N433 Care Plan # 1

Destiny Bell

Lakeview College of Nursing

N433: Infant, Child, & Adolescent Health

Professor Katie King

7/4/23

Demographics (3 points)

Date of Admission	**Client Initials**	**Age (in years & months)**	**Gender**
6/27/23	D.L	13 months old (9 months corrected age)	MALE
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
FULL	7.28 kg	14.08 kg/m2	No Known Allergies

Medical History (5 Points)

Past Medical History:

- BPD (Bronchopulmonary dysplasia)
- PFO (Patent foramen ovale) Date; 6/1/22
- Prematurity; 24 weeks completed gestation

Illnesses: Previous history of Rhinovirus

Hospitalizations:

- **4/09/23;** Acute Bronchitis due to Rhinovirus
- **4/15/23;** Respiratory distress

Past Surgical History:

- Circumcision (8/24/22)
- Exploration of undescended testicle (8/24/22)
- Exploration laparotomy (7/6/22)
- HC Arterial blood collection (6/9/22)
- Intubation (5/24/22)
- PICC insertion (5/20/22)

- PR Intrapulmonary surfactant admins Phys/QHP (5/24/22)

Immunizations:

- Anti RSV antibody “Palivizumab”
    - 10/30/22
    - 12/30/22
- DTAP/IPV/HepB
    - 7/21/22
    - 9/21/22
    - 11/18/22
- HepB Energix 0.5ml
    - 6/18/22
- HIB (ACTHIB)
    - 7/21/22
    - 9/21/22
- HIB-PRP-OMP/Pedvax
    - 2/21/23
- Hepatitis A-Pediatric
    - 5/22/23
- Measles, Mumps, Rubella (MMR)
    - 5/22/23
- Pneumococcal-Conjugate 13 “Prevnar-13”
    - 7/21/22
    - 9/21/22

        - 11/18/22
    - Pneumococcal conjugate-15 “Vaxneuvance”
        - 5/22/23
    - Varicella Virus “varivax”
        - 5/22/23

Birth History:

- **Length;** 32.5cm
- **Weight;** 864g
- **Head Circumference**; 22.3cm
- **Discharge Weight;** 5130g
- **Birthdate and time;** 5/18/22 at 5:46pm
- **Gestational age;** 24 weeks
- **Delivery Method;** primary low transverse c-section
- **APGARS;** 1 minute = 6, 5 minutes= 8
- **Days spent in the hospital;** 168

Complications (if any): PPROM at 24 weeks gestation

Assistive Devices: N/A; Patient has a NG tube

Living Situation: Patient lives at home with his mother, father, and older sister. There is one dog in the household and parents smoke outside of the home away from the kids.

Admission Assessment

Chief Complaint (2 points): Shortness of breath with low o2 saturation

Other Co-Existing Conditions (if any):

Pertinent Events during this admission/hospitalization (1 points): Patient was placed on optiflow

History of present Illness (OLD CARTS) (10 points):D. L is a 13-month-old Caucasian male who presented to the emergency department accompanied by his mother with a chief complaint of shortness of breath for the past week and a low o2 saturation today while at home. Patient's mother states she is worried he may have aspirated due to recently trying a bottle feed on the patient per his speech therapist's recommendation, but he started coughing so she stopped the feed and returned to using the patient's NG tube. Patient's mother she did not attempt any prior treatment options before bringing him to the emergency department.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypoxemia

Secondary Diagnosis (if applicable): Human Metapneumovirus

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

Hypoxemia is defined as low oxygen levels in the blood (Cleveland Clinic, 2022). Hypoxemia can occur when an individual is unable to breath in enough oxygen or when the oxygen an individual breathes in is unable to make it to their blood stream (Cleveland Clinic, 2022). Depending on the severity and duration, hypoxemia can result in mild symptoms or lead to death (Cleveland Clinic, 2022). Mild symptoms of hypoxemia include headache and shortness of breath (Cleveland Clinic, 2022). In severe cases of hypoxemia brain and heart function can be affected due to a lack of oxygen reaching the body's organs and tissues, also known as hypoxia (Cleveland Clinic, 2022). Some other common symptoms seen in patients with hypoxemia are headache, shortness of breath, tachycardia, coughing, wheezing, confusion, and cyanosis

