered, relaxation techniques promoted, quiet environment facilitated.
Other: Post-Operative Parameters **Sinus Precautions**	Notify OMFS resident on call of patient has not voided in 8 hours; systolic blood pressure is >150 or <80; pulse is >150 or <80; temperature of 101.2 degrees Fahrenheit. Continuous pulse ox monitoring, keep oxygen above 90%. No intraoral suctioning, no straws and no nose blowing.
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Breastfeeding	Ok to allow patient to breastfeed if tolerated.

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 ($x10^6/\mu L$)	**3.71-5.21**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Hgb (g/dL)	**10.3-13.3**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Hct (%)	**31-43**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Platelets ($x10^3/\mu L$)	**150-450**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
WBC ($x10^3/\mu L$)	**6.1-17.5**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Neutrophils (%)	**21-67**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Lymphocytes (%)	**20-64**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Monocytes (%)	**4-11**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Eosinophils (%)	**0-3.3**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Basophils (%)	**0-1**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Bands (%)	**0-1**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

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	Today's Value	Reason For Abnormal

		Value		
Na+ (mEq/L)	**135-145**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
K+ (mEq/L)	**3.5-61**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Cl- (mEq/L)	**97-107**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Glucose (mg/dL)	**30-100**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
BUN (mg/dL)	**5-17**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Creatinine (mg/dL)	**0.31-0.71**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Albumin (g/dL)	**3.4-5.2**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Total Protein (g/dL)	**5.9-7**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Calcium (mg/dL)	**9-11**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Bilirubin (mg/dL)	**<1.2**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Alk Phos (units/L)	**65-350**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
AST (units/L)	**15-60**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
ALT (units/L)	**24-36**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Amylase (units/L)	**11-90**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Lipase (units/L)	**0-60**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

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 (mm/hr)	**0-25**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
CRP (mg/dL)	**<0.9**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

Hgb A1c (%)	**4.8-5.6**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
TSH (mU/L)	**0.7-6.4**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

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	**Yellow & Clear**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
pH	**5.0 – 9.0**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Specific Gravity	**1.001 – 1.030**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Glucose	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Protein	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Ketones	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
WBC	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
RBC	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Leukoesterase	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

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	Laboratory value was not tested for and/or not included in lab report.
Blood Culture	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Sputum Culture	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Stool Culture	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Respiratory ID	**Negative**	N/A	N/A	Laboratory value was not tested for

Panel				and/or not included in lab report.
COVID-19 Screen	**Negative**	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

Lab Correlations Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th ed.) F. A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): No diagnostic tests were performed or ordered for the patient during this hospital admission.

Diagnostic Test Correlation (5 points): No diagnostic tests were performed or ordered for the patient during this hospital admission.

Diagnostic Test Reference (1) (APA): If there were diagnostic testing source below is what would be used.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th ed.) F. A. Davis Company.

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

Brand/Generic	Tylenol/ acetaminophen	Norco/ hydrocodone-acetaminophen	Motrin/ ibuprofen	Toradol/ ketorolac	**N/A**
Dose	86.4 mg	1 mg	86 mg	2.1555 mg	**N/A**
Frequency	Every 4 hours for mild pain (1-3) or PRN	Every 4 hours for moderate pain (4-6) or PRN	Every 6 hours for mild pain (1-3) or PRN	Every 6 hours for severe pain (7-10) or breakthrough	**N/A**

