

<p style="text-align: center;"><b>Medications</b></p> <p>Cholecalciferol-vitamin D3 (Baby D's) drops 0.1 mL</p> <p>Pharmacological class: vitamin D preparations</p> <p>Therapeutic class: Supplement</p> <p>Reason: Vitamin D deficiency</p> <p>Assessments: monitor patient for hypocalcemia</p> <p>Nystatin 100,000units/g (Myostatin) topical cream</p> <p>Pharmacological class: topical antifungal</p> <p>Therapeutic class: antifungal (NDH, 2023)</p> <p>Reason: to treat mucocutaneous candida infection</p> <p>Assessments: assess for lesions or rashes</p>	<p style="text-align: center;"><b>Demographic Data</b></p> <p><b>Admitting diagnosis:</b> Dehydration and severe malnutrition</p> <p><b>Age of client:</b> 15 weeks (Development age 7 weeks)</p> <p><b>Sex:</b> Male</p> <p><b>Weight in kgs:</b> 3.48kg</p> <p><b>Allergies:</b> no known allergies</p> <p><b>Date of admission:</b> 2/20/2024</p>	<p style="text-align: center;"><b>Pathophysiology</b></p> <p style="text-align: center;">Failure to Thrive</p> <p><b>Disease process:</b></p> <p>Failure to thrive is due to the lack of insufficient weight gain (Smith et al., 2023). This is a result from insufficient calorie intake to meet the body's ongoing nutritional needs for growth (Smith et al., 2023). The pathophysiology linked to the caloric absence differs depending on the possible underlying disorder. As a result of failure to thrive needs to be seen as a condition that needs additional research to identify the underlying cause of the insufficient weight growth and evaluate the possibility of malnutrition (Smith et al., 2023). Estimating daily energy needs based on factors like age, gender, activity level, and energy needed for growth catching up can help aid the patient (Smith et al., 2023).</p> <p><b>S/S of disease:</b></p> <p>Although some individuals may show poor weight gain and signs and symptoms of a medical condition that is known, it is more common that failure to thrive is detected during a normal well-child visit without any further obvious signs or symptoms (Smith et al., 2023). Reviewing growth charts at every pediatric visit is important. This way you can determine if the patient is meeting body requirements (Smith et al., 2023). The child will be 20 percent below their supposed weight if the child is failing to thrive ("Failure to Thrive," 2024).</p> <p><b>Method of Diagnosis:</b></p> <p>Patients who are failing to thrive will have a decline in height growth. A primary way failure to thrive is diagnosis is by short stature (Smith et al., 2023). Using growth charts is a crucial factor in helping diagnose failure to thrive. The patient's data should be plotted onto the appropriate growth chart to compare the patient's growth to the normal growth body requirements (Smith et al., 2023). The growth chart will help see if the child is meeting milestones and body requirements or not. It is also important to determine if the child is failing to thrive from a medical condition or from abuse/neglect ("Failure to Thrive," 2024).</p> <p><b>Treatment of disease:</b></p> <p>The treatment for failure to thrive is to prioritize the patient's calorie intake (Smith et al., 2023). Many times, the child will be hospitalized to receive the adequate nutrition ("Failure to Thrive," 2024). Treatment should also include bettering the family dynamic and living conditions ("Failure to Thrive," 2024).</p>
<p style="text-align: center;"><b>Admission History</b></p>		

During a well fair check DCFS found the twins on the floor and they looked to be malnourished. DCFS brought the twins to the emergency department to be treated. The twins were feed cow's milk because they said they didn't have formula. N/A for how symptoms were managed before being admitted.