(Cleveland Clinic, 2022). My patient at clinical was displaying shortness of breath which led his mother to bring him to the hospital. Hypoxemia has many causes, but it most commonly occurs as a result of an underlying illness that affects a person's blood flow or breathing such as asthma, chronic obstructive pulmonary disease (COPD), pneumothorax, and bronchitis (Cleveland Clinic, 2022). Based on the impression of the patient's x-ray obtained on 6/27/23, the radiologist was concerned about a possible pneumonia or atelectasis. Hypoxemia is diagnosed by a physical examination, especially focusing on the cardiac and respiratory systems (Cleveland Clinic, 2022). Some common tests to evaluate oxygen levels that may be used to assist in a diagnosis of hypoxemia are pulse oximetry, arterial blood gases, and a six-minute walk test (Cleveland Clinic, 2022). My patient was on continuous pulse oximetry. Hypoxemia is treated through the use of medications and treatments that assist with raising the blood oxygen level. Some common treatment options for hypoxemia are the use of bronchodilators, diuretics, continuous positive airway pressure masks (CPAP), and supplemental oxygen (Cleveland Clinic, 2022). My patient was receiving treatment through the use of supplemental oxygen and Albuterol, which is. A bronchodilator.

Human metapneumovirus (HMPV) is a common respiratory virus that can result in upper or lower respiratory disease in an individual (CDC, 2023). Human metapneumovirus was discovered in the year 2001 and is classified alongside respiratory syncytial virus (RSV) in the pnemovirdae family (CDC, 2023). Patient's presenting with HMPV often exhibit symptoms such as a cough, fever, nasal congestion, and shortness of breath (CDC, 2023). My patient during clinical exhibited bilateral nasal congestion and increased shortness of breath (CDC, 2023). The estimated incubation time for human metapneumovirus is 3-6 days, however the duration of the illness can vary based off of severity (CDC, 2023). Human metapneumovirus is spread via

contact and droplet through things such as secretions from coughing or sneezing, contacts with a individual with the illness, and contact with surfaces the virus has touched (CDC, 2023). While there is no antiviral treatment options available nor a vaccine available to prevent and treat human metapneumovirus we can still teach our patient how to prevent the spread of the illness (CDC, 2023). Prevention is achieved through the use of proper hand hygiene, avoiding touching the eyes, nose, and mouth with unwashed hands, and avoiding close contact with sick individuals (CDC, 2023). Human metapneumovirus can be diagnosed with a detection of a viral genome by polymerase chain reaction assays and the detection of viral antigens within respiratory secretions using immunofluorescence or enzyme immunoassay (CDC, 2023).

Pathophysiology References (2) (APA):

G, C. (2023, February 10). *Human metapneumovirus*. Centers for Disease Control and Prevention. https://www.cdc.gov/ncird/human-metapneumovirus.html

Cleveland Clinic. (2022, June 15). *Hypoxemia: Causes, symptoms, diagnosis & treatment*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17727-hypoxemia

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Up as tolerated	In progress.
Diet/Nutrition: Formula via NG tube	5 oz every 4 hours, if patient tolerates advance to 6oz
Frequent Assessments: Vital signs Q4HR	Vitals have remained stable.
Labs/Diagnostic Tests: N/A	No labs/diagnostics ordered
Treatments: N/A	N/A

Other: Isolation	Patient is on Droplet/Contact isolation
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**	**Today's Value**	**Reason for Abnormal Value**
RBC	3.59-4.97 10 ^ 6/uL	4.20	N/A	RBC's are within normal limits.
Hgb	10.2-12.7 g/dL	12.0	N/A	Hgb is within normal limits.
Hct	31.0-37.7%	35.9	N/A	Hct is within normal limits.
Platelets	202-403 10^3/uL	240	N/A	Platelets are within normal limits.
WBC	5.14-13.38 10^3/uL	9.04	N/A	WBC's are within normal limits.
Neutrophils (Absolute)	1.54-7.92 10^3/uL	3.22	N/A	Absolute neutrophils are within normal limits.
Lymphocytes (Absolute)	1.13-5.52 10^3/uL	4.33	N/A	Absolute lymphocytes are within normal limits.
Monocytes (Absolute)	0.19-0.94 10^3/uL	1.45	N/A	Increased levels could be a result of a viral infection, the patient has human metapneumovirus. Increased levels could also be a result of chronic inflammatory disorders (Pagana, 2018).

