Medications

Ibuprofen 100mg by mouth every 6 hours PRN

-> Analgesic, Antipyretic, Anti-inflammatory Agent/Non-steroidal anti-inflammatory drug (NSAID), Propionic acid derivative. The client takes this medication for moderate pain, inflammation, and fever. Key nursing assessments prior to administration: assess pain or fever level, monitor for gastrointestinal symptoms (Jones & Bartlett Learning, 2023).

Acetaminophen 156.8 mg by mouth every 4 hours PRN

-> Analgesic, Antipyretic/Central analgesic. The client takes this medication for moderate pain and fever. Key nursing assessments prior to administration: Assess pain or fever level, asses total daily dosage (Jones & Bartlett Learning, 2023).

Lidocaine 4% topical PRN

-> Anesthetic/Local anesthetic. The client is taking this medication for topical pain relief at the site of her incision and drainage. Key nursing assessments prior to administration: assess skin condition and integrity, and assess for level of sensation (Jones & Bartlett Learning, 2023).

Demographic Data

Admitting diagnosis: Abscess of right buttock

Age of client: 2 years old (26 months)

Sex: Female

Weight in kgs: 10.3 kg

Allergies: No known allergies

Date of admission: 10/16/2025

Psychosocial Developmental Stage: Autonomy v. Shame & Doubt

Cognitive Development Stage: Preoperational stage

Admission History

The patient was transferred from OSF Sacred Heart where she sought care and presented with right buttock redness and pain. Per the patient's mother, the patient had spontaneous drainage of purulent material in the past two days and cried when she touched her buttocks so those symptoms brought them into the hospital. The patient had a temperature of 102.7°F, and there was no management of the patient's symptoms at home. The patient did not have any vomiting, diarrhea, or cough.

Pathophysiology

Disease process: An abscess is a focal, contained, purulent infection with a clearly defined "cavity" and surrounding inflammation involving the deep subcutaneous tissues (Garcia et al., 2021). Typically, the abscess forms when bacteria enters the tissue from a break in the skin. This can cause tissue destruction and pus formation, so treatment is necessary to maintain healthy soft tissue and remove the bacterial infection in the localized space.

S/S of disease: Typical signs and symptoms of an abscess include localized redness, inflammation, and warmth (Garcia et al., 2021). These signs are often coupled with pain, tenderness, and possible drainage of purulent fluid (Garcia et al., 2021). In pediatric patients, fever and irritability can be common and treatment should be timely to prevent sepsis (Garcia et al., 2021).

Method of Diagnosis: Physical assessment, laboratory studies, and diagnostic tools are used to diagnose an abscess. Identifying areas of redness, inflammation, and warmth warrant further testing (Garcia et al., 2021). Ultrasound of the soft tissue can determine fluid buildup in the tissue, while bacterial and fungal cultures of the drainage diagnose the specific bacteria within the abscess so that antibiotic or antifungal treatment can be used (Garcia et al., 2021).

Treatment of disease: The gold standard treatment for subcutaneous abscesses remains incision and drainage (I&D) (Garcia et al., 2021). The Infectious Disease Society of America (IDSA) recommends the use of antibiotics after I&D only in the presence of systemic signs of infection (Garcia et al., 2021). In the pediatric population, several studies have shown that there is no significant difference between adjunct antibiotics post-I&D and I&D alone (Garcia et al., 2021).

Assessment	
General	Patient is alert and awake. She opens her eyes spontaneously, awakens to voice and touch, and her responses and verbalization are appropriate for her age.
Respiratory	rical expansion. Lung sounds in the RUL, RML, RLL, LUL, and LLL are cle wheezes.
Genitourinary	The patient is voiding spontaneously into her absorbent diaper. Urine color and characteristics are yellow and clear. There is no foul odor to the urine. The patient's external genitalia has no rash or lesions, and appears symmetric.
Gastrointestinal	The patient has normoactive bowel sounds in all four abdominal quadrants. Abdominal contour is symmetric and nondistended, and is soft and non-tender. No tenderness or organomegaly noted upon palpation of the abdomen. The patient is having loose bowel movements (x4), and is drinking fluids to make up for the fluid loss.
Musculoskeletal	The patient has full range of motion, equal strength, and appropriate muscle tone in bilateral upper and lower extremities and joints. There

Relevant Lab Values/Diagnostics

Bacterial Culture of the wound drainage: This was performed to test the drainage for bacteria from the wound and to identify which organism to treat with antibiotics..
Acid Fast Culture (pending), Normal Value (negative)
Aerobic Culture Gram Stain Reflex (Gram positive cocci), Normal Value (negative)
Fungal Culture of the wound drainage: This was performed to test the drainage for fungus from the wound and to identify if antifungal treatment is necessary.
Fungus Culture (pending), Normal Value (negative)
Fungus Smear (negative), Normal Value (negative)
(Pagana et al., 2023)

