Medications

1. Glycopyrrolate tablet 1 mg.
2. Piperacillin-tazobactam (Zosyn) IVPB 4.5 g
3. Fluconazole 400 mg IVPB
4. Baclofen tablet 15 mg
5. Clobazam 1 mg/1mL oral suspension
6. Clonidine tablet 0.1 mg
7. Lacosamide (Vimpat) 200 mg
8. Lamotrigine tablet 100 mg
9. Oxybutynin tablet 5 mg
10. Risperidone oral suspension 1.5 mg

All information is attached in a different word document.

Demographic Data

Admitting diagnosis: Post operative intra-abdominal abscess

Age of client: 15 years old

Sex: Female

Weight in kgs: 37.7 kg

Allergies: Vancomycin Analogues, Vancomycin

Date of admission: 1/22/2025

Admission History

The client has an extensive medical history that has made the client seek medical attention multiple times throughout the year. The symptoms were not managed before arriving at the hospital. The patient's mother brought her in when the symptoms started.

Pathophysiology

All information is attached in a different word document due to spacing issue.

Relevant Lab Values/Diagnostics

BUN: 30 (Normal Range: 5-18) (Pagana et al., 2023).

Phosphorus: 5.4 (Normal Range: 3-4.5) (Pagana et al., 2023).

Glucose: 110 (Normal Range: 70-110) (Pagana et al., 2023).

There were not any diagnostic procedures with this visit to the hospital.

Medical History

Previous Medical History: Acute and chronic respiratory failure, Atelectasis, Cerebral palsy, Physical child abuse, Developmental delay, Developmental hip dislocation, Elevated C-reactive protein, Family history of problems related to stress, Granulation tissue site of gastrostomy, History of retinal damage, Sleep related hypoxia, Influenza A, Microcephaly, Obstructive sleep apnea, Pneumonia, Poor weight gain in child, Rhinovirus infection, Right leg DVT, Secondary amenorrhea, Seizure disorder, Shaken baby syndrome.

Past surgical history: Exploratory laparotomy x 2, Gastrojejunostomy tube placement, Gastrostomy tube placement, Hip surgery, Intestinal malrotation repair, IR drainage check/change/reposition/upsize, IR drainage tube placement, IR US abdomen, Vagas nerve stimulator insertion.

Admission History: Post-op abscess – OSF, Small bowel obstruction – OSF, Hypoxia – Carle, Acute febrile illness – Carle, Neurogenic bowel – Comer Children's ED, Constipation – Carle, UTI – Carle, Nausea and vomiting – Carle, Wheezing – Carle, Sepsis – Carle, Breakthrough seizure – Carle.

Active Orders

Consult dietician: The reason why this could be an active order is because the patient has a G-tube for feedings and this patient is 37.7 kg as a 15-year-old child.

Consult pediatric general surgery: The patient had an abdominal hernia removed at the beginning of December which caused the abscess in the abdomen to form. A consultation with the pediatric surgeon can be put in place to discuss possible extraction of the abscess.

Attempt CPR/Full Treatment: Staff will perform CPR if the patient should code during their visit at the hospital.

Assessment	
General	**This patient's general appearance appeared clean and well kept. Her mother had put her hair in braids and her hair was clean. Overall appearance was normal.**
Integument	Skin was warm and olive colored. There were not any rashes, lesions, or bruising noted upon assessment. Nails do not have any clubbing or cyanosis upon inspection. G-tube and ostomy sites were clean, dry, and intact.
HEENT	The head and neck are shifted to the left side of the patient's body. Unable to determine if trachea is midline to the body. Carotid pulses are palpable +2. Thyroid was not enlarged upon palpation.
Cardiovascular	Normal rate and rhythm. S1 and S2 noted upon auscultation.
Respiratory	Respirations were 22, which is a bit higher for the client's age. Respirations were a little labored upon assessment. There were not any wheezes or crackles upon auscultation.
Genitourinary	The patient is incontinent and depends on her mother to change her Depends. Patient is on her menses as well. This patient Depends are weighed to get an accurate output reading.
Gastrointestinal	The patient has a G-tube for nutritional purposes. Medication is given through the tube as well. Patient has an ostomy as well. Bowel sounds were diminished in all four quadrants. This patient cannot take anything in by mouth.
Musculoskeletal	The patient is contracted and confined to a wheelchair. The patient cannot do any range of motion exercises without assistance. The patient's mother must do ADLs for the patient. The patient cannot stand or walk on their own.
Neurological	This patient is developmentally delayed. They have impaired cognition where they are nonverbal and unable to follow commands well. Patient is alert but inconsolably crying. This patient is contracted and unable to perform strength assessment. This patient was awake during assessment.
Most recent VS (highlight if abnormal)	**Time: 1120** **Temperature: Unable to take at this moment** **Route: Unable to take at this moment** **RR: 22** **HR: 87** **BP and MAP: 116/78, MAP was not taken.** **Oxygen saturation: 97%**