Relevant Lab Values/Diagnostics	Medical History	Active Orders
<p>Cl-: 98-107mmol/L <b>109mmol/L</b>. The patient's chloride is increased from the patient being dehydrated (Martin, 2023).</p> <p>BUN: 5-7mg/dl <b>&lt;3mg/dl</b>. The patient's BUN is decreased because the patient was severely malnourished (Martin, 2023).</p> <p>Phosphorus: 2.3-4.7mg/dl <b>5.3mg/dl</b>. The patient had an increase in phosphorus because of having an increased dietary intake of phosphorus from the formula (Martin, 2023).</p> <p>Albumin: 3.8-5.4g/dl <b>3.1g/dl</b>. The patient had a low level of albumin because of severe malnutrition (Martin, 2023).</p> <p>Total Bilirubin: 0.2-1.2mg/dl <b>0.1mg/dl</b>. The patient's bilirubin level is low possibility due to a blockage (Martin, 2023).</p> <p>AST: 5-34u/L <b>35u/L</b>. The patient's AST levels could be increased due to liver function issues (Martin, 2023).</p> <p>Platelets: 244-529 10<sup>3</sup>/ul <b>622 10<sup>3</sup>/ul</b>. The patient's platelet is increased potential due to an infection (Martin, 2023).</p> <p>Moocytes: 0.28-1.07 10<sup>3</sup>/ul <b>1.08 10<sup>3</sup>/ul</b>. The patient's monocytes could be increased due to stress, trauma, and inflammation or an infection (Martin, 2023).</p> <p>Basophils: 0.01-0.06 10<sup>3</sup>/ul <b>0.00 10<sup>3</sup>/ul</b>. The patient's basophils are decreased because of nutritional deficiency (Martin, 2023).</p>	<p><b>Previous Medical History:</b></p> <p>N/A</p> <p><b>Prior Hospitalizations:</b></p> <p>NICU: born at 32 weeks</p> <p><b>Past Surgical History:</b></p> <p>N/A</p> <p><b>Social needs:</b></p> <p>DCFS case; the twins were found on the floor malnourished and feed cow's milk.</p>	<p><b>Active Orders</b></p> <p>Diet: regular formula: to provide proper nutrition</p> <p>Vital Sign: Q4: to monitor patient's status</p> <p>Daily Weight: to monitor patient's weight gain and to keep track of the patient improving</p> <p>Consult dietitian: to be able to provide the proper nutrition to the patient</p> <p>Consult social work: to help the patient/family with the social needs including helping with finding an adequate environment for the patient</p> <p>Consult Child Life Specialist: The child life specialist will advocate for the patient</p> <p>Consult Child Abuse: The patient had been neglected and not properly taken care of</p>

Assessment	
<b>General</b>	Patient is alert and opens eyes spontaneously. Patient is arousable to voice and touch.
<b>Integument</b>	Patient's skin was <b>pale</b> , warm, and dry upon palpation. No lesions or bruising. <b>Patient's buttock was red</b> . Capillary refill was 3 seconds or less, no cyanosis or clubbing in the fingers noted. Skin turgor was normal.
<b>HEENT</b>	Patient's head and neck were symmetrical. Carotid pulses are 2+ and palpable bilaterally. Sclera's are white bilaterally, conjunctive pink bilaterally, no drainage from eyes. Eye lids are pink and moist bilaterally, no lesions or drainage noted. PERRLA bilaterally. Septum is midline, uvula is midline, soft palate rises and falls symmetrically. Hard palate is intact, oral mucosa is pink and moist with not lesions. Auricles are symmetrically bilaterally, no lesions or drainage noted.
<b>Cardiovascular</b>	S1 and S2 present, with no murmurs, gallops, or rubs. Normal rate and rhythm. PMI was palpable.
<b>Respiratory</b>	Normal rate and pattern of respirations, respirations were symmetrical and non-labored. Clear breath sounds bilaterally with no wheezes, crackles, or rhonchi noted.
<b>Genitourinary</b>	Patient is circumcised and voiding appropriately.
<b>Gastrointestinal</b>	Patient's abdomen was soft and nontender upon palpation. No mass or organomegaly noted. Bowel sounds were normoactive in all four quadrants.
<b>Musculoskeletal</b>	No noted muscle weakness or swelling in all extremities bilaterally. All extremities move equally bilaterally.
<b>Neurological</b>	Glasgow coma scale. Eye opening= 4 (spontaneously) Motor= 6 (moves spontaneously and purposely) Verbal= 5 (coos and babbles)
<b>Most recent VS (highlight if abnormal)</b>	<b>Time:</b> 1618 <b>Temperature:</b> 98.5F