Eosinophils (Absolute)	0.03-0.53 10^3/uL	0.02	N/A	Increased eosinophils can be a result of an autoimmune disease or allergic reactions (Pagana, 2018).
Basophils (Absolute)	0.01-0.06 10^3/uL	0.01	N/A	Absolute basophils are within normal limits.
Bands	0.0-10.0%	N/A	N/A	Bands level was not obtained.

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 mmol/L	142	N/A	Sodium is within normal limits.
K+	3.5-5.1 mmol/L	4.8	N/A	Potassium is within normal limits.
Cl-	98-107 mmol/L	103	N/A	Chloride is within normal limits
Glucose	74-100 mg/dL	58	N/A	Decreased levels of glucose could be a result of less oral intake (Pagana, 2018).
BUN	5-17 mg/dL	13	N/A	Bun is within normal limits.
Creatinine	0.7-1.30 mg/dL	0.36	N/A	Decreased muscle mass can cause low creatinine levels (Pagana, 2018).
Albumin	3.8-5.4 g/dL	N/A	N/A	Albumin levels were not obtained.
Total Protein	5.1-7.3 g/dL	N/A	N/A	Total protein levels were not obtained.
Calcium	9.0-11.0 mg/dL	9.5	N/A	Calcium is within normal limits.
Bilirubin	0.2-1.2 mg/dL	N/A	N/A	Bilirubin levels were not obtained.
Alk Phos	9-500 u/L	N/A	N/A	Alk phosphate levels were not obtained.
AST	5-34 u/L	N/A	N/A	AST levels were not obtained.
ALT	0-55 u/L	N/A	N/A	ALT levels were not obtained

Amylase	Adults; 60-120 units/dL Newborns; 6-65 units/L (Pagana, 2018).	N/A	N/A	Amylase levels were not obtained.
Lipase	0-160 units/L (Pagana, 2018)	N/A	N/A	Lipase levels were not obtained.

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	N/A	N/A	N/A	NOT OBTAINED
CRP	N/A	N/A	N/A	NOT OBTAINED
Hgb A1c	N/A	N/A	N/A	NOT OBTAINED
TSH	N/A	N/A	N/A	NOT OBTAINED

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	Light yellow and clear	Light yellow/clear	N/A	Color and clarity are within normal limits.
pH		7.0	N/A	pH is within normal limits.
Specific Gravity	1.010-1.025	1.025	N/A	WITHIN NORMAL LIMITS
Glucose	NEG mg/dL	NEG	N/A	NOT OBTAINED
Protein	NEG	NEG	N/A	NOT OBTAINED
Ketones	NEG	NEG	N/A	NOT OBTAINED
WBC	0-25/uL	N/A	N/A	NOT OBTAINED

RBC	0-20/uL	N/A	N/A	NOT OBTAINED
Leukoesterase	NEG	N/A	N/A	NOT OBTAINED

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	N/A	N/A	N/A	NOT OBTAINED
Blood Culture	N/A	N/A	N/A	NOT OBTAINED
Sputum Culture	N/A	N/A	N/A	NOT OBTAINED
Stool Culture	N/A	N/A	N/A	NOT OBTAINED
Respiratory ID Panel	N/A	N/A	N/A	NOT OBTAINED
COVID-19 Screen	NOT DETECTED	NOT DETECTED	N/A	Within normal limits.

Lab Correlations Reference (1) (APA):

Pagana, K.D. & Pagana T.J. (2018) *Mosby's Diagnostic and Laboratory Test Reference (6th ed.).* Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **6/27/23; XR Chest AP or PA only**
  - **Single AP view of the chest;**

    Findings; An enteric tube terminates overlying the gastric bubble in the left upper quadrant. The heart is normal in size. Coarse interstitial opacities are present throughout the lungs bilaterally with some patchy superimposed. Airspace

opacities are greatest in the left retrocardiac region and left base. No definite pleural effusion or pneumothorax.