	Oxygen needs: patients do not need additional oxygenation needs.
Pain and Pain Scale Used	FLACC Assessment. FLACC SCORE: 6

Nursing Diagnosis 1 **Risk for Injury as evidenced by malnutrition (Phelps, 2023).**	**Nursing Diagnosis 2** **Impaired skin integrity due to immobility (Phelps, 2023).**	**Nursing Diagnosis 3** **Risk for infection due to past medical history of sepsis.**
Rationale **This patient is underweighting for her age and is not taking in food by mouth.**	**Rationale** **The patient is immobile and incontinent, so this puts them at a higher risk for skin breakdown (Phelps, 2023).**	**Rationale** **The patient has a past medical history of sepsis and does not take care of herself and relies on others to do ADLs for her.**
Interventions **Intervention 1: test heating pads and baths for temperature (Phelps, 2023).** **Intervention 2: report malfunctioning equipment immediately such as wheelchairs or lifting machines (Phelps, 2023).**	**Interventions** **Intervention 1: turn and reposition every 2 hours (Phelps, 2023).** **Intervention 2: use preventative skin care devices such as padded wheelchair and foam bed (Phelps, 2023).**	**Interventions** **Intervention 1: identify risk factors predisposing patient to infection (Phelps, 2023).** **Intervention 2: monitor WBC as ordered by provider (Phelps, 2023).**
Evaluation of Interventions **Patient remains free of injury and family identifies safety hazards within the house (Phelps, 2023).**	**Evaluation of Interventions** **Patient skin remains intact, and patient maintains adequate skin circulation (Phelps, 2023).**	**Evaluation of Interventions** **Patients WBC will remain within normal limits and patients' skin does not show signs of breakdown (Phelps, 2023).**

		What do you expect?	What did you observe?
Erickson's Psychosocial Developmental Stage	**Identity vs role confusion (Rudd & Kocisko, 2023).**	**Working on establishing one's own identity and peers is very important (Rudd & Kocisko, 2023).**	**This is not what this nursing student observed. This patient is developmentally delayed and does not fit into this category.**
Piaget's Cognitive Developmental Stage	**Formal operational (Rudd & Kocisko, 2023).**	**The patient can read cues in the environment and have relationships with others (Rudd & Kocisko, 2023).**	**This is not what this nursing student observed. This patient is developmentally delayed and does not fit in this category.**
Age-Appropriate Growth & Development Milestones	**1. making friends 2. Starting puberty 3. Physical growth and weight gain**		
Age-Appropriate Diversional Activities	**1. Being with peers 2. Watching TV 3. Extracurricular activities**		

References (3):

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Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Mehta NY, Lotfollahzadeh S, Copelin II EL. Abdominal Abscess. [Updated 2023 Jun 3]. https://www.ncbi.nlm.nih.gov/books/NBK519573/

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's diagnostic and laboratory test reference* (16th ed.). Mosby.

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Medications:

1. Glycopyrrolate tablet 1 mg.

   Pharmacological: Anticholinergic (NDH, 2023)

   Therapeutic: Antiarrhythmic, anticholinergic, bronchodilator, cholinergic adjunct (NDH, 2023).

   Why: the patient is taking this medication to reduce drooling and stomach acid production which is seen in patients with cerebral palsy (Drugs.com, 2024).

   Nursing assessment: Take this medication on an empty stomach and make sure this medication is accurate based on the patient's weight (Drugs.com, 2024).

2. Piperacillin-tazobactam (Zosyn) IVPB 4.5 g

   Pharmacological: penicillin (Drugs.com, 2024).

   Therapeutic: beta lactamase inhibitors (Drugs.com, 2024).

   Why: the patient has a stomach issue, and this combination antibiotic is used for stomach infections (Drugs.com, 2024).

   Nursing assessment: this patient might need frequent blood tests and take medication as prescribed (Drugs.com, 2024).

3. Fluconazole 400 mg IVPB

   Pharmacological: Azole antifungal

   Therapeutic: antifungal

   Why: the reason why this specific patient is taking this medication is unknown but the reason why this medication is given is to prevent fungal infections (Drugs.com, 2024).