	<p><b>Route:</b> axillary</p> <p><b>RR:</b> 45</p> <p><b>HR:</b> 135</p> <p><b>BP and MAP:</b> 92/52 and 72 MAP</p> <p><b>Oxygen saturation:</b> 99</p> <p><b>Oxygen needs:</b> room air</p>
<b>Pain and Pain Scale Used</b>	0 based off rFLACC scale

<b>Nursing Diagnosis 1</b> Deficient Fluid Volume (Philips, 2018)	<b>Nursing Diagnosis 2</b> Imbalanced nutrition: less than body requirements (Philips, 2018)	<b>Nursing Diagnosis 3</b> Impaired parenting (Philips, 2018)
<b>Rationale</b> Deficient Fluid Volume related to inadequate hydration as evidence by dehydration (Philips, 2018).	<b>Rationale</b> Imbalanced nutrition: less than body requirements related to inadequate nutrients to meet needs as evidence by low body weight (Philips, 2018).	<b>Rationale</b> Impaired parenting related to inability to provide an adequate environment as evidence by patient was found on the floor malnourished (Philips, 2018).
<b>Interventions</b> <b>Intervention 1:</b> Daily weights (Philips, 2018). <b>Intervention 2:</b> Administer fluids (Philips, 2018).	<b>Interventions</b> <b>Intervention 1:</b> daily weights (Philips, 2018). <b>Intervention 2:</b> Provide an adequate diet (Philips, 2018).	<b>Interventions</b> <b>Intervention 1:</b> Assess caregivers ability to provide care (Philips, 2018). <b>Intervention 2:</b> Act as role as caregiver (Philips, 2018).
<b>Evaluation of Interventions</b> Patient has a daily weight every day. Patient came in at 3.06kg and is now 3.48kg. IV and fluids were both discontinued on 2/21/2024 because patient is having adequate stools and urine output and is tolerating feedings well.	<b>Evaluation of Interventions</b> Daily weights are performed on patient and patient is showing signs of weight gain. Patient gets formula feed at 9am, 12pm, and 3pm, so every 3 hours daily.	<b>Evaluation of Interventions</b> DCFS took patient into custody and healthcare staff is stepping in as caregivers.

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<b>Erickson's Psychosocial Developmental Stage</b>	Trust vs. Mistrust (Ricci et al., 2021)	Caregiver attends to the basic requirements of the infant, such as feeding, changing, cleaning, and holding (Ricci et al., 2021).	The caregivers (healthcare staff) responded to the infant when he would cry. He would either need a diaper changing, he was hungry, or he wanted to be held.
<b>Piaget's Cognitive Developmental Stage</b>	Sensorimotor (Ricci et al., 2021)	Makes use of both sense and motor skills (Ricci et al., 2021).	The infant would use his sense and motor skills by crying when he was hungry and knowing is bottle (Ricci et al., 2021).
<b>Age-Appropriate Growth &amp; Development Milestones</b>	<ol style="list-style-type: none"> <li>1. Holding hands in front of face (Ricci et al., 2021).</li> <li>2. Hands stay open (Ricci et al., 2021).</li> <li>3. Head lags slightly when pulled to sit (Ricci et al., 2021).</li> </ol>		
<b>Age-Appropriate Diversional Activities</b>	<ol style="list-style-type: none"> <li>1. pacifier</li> <li>2. talk to the baby</li> <li>3. playing peekaboo</li> </ol>		

**References (3):**

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Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurselabs. <https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-aspartate-aminotransferase-ast>

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

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