

Medications

- **Acetaminophen (Tylenol) 240 mg q6h PRN for fever**
 - Pharmacological: Nonsalicylate, para-aminophenol derivative (Jones & Bartlett, 2023, p. 9).
 - Therapeutic: Antipyretic, nonopioid analgesic
 - Reason for taking: Fever
 - Nursing Assessment Prio to giving: Check the baby temperature either by rectal or axillary.
 - Safe dosage: Oral infants 3 months or less weighting 2.7 to 5 kg: 40 mg every 4 hr., as needed
- 240 mg x 2.7 kg = 648 mg
- 240 mg x 5 kg = 1,200 mg
- **Ibuprofen 180 mg q8h PRN for fever**
 - Pharmacological: NSAID (Jones & Bartlett, 2023, p. 674).
 - Therapeutic: Analgesic, anti-inflammatory, antipyretic
 - Reason for taking: Fever
 - Nursing Assessment Prio to giving: Check the baby temperature either by rectal or axillary.
 - Safe dosage: Oral drops for 6 to 11 months weighing 5.45 kg to 7.73 kg
- 180 mg x 5.45 kg = 981 mg
- 180 mg x 7.73 kg = 1,391.4 mg

This is a safe dose to give, however, the patient may not get the full therapeutic effect due to it being less than what is recommend.

Demographic Data

- Admitting diagnosis:** Respiratory Syncytial Virus (RSV)
- Age of client:** 13 days
- Sex:** Female
- Weight in kgs:** 3.92 kg
- Allergies:** None Known
- Date of admission:** 01/23/2025
- Psychosocial Developmental Stage:** Trust vs. Mistrust (Rudd & Kocisko, 2023, p. 112)
- Cognitive Development Stage:** Sensorimotor (Rudd & Kocisko, 2023, p. 110)

Admission History

Pathophysiology

Disease process: RSV is a virus that is transmitted by droplets within the air. Typically, it will enter through the nose or mouth that leads to the lungs. Once it enters our bodies, the infected cells reprogram the healthy cell to synthesize the viral particles (Capriotti & Frizzell, 2020, p. 175-179). Once it synthesizes the cell it will begin to replicate for the life of the virus. Different virus last different amounts of time. Prior to getting into the lungs, the body will try to eliminate it by sneezing or coughing. When that does not work, it begins to irritate and inflame the lung tissues. Eventually, the virus will die, and the health cells will take over and relives the lung tissue to heal.

S/S of disease: Most of the common symptoms of RSV resemble a common head cold. At any age, a patient could have congestion, a dry cough, possible low-grade fever, a miner sore throat, and/or headaches (MayoClinic, 2023). As these are the common symptoms, an infant could experience short/rapid breathing, sometimes struggling to breath, poor feeding, irritability, and/or being lethargy. Regarding my patient, she was having congestion, was on oxygen therapy to help her breath, and had a mild cough that was not getting better after 2-3 days.

Patients went to the emergency room for worsening congestion/rhinorrhea, cough, and retraction after 2-3 days. No other prior hospitalizations. She never had a fever. She had normal urine/bowel output.

This could be a safe dose to give, however, it is recommended for

Pathophysiology Continuation:

Method of Diagnosis: There are a couple of ways someone can be tested for RSV. The typical one would be getting a swab inside the nose to run a specimen test to see if it shows up positive (MayoClinic, 2023). Someone can also have chest x-ray and/or blood work to see if there was an infection. The chest x-ray would show that the lungs have inflammation. You would have a CBC lab work would be drawn and if the white blood cell is elevated, it will indicate that there is some kind of infection. In my patient, she only had the swab test done because it came back positive right away for RSV. When it comes to infants, you want to do the minimum testing to keep the baby calm and comfortable

Treatment of disease: Unfortunately, since this infection is a virus, there is no antibiotic to treat this. Depending on the severity of the infection, a patient can stay at home and take over-the-counter medication to help or be admitted to the hospital for help (Mayo Clinic, 2023). The over-the-counter medication could be acetaminophen to reduce fever, cold medication, and/or saline drops/suction to help relieve some of the symptoms. When someone is hospitalized, they typically would be on IV fluid and possible humidified oxygen to help them. In my patient case, she was on oxygen via nasal cannula to help her breath. She was prescribed an albuterol inhaler and nebulizer; however, she never used it in the last 24 hours. Other than that, she need rest to heal and overcome the virus.

