

N433 Pediatrics Clinical Care Plan

CLINICAL

DATE \_\_08/30/19\_\_

Patient's Age \_\_6\_\_  
kg/m^2\_\_\_\_\_  
Year's months

Weight (in kg) \_\_19.1 kg\_\_

BMI\_\_15.23

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: \_\_\_\_\_No known allergies

Chief Complaint (Reason for admission): \_\_\_\_\_Bilateral leg pain \_\_\_\_\_ Admit date: \_\_08/29/19\_\_

Other co-existing conditions: \_\_\_\_\_None\_\_\_\_\_

History of Present Illness (What events led up to this child being admitted to the hospital, etc.):

Patient presents to Convenient care with her mother for fever, sore throat and headache and leg pain. Headache and sore throat started 2 days ago. Patient developed fever yesterday of 101 degree Fahrenheit. Mother has given her ibuprofen. This morning, patient also refused to stand up or walk due to pain in her legs. Her CK was also elevated.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):\_\_IV peripheral- left lower arm .9 normal saline 1000mL. \_\_\_\_\_

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) \_\_No PMH/ PSH\_\_\_\_\_

\_\_Immunizations- DTAP, Hepatitis B and A. MMR/ varivax combo, pneumothorax and rotavirus.

Child's diagnosis: \_\_Viral myositis, elevated Ck, and constipation\_\_\_\_\_ Etiology of disease process (what causes it):\_Viral myositis is due to patient recovery from influenza \_\_\_\_\_ Virus.

Pathophysiology: (What is the pathophysiology of this disease and what goes on in the body as a result of this disease? Put in your own words & site reference) \_\_Acute viral myositis refers to any condition causing inflammation in muscles. It is especially common among people who have the flu (influenza)

Acute myositis is a mild and self-limited sudden onset of lower extremity pain during or following the recovery from a viral illness.. Presentation can include tiptoe gait or refusal to walk. Myositis is caused by infection, injury, or autoimmune disorders. Viral infections are the most common infections causing myositis, such as the flu and cold viruses. Symptoms of myositis include muscle weakness, fatigue, rash, runny nose, fever, cough and sore throat and diarrhea. Diagnosis of myositis include blood tests; high levels of muscles enzymes such as creatine kinase. Treatments include drugs such as; prednisone, azathioprine, methotrexate. Myositis usually caused by infection due to a virus, has no specific treatment, it just goes away by itself.

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**Reference** Harvard Health Publishing. (2019). Myositis. Retrieved from [https://www.health.harvard.edu/a\\_to\\_z/myositis-a-to-z](https://www.health.harvard.edu/a_to_z/myositis-a-to-z)

**Clinical Manifestations of the disease (Highlight those exhibited by your patient) – include lab values, tests, etc:**

Fever, sore throat, muscle pain. CK- 2800

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**Vital Signs:** (List your source for the Normal ranges) T \_\_\_\_\_ 98.8F/ \_\_\_\_\_ HR. \_88\_\_\_\_\_ (NL for age) \_\_\_\_\_ 50-90 \_\_\_\_\_  
RR. \_\_\_\_\_ 12-19 \_\_\_\_\_ (NL for age) \_\_\_\_\_ 25 \_\_\_\_\_ B/P \_105/57 111-145( Systolic) 63-94( Diastolic) \_\_\_\_\_ (NL for age)  
\_\_\_\_\_ 95-100% \_\_\_\_\_ O2 sat \_\_\_\_\_ 95% \_\_\_\_\_  
Room Air or Oxygen \_\_\_\_\_ Room Air \_\_\_\_\_

**Intake/Output:** (IV, PO, Out & Deficits) \_\_9600 mL (Intake from water/ juice) + IV (1000 mL) 1300 mL( Output)

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**Clinical Day Evaluation Data – Head to toe physical assessment (Do not use WNL or WDL):** \_\_\_\_\_

General appearance: \_\_Patient did not appear to be in distress, patient is alert, awake and oriented to time place and person \_\_\_\_\_  
Head: Normocephalic, no traumatic \_\_\_\_\_

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Ears: Tympanic membrane is clear bilaterally

Eyes: Conjunctiva is clear , non-icteric, PERRLA bilaterally

Thyroid: \_no enlargement. Tenderness or mass

Chest: Clear to auscultation, bilaterally and non-labored, no thoracic injuries, normal respiratory effort.