Ultrasound Buttock Soft Tissue: This diagnostic tool was done to evaluate the patient's right buttock abscess. The normal value would be no evidence of tissue damage or sign of infection (Pagana et al., 2023).
Findings: Irregular but fairly well circumscribed hypoechoic collection filled with subsolid shifting debris. Measures 0.8 x 0.5 x 0.9 cm. Fluid collection measures 0.9 cm, likely abscess. Soft tissue

Medical History

Previous Medical History: Prematurity (born at 32 weeks), congenital scoliosis, absence of 1 rib

Prior Hospitalizations: N/A

Past Surgical History: N/A

Social needs: Social interaction and play, routine and structure, encouragement of independence, guidance and gentle discipline

Active Orders

Diet: Regular (relevant due to the patient's nutritional needs and necessary for ordering inpatient hospital food.)

Intake & Output (relevant to assess the patient's fluid status)

Oxygen Therapy PRN, Pulse oximetry >92% (relevant to maintain the patient's oxygen status at a healthy level, and ordered to give oxygen as needed to maintain that level.)

Pediatric General Surgery Consult (relevant for the patient because she had to get an incision and drainage (I&D) of her right buttock abscess, and the pediatric general surgery team are the ones who will perform it and provide follow-up on the patient post-surgery.)

	are no signs of pain or tenderness. Patient's gait was not assessed.
Neurological	Patient is alert and awake. She opens her eyes spontaneously, awakens to voice and touch, and her responses and verbalization are appropriate for her age. The patient's behavior is appropriate for age. The patient is oriented to parent and caregivers, and is able to follow simple commands. The patient smiles and cries appropriate to situation.
Most recent VS (highlight if abnormal)	**Time:** 0809 **Temperature:** 97.6°F (36.4°C) **Route:** Axillary **RR:** 22 **HR:** 124 bpm **BP and MAP:** 93/58 (MAP 69) **Oxygen saturation:** 98% **Oxygen needs:** Room air
Pain and Pain Scale Used	Pain Level: 3 Pain Scale: FLACC

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Acute pain related to tissue inflammation at incisional site as evidenced by a FLACC score of 3.	Risk for deficient fluid volume related to many active loose bowel movements.	Risk for secondary infection related to open surgical site and presence of loop drains.
Rationale The abscess and surgical procedure (I&D) cause localized pain and discomfort on the patient's right buttock.	**Rationale** Infections can increase the metabolic rate, and antibiotics can cause diarrhea. Both can lead to deficient fluid volume.	**Rationale** The two incisional sites on the patient's right buttock creates a potential entry point for bacteria, especially with the presence of many loose bowel movements per day.
Interventions **Intervention 1:** Assess pain using the FLACC scale every 4 hours or if the patient exhibits signs of pain. **Intervention 2:** Encourage comfort and diversional measures done by the parent or caregiver at signs of pain.	**Interventions** **Intervention 1:** Record intake and output every shift. **Intervention 2:** Assess skin turgor, mucous membranes every shift.	**Interventions** **Intervention 1:** Monitor wounds and drain sites for signs of infection. **Intervention 2:** Document drainage amount and characteristics each shift to assess for signs of change.
Evaluation of Interventions The patient will demonstrate reduced signs of pain according to the FLACC scale (<2), and will demonstrate pain relief through playful, smiling, and responsive behavior. (Phelps, 2023)	**Evaluation of Interventions** The patient exhibits balance of intake and output within normal limits. The patient exhibits moist mucous membranes and good skin turgor. (Phelps, 2023)	**Evaluation of Interventions** The wound will remain free of signs of infection, no signs of fever will be present, and the loop drains will show no signs of foul purulent drainage. (Phelps, 2023)

References (3):

Garcia, I. C., Clark, R. A., Chung, D. H., & Gaines, N. (2021). Pediatric Subcutaneous Abscess: Still a Clinical Exam-Based Diagnosis and Treatment. Children (Basel, Switzerland), 8(5), 392. https://doi.org/10.3390/children8050392

Jones & Bartlett Learning. (2023). 2024 Nurse's Drug Handbook (23rd ed.). Jones & Bartlett.

Pagana, K.D., Pagana, T.J., Pagana, T.N. (2023). Mosby's diagnostic & laboratory test reference. (16th ed.). Elsevier.

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