Impression; Changes are suggestive of chronic lung disease with superimposed airspace opacification in the left perihilar region and left lung base. This could reflect atelectasis or pneumonia.

Diagnostic Test Correlation (5 points): This test was ordered due to the patient presenting to the hospital with a decreased O2 saturation and shortness of breath. This test helped contribute to his diagnosis of hypoxemia and human metapneumovirus.

Diagnostic Test Reference (1) (APA):

Pagana, K.D. & Pagana T.J. (2018) *Mosby's Diagnostic and Laboratory Test Reference (6th ed.).* Mosby.

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

Brand/ Generic	**Acetaminophen**	**Albuterol**	**Amoxicillin**	**Ampicillin (Unasyn)**	
Dose	110mg	2.5mg	328mg	350mg	
Frequency	Q4hr PRN	Q4HR	Q12hr	Q6hr	
Route	ORAL	Nebulizer	Via NG tube	IV	
Classification	**Pharmacological class;** Nonsalicylate, paraminophenal derivative **Therapeutic class;** Antipyretic, non-opioid analgesic	**Pharmacological class;** Adrenergic **Therapeutic class;** Bronchodilator	**Pharmacological Class;** Aminopenicillin **Therapeutic class**; Antibiotic	**Pharmacological class;** Aminopenicillin **Therapeutic Class;** Antibiotic	
Mechanism of Action	Inhibits the enzyme cyclooxygenase blocking prostaglandin production and interfering with pain	Albuterol attaches to beta 2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme	Kills bacteria by binding to and inactivating penicillin-binding proteins on the inner bacterial cell	Inhibits bacterial cell wall synthesis. The rigid, cross-linked cell wall is assembled into several steps.	

	impulse generation in the peripheral nervous system. Acetaminophen also acts directly on the temperature regulating center in the hypothalamus by inhibiting synthesis of the prostaglandin E2 (Jones & Bartlett Learning, 2021).	adenylate cyclase to convert to adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP) (Jones & Bartlett Learning, 2021). This reaction decreases intracellular calcium levels while also increasing levels of cAMP. This ultimately results in the relaxation of the bronchial smooth muscle cells and inhibits the release of histamine (Jones & Bartlett Learning, 2021).	wall, weakening the bacterial cell wall and causing lysis (Jones & Bartlett Learning, 2021).	Ampicillin exerts its effects on susceptible bacteria in the final stage of the cross-linking process by binding with and inactivating penicillin-binding proteins resulting in bacterial cell lysis and death (Jones & Bartlett Learning, 2021).	
Reason Client Taking	To manage and treat pain	Shortness of breath	To treat a respiratory infection	To treat a respiratory infection	
Concentration Available	160mg/5ml	2.5mg/3ml	N/A	**N/A**	
Safe Dose Range Calculation	**10-15mg/kg/dose** 10mg x 7.28kg=72.8mg x 6 doses= 436.8mg 15mg x 7.28kg= 109.2 x 6 doses= 655.2mg	N/A	**40-45mg/kg/day** 40mg x 7.28kg= 291.2 mg 45mg x 7.28kg= 327.6mg	**200-400mg/kg/ day** 200mg x7.28kg= 1456mg 400mg x 7.28kg= 2912mg	
Maximum 24-hour Dose	4000mg	N/A	500mg/dose	2000mg	
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease **(**Jones & Bartlett Learning, 2021).	Hypersensitivity to albuterol or its components (Jones & Bartlett Learning, 2021).	Hypersensitivity including anaphylaxis and Steven-Johnson syndrome to amoxicillin, other beta-lactam antibiotics, or their components (Jones & Bartlett Learning, 2021).	Hypersensitivity to ampicillin, other penicillin medications, or their components; infection caused by penicillinase-producing organisms (Jones & Bartlett Learning, 2021).	
Side Effects/Adverse Reactions (2)	**CV:** Hypotension **EENT:** Stridor (Parenteral form) **Other:** Hypokalemia, hypomagnesemia (Jones & Bartlett Learning, 2021).	**CV;** arrythmias, hypotension **Resp;** bronchospasm, hypokalemia (Jones & Bartlett Learning, 2021).	**Heme;** Leukopenia or thrombocytopenia (Jones & Bartlett Learning, 2021).	**GI;** clostridium-difficle **Heme; a**granulocytosis (Jones & Bartlett Learning, 2021).	