CV: Regular rate and rhythm, s1 and s2 audible

Abdomen: Soft, nontender , non-distended, no mass. Bowel movement sounds active.

GU: Voiding without difficulty.

Musculoskeletal: Muscles strength equal on both sides. No joint swelling, no decreased ROM, no calf muscles tenderness

Extremities: No cyanosis, cubing or edema. Move all extremities well bilaterally

Skin: Warm and moist and well perfused. No rashes/ no lesions/ no petechia

Other: \_

Focused: Extremities- moves all extremities well bilaterally.

Muscles: strength equal on both legs. \_\_

Mouth: pink, moist oral cavity, nasopharynx and oropharynx clear

**Pain History & assessment: Type, location, intensity & timing, precipitating factors, relief measures/interventions, rating scale used, physiological and/or behavioral signs, evaluation of pain status after medication is given: Patient stated that she was not in pain when I talked to her. No behavioral signs indicated that the patient was in pain.**

Lab Tests:

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending (comment only on abnormal lab results)
RBCs	3.90-4.96	4.86	n/a	
Hgb	10.6-13.2	12.8	n/a	
Hct	32.4-39.5	38.8	n/a	
MCV	75.9-87.6	78.8	n/a	
MCH	24.8-28.5	26.3	n/a	
MCHC	31.8-34.6	33.4	n/a	
WBCs	5-10	5.2	n/a	
Neutrophils				
Eosinophils				
Basophils				
Monocytes		n/a	n/a	
Lymphocytes		n/a	n/a	
Platelets		n/a	n/a	

TEST	NORMAL (specific for age)	Prior	Clinical D ay	Correlation to current health status & comment on trending
Glucose	65-99	91	n/a	
Na <sup>+</sup>	135-145	139	n/a	
Cl <sup>-</sup>	98-107	106	n/a	
K <sup>+</sup>	3.5-5.1	4.9	n/a	
Ca <sup>++</sup>	8.5-10.1	9.0	n/a	
Phosphorus				
Albumin				
Total Protein				
BUN				
Creatinine	0.5-1	1.46	n/a	Typically runs low in children
TEST	NORMAL (specific for age)	Prior	Clinical D ay	Correlation to current health status & comment on trending
Liver Function Tests				
Urinalysis				
Urine specific gravity				
Urine pH		6.0	n/a	
Creatinine clearance				
<b>Other Labs:</b>				

**References: DAVIS'S COMPREHENSIVE MANUAL OF LABORATORY AND DIAGNOSTIC TESTS WITH NURSING IMPLICATIONS - 8th Ed. (2019)**

**Diagnostic Studies:**

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray: Abdomen x-ray( XR Kub): Stools in the transverse colon, otherwise everything is normal.	She was constipated so that might explain why there are stools in her transverse colon
CT Scan/MRI:	n/a
Biopsy/Scope: n/a	n/a
Cultures: n/a	n/a

Other:	
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**List of active orders on this patient:**

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: <b>Ambulate with no assist</b>	<b>Completed- Patient needed to walk to check if her legs were still hurting or if she was able to walk</b>
Diet/Nutrition: <b>Regular</b>	<b>Patient could eat whatever she wanted.</b>
Frequent Assessments: VS q4	<b>Completed- vitals taken at 0800 and 1200.</b>
Labs/Diagnostic Studies: <b>n/a</b>	<b>n/a</b>
Treatments: n/a	<b>n/a</b>

**New Orders for Clinical Day**

ORDER	COMMENTS/RESULTS/COMPLETION
<b>n/a</b>	

**Teaching & Learning:** Identified teaching need (be specific): \_ S.B CK was elevated due to influenza virus. To prevent this same issue from happening the next time, I would detach the mom to make sure the whole family get their influenza vaccines early in august. Also next time, when S.B is having a fever or sore throat, the mom should make sur she calls the hospital and talk to S.B doctor to make sure she is giving S.B the right antibiotics to treat her sore throat.