				pain	
Route	Oral	Oral	Oral	IV Push	**N/A**
Classification	**Therapeutic:** Antipyretic, nonopioid analgesic **Pharmacologic:** Nonsalicylate, para-aminophenol derivative	**Therapeutic:** Opioid **Pharmacologic:** Opioid analgesic	**Therapeutic:** Antipyretic, nonopioid analgesic, antirheumatic **Pharmacologic:** nonsteroidal anti-inflammatory drugs (NSAIDs)	**Therapeutic:** Nonopioid analgesic, **Pharmacologic:** nonsteroidal anti-inflammatory drugs (NSAIDs)	**N/A**
Mechanism of Action	"Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS. Has no significant anti-inflammatory properties or GI toxicity" (Vallerand, 2023, p. 96).	"Binds to and activates opioid receptors at site in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief" (Jones, 2023, p. 650).	"Inhibits prostaglandin synthesis. Decreases pain and inflammation and reduction in fever" (Vallerand, 2023, p. 688).	"Inhibits prostaglandin syntheses, producing peripherally mediated analgesia. Also has antipyretic and anti-inflammatory properties, decreases pain" (Vallerand, 2023, p. 753).	**N/A**
Reason Client Taking	Postoperative pain	Postoperative pain	Postoperative pain	Postoperative pain	**N/A**
Concentration Available	160 mg/5 mL	2.5 mg/5 mL	100 mg/5 mL	15 mg/1 ml	**N/A**
Safe Dose Range Calculation	10-15 mg/kg/dose 86.2 mg – 129.3 mg per dose (Jones, 2023).	0.135 mg/kg/dose 1.2 mg per dose (Habibi & Kim, 2022)	30-50 mg/kg/day 258.6 mg – 430 mg per day in 3-4 divided doses. (Vallerand, 2023).	0.4-1 mg/kg/dose 3.448 mg – 8.62 mg per dose (Vallerand, 2023).	**N/A**

Maximum 24-hour Dose	5 doses in 24 hours (Jones, 2023).	4 grams of Tylenol in 24 hours (Jones, 2023).	430 mg per day (Vallerand, 2023).	60 mg per day (Vallerand, 2023).	**N/A**
Contraindications (2)	1. Severe hepatic impairment (Jones, (2023). 2. Previous hypersensitivity (Jones, 2023).	1. Respiratory depression (Habibi & Kim, 2022) 2. Gastrointestinal obstruction (Habibi & Kim, 2022)	1. Congenital heart defects (Jones, (2023). 2. Renal impairment (Jones, (2023).	1. GI Bleeds (Vallerand, 2023). 2. Renal impairment (Vallerand, 2023).	**N/A**
Side Effects/Adverse Reactions (2)	1. Hemolytic anemia (Jones, 2023). 2. Bone or joint pain (Jones, 2023).	1. Constipation (Jones, 2023). 2. CNS depression (Jones, 2023).	1. GI bleeding (Vallerand, 2023). 2. Drowsiness (Vallerand, 2023).	1. Oliguria (Vallerand, 2023). 2. Drowsiness (Vallerand, 2023).	**N/A**
Nursing Considerations (2)	1. Assess for pain prior to administration (Vallerand, 2023). 2. Assess for rash while patient is taking (Vallerand, 2023).	1. Assess for pain prior to administration (Vallerand, 2023). 2. Assess vital signs, including respiratory status prior to administration (Vallerand, 2023).	1. Assess for pain prior to administration (Vallerand, 2023). 2. Assess patient for rash while patient is taking (Vallerand, 2023).	1. Asses s for pain prior to administration (Vallerand, 2023). 2. Monitor vital signs and assess for any swelling (Valle	**N/A**

				rand, 2023).	
Client Teaching needs (2)	1. Contains same component as Norco be mindful when last dose of Norco was given before administration. 2. Check label concentration and labels of other medications that could contain Tylenol (Vallerand, 2023).	1. Contains Tylenol, be mindful of when last dose of Tylenol was given before administration. 2. Know signs and symptoms of respiratory distress and how to administer naloxone.	1. Used medicine cup given to prepare and administer medication for accurate dosing (Vallerand, 2023). 2. Do not administer to children who are dehydrated (Vallerand, 2023).	1. May cause drowsiness or dizziness, always supervise patient while on this medication (Vallerand, 2023). 2. This medication has similar actions as ibuprofen, be mindful of administration of those medications together (Vallerand, 2023).	**N/A**

Medication Reference (1) (APA):

Habibi, M., & Kim, P. Y. (2022, December 19). Hydrocodone and acetaminophen - statpearls - NCBI bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK538530/

Jones & Bartlett Learning. (2023). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses*. F.A. Davis.

