Lakeview College of Nursing **Student Name** ___Shawna Stewart_____
N433 Pediatrics Clinical Care Plan

CLINICAL DATE___8/30/19_____

Patient's Age __1 year 1 month_____ **Weight** (in kg) __8.04 kg_____ **BMI**_____0_____
Year's months

Allergies/Sensitivities to medications, food, contact, environmental, etc. Include reactions: _____No known allergies. _____

Chief Complaint (Reason for admission): _Respiratory distress, cough___ **Admit date:** __8/24/19_____

Other co-existing conditions: _____

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

_____On 8/22/19 the baby showed signs upper respiratory infection. Had a cough that was not relieved with home nebulizer treatments. Parents brought baby to emergency department with complaints of a barking cough. The emergency staff documented cough with retractions. The baby was then admitted to CCU, where she was given racemic epinephrine nebs and also placed on RAM NIV. _____

_____

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):___During ED visit the child was noted to have cough with retractions, whereas, in CCU racemic epinephrine nebs were administered. Respirations improved, although the child remained critical at that time. _____

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) _____Premature birth (27 weeks), ROP (retinopathy of prematurity), GERD, cardiac arrest with successful resuscitation, Brain injury, DVT, Gastrostomy tube placement 7/9/19, Spinal tap._____

Child's diagnosis: ___Acute respiratory failure, unsp, with hypoxia or hypercapnia_____ **Etiology of disease process** (what causes it):_Inadequate gas exchange by the respiratory system.
_____

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)** Respiratory failure is the inability of the respiratory system to oxygenate or ventilate to meet the metabolic needs at a given time (Sorenson, Quinn, & Klein, 2019). Inflammatory triggers initiate the release of cellular and chemical mediators causing injury to the alveolar capillary membranes. The airways then begin to narrow due to fluid or mucus buildup causing decrease lung function. Gas exchange is then impaired.

Reference _Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing.* (14th.ed.). Philadelphia, PA: Wolters Kluwer
Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: Concepts of Human Disease.* New York, NY: Pearson

Clinical Manifestations of the disease (Highlight those exhibited by your patient)- include lab values, tests, etc: Dyspnea, shortness of breath, wheezing, tachypnea, tachycardia, cyanosis, chest pain, and cough.

Vital Signs: **(List your source for the Normal ranges)**T____99.3 ax_____HR.___166_____ (NL for age) _____60-110 bpm_____ RR. ____45_____ (NL for age) _____25-30_____ B/P _____ (NL for age) __SBP 83-114, DBP 38-67_____ O2 sat____100%_____ Room Air or Oxygen ___room air_____

Intake/Output: (IV, PO, Out & Deficits) ___Intake: 150mL Pediasure with fiber, 6mL flush; _____ Output: 24mL. _____

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

General appearance: _____
Head: _____Proportioned to body, _symmetrical. _____
Ears: _____Symmetrical, Auricle warm, soft. No drainage noted. _____
Eyes: Pupils PERLA, able to follow sounds. Sclera white, no redness or drainage noted.
Thyroid: Not palpated.
Chest: Tachypneic, accessory muscle use/retractions noted. Coarse lung sounds.
CV: Tachycardic, S1, S2 auscultated, No murmur or gallop heard. Capillary refill <3 seconds. No edema noted.
Abdomen:_ Soft, non-distended. Bowel sounds active in all quads. G-tube placement in LUQ. Good placement, 0 residual
GU: No issue with voiding, no odor or discoloration noted.
Musculoskeletal: Poor muscle tone, unable to hold head up by self.
Extremities: MAE x4. Startle reflexes present.
Skin: Dry, warm to touch. No lesions or open areas noted.
Other: Neurological impairments present.

