Demographic Data

Admitting diagnosis:

Pneumonia of bilateral lower lobes

Age of client: 14 years old

Sex: Male

Weight in kgs: 60kg

Allergies: Azithromycin

Date of admission: 2/29/2024

Psychosocial Developmental Stage:

Identity vs. confusion

Cognitive Development Stage:

Formal operational stage

Pathophysiology

Disease process: Pneumonia is a lung infection caused by bacteria, a virus, or fungus. Pneumonia can develop when a person's immune system attacks and tries to remove an infection in the alveoli. White blood cells intended to protect the body from infection causes the inflammation that eventually leads to pneumonia (Cleveland Clinic Staff, 2022). White blood cells like neutrophils and monocytes are sent to the site of infection, triggering a cellular defense and causing

Relevant Lab Values/Diagnostics

No labs to note for 3/8/24. Last time labs completed was 3/6/24.

No diagnostic imaging noted for 3/8/2024. Last imaging was completed on 3/6/2024.

Admission History

Patient's mother stated: "Patient started complaining of not feeling well around the 22nd of

Medical History

Previous Medical History: N/A

Prior Hospitalizations: N/A

Past Surgical History: N/A

Social needs: N/A

Active Orders

Isolation for RSV- Imaging showed possible viral as well as possible bacterial pneumonia. Cultures completed did not identify an organism.

Cap IV site until discontinued- Currently receiving antibiotic therapy

Assessment	
General	A&O x4, no distress noted, well groomed.
Integument	Color usual for ethnicity, moist, warm, turgor with no tenting. **Dressing noted to the left ribs where drainage tube was removed.** Dressing is C/D/I. No other skin concerns noted. **IV to the right forearm removed due to infiltration** and another line started on the left forearm without complications. Braden score is 23.
HEENT	Head symmetrical. Eyes symmetrical and without redness or drainage noted. No c/o visual disturbances. Nose without drainage and septum appears midline. No c/o breathing disturbances. Ears symmetrical and without drainage noted. No c/o hearing disturbances. Mucous membranes pink and moist and mouth without odor noted. No c/o oral or swallowing disturbances.
Cardiovascular	S1 S2 present, normal rhythm, **slightly tachycardic with pulse rate of 137. Patient was in pain at the time of the assessment related to recent chest tube removal and emesis x2.** Capillary refill normal. No edema noted and no JVD noted.
Respiratory	Regular rate and rhythm. Breath sounds clear on the right side and left upper lobes. **Left lower lobe lung sounds diminished. Patient still being treated for pneumonia.** Encouraged to continue to use incentive spirometer to help loosen up fluid to be able to expel it from lungs. No accessory muscle use noted. No use of ET tube or supplemental oxygen. **Patient is on droplet precautions related to diagnosis of RSV.**
Genitourinary	**At 1313 Patient stated he had used the facilities "about three or four times today". Nurse educated him to use the urinal so we could measure his output to make sure kidney function was not affected by the use of Vancomycin. At 1600 patient was educated again to leave the urine in the urinal so we can document an exact amount. Patient had urinated in the urinal but dumped it when he was done. Patient stated his urine was "yellow" and denied complaints of pain or**