Nursing Considerations (2)	Know that before and during long term therapy including parenteral therapy, liver function tests such as AST, ALT, should be monitored because acetaminophen may cause hepatotoxicity. Monitor renal function in patient's on long term therapy as blood or albumin in the urine can indicate nephritis (Jones & Bartlett Learning, 2021).	Monitor serum K+ levels as albuterol may cause transient hypokalemia and be aware that drug tolerance can develop with prolonged use (Jones & Bartlett Learning, 2021).	Expect to start therapy before the culture and sensitivity results are known and use with caution in patients with hepatic impairment. Monitor renal and hepatic function, as well CBC in patients who are on prolonged therapy (Jones & Bartlett Learning, 2021).	Avoid giving ampicillin to patients with mononucleosis due to increased risk of rash and monitor patient closely for diarrhea as this could be due to an infection from c-diff and the provider should be notified and the dose of ampicillin should be held and begin to administer fluids (Jones & Bartlett Learning, 2021).	
Client Teaching needs (2)	Do not exceed more than 4,000mg per day due to risk of liver failure, tablets can be taken crushed or whole (Jones & Bartlett Learning, 2021).	Teach patient how to use inhaler and instruct them to wash the mouthpiece or spacer with water once a week and let it air dry. Warn patient not to exceed the prescribed dose and frequency (Jones & Bartlett Learning, 2021).	Instruct patient to refrigerate the reconstituted suspension and to shake well before each use. Also urge the patient to take amoxicillin for the full course of the antibiotic even if they start to feel better (Jones & Bartlett Learning, 2021).	Emphasize the importance of taking the full course of ampicillin exactly how prescribed and to take oral doses with 8 ounces of water 30 minutes before or 2 hours after meals (Jones & Bartlett Learning, 2021).	

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (Jones & Bartlett Learning, Ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) Highlight Abnormal Pertinent Assessment Findings

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and orientated, appears to be in no apparent distressed, and is well-groomed for his current situation.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes: N/A** **Bruises: N/A** **Wounds: Left nare** **Braden Score: 6** **Drains present: Y☐ N ☒** **Type:** **IV Assessment (If applicable to child):** **Size of IV: N/A** **Location of IV: N/A** **Date on IV: N/A** **Patency of IV:N/A** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment:** **IV Fluid Rate or Saline Lock:**	Skin is pink, warm, dry and intact. No bruises or rashes noted. Skin turgor is within normal limits. Small wound noted in left nare; wound team consulted. Patient does not have an IV at this time.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Head and neck are symmetrical at rest and with movement. Trachea is midline. Eyes open spontaneously. Congestion is noted in bilateral nostrils. Wound noted in the left nare under his NG tube. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 2+** **Capillary refill: <2 seconda** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 present. No murmurs or gallops noted. Patient is in a regular rate and rhythm. Peripheral pulses 2+ bilaterally capillary refill is < 2 seconds no neck vein distention or edema noted.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Lungs sounds are coarse upon auscultation bilaterally. Patient has labored breathing.

	Subcostal retractions noted.
GASTROINTESTINAL: **Diet at home: Formula** **Current diet: Formula** **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: 8** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient's diet at home is formula through his NG tube. Patient's current diet is formula through his NG tube. Patient is 71.9cm tall. Bowel sounds are active and heard throughout all quadrants; Normoactive. Patient's last bowel movement was on 6/25/23. Patient's abdomen is non-distended and soft. No incisions, scars, drains, or wounds on the abdomen noted. Patient has a size 8 NG tube placed in the left nare.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine observed was yellow and clear. No noted pain with urination. Genitals are normal for age and without any signs of redness.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score: 2** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	The patient's neurovascular status appears normal. The patient has full range of motion in all extremities. The patient can reach out, stretch, and grasp. Strength is equal in all extremities. The patient is not a fall risk as evidenced by the Cumming's fall score of 2. The patient's mobility status was not assessed.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	The patient appears to move all extremities well and with equal strength. PERRLA is present in bilateral eyes and in normal. The patient appears to be orientated as evidenced

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	by looking around the room and looking when his name is used. The patient does not speak yet but makes noises appropriate for their age.
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 patient's mother is at the bedside. She is consistently interacting with the patient and is participating in care. The mother voiced her concerns on his NG tube and wound on his left nare. Mother states that father is present and in the child's life, that he was just at home with their daughter

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	153bpm	98/73 (81)	30	37.9C Axillary	96% on 12L 30% Optiflow
1200	132 bpm	102/62	28	37.8C Axillary	97% on 12L 30% optiflow

Vital Sign Trends: No trends noted.