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: _____

_____No pain, FLACC assessment used. _____

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	3.84-4.95	4.07	No labs drawn	
Hgb	10.2-12.7	10.8	No labs	
Hct	31.2-37.8%	35.2	No labs	
MCV	72.3-85.0	86.5	No labs	
MCH	23.7-28.6	26.5	No labs	
MCHC	31.8-34.6	30.7	No labs	
WBCs	4.86-13.18	8.07	No labs	
Neutrophils	1.60-8.29	3.22	No labs	
Eosinophils	0.03-0.46	0.06	No labs	
Basophils	0.00-0.06	0.02	No labs	
Monocytes	0.24-0.92	1.00	No labs	
Lymphocytes	1.25-5.77	3.75	No labs	
Platelets	189-394	267	No labs	

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	93	No labs	

Na^+	136-144	142	No labs	
Cl^-	98-107	109	No labs	Could have been caused by dehydration.
K^+	3.5-5.1	3.4	No labs	Could have been caused by dehydration.
Ca++	8.5-10.1	8.7	No labs	
Phosphorus	NA	NA	NA	
Albumin	NA	NA	NA	
Total Protein	NA	NA	NA	
BUN	7-18	9	No labs	
Creatinine	0.55-1.02	0.24		Could indicate kidney function.

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Liver Function Tests	NA	NA	NA	
Urinalysis	NA	NA	NA	
Urine specific gravity	NA	NA	NA	
Urine pH	NA	NA	NA	
Creatinine clearance	NA	NA	NA	
Other Labs:	NA	NA	NA	

Diagnostic Studies:

TEST & RESULTS	**Correlation to current health status** (if abnormal)
Chest x-ray: Frontal and Lateral. Showed hypoinflation with scattered atelectasis	Hx. of respiratory distress, cough x2 days.
CT Scan/MRI:	
Biopsy/Scope: NA	
Cultures: NA	
Other:	

List of active orders on this patient:

ORDER	**COMMENTS/RESULTS/COMPLETION**
Activity: As tolerated.	Unable to do any mobility per self.

Diet/Nutrition: Pediasure with fiber via G-tube over 1 hour; NPO	Tolerates feeding well.
Frequent Assessments: Lung assessment, G-tube placement.	Coarse lung sounds as baseline. G-tube placement good, no residual at time of assessment.
Labs/Diagnostic Studies: NA	
Treatments: Duoneb treatments q6 hour for respiratory distress.	Tolerates well. No adverse effects noted.

New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
NA	
NA	
NA	

Teaching & Learning: Identified teaching need (be specific): ____Importance of maintaining germ free environment, such as, having sick individuals not visit while ill. _____

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

_Teaching could not be performed as no family were present during clinical rotation. Child was later discharged with family.

_____

_____

_____

_____

_____

_____

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

_____

_____

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. Walk independently.
2. Able to self-feed finger foods.
3. Use of index finger to point.

Age Appropriate Diversional Activities

1. Squeaky, floating and squirting toys for the bath.
2. Chalk, large crayons, finger paint, play-doh, washable markers.

3. Blocks, cars/trucks, plastic animals, trains, plastic figurines, simple dolls, doll beds/carriages, balls and stuffed animals.

Psychosocial Development: Which of Erikson's stages does this child fit? The child should be in the Autonomy vs. Shame and doubt stage. I observed this child to be in Trust vs. Mistrust.

What behaviors would you expect? The child should be ale to achieve autonomy and self-control, separate from parent/caregiver, imitate adults/playmates, spontaneously show affection.

What did you observe? I observed this child to cry for attention and calm down when held. The child also would sleep for long periods of time.

Cognitive Development: Which stage does this child fit, using Piaget as a reference? This child should be in sensorimotor substage: Tertiary circular reactions. I have observed this child and feel she meets the standard of substage 2: primary circular reactions.

What behaviors would you expect? I would expect her to differentiate self from objects, imitation to be more symbolic, and to understand requests.

What did you observe? This child can not speak. Made babbling sounds, but could not form words. No fine motor coordination present. Noticed startle reflex and some thumb sucking.

Vocalization/vocabulary: Development expected for child's age and any concerns?
This child should have a vocabulary of about 300 words-using one word sentences or holophrases. This child could not speak at all, not even to say Mama or Dada.

