

### Medications

**Vancomycin (Firvanq) IVPB 125 mg 25ml/hr every 6hr for suspected meningitis**

**Pharmacological class:** glycopeptide antibiotics (Jones & Bartlett Learning, 2020)

**Therapeutic class:** antibacterial drugs (Jones & Bartlett Learning, 2020)

### Relevant Lab Values/Diagnostics

**WBC:** high 18.33 Normal: 5.98-13.51 Reason for abnormal: due to infection

**RBC:** low 3.8 Normal: 4.03-5.07 Reason for abnormal: due to sickle cells

**HGB:** low 9.3 Normal: 10.1-12.5 Reason for abnormal: due to sickle cells

**HCT:** low 26.9 Normal: 30.8-37.8 Reason for abnormal: due to sickle cells

**Platelet:** high 458 Normal: 206-445 Reason for abnormal: due to iron deficiency

**Glucose:** high 107 Normal: 74-100 Reason for abnormal: due to sepsis

**BUN:** low 4 Normal: 5-17 Reason for abnormal: due to overhydration

**Creatinine:** low 0.36 Normal: 0.70-1.30 Reason for abnormal: due to malnutrition

**Albumin:** low 3.7 Normal: 3.8-5.4 Reason for abnormal: due to malnutrition

**Sodium:** low 135 Normal: 136-145 Reason for abnormal: due to overhydration

**Urine:** cloudy Normal: Clear Reason for abnormal: due to infection

**Protein:** trace Normal: negative Reason for abnormal: due to fever

**Adenovirus:** detected Reason: having a fever

**XR chest 9/ 21 2023 - no acute cardiopulmonary abnormality Reason: having nasal congestion**

### Demographic Data

**Admitting diagnosis:** sepsis work up for worsening fever

**Age of client:** 6 months old

**Sex:** male

**Weight in kgs:** 8.24 kg

**Allergies:** NKA

### Pathophysiology

#### Disease process:

Sepsis is a complex disorder of the immune system's carefully calibrated balance of inflammation and anti-inflammation. A system-wide release of cytokines, mediators, and molecules associated with pathogens results from the elevation of pro- and anti-inflammatory pathways, which activate the complement and coagulation cascades (Jarczak, 2021). My patient has the sickle cell trait, which can make them more susceptible due to weaker immunes.

#### S/S of disease:

Some symptoms are fever, fast heart rate, fast breathing or shortness of breath, vomiting, and diarrhea. Some signs are reduced sucking or difficulty feeding, a swollen belly, cold hands and feet, clammy or pale skin, yellow stools, and white of

### Active Orders

#### Medical History

Contact/droplet continuous: the

**Previous Medical History:** positive for sickle cell trait prevention of spreading

**Prior Hospitalizations:** ED April 2023 for respiratory distress, no admission Neuro check every 4 hours: to monitor mental status

**Past Surgical History:** none

or signs every 4 hours: to monitor well-being and temperature

**Social needs:** 3-year-old sibling in daycare, currently has URI symptoms of coughing

Administer O2 to maintain pulse ox greater than 92%: to increase SaO2

Vancomycin trough: whether client is taking vancomycin well

Assessment	
General	Patient was alert and responsive, well-development, and well-nourished. There was no acute distress <b>appeared sleepy, had a fever, and bulging anterior fontanelle</b>
Integument	Skin was Warm and dry without rashes, capillary refill less than 3 secs. Skin had no ecchymosis or lesions, and no cyanosis. <b>They had diaper rash for the past 3 weeks.</b>
HEENT	Eyes had no icterus, conjunctivitis, or redness. There were no oral lesions or no tugging of ears. Eyes were symmetrical, PERRL, EOMI, and Conjunctivae without injection. <b>There was some nasal congestion present.</b>
Cardiovascular	<b>Tachycardia</b> , regular rhythm, and intact distal pulses. Normal heart sounds with no murmur and no palpitations.
Respiratory	Lung sounds were clear. It was symmetrical <b>and labored</b> with no cough.
Genitourinary	No painful urination or changes in urination. <b>Urine was cloudy.</b>
Gastrointestinal	Abdomen was soft and non-tender without any abnormal growth. No diarrhea, changes in appetite, or stooling.
Musculoskeletal	Moves all four extremities well and symmetrically. normal tone no masses noted or effusion. No joint pain or changes in ranges of motion.
Neurological	No seizure activity or changes in activity, <b>has increased sleepiness.</b> Awake, alert, and age-appropriate. Moves all extremities.
Most recent VS (highlight if abnormal)	<p>Time: 0814</p> <p>Temperature: 97.6</p> <p>Route: Axillary</p> <p>RR: 46</p> <p>HR: 149</p> <p>BP and MAP: 96/56</p> <p>Oxygen saturation: 100</p> <p>Oxygen needs: room air</p>

<b>Pain and Pain Scale Used</b>	Pain was not assessed
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<b>Nursing Diagnosis 1 Hyperthermia related to sepsis as evidenced by high environmental temperature</b>	<b>Nursing Diagnosis 2 Risk for imbalanced body temperature related to worsening fever as evidenced by nasal congestion</b>	<b>Nursing Diagnosis 3 Fatigue related to physiologic condition as evidenced by bulging fontanelle</b>
<b>Rationale</b> Patient presented after vomiting in the morning and high temperature	<b>Rationale</b> Patient is experiencing some nasal congestion	<b>Rationale</b> Patient has increased sleepiness, worsening fever, and bulging fontanelle
<b>Interventions</b> Intervention 1: take temperature every 1-4 hours Intervention 2: monitor HP, BP, RR, LOC, and capillary refill	<b>Interventions</b> Intervention 1: Maintain adequate fluid Intervention 2: Assess temperature every 4 hours	<b>Interventions</b> Intervention 1: complete sleep history Intervention 2: assess fontanelle
<b>Evaluation of Interventions</b> Patient remained afebrile and maintained a body temperature 98.6 to 99.5	<b>Evaluation of Interventions</b> Patient exhibit moist mucous membranes and fever reduced	<b>Evaluation of Interventions</b> Patient was well rested, and symptoms were controlled

### References (3):

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