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): S.B

\_The main teaching for my patient is to make sure the mom is not ignoring the signs or influenza or sore throat and make sure she is giving S.B the right antibiotic for influenza and sore throat and not just ibuprofen. While I'm teaching the mom, I will make sure S.B is awake and alert so she can participate in teaching plan as well. I will tell S.B to tell her mother as soon as she feels that her influenza symptoms are coming back.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):

\_The expect outcome is that S.B will not suffer from another acute myositis. S.B is also expected to get her influenza vaccine every year and also the mom and the little brother will get their vaccines at the same time so she doesn't catch the flu from them.

**Developmental Assessment:** Be sure to HIGHLIGHT the achievements of any milestone if noted in your child. Be sure to HIGHLIGHT any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading.

**Age Appropriate Growth & Developmental Milestones**

1. Enjoy many activities and stays busy
2. Likes to draw
3. Practice skill sin order to become better

**Age Appropriate Diversional Activities**

1. Playing with large toys/ Legos
2. Playing with friends
3. Reading book

**Psychosocial Development:**

Which of Erikson’s stages does this child fit? Initiative vs. Guilt

What behaviors would you expect? S.B should be planning and achieving her goals while interacting with others. Initiative, a sense of ambition and responsibility, occurs when parents allow a child to explore within limits and feel a sense of purpose.

What did you observe? S.B was playing on her own, was eating on her and even used the commode on her own.

**Cognitive Development:** Which stage does this child fit, using Piaget as a reference? Preoperational

What behaviors would you expect? Pretends and fantasizes more creatively, follows three-part commands, remembers parts of a story, recognizes and identifies common objects and pictures, can also counts.

What did you observe? S.B was able to tell me the name of her stuffed animal and how she is her new favorite stuffed animal and how was able to identify the “bunny”.

**Vocalization/vocabulary:** Development expected for child’s age and any concerns? No concerns. Answer all questions, understand what is going and putting everything together.

**Any concerns regarding growth and development? S.B does not appear to have any growth or developmental delays. She was very cooperative, was answering to my questions or the nurses questions. She was playing and watching cartoons.**

**Potential Complications that can occur because** of this disease/disorder:

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
Muscle atrophy	“Symptoms vary on the cause” Having difficulty balancing Remaining inactive for an extended period Experiencing weakness in one limb or generally	Teach patient to get the flu shot each year

<p>2 severe disability( mobility impairment)</p>	<p>Paralysis Muscle tremors Impaired gait Loss of balance/ coordination</p>	<p>Make sure patient's muscle weakness does not turn into a chronic muscle weakness by doing range of motion</p>
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## N308 Medication Form

Patient Initials: \_S.B\_

Patient Age: \_6\_

Patient Weight (in kg): 19.1kg

Scheduled Medications				
<b>Medication</b> Trade & Generic Names, Pharmaceutical Class Action of the medication (how does the medication work in the body <u>in your own words</u> )	<b>Dose, route, &amp; frequency ordered for this patient</b>	<b>Concentration Available</b>  Why is this pt. taking this?	<b>Calculate the safe dose ranges for this child. This is done by multiplying the safe dose range by the child's weight.</b> <a href="https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do">https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do</a>  What is the maximim dose that can be given in a 24 period? (Show Calculations)	<b>Nursing Considerations</b> (at least 3 & must be appropriate for this patient, & include any labs that need to done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
MiraLAX	17 g( 1 packet mixed into ½ coup of orange juice) BID	Patient showed stools in her transverse colon/ constipation,	1 ½ to 2 capfuls for children older than 5 years old. Max dose is 17g/day	<b>Nursing considerations:</b> Do not used if you have kidney disease Use no more than 7 days/ use once a day Stir and dissolve one packet of powder(17g) S/sx: Nausea, abdominal cramping, upset stomach, dizziness, increased sweating. <b>Contraindications:</b> Seizures Kidney disease Severe ulcerative colitis
<b>References: DAVIS'S DRUG GUIDE FOR NURSES® - 16th Ed. (2019)</b>				