   Nursing assessment: observe BUN and creatinine levels during therapy as well as coagulation test results (NDH, 2023).

4. Baclofen tablet 15 mg

   Pharmacological: skeletal muscle relaxants

   Therapeutic: skeletal muscle relaxant (Drugs.com, 2024).

   Why: this patient has muscle stiffness and tightening and baclofen can help decrease the number of muscle spasms (Drugs.com, 2024).

Nursing assessment: make sure maintenance dose is individualized by client's weight and do not exceed dose of 4 times a day (Drugs.com, 2024).

5. Clobazam 1 mg/1mL oral suspension

   Pharmacological: benzodiazepine

   Therapeutic: anticonvulsant

   Why: this patient has seizure disorder and clobazam is used to treat seizures (Drugs.com, 2024).

   Nursing assessment: monitor patient for skin rashes and assess patient before therapy for addiction (NDH, 2023).

6. Clonidine tablet 0.1 mg

   Pharmacological: centrally acting alpha agonist

   Therapeutic: analgesic, antihypertensive, behavior modifier (NDH, 2023).

   Why: the reason why this patient is taking this medication is unknown, but this patient is prescribed for hypertension (Drugs.com, 2024). This patient does not have a history of hypertension.

   Nursing assessment: monitor blood pressure and heart rate and expect that hypertension might occur up to 48 hours after discontinuing the medication (NDH, 2023).

7. Lacosamide (Vimpat) 200 mg

   Pharmacological: functionalized amino acid (NDH, 2023).

   Therapeutic: anticonvulsant (NDH, 2023).

   Why: this medication is an anticonvulsant, and this patient has seizure disorder (Drugs.com, 2024).

   Nursing assessment: monitor for signs of depression and use cautiously because of this drug causing kidney damage (NDH, 2023).

8. Lamotrigine tablet 100 mg

   Pharmacological: phenyl triazine (NDH, 2023).

   Therapeutic: anticonvulsant (NDH, 2023).

Why: this medication is an anti-epileptic medication, which is also an anticonvulsant, and this patient has seizure disorders (Drugs.com, 2024).

Nursing assessment: monitor patient for signs of depression and monitor for seizure activity while in therapy (NDH, 2023).

9. Oxybutynin tablet 5 mg

   Pharmacological: anticholinergic (NDH, 2023).

   Therapeutic: antispasmodic (NDH, 2023).

   Why: this medication is used to treat overactive bladder and reduces muscle spasms of the bladder and urinary tract, and this patient is incontinent of bladder and bowel (Drugs.com, 2024).

   Nursing assessment: use cautiously in patients with GI disorders and assess urinary symptoms before and after treatment (NDH, 2023).

10. Risperidone oral suspension 1.5 mg

    Pharmacological: Benz isoxazole (NDH, 2023).

    Therapeutic: antipsychotic (NDH, 2023).

    Why: this medication is used to treat symptoms of irritability in autistic children and this patient has a developmental delay (Drugs.com, 2024).

    Nursing assessment: use caution in debilitated patients and monitor blood glucose levels (NDH, 2023).

Pathophysiology:

Disease process:

An abdominal abscess will be located in the abdominal cavity where pus accumulates in that spot where the abscess is growing (Mehta et al., 2023). The abscess will start with aerobic and anaerobic bacteria from the GI tract, and this usually occurs during surgery (Mehta et al., 2023). The bacteria from the GI tract causes inflammation within the abdominal cavity that forms the abscess (Mehta., 2023).

Signs and symptoms of disease:

There are a few signs and symptoms of an intra-abdominal abscess, and they include fever, stomach pain, chest and shoulder pain, lack of appetite, nausea and vomiting, change in bowel movements, rectal tenderness or fullness, mass in the stomach, and malnourishment (John Hopkins Medicine, 2024).

Method of diagnosis:

There are a few ways that you can do diagnostic testing for when trying to diagnose an intra-abdominal abscess and they are blood tests to test for WBC, a CT scan, ultrasound, MRI, and a physical exam (John Hopkins Medicine, 2024).

Treatment of disease:

An abscess will need to be drained for adequate healing, and antibiotics will be administered after the abscess has been drained (John Hopkins Medicine, 2024). Surgery might occur to where they can drain the fluid from the abdomen to promote healing (John Hopkins Medicine, 2024). Most of the time, when a patient is being treated, they might need additional nutritional support so healthcare staff will place a feeding tube to help the patient get extra nutritional support (John Hopkins Medicine, 2024).