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Assessment	
General	Patient was alert and oriented. She was not in any obvious distress, she was smiling, looking around, and was acting age appropriately. However, she was on contact/droplet precaution due to being positive for RSV.
Integument	Patient skin was warm, dry, no cuts/bruising/rashes, and color, pale, was even throughout the body. Her umbilical cord was dry and black. Her capillary refills were less than 3 seconds in all fingers and toes. Skin turgor was normal without tenting.
HEENT	The patient had nasal drainage that was white and watery. Her eyes and ears were normally appearing. She had a soft, not bulging anterior and posterior fontanelle.
Cardiovascular	Clear S1 and S2 sounds without murmurs. The apical pulse had a normal palpation feel and auscultation sound. Other pulses were even bilaterally. No edema noted.
Respiratory	When auscultating her lungs, she had coarse sounds bilaterally, minimum retractions, and some use of inner subcostal accessory muscles. She did have unlabored breathing. Her respiratory patterns were irregular.
Genitourinary	I was unable to assess the genitourinary due to the mother not wanting me to due to just changing her diaper. Mother stated that she has not noticed any difficulty in urination or bowel movement.
Gastrointestinal	Patient abdomen was soft, nontender, and no masses noted when palpating. She was on a regular diet. Her bowel sounds were active, low-pitched, and gurgling.
Musculoskeletal	The patient had a normal range of motion for an infant. She had no trouble moving her arms and legs. Unable to test bilateral grip strength, however, her right hand has a good grip around my finger. Unable to evaluate pedal pulses due to her being 13 days old.
Neurological	Patient was alert and oriented. She was not crying or fussing. She has MAEW bilaterally. She has no loss of consciousness, did not appear to be lethargic.
Most recent VS (highlight if abnormal)	<p>Time: 1030</p> <p>Okay, not to have full set of vitals per Professor Wakefield because I had an opportunity to help with an IV start and take that patient down to MRI to see the process. I did not have a chance to go back in to get the rest of the vitals. I did not get the rest while doing my head to toe because the mother wanted to wait until later in the day due to just calming her down.</p> <p>Temperature: N/A</p> <p>Route: N/A</p>

	<p>RR: N/A</p> <p>HR: N/A</p> <p>BP and MAP: N/A</p> <p>Oxygen saturation: 100%</p> <p>Oxygen needs: 5 L via nasal cannula</p>
Pain and Pain Scale Used	Non-verbal ques: she seemed not to be in any pain (Rudd & Kocisko, 2023, p. 161).

<p>Nursing Diagnosis 1 Risk for aspiration as evidence by mucus production illness (Phelps, 2023, p. 31).</p>	<p>Nursing Diagnosis 2 Ineffective breathing patterns related to critical illness as evidenced by use of inner subcostal muscle (Phelps, 2023, p. 77-79).</p>	<p>Nursing Diagnosis 3 Risk for impaired skin integrity as evidenced by nasal cannula being taped in place (Phelps, 2023, p. 625-627).</p>
<p>Rationale Patient has a lower tract respiratory infection that causes mucus build up, coughing, and on 5 L of oxygen via nasal cannula.</p>	<p>Rationale When doing the head-to-toe assessment, the patient was using inner subcostal muscle when breathing.</p>	<p>Rationale Patients receive oxygen via nasal cannula, and it was taped into place which could lead to irritation and dryness.</p>
<p>Interventions Intervention 1: Suction the nasal cavity every 30-60 minutes. Intervention 2: Monitor respiratory status before and after suctioning.</p>	<p>Interventions Intervention 1: Auscultate breath sounds every 2 hours or before/after suctioning of the nasal cavities. Intervention 2: Have a continuous pulse/oximetry to monitor respiration, O2, and pulse statues.</p>	<p>Interventions Intervention 1: Inspect the skin at the start and end of every shift, as well as completing suctioning. Intervention 2: Monitor the baby's nutrition intake because proper nutrition intake helps maintain good skin integrity.</p>
<p>Evaluation of Interventions Prior to suctioning, the baby's lungs sounded loud coarse bilaterally. After suctioning, minimum coarse sound bilaterally.</p>	<p>Evaluation of Interventions Breathing pattern improved after suction and vitals remained in normal range and minimum inner subcostal muscle use was noted.</p>	<p>Evaluation of Interventions When I was watching the nurse do the suction, the tape did not appear to be irritating the skin. No redness noted, skin fully intact, and no irritation.</p>

References (3):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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

Rudd, K. & Kocisko, D.M. (2023). *Davis advantage for pediatric nursing: Critical components of nursing care* (3rd ed.). F.A. Davis