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

Pulse Rate	80-125 beats per minute
Blood Pressure	Systolic 90-105, Diastolic 55-70
Respiratory Rate	20-30 breaths per minute
Temperature	< 100F
Oxygen Saturation	>90 %

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

Cleveland Clinic. (2023, April 14). *A guide to your kid's vital signs*. Cleveland Clinic. 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**
0800	FLACC	N/A	3	Facial grimacing	Acetaminophen given
Evaluation of pain status *after* intervention	FLACC	N/A	N/A; No noted pain indicators	N/A	N/A
Precipitating factors: N/A **Physiological/behavioral signs:** grimacing, crying					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
182ml (Formula via NG tube)	69ml (urine)

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

(I BASED HIS MILESTONES OFF OF HIS CORRECTED AGE)

Age Appropriate Growth & Development Milestones

1. Looks when you call their name (CDC, 2023).
2. Sits without support (CDC, 2023).
3. Begins to pull up to stand (Earley, 2023).

Age Appropriate Diversional Activities

1. Playing peek-a-boo (CDC, 2023).
2. “Phone Talk”; using everyday objects and pretending they are a phone. Pretend to call people and have a conversation and then offer the phone to baby (Earley, 2023).
3. Playing music together; give baby a toy instrument such as a drum and show them how to use it (Earley, 2023).

Psychosocial Development:

Which of Erikson’s stages does this child fit? Trust vs Mistrust

What behaviors would you expect?

- Expected behaviors would include the patient crying when his mother got too far away and crying when hungry or irritated (Ricci et al., 2021). Infants up to 18 months display this because they are expectant of something.

What did you observe?

- The patient would let out an occasional cry or whimpering sound when they were irritated during physical assessments and when he began getting hungry.

Cognitive Development:

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

What behaviors would you expect?

- Behaviors that should be expected during the sensorimotor stage include the infant exploring their ability to have an effect on their surroundings. This is achieved by the use of the infant grasping and moving objects or parts of their body (Ricci et al., 2021).

What did you observe?

- The patient grasped things in his crib such as his pacifier.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- Patient should make repetitive sounds such as "mamama" and "bababa". The infant should begin copying sounds and gestures and start to understand the word no (Earley, 2023).

Any concerns regarding growth and development?

- The patient was born prematurely at 24 weeks gestation, so I based his developmental milestones off of his corrected age. Based on the milestones for his corrected age he appears to be on track besides not pulling to stand yet.

Developmental Assessment Reference (1) (APA):

CDC. (2023, June 6). *Important milestones: Your baby by nine months.* Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/acetearly/milestones/milestones-9mo.html#tips

Earley, B. (2023, May 26). *Best activities for a 9-month-old baby*. What to Expect. https://www.whattoexpect.com/first-year/play-and-activities/best-activities-for-a-9-month-old

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. Ineffective breathing pattern related to diagnosis of hypoxemia as evidenced by shortness of breath and subcostal retractions	I chose this diagnosis as I observed the patient having labored breathing and subcostal retractions	**1.** Apply Oxygen **2.** Administer medication for pain and/or anxiety	1. The patient became more relaxed after given acetaminophen in conjunction to his supplemental oxygen which aided in getting him back into an effective breathing pattern	The child seemed to relax and get back into a stable breathing pattern with a regular respiratory rate, oxygen saturation, and displayed less retractions in his breathing.
2. Risk for infection related to wound in left nare as evidenced by inflamed painful wound in left nostril	I chose this diagnosis as I observed a small wound in the patient's left nare that appear necrotic and consulted the wound team. The wound was painful to touch around the area.	**1.** Consult Wound Team **2**. Administer pain medication	1. The wound team was consulted, and they chose to change and remove his NG tube from his left nare to his right and to start applying a cream to his nose.	The patient became more relaxed after receiving pain medication and after his consult with the wound team and the removal of his NG tube he appeared more relaxed since he did not have that laying on top of the wound.
3. Imbalanced nutrition	I chose this diagnosis as	**1.** Monitor labs (serum	1. The patient began to	The patient's labs remained