<p align="center"><b>Medication</b></p> <p><b>Trade &amp; Generic Names, Pharmaceutical Class</b></p> <p><b>Action of the medication</b> (how does the medication work in the body <u>in your own words</u>)</p>	<p><b>Dose, route, &amp; frequency ordered for this patient</b></p>	<p><b>Concentration Available</b></p> <p><b>Why is this pt. taking this?</b></p>	<p><b>Calculate the safe dose ranges by what is given as a safe dose times the child's weight. Do this for a 24 hour period. (Show Calculations)</b></p> <p><b>Is this dose safe for this pt.?</b></p>	<p><b><u>Nursing Considerations</u></b> (at least 3 &amp; must be appropriate for this patient, &amp; include any labs that need to be done to monitor pt. while taking this medication)</p> <p><b><u>Contraindications</u></b></p> <p><b><u>Common side effects</u></b></p>


## N308 CARE PLAN GRADING RUBRIC FOR HOSPITAL

Name: \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

Section	Definition	Possible Points	Final Points
<b>Age/Weight/BMI</b>	Age is written in years & months. Weight is calculated in kilograms. BMI is written correctly	1	
<b>Allergies &amp; reaction to each</b>	Allergies/sensitivities to food, contact, environmental. Include reactions	2	
<b>Chief Complaint/Medical Diagnosis/Co-existing Conditions</b>	Chief complaint, reason for admission, current primary diagnosis. Are there any other health/medical co-morbidities?	3	
<b>History of Present Illness</b>	Describe what has happened to the child that caused this child to be admitted	5	
<b>Pertinent Events during this Admission</b>	i.e., Surgery, instability during hospitalization, diagnostic tests, IV starts, procedures	1	
<b>Past Medical &amp; Surgical History</b>	Past surgeries, previous health issues and diagnoses	2	
<b>Pathophysiology</b>	Explain in your own words the pathophysiology of the current, primary diagnosis. If a resource is used, please site the reference.	5	
<b>Vital Signs and I &amp; O</b>	All vital signs and document normal vital signs for child's age. <u>All</u> I & O is documented with deficits	2	
<b>Clinical Day Evaluation</b>	Head to toe physical assessment with comments (DO NOT use WNL/WDL) & emphasis on systems affected by chief complaint/medical diagnosis.	8	
<b>Pain Assessment</b>	Pain rating and pain scale used	2	
<b>Lab Tests</b>	Labs day of clinical and prior tests (trend them if numerous test). Give rationale for abnormal lab tests.	2	
<b>Diagnostic Studies</b>	X-rays, biopsies, EKG, CT scans, MRI, scopes, cultures, etc.	2	
<b>Patient Orders Clinical Day</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Clinical Day new orders</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Teaching and learning</b>	Identify teaching need. Summarize teaching. Evaluate teaching.	3	
<b>Developmental Assessment</b>	3 Age appropriate growth and developmental milestones that should be expected for the child's age. 3 Age appropriate Divirisional/Distracton activities appropriate for child's age. Erikson's psychosocial development stage and behaviors expected for child's age. Piaget's cognitive development stage and behaviors expected for child's age. Vocalization/vocabulary development expected for child's age and is the child's language appropriate for that age. Any concerns regarding growth and development for the child.	6	
<b>Potential Medical Complications</b>	Complications that can occur because of primary medical diagnosis/disease/condition. Signs & Symptoms of complication. Preventative nursing actions.	6	

<b>Nursing Diagnosis # 1 Related to or AEB</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station <b>once</b> during clinical or patient will verbalize <b>3</b> signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
<b>Nursing Diagnosis #2 Related To and AEB (as evidenced by)</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, <b>MUST</b> prioritize the most important nursing diagnosis to the least important R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station <b>once</b> during clinical or patient will verbalize <b>3</b> signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions & rationale per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met for each outcome (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
<b>Medications</b>			
Scheduled & PRN	Trade/Generic name, Pharmacologic Class & Action of the medication. Indications for this patient.	3	
	Dose, Route, Frequency ordered for this patient	1	
	Concentration available and why is the child taking this medication	1	
	Calculate dose ordered times child's weight (give parameters for this medication if needed) and is this dose that's ordered safe for the child?	2	
	Three nursing considerations/implications for each medication specific to this patient and give Contraindications and Common Side Effects	3	
	<b>Total Points</b>	<b>100</b>	