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to self and mother. She appears well developed, well-nourished, well hydrated and is in no acute distress. She is a little sleepy but easily arousable.
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:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	**Skin color:** Pink and appropriate for ethnicity. **Character:** Intact and dry **Temperature:** Warm and dry during palpation **Turgor:** Normal mobility returns to place appropriately. **Rashes:** No rashes observed **Bruises:** No bruises observed **Wounds:** Cleft lip surgical repair **Braden QD Score:** 5 **Size of IV:** **Location of IV:** 24 gauge **Date on IV:** 6/21/23 **Patency of IV:** Flushes easily **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry & intact **IV Fluid Rate or Saline Lock:** Saline lock
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Head/Neck:** Head is normocephalic, anterior fontanelle flat and soft with normal pulsation, posterior fontanelle is closed. Neck symmetrical, trachea midline, carotid pulse normal (2+) bilaterally. Lump nodes nonpalpable throughout head and neck. **Ears:** No lumps, lesions, or deformities observed (tympanic membrane not observed). **Eyes:** Symmetrical**,** PERRLA intact, EOM appear intact patient is too young to cooperate, (red eye reflex and vision test not performed). No discharge or conjunctivitis noted. **Nose:** Septum midline, (turbinates not overserved due to surgical site on her top lip). No drainage or discharge. **Mouth:** External oral mucosa pink and moist, teeth, uvula, posterior pharynx, tonsils, hard palate, soft palate were not observed due to the surgical site on her top lip. **Thyroid:** Non-palpable

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:**	**Heart sounds:** S1 and S2 clear and present, no murmur, gallops or rubs present **Cardiac rhythm:** Regular heart rate and rhythm at 130 beats per minute. **Peripheral Pulses:** Pulses palpable and 3+ bilaterally in all extremities. **Capillary refill:** Capillary refill less than 2 seconds in all extremities. **Edema:** None noted
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Breath Sounds:** Unlabored regular respiratory pattern and rate, clear and regular breath sounds. Respiratory rate was assessed posteriorly while patient was sleeping cradled by mother and was 28 respirations per minute and were symmetrical and regular. No accessory muscles were used for respiration. No chest deformities were observed. Patient's mother denied any coughing or sputum production.
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:**	**Diet at home:** Breast milk and soft baby foods **Current Diet:** Clear liquids **Weight:** 8.62 kg **Auscultation Bowel sounds:** Bowel sounds active in all four quadrants **Last BM:** 6/20/23 **Palpation:** No discomfort observed in patient during palpation. No palpable masses. **Inspection:** **Distention:** No abdominal distention observed **Incisions:** No incisions observed **Scars:** No scars observed **Drains:** No current drains **Wounds:** No current wounds
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒**	**Color:** Yellow-per mother **Character:** Clear-per mother **Quantity of urine:** 2 wet diapers during shift totaling 183 mL. **Inspection of genitals:** Female genital intact. No lesions or redness noted.

Type: **Size:**	
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** ☒	Symmetrical posture with no signs of abnormal positioning. Full range of motion and moves all extremities symmetrically with appropriate muscle tone. Muscles appear appropriate developed and are strong with no signs of weakness. She demonstrates age-appropriate gross motor skills like sitting alone, crawls with abdomen off the floor and is starting to pull up on objects per mother. Fine motor skills are present she reaches for and grasps objects with both hands and can transfer between her hands. Reflexes are present, age appropriate. **Fall score on 6/21/23 was 2 (low risk) on Cummings Fall Scale.** Appropriate activity and mobility status for age.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and oriented to self and mother. Patient interacts with environment appropriately, showing engagement with surroundings and toys. She has age-appropriate motor development, she can roll, sit up unsupported and is crawling per mother. Muscle tone is appropriate with no signs of hypotonia or hypertonia. Reflexes are age appropriate. She has appropriate response to sensory stimuli by reaching for objects and turning towards loud noises. Cranial nerve function appears intact. Her facial movements are symmetrical and eye movements are appropriate. She is alert and engaging in social interaction with mother and staff, responds to voices.
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):**	Patient is coping with the pain from surgery and the stress of being in an unfamiliar place by close contact with mother, breastfeeding and by playing with familiar toys from home. There are no special needs but there will be a need for wound care for the surgical site when discharged from the hospital. Patient has mother and father for family support. They are both active participants in her care.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1018	**136**	**98/44**	**28**	**37.3 degrees Celsius**	**96% on room air**
1600	**130**	**N/A**	**26**	**36.6 degrees Celsius**	**98% on room air**

