

Past Surgical History: G-tube usually (2024), Reposition of abdominal organs (2024), bilateral hernia (2024), circumcision (2024).

Social needs: talking to baby in soft voice, smiling, making funny faces.

Pathophysiology

Active Orders

Disease process: he caused Respiratory Syncytial virus exposure. Disease process gradually. The virus mainly airways like bronchioles, causing bronchiolitis. It can cause attaches to the host cell wall material into the cell. This

- Precaution orders:** contact/droplet: continuous
- Diet orders: feed with:** formula
- Feeding method:** oral, G-tube
- Feeding quantity:** continuous
- Feeding rate:** 15 mL/hr.

Cognitive Development Stage: Sensorimotor

of the host cell's DNA and many virions. These new virus units use cell energy and nutrients to grow, killing/destroying host cells and causing inflammation (Hinkle et al., 2022).

S/S of disease: The most common symptoms are runny nose, nasal congestion, fever, and sore throat. In infants, symptoms may be fast respirations, high fever, tiredness, loss of appetite, V/D, and sometimes periods of nonbreathing. The Nursing student's patient had several of these symptoms. The infant had a fever, nasal

Admission History

The patient was brought to Emergency Department for cough and congestion on 1 He is 10 months old male baby, prematurely born, who usually does not have issue breathing. He started having cough and nasal congestion for couple of days and before started with increased cough, wheezing, vomiting with feeds. At that time declined to test the baby for RSV. He was admitted with possible diagnosis RSV/Ent

Method of Diagnosis: Main methods of diagnosis are physical exam, antibody tests, and x-ray (Rudd & Kocisko, 2023). A physical exam is done to detect abnormal breathing sounds. Antibody tests detect the viral antigen in a swab of the nasal drainage. X-ray is performed to eliminate the possibility of other diseases (Rudd & Kocisko, 2023). The patient had a test that confirmed RSV/ Enterovirus.

Treatment of disease: Treatment is symptomatic. Fluids are given for hydration. Antipyretics are given for fever like acetaminophen. The patient was proscribed acetaminophen and the fever was under control. Oxygen therapy was proscribed to keep oxygen level above 90%, to improve breathing. IV fluids to prevent dehydration.

abnormal)	Temperature: 98.3	97.9
	Route: axillary	axillary
	RR: 24	32
	HR: 145	150
	BP and MAP: 110/59	110/59
	Oxygen saturation: 97-100%	97-100%
	Oxygen needs: 10L/ min O2 conc. 30%	8L/min oxygen concentration 30% to keep O2 at 90%
Pain and Pain Scale Used	FLACC Face: 0 no particular expression Legs: normal position or relaxed Activity: Lying quietly normal position, moves easily Cry: no cry Consolability: relaxed, content	

Nursing Diagnosis 1 Risk for ineffective respiratory function related to RSV infection and evident by low O2% (Ackley et al., 2022).	Nursing Diagnosis 2 Risk for developing bronchiolitis r/t RSV caused inflammation of lower respiratory tract evidenced by patients tachypnea (Ackley et al., 2022).	Nursing Diagnosis 3 Risk of aspiration of food r/t to G-tube feeding and baby spending most of the time on his back (Ackley et al., 2022).
Rationale The patient has nasal congestion and low O2%.	Rationale The patient has tachypnea 2 Measured 24-32 RPM. Also the patient shows abdominal breathing and subtractions.	Rationale Baby is too long on his back and could aspirate feeding content.
Interventions Intervention 1: provide patient with concentrated O2 via nasal canula. Intervention 2: Do nasal suction Q 4hr with suction bulb (Ackley et al., 2022).	Interventions Intervention 1: Supply patient with oxygen for inhalation. Intervention 2: supply good hydration (Ackley et al., 2022).	Interventions Intervention 1: Keep the baby with his head elevated. Intervention 2: Give the child very slow continuous feeding. 3. hold the child every 4 hr for 20 min.(Ackley et al., 2022).

<p>Evaluation of Interventions Evaluation can be done with frequent O₂% readings. Listen the child's breathing/lungs.</p>	<p>Evaluation of Interventions Check the Respiration Rate frequently. Lower RR is a sign that the patient is better.</p>	<p>Evaluation of Interventions Assess the patient for respiration rate. Listen the lungs for clear breathing.</p>
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Medications:

IV D5- 0.09% NaCl with KCL 20mEq 10mL/hr. continuous. That is 240 mL/24 hr. The patient is 5.86kg and can have 586mL of fluid per day. This is a safe IV dose for 24 hr.

Acetaminophen (Tylenol) Pharmacological class: Nonsalicylate paraaminophenol derivative (Jones & Bartlett Learning, 2022). **Therapeutic class:** Antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2022).

Reason for taking: to reduce fever (Jones & Bartlett Learning, 2022). **Key nursing assessments:** check for creatinine clearance (Jones & Bartlett Learning, 2022).

Acetaminophen 160mg/5mL oral liquid 80mg. **Ordered dose 14mg/kg x 5.75kg admin dose 80mg: oral Q 4 hrs.** The dose is safe. The maximal dose per admin can be 4x higher. Minimal dose cannot be determined because there is no enough data.

Relevant Lab Values:

Glucose 111 mg/dL **Normal:** 74-100 mg/L **Reason for abnormal:** sample taken during feeding. The patient has continuous feeding time (Pagana et al., 2022).

Creatinine:0.54mg/dL **Normal:** 0.55-1.02mg/dL **Reason for abnormal:** diluted by possible IV fluid overflow (Pagana et al., 2022).

Aerobic culture showed small amount of **Enterobacter cloacae** complex.

Blood culture **Staphylococcus epidermidis & MECH/C.**

Phosphorus : 6.2 mg/dL **Normal:** 2.3-4.7 mg/dL **Reason for abnormal:** metabolic or respiratory acidosis (Pagana et al., 2022). The patient could have metabolic acidosis

due to continuous feeding.

Blood culture showed presence of Staphylococcus.

Blood culture showed presence of Staphylococcus.

CO2 17.0 mmol/L **Normal:** 22.0- 29.0 mmol/L **Reason:** hyperventilation, ketoacidosis (Pagana et al., 2022). Possible in this patient.

References (3):

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