related to decreased appetite and not eating due to his shortness of breath as evidenced by decreased formula feeds and occasional vomiting.	the patient has had a loss of appetite due his increased shortness of breath.	albumin, H&H, Prealbumin, Transferrin) **2.** Administer TPN through his NG tube and increase feeds if possible	tolerate feeds and he was able to increase his feed.	stable and he was able to increase his feeds to 6oz.
4. Caregiver role strain related to recent hospitalization as evidenced by fatigue	I chose this diagnosis because the patient's mother appeared to be extremely fatigued but wanted to participate in the patient's care	**1.** Introduce stress relieving methods to the caregiver **2.** Encourage involvement of other family members to relieve the pressure on mom	1. The patient's mother took a minute for herself to step outside to decrease any stress she had.	The patient's mother was able to stay involved in the patient's care while also taking a moment to just go for a walk outside to relieve some stress.

Other References (APA):

NandaDiagnoses. (2023, February 28). *Nursing diagnosis for infection.* Nursing Diagnosis. https://nandadiagnoses.com/risk-for-infection/

Nursing.com. (n.d.). *Nursing care plan (NCP) for Nutrition Imbalance: NRSNG Nursing course*. NURSING.com. https://nursing.com/lesson/nursin-care-plan-for-nutrition-imbalance

Wagner, M. (2023, January 12). *Ineffective breathing pattern nursing diagnosis and care plan*. NurseTogether. https:// www.nursetogether.com/ineffective-breathing-pattern-nursing-diagnosis-care-plan/

Wayne, G. (2023, April 20). *Caregiver role strain & family caregiver support systems nursing care plan.* NurseLabs. https://nurselabs.com/careggiver-role-strain/

Concept Map (20 Points):

Subjective Data

The patient is at a developmental stage in which he is able to speak or answer any of my questions. The patient did not appear to be in any distress or pain once his pain was reassessed. The patient's mother did not have any pertinent information to share.

Nursing Diagnosis/Outcomes

1. Ineffective breathing pattern related to diagnosis of hypoxemia as evidenced by shortness of breath and subcostal retractions
   - The patient became more relaxed after given acetaminophen in conjunction to his supplemental oxygen which aided in getting him back into an effective breathing pattern
2. Risk for infection related to wound in left nare as evidenced by inflamed painful wound in left nostril
   - The wound team was consulted, and they chose to change and remove his NG tube from his left nare to his right and to start applying a cream to his nose.
3. Imbalanced nutrition related to decreased appetite and not eating due to his shortness of breath as evidenced by decreased formula feeds and occasional vomiting.
   - The patient began to tolerate feeds and he was able to increase his feed.
4. Caregiver role strain related to recent hospitalization as evidenced by fatigue
   - The patient's mother took a minute for herself to step outside to decrease any stress she had.

Objective Data

Most recent vitals;
BP: 102/62 mmHg
Pulse: 132 bpm
Temp: 37.8C Axillary
Resp: 28
O2: 97% on 12L 30% optiflow
Abnormal Labs;
ABS Mono; 1.45
ABS Eosino; 0.02
Glucose; 58
Creatinine; 0.36
Full body assessment

Client Information

Initials; D.L
Age; 13 months, 9 months corrected age
Gender: Male
Code Status: FULL
Weight: 7.28 kg
BMI: 14.08 kg/m2

Nursing Interventions

Nursing Diagnosis #1;
1. Apply Oxygen
2. Administer medication for pain and/or anxiety

Nursing Diagnosis #2;
1. Consult Wound Team
2. Administer pain medication

Nursing Diagnosis #3;
1. Monitor labs (serum albumin, H&H, Prealbumin, Transferrin)
2. Administer TPN through his NG tube and increase feeds if possible

Nursing Diagnosis #4;
1. Introduce stress relieving methods to the caregiver
2. Encourage involvement of other family members to relieve the pressure on mom