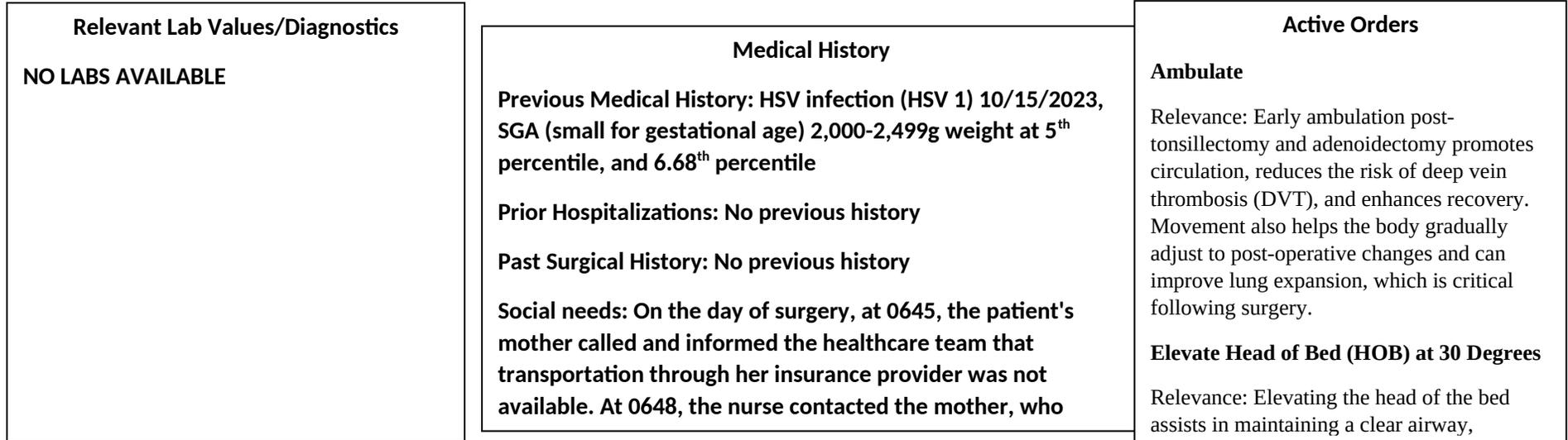


<p style="text-align: center;"><b>Medications</b></p> <p><i>Acetaminophen (Tylenol) 160 mg/5 mL Oral Liquid</i></p> <p><b>Dosage: 528 mg Q6 hours (15 mg/kg x 35.1 kg = 526.5 mg).</b></p> <p><b>Safe Dosage: The dose of 528 mg is within the safe range for the patient's weight (15 mg/kg) and frequency (Nurse's Drug Handbook, 2023).</b></p> <p>Pharmacological Classification: Analgesic and Antipyretic.</p> <p>Therapeutic Classification: Pain reliever and fever reducer.</p> <p>Indication for Use: The patient is prescribed acetaminophen for pain relief and fever reduction following the removal of tonsils and adenoids.</p> <p><i>Key Nursing Assessments Prior to</i></p>	<p style="text-align: center;"><b>Demographic Data</b></p> <p><b>Admitting diagnosis: Bilateral Tonsillectomy, Adenoidectomy, Severe Obstructive Sleep Apnea</b></p> <p><b>Age of client: 6</b></p> <p><b>Sex: Female</b></p> <p><b>Weight in kgs: 35.1 kg</b></p> <p><b>Allergies: NKDA</b></p> <p><b>Date of admission: 10/4/24</b></p> <p><b>Psychosocial Developmental Stage: Industry vs. Inferiority (Ages 5-12)</b></p> <p><b>Cognitive Development Stage: Preoperational Stage (Ages 2-7)</b></p>	<p style="text-align: center;"><b>Pathophysiology</b></p> <p><b>Disease Process:</b> Severe Obstructive Sleep Apnea (OSA) is characterized by recurrent partial or complete obstruction of the upper airway during sleep, causing episodes of apnea, hypopnea, and intermittent oxygen desaturation. These obstructions lead to fragmented sleep, daytime fatigue, and potential cardiovascular strain. In pediatric cases, enlarged tonsils and adenoids are common contributors to airway narrowing and obstruction, exacerbating OSA (Hinkle &amp; Cheever, 2018). In this patient, the enlarged tonsils and adenoids were identified as the primary cause of the airway obstruction, leading to the diagnosis of severe OSA.</p> <p>In September 2024, the patient underwent a sleep study (polysomnography) to evaluate the severity of her OSA. However, the process was delayed due to the patient's family arriving late, and the patient leaving to get food, further postponing the initiation of the study. Despite these delays, the sleep study confirmed the diagnosis of severe OSA.</p> <p><b>Signs and Symptoms (S/S) of Disease:</b></p>
	<p style="text-align: center;"><b>Admission History</b></p>	

At 6:15 AM on the day of surgery, the patient's mother left a voicemail stating they missed the 6:15 AM check-in due to transportation issues. The mother explained she was unable to arrange transportation in time, claiming she was only notified of the surgery on 10/2/2024, though the chart indicates she was informed in September 2024. The family arrived at 7:00 AM, delaying the surgery to 7:30 AM.