Any concerns regarding growth and development? The child's growth appears normal, but the development is severely delayed.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Respiratory Distress	Use of accessory muscles, retractions, nasal flaring, inability to cry.	-Administer respiratory medications. -Request all quests to follow isolation precautions. -Request all individuals who are currently sick not to visit at this time.
2. Aspiration Pneumonia	Audible coarse lung sounds, cough, elevated temperature.	-Elevate head of bed during feeding. -Auscultate lung sounds frequently -Keep NPO and educate family/caregivers of importance of adhering to NPO guidelines.

Nursing Care Plan

Nursing Diagnosis **Prioritize-most important to least**	Outcomes (Patient/Family will: ….. and **give time line**) **(MUST BE MEASURABLE)**	Nursing Interventions **With rationale** **(At least 2 nursing interventions per outcome)**	Evaluation of **EACH** outcome
Ineffective airway clearance Related to: Excess tracheobronchial secretions AEB (as evidenced by): coarse lung sounds and constant cough.	1. Demonstrate effective coughing and clear breath sounds. 2. Maintain a patent airway at all times.	1. Position patient to optimize respiration. 2. Administer medications, such as, bronchodilators or inhaled steroids as ordered. 1. Auscultate breath sounds q1 to 4 hours. 2. Monitor respiratory patterns, including rate, depth, and effort.	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Met. Patient was in low Fowler's position. Nebs administered q6 hours. 2. Met. Lung auscultated frequently. Coase lung sounds baseline for this child. What next? Continue nebs at home after discharge.

Nursing Care Plan

Nursing Diagnosis **Prioritize-most important to least**	Outcomes (Patient/Family will: ….. and **give time line**) **(MUST BE MEASURABLE)**	Nursing Interventions **With rationale** **(At least 2 nursing interventions per outcome)**	Evaluation of **EACH** outcome
Delayed growth and development Related to: motor, cognitive, language or psychosocial concerns	1. The child's development will be enhanced. 2. Achieve realistic developmental and/or growth milestones based on existing abilities, extent of disability and functional age.	1. Screen for developmental capabilities to determine the child's current level of functioning. 2. Perform interventions as prescribed by physical, occupational, and speech therapists. Participation in those activities helps to promote function and accomplish acquisition of developmental skills. 1. Provide parents and/or caregivers realistic expectations for attainment of growth and development milestones. Clarify expectations and	Outcomes Met/ Partially met/ Not met (with explanation) 1. Not met. Parents not present during clinic rotation. 2. Not met. Parents not present during clinical rotation.

AEB (as evidenced by): Delay in meeting expected milestones.		correct misconceptions. 2. Assess whether parents may benefit from internet/electronic support groups.	What next? Child discharge home with family.

N308 Medication Form

Patient Initials: ____JW_____ Patient Age: ___13 months____ Patient Weight (in kg): _____8.04 kg._____

Scheduled Medications				
Medication **Trade & Generic Names, Pharmaceutical Class** **Action of the medication** (how does the medication work in the body **in your own words**)	**Dose, route, & frequency ordered for this patient**	**Concentration Available** **Why is this pt. taking this?**	**Calculate the safe dose ranges for this child. This is done by multiplying the safe dose range by the child's weight.** https://www.epocrates.com/liteRegHonorsRegistrationProcess.do **What is the maximim dose that can be given in a 24 period? (Show Calculations)**	**Nursing Considerations** (at least 3 & must be appropriate for this patient, & include any labs that need to done to monitor pt. while taking this medication) **Contraindications** **Common side effects**
Albuterol sulfate 2.5mg/mL	2.5mg inhalation every 6 hours	2.5mg/mL vial Respiratory distress	0.63 mg or 1.25mg given over 5-15 min TIF or QID TID 7.5mg/day: max dose QID 10mg/day: max dose	**N.C:** -In children, syrup may rarely cause erythema multiforme or Stevens-Johnson Syndrome. -My decrease sensitivity of spirometry used for diagnosis of asthma. -Syrup contains no alcohol or sugar and may be taken by children as young as. **S.E:** Tremors, dizziness, anorexia, UTI, bronchospasm. **Contra:** Hypersensitivity to drug
budesonide (Pulmicort) neb suspension 0.5mg	0.5mg	0.5mg/2mL Respiratory distress	0.5mg daily or 0.25mg BID Max dose: 0.5mg/daily	**N.C:** If bronchospasms occurs after inhalation use, stop therapy and treat with bronchodilator. -Monitor children for reduction in velocity. Use lowest effective dose. -Lung function may improve within 24 hours of starting therapy, but maximum benefit may not be achieved for 1 to 2 weeks or longer.

