

Medications

- Gabapentin
 - o Pharmacological Class: Anticonvulsants
 - o Therapeutic Class: Anticonvulsant
 - o Use: Helps with pain and sedation
 - o Nursing Assessments: Pain
- Baclofen
 - o Pharmacological Class: Skeletal Muscle Relaxants
 - o Therapeutic Class: Antispasmodic agent
 - o Use: Helps with spasticity and muscle

Relevant Lab Values/Diagnostics

- Lactic Acid (0.50-2.2) - 4.07 (2/5/2024)
- Procalcitonin (less than or equal to 0.5) - 7.07 (2/5/2024); 5.68 (2/7/2024)
- White Blood Cells (4.27-11.40) - 30.78 (2/5/2024); 15.68 (2/13/2024)
- Glucose (60-99) - 196 (2/26/2024); 150 (2/7/2024)
- These labs are key signs that a person is going into sepsis or septic shock
- No Abnormal Imaging

Demographic Data

Admitting diagnosis: Sepsis

Age of client: 6

Sex: Female

Weight in kgs: 21.5 kg

Medical History

Previous Medical History: Cerebral Palsy (10/19/2022), Hypoxic Ischemic Encephalopathy (8/11/2021), Acute on Chronic Respiratory Failure (10/10/2022)

Prior Hospitalizations: Patient had been hospitalized multiple times, last time being 2/5/2024

Past Surgical History: CSF Shunt (1/16/2018); G.J. Tube Change (11/25/2022), (1/20/2023), (2/9/2023), (3/16/2023), (12/11/2023), 10/14/2022); G Tube Change (10/20/2022); Bilateral Hip Surgery (5/2021)

Pathophysiology

Disease process: Sepsis is caused by the body's dysregulated response to infection. A stimulus triggers the production of inflammatory mediators, which cause neutrophil-endothelial cell adhesion, activate the clotting mechanism, and generate microthrombi. Blood pressure will also decrease causing poor capillary flow. Decreased perfusion causes dysfunction of multiple organs which will eventually lead to

Active Orders

- Skin Care - patient is bed bound which puts her at an increased risk for skin breakdown
- Weights - to ensure that the patient is healthy
- Vital Signs - to ensure that the patient is healthy
- Pulse Oximetry - to ensure that the patient is healthy
- Blood Glucose - to ensure that the patient is healthy
- G.J. Tube Care - patient is fed through these tubes so it is important for them to be clean to prevent infection
- Neonatal/Peds airway status - patient is close to septic shock which can cause deterioration to patients' airway
- Ballard Suction for secretions - patient is unable to handle secretions so suctioning is used to prevent aspiration

Patient has been admitted for cerebral palsy (10/19/2022), Hypoxi and acute/chronic respiratory failure (10/10/2022).

Assessment	
General	Patient appears alert and oriented x 4; no acute distress and is well-groomed
Integument	Patient had a slight rash on the arms; No bruising or wounds noted. Patient's skin turgor was normal; skin temperature and character were normal, and skin was warm to the touch
HEENT	Patient's head and neck are symmetrical, and trachea is midline; Thyroid isn't palpable, carotid pulses are palpable bilaterally 2+; Sclera white, conjunctiva pink, no drainage bilaterally; PERRLA present bilaterally, EOMs intact; Ears have no deformities, lumps, or lesions with pearly gray tympanic membranes bilaterally; Septum is midline, turbinates are moist and pink with no polyps and bleeding bilaterally
Cardiovascular	S1 and S2 are present with no gallops or rubs; Patient had no edema present and pulses were 2+ bilaterally; Capillary refill was less than 2 secs.
Respiratory	Respirations had normal rate and rhythm, symmetrical and non-labored, No wheezes, crackles, or rhonchi present.
Genitourinary	Patient doesn't have a catheter; Patient did urinate inside of her diaper earlier in the day. Patient did not show any signs of pain with urination.
Gastrointestinal	Abdomen is soft upon palpation with no masses or organomegaly noted. Bowel sounds are active, yet muffled in all 4 quadrants (Due to the JG tube placed); Uterus is midline and firm, and fundus is at the umbilicus; No distention, incisions, scars, or wounds noted. Patient has a JG tube. Last bowel movement was that day. Patient voided in her diaper and was changed.
Musculoskeletal	Patient doesn't have full range of motion in all extremities; Patient is quadriplegic; Patient is bed-bound.
Neurological	Patient is Alert and Oriented within normal limits for the patient. Braden score is 8 and Cummings Score is 12
Most recent VS (highlight if abnormal)	<p>Time: 4:40</p> <p>Temperature: 98.0</p> <p>Route: Axillary</p> <p>RR: 18</p> <p>HR: 106</p> <p>BP and MAP: 91/54 (66) @ 8:00</p> <p>Oxygen saturation: 97</p>

	Oxygen needs: N/A
Pain and Pain Scale Used	rFLACC Pain Scale; Pain rated as a 0 out of 10

Nursing Diagnosis 1 Risk for ineffective airway clearance related to inability to clear secretions as evidenced by orders for glycopyrrolate and suction	Nursing Diagnosis 2 Risk for ineffective health maintenance related to ineffective communication skills as evidenced by patients' nonverbal status	Nursing Diagnosis 3 Risk for shock related to sepsis as evidenced by procalcitonin & lactic acid were 7.07 and 4.07, respectively, upon admission
Rationale Patient has trouble with sputum production clogging her throat	Rationale Patient is unable to verbalize her needs	Rationale Patient is very close to septic shock
Interventions Intervention 1: Monitor sputum, noting amount, odor, and consistency Intervention 2: Suction, as ordered, to stimulate cough & clear airways	Interventions Intervention 1: Provide assistance with self-care as needed Intervention 2: Provide a consistent caretaker when possible	Interventions Intervention 1: Administer IV, fluid, oxygen, and meds as prescribed to maintain fluid volume and perfusion Intervention 2: Monitor hemodynamic status, frequently including Blood Pressure, Heart Rate, and Oxygen Saturation
Evaluation of Interventions Patient was able to tolerate suction and it helped with limiting messes from the secretions	Evaluation of Interventions We were able to help the patient be as comfortable as possible by consistently monitoring her by checking in on her and watching through a baby monitor.	Evaluation of Interventions Patients' lactic acid and procalcitonin decreased daily due to the care that was given, helping her inch away from septic shock each day.

		What do you expect?	What did you observe?
Erickson's Psychosocial Developmental Stage	Industry vs. Inferiority	This is the stage where children learn new skills, start to feel useful, and develop a sense of self-worth	She wasn't able to do anything by herself.
Piaget's Cognitive Developmental Stage	Preoperational Stage	In this stage, children make cognitive advances such as categorization and being able to engage in pretend play	The patient wasn't able to do any of these things because she is bed-bound and nonverbal.
Age-Appropriate Growth & Development Milestones	<ol style="list-style-type: none"> 1. Dress themselves 2. Tie their shoes 3. Catch a ball with their hands easily 		
Age-Appropriate Diversional Activities	<ol style="list-style-type: none"> 1. Playing board games 2. Reading 3. Bouncing, throwing, and kicking balls 		

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