Vital Sign Trends:

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

Pulse Rate	90 to 160 bpm
Blood Pressure	Systolic: 65 to 78 mm Hg Diastolic: 41 to 52 mm Hg
Respiratory Rate	25 to 30 per minute
Temperature	37.5 degrees Celsius (Expected level per ATI book)
Oxygen Saturation	95% to 100% room air

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

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). *RN nursing care of children review module* (11th ed.). Assessment Technologies Institute, LLC.

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
1018	rFLACC	N/A	None	N/A	Around the clock medication dosing, care clustered, relaxation techniques promoted, quiet environment facilitated.
Evaluation of pain status *after* intervention	rFLACC	N/A	None	N/A	Around the clock medication dosing, care clustered, relaxation techniques promoted, quiet environment facilitated.
Precipitating factors: The patient was not in pain; no precipitating factors were noted. **Physiological/behavioral signs:** The patient showed no signs of psychological or behavioral pain due to the around the clock medication dosing schedule.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
726.9 mL	183 mL

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. Sits up independently
2. Rolls over from prone to supine and back

3. Crawling on hands and knee

Age-Appropriate Diversional Activities

1. Interpersonal contact and educational stimulation.
2. Playing pat-a-cake
3. Teething toys

Psychosocial Development:

Which of Erikson's stages does this child fit? Trust vs. Mistrust (Ricci et al., 2021).

What behaviors would you expect?

- During this stage it is common to see a well-developed trusting bond with the infant and the parent or caregiver. During this stage around the same time that object permeance is taking place the infants will realize they are separate individuals from others in their surroundings especially their parent or caregiver. At this stage infant realize smiling has a cause and effect (Ricci et al., 2021).

What did you observe?

- The patient was very attached to her mother, this bond being enhanced by the mother exclusively breastfeeding as well as being a stay-at-home mother. She was also leery of people she did not recognize such as me, the other nurses and providers.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Sensorimotor stage (Ricci et al., 2021).

What behaviors would you expect?

- During this stage infants begin to realize they are an individual from others through separation. They begin to realize things still exist when they can't presently see them through object permanence. During this stage they begin using mental representation by gaining the ability to recognize and use symbols (Holman et al., 2019).

What did you observe?

- The patient would recognize her bottle on the side of the room and want it. She was also playing with her mom and dropping things and having mom pick them up. Mother reported she really likes to play peak a poo when she is feeling up to it.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- The patient has appropriate language development for her age. Mother reports she can say "mama and dada". She laughs and squeals when she is excited and cries when she is uncomfortable or fearful.

Any concerns regarding growth and development?

- No developmental delays or abnormalities are noticed. The patient was recently diagnosed with bilateral conductive hearing loss.

Developmental Assessment Reference (1) (APA):

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

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael,

M. G. (2019). *RN nursing care of children review module* (11th ed.). Assessment Technologies Institute, LLC.

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. Acute pain related to surgical repair of right cleft lip as evidence by visualized discomfort prior to administration of around the clock dosed pain medication.	The patient had a surgical procedure to repair her cleft lip, she was receiving pain medication with around the clock dosing.	1.Try to anticipate the onset of pain by providing around the clock pain medication dosing(Phelps, 2020). 2.Assess the patient's signs and symptoms of pain	1.Patient decreases amount and frequency of pain medication within 72 hours (Phelps, 2020).	The patient's mother was agreeable with the plan of care and verbalized understand the importance of the plan.