<b>Assessment</b>	
<b>General</b>	<b>Patient is well-nourished but classified as obese. No acute distress noted. Behavior is appropriate, though patient is tired post-surgery.</b>
<b>Integument</b>	Skin is appropriate for ethnicity, warm, dry, and intact. Elastic skin turgor is present. No evidence of bruises, wounds, or rashes.
<b>HEENT</b>	Trachea midline, head and neck symmetrical. Pupils are reactive to light, PERRLA (Pupils Equal, Round, Reactive to Light and Accommodation), with bilateral EOMs (extraocular movements) intact. Carotid pulses palpable at 2+, Radial pulses: Palpable 2+ bilaterally. Dorsalis pedis and posterior tibial pulses: Palpable 2+ bilaterally. No eye discharge, corneas clear, sclera white, conjunctiva pink. Tonsils and adenoids have been surgically removed. No tenderness with palpation of frontal sinuses, nose septum midline, turbinate pink, and moist. No polyps or hemorrhage noted.
<b>Cardiovascular</b>	S1 and S2 heard without murmurs, gallops, or rubs. PMI (Point of Maximal Impulse) located at the 5th intercostal space at MCL. Capillary refill is less than 2 seconds, indicating good perfusion. Regular rhythm and rate
<b>Respiratory</b>	Patient is on room air, respirations are symmetrical, non-labored, and within a normal rate and pattern. Lungs are clear with no abnormal sounds like wheezes, crackles, or rhonchi.
<b>Genitourinary</b>	No abnormalities
<b>Gastrointestinal</b>	The patient is on a regular soft bite sized diet, abdomen is soft, non-tender, non-distended with normal bowel sounds. No NG tube, ostomy, or organ enlargement noted on palpation of all four quadrants.
<b>Musculoskeletal</b>	Hand grips and pedal pushers/pulls demonstrate normal and equal strength bilaterally.
<b>Neurological</b>	Alert and oriented x4: The patient is fully alert (though sleepy) and aware of person, place, time, and situation.
<b>Most recent VS (highlight if abnormal)</b>	<b>Time: 16:19</b>  <b>Temperature: 97.8</b>  <b>Route: Oral</b>  <b>RR: 24</b>  <b>HR: 104</b>  <b>BP and MAP: was not assessed</b>

	<b>Oxygen saturation: 99%</b>
	<b>Oxygen needs: room air</b>
<b>Pain and Pain Scale Used</b>	8 (very severe pain) rFlacc

<b>Nursing Diagnosis 1 Acute Pain related to surgical procedure as evidenced by pain score of 8 on rFLACC scale.</b>	<b>Nursing Diagnosis 2 Ineffective Breathing Pattern related to tachypnea as evidenced by RR of 24.</b>	<b>Nursing Diagnosis 3 Risk for Delayed Surgical Recovery related to transportation issues and delayed surgery start time.</b>
<b>Rationale</b> Pain is a primary concern that directly affects the patient's comfort, ability to participate in care, and recovery. Unmanaged pain can result in increased stress, elevated heart rate, and impaired healing (Phelps, 2023).	<b>Rationale</b> An elevated respiratory rate may indicate distress from pain or anxiety. Addressing this is important to prevent further respiratory compromise or exhaustion (Phelps, 2023).	<b>Rationale</b> Delays in surgery and suboptimal post-operative management can extend recovery time, impacting outcomes. Proper planning and follow-up are essential to ensure a timely recovery (Phelps, 2023).
<b>Interventions</b> Intervention 1: Pain medications (Tylenol or Ibuprofen) and reassess within 30 minutes (Phelps, 2023). Intervention 2: Utilize non-pharmacologic interventions such as repositioning and cold compress to supplement pain relief (Phelps, 2023).	<b>Interventions</b> Intervention 1: Monitor respiratory rate and depth closely (Phelps, 2023). Intervention 2: Encourage deep breathing exercises and assess for signs of improvement (Phelps, 2023).	<b>Interventions</b> Intervention 1: Provide consistent pain management and post-operative care to support healing (Phelps, 2023). Intervention 2: Coordinate with social services to ensure the patient has access to transportation for follow-up visits (Phelps, 2023).
<b>Evaluation of Interventions</b> Pain levels reduced, enhancing patient comfort and participation in recovery activities.	<b>Evaluation of Interventions</b> Respiratory rate stabilized, and patient reports feeling calmer.	<b>Evaluation of Interventions</b> Timely follow-up care is arranged, and the patient is showing signs of recovery progress.

**References (3):**

Brunner, L. S., & Suddarth, D. S. (2023). *Textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (Eds.). (2023). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Jones & Bartlett Learning.

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. (12<sup>th</sup> ed.). Wolters Kluwer.

**Nurse's Drug Handbook.** (2023). Jones & Bartlett Learning.