	frequency/urgency with urination. Patient is not on dialysis and does not use a catheter. Patient's genitals were not observed related to age of patient.
Gastrointestinal	Bowel sounds active in all quadrants. Last BM was 3/7/2024 and patient reported it was "normal". Did not note a current height. Current weight 60kg. No abdominal distention noted. No ostomy, nasogastric, or feeding tubes used. **Dressing noted to the left ribs where drainage tube was removed. Patient did have emesis x2 post tussive episode. Emesis was a yellow tent and mucousy totaling about 100cc.** Patient is on regular a diet with thin liquids at home as well as at the hospital.
Musculoskeletal	Patient is A&Ox4. All extremities have full ROM and equal strength. Up per self with ADLs. **Requires assistance to move IV pole around the bed from the side of the bed he wanted it placed when needing to use the facilities anytime his IV antibiotic is running. Patient's IV was switched to his left forearm and asked that IV pole be placed on the left side of his bed which is furthest from the facilities. Morse fall score is 35 indicating a moderate fall risk due to use of IV and having a secondary diagnosis.**
Neurological	Patient is A&Ox4. All extremities have full ROM and equal strength. MAEW, PERRLA. Speech is clear and able to make self understood/understands others. I did not note a sensory deficit for this patient.
Most recent VS (highlight if abnormal)	**Time:** 1604 **Temperature:** 98.8 F (37.1C) **Route:** Oral **RR:** 20 **HR:** **137** Patient had complaints of pain to incision area where chest tube was removed, and in his shoulders. Patient also had post tussive emesis x2 when this writer went into the room to obtain 1600 VS.

	BP and MAP: 109/63 **Mean:** 80 **Oxygen saturation:** 94% on Room Air **Oxygen needs:** None at this time.
Pain and Pain Scale Used	Number scale used at 1600. **Patient rated pain a "4 to 5"/10 and patient asked if he could have something. PRN Tylenol was** **offered and patient accepted.** Number scale used at 1700. Patient stated the Tylenol worked and rated his pain a "1"/10.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Risk for ineffective airway clearance related to pain and productive cough as evidenced by verbalized pain rating of 4/10 and yellowish colored mucous emesis post tussive.	**Impaired physical mobility related to pain as evidence by patient's report of pain 4/10 and not wanting to get up to much because his side hurts.**	**Acute pain related incision site where chest tube was extabated as evidence by patient complaints of pain rating their pain 4/10.**
Rationale	**Rationale**	**Rationale**
Patient verbalized pain in the left side of his chest related to where the chest tube was recently removed. Patient had emesis x2 post tussive.	Patient has diagnosis of pneumonia, RSV, and recently resolved pleural effusion. Patient had his chest tube removed 3/7/24 and is experiencing pain where the tube was removed.	Patient had his chest tube removed on 3/7/24 and has had complaints of pain to the area.

	Patient does not want to move around much except to go to the bathroom.	
Interventions **Intervention 1:** Assess respiratory status every 4 hours or per facility protocol (Phelps, 2023, p 21). **Intervention 2:** Encourage hourly use of incentive spirometer as well as cough and deep breathing (Phelps, 2023, p 21).	**Interventions** **Intervention 1:** Identify patient's activity pain tolerance level and provide PRN pain medication if necessary in order for patient to be compliant with physical activity (Phelps, 2023, p 413). **Intervention 2:** Encourage frequent position changes with use of bed rails to maintain independent mobility (Phelps, 2023, p 413).	**Interventions** **Intervention 1:** Assess pain level every 4 hours or per facility protocol and provide PRN pain meds as ordered. (Phelps, 2023, p 464). **Intervention 2:** Provide education on ways to minimize pain when coughing, sneezing, or laughing such as bracing incision area with a pillow (Phelps, 2023, p 464).
Evaluation of Interventions Patient's reparations were non- labored and without use of accessory muscles. Patient was utilizing his incentive spirometer every hour per his mother who is staying with him.	**Evaluation of Interventions** Patient identified a pain rating of 5/10 to be a tolerant pain level for him when he is active. Patient was utilizing his bed rails to move side to side and to transfer in and out of his bed.	**Evaluation of Interventions** Pain level assessed every four hours and PRN Tylenol was provided. Patient stated Tylenol was effective. Was not able to evaluate if patient was bracing the incision area with a pillow.

References (3):

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Cleveland Clinic Staff (2022, November 15). *Pneumonia*. https://my.clevelandclinic.org/health/diseases/4471-pneumonia

Drugs.com Staff (2023, March 6). *Benzonatate*. https://www.drugs.com/monograph/benzonatate.html

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed. Pp 246 & 1389). Jones & Bartlett Learning

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual (*12th ed., pp 21,413, 464). Wolters Kluwer.