		behavioral cues and administer pain medication as prescribed (Phelps, 2020).		
2. Ineffective breastfeeding related to right cleft lip defect as evidence by inability to properly latch to the breast post-surgery.	The patient was feed exclusively by the breast, after the procedure she was only supposed to use a bottle because breastfeeding could interfere with her surgical site.	1. Offer mother a breast pump to express breast milk to be given to the patient during the healing process. (Phelps, 2020) 2.Encourage mother to express fears and anxiety about the breastfeeding modification to reduce anxiety and increase the mother's sense of control. (Phelps, 2020)	1. Mother will display decreased anxiety and apprehension and patient will be able to resume breastfeeding 24-hour post-op (Phelps, 2020).	The patient's mother was agreeable with recommendations, she was having trouble pumping and was concerned about feeding the patient.
3. Impaired skin integrity related to cheilorhinoplasty of right cleft lip as evidence by surgical wound on upper lip.	The patient had a surgical procedure to repair her cleft lip which required an open wound	1. Instruct family in skin care regimen to ensure compliance (Phelps, 2020). 2. Supervise	1.The patient's family will demonstrate skin care regimen (Phelps, 2020).	Patient's mother verbalized understand of the importance of the skin care regimen for the surgical site.

	to be created	family in skin care regimen to ensure compliance (Phelps, 2020).		
4. Risk for infection related to invasive surgical procedure as evidence by surgical wound on upper lip.	The patient had a surgical procedure to repair her cleft lip, this wound is around her mouth, babies have their hands in their mouth a lot, this poses a risk of introducing pathogens to the surgical site on her upper lip.	1. Teach parents about good hand washing techniques, factors that increase infection risk and signs and symptoms of infection (Phelps, 2020). 2. Monitor temperature at least every 4 hours. Report any increase in temperature immediately (Phelps, 2020).	1. Patient's surgical site will remain clear, pink and free from drainage. (Phelps, 2020)	Patient's mother was agreeable with recommendation because of the area of the incision and the age of the patient she was concerned about keeping the area free from infection.

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 was born with a cleft lip.
- The patient's parents elected to have the cleft lip repaired.

Nursing Diagnosis/Outcomes

1. Acute pain related to surgical repair of right cleft lip as evidence by visualized discomfort prior to administration of around the clock dosed pain medication.

   Patient decreases amount and frequency of pain medication within 72 hours.

2. Ineffective breastfeeding related to right cleft lip defect as evidence by inability to properly latch to the breast post-surgery.

   Mother will display decreased anxiety and apprehension and patient will be able to resume breastfeeding 24-hour post-op.

3. Impaired skin integrity related to cheilorhinoplasty of right cleft lip as evidence by surgical wound on upper lip.

   The patient's family will demonstrate skin care regimen.

4. Risk for infection related to invasive surgical procedure as evidence by surgical wound on upper lip.

   Patient's surgical site will remain clear, pink and free from drainage.

Client Information

A 9-month-old Caucasian female presented to the hospital surgical department for a cheilorhinoplasty of right unilateral incomplete cleft left repair. She was admitted post procedure for observation and pain management. She has no past surgical history and a past illness history of acute viral bronchiolitis

Objective Data

- Vital signs stable, systolic blood pressure was slightly elevated when first presenting to the floor.
- Pain management with around the clock dosing, clustered care, relaxation techniques and quiet environment.

Nursing Interventions

- Try to anticipate the onset of pain by providing around the clock pain medication dosing.
- Assess the patient's signs and symptoms of pain behavioral cues and administer pain medication as prescribed.
- Offer mother a breast pump to express breast milk to be given to the patient during the healing process.
- Encourage mother to express fears and anxiety about the breastfeeding modification to reduce anxiety and increase the mother's sense of control.
- Instruct family in skin care regimen to ensure compliance.
- Supervise family in skin care regimen as recommended by surgeon.
- Teach parents about good hand washing techniques, factors that increase infection risk and signs and symptoms of infection.
- Monitor temperature at least every 4 hours. Report any increase in temperature immediately.