				S.E: Dry mouth, oral candidiasis, increased cough, bronchospasm. **Contra:** Hypersensitivity to drug. Severe hypersensitivity to milk proteins.
famotidine (Pepcid) oral suspension 40mg/5mL	4mg/0.5mL Via G-tube	40mg/5mL GERD	0.5mg/kg X8.036kg= 4mg 40mg/5mL 4mg 40x = 20 20 divide 40 = 0.5mL Max dose: 0.5mg/kg/day=40mg/day	**N.C:** -assess for abdominal pain. -look for blood in emesis, stool or gastric aspirate. -monitor patients with renal dysfunction for QT-interval prolongation. **S.E:** headache, dizziness, constipation, diarrhea. **Contra:** Hypersensitivity to drug or its components.
Medication **Trade & Generic Names, Pharmaceutical Class** **Action of the medication** (how does the medication work in the body **in your own words**)	**Dose, route, & frequency ordered for this patient**	**Concentration Available** **Why is this pt. taking this?**	**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)** **Is this dose safe for this pt.?**	**Nursing Considerations** (at least 3 & must be appropriate for this patient, & include any labs that need to done to monitor pt. while taking this medication) **Contraindications** **Common side effects**
acetaminophen (Tylenol) 160mg/5mL oral suspension. 121.6mg	3.8mL oral/G-tube Q4 hours PRN	160mg/5mL Mild pain/fever	15mg/kg X 8.036kg = 121.6mg 160mg/5mL 121.6mg 160x = 608 608 divide by 160 = 3.8mL Max dose: 10-15mg/kg q4-6 hrs. Max 5 doses/24 hours 80.36mg-121.6mg per dose.	**N.C:** -Consider reducing total daily dose and increase dose intervals in pts who have hepatic or renal impairments. -Be aware of meds containing acetaminophen. -do not exceed 608mg/day. **S.E:** anxiety, nausea, vomiting, abdominal pain, hypoxia. **Contra:** Hypersensitivity to drug
ibuprofen (Motrin) oral suspension 80mg.	4 mL Q6 hours PRN Mild pain.	100mg/5mL Mild pain	10mg/kg X 8.036kg = 80mg 100mg/5mL 80mg 100x = 400 400 divide by 100 = 4 mL Max dose:	**N.C:** -NSAIDs may mask s/sx of infection. - monitor for s/sx of GI ulceration and bleeding. - monitor for aseptic meningitis (fever, headache, vomiting, sensitive to light) and report immediately if occur.

			4-10mg/kg/dose q6-8 hrs. 4mg x 8.036kg = 32.14mg/dose 32 – 80mg per dose	**S.E:** Abdominal pain, constipation, diarrhea **Contra:** Hypersensitive to drug
Sucrose 24% (Sweet-Ease) Oral solution.	0.2mL PRN	Infants: (27-31 wks) 0.5mL pain		

N308 CARE PLAN
GRADING RUBRIC FOR HOSPITAL

Name: _____ Date _____ Grade _____

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

Nursing Diagnosis # 1 Related to or AEB	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 must have a desired outcome timeline. (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station **once** during clinical or patient will verbalize **3** 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	
Nursing Diagnosis #2 Related To and AEB (as evidenced by)	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, **MUST** 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 must have a desired outcome timeline. (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station **once** during clinical or patient will verbalize **3** 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	
Medications			
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	
	Total Points	**100**	