

Lakeview College of Nursing
N433 Pediatrics Clinical Care Plan

Student Name Ashley Huisinga

CLINICAL DATE 09/06/2019

Patient's Age 2 5
Year's months Weight (in kg) 11.4 kg BMI 15.59

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: no known allergies

Chief Complaint (Reason for admission): Respiratory Infection/distress Admit date: 09/04/2019

Other co-existing conditions: prune belly, scoliosis, tracheal Malesia, hyposis, renal mass, hydronephrosis, mega cystic bladder

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

Patient was experiencing respiratory distress at home on 08/31/2019 and mother began using patient nebulizer more frequently to help with symptoms. Patient was seeming to respond to nebulizers at first but on 09/04/2019 his symptoms began to worsen and mother brought him to ED. Patient was admitted for respiratory distress and possible infection at this time.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): chest x-ray completed, no

IV

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) Patient has a past medical history of intubation, prune belly, tracheal Malesia, scoliosis, lung disease, renal mass, hydronephrosis, megacystic bladder, has a g-tube and nephrostomies

Child's diagnosis: viral bronchilosis

Etiology of disease process (what causes it): respiratory syncytial virus (RSV) or human rhinovirus

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) RSV can be contracted from respiratory secretions from someone who has the virus or contact with the virus on a surface area. Once the virus is inside the body it starts to replicate and moves down the respiratory tract creating obstruction of the tract with mucus and exudate. The obstruction leads to poor perfusion because the patient is able to breath in but they are unable to fully exhale. This results in further work by the respiratory system to get adequate oxygen. Without treatment the condition can worsen to the point of hypoxemia and can become very serious.

Reference: Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Philadelphia: Wolters Kluwer.

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

low grade fever, nasal congestion, rhinorrhea, cough, tachypnea, increased respiratory effort, wheezing and crackles

Vital Signs: (List your source for the Normal ranges) T 98.5 HR. 109 (NL for age) 60-110 RR. 48 (NL for age) 25-30 B/P 105/63 (NL for age) 86-120/44-75 O2 sat 96 Room Air or Oxygen 12

L 40% nasal cannula _____

Source: Henry, N. J. E., McMichael, M., Johnson, J., DiStasi, A., Elkins, C. B., Holman, H. C., ... Barlow, M. S. (2016). *Rn nursing care of children: review module* (10.0 ed.). Leawood, KS: Assessment Technologies Institute.

Intake/Output: (IV, PO, Out & Deficits) output-272 (weighed diapers) input 120 mL every 2
hour

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

General appearance: alert and oriented, no apparent distress
 Head: macrocephaly and abnormally shaped
 Ears: symmetric, no lesions, redness or drainage, pearly grey TM
 Eyes: conjunctive, sclera and eyelids normal, PERRLA extraocular movements intact
 Thyroid: nonpalpable, trachea midline
 Chest: chest concave, course lung sounds, bilateral diffuse rhonchi
 CV: clear S1, S2, no murmurs, RRR
 Abdomen: soft, distended, with bowel sounds normoactive
 GU: genitals intact, has nephrostomy tubes for renal waste
 Musculoskeletal: baseline deformities noted over the chest and back, ROM intact, pt has weak lower extremities and is unable to support body weight while standing on lower extremities.
 Extremities: patient has underdeveloped extremities due to lack of use
 Skin: skin warm and dry, no lesions, erythema, rashes, or bruises noted
 Other: patient has bilateral nephrostomies and gtube inserted

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:** nonverbal pain indicators
absent

Lab Tests: Patient did not have any labs drawn

TEST	NORMAL (specific for age)	Correlation to current health status & comment on trending (comment only on abnormal lab results)		
		Prior	Clinical Day	
RBCs	3.9-5.3 (x10)			
Hgb	11.5-15.5			
Hct	34-40			
MCV	75-87			
MCH	24-30			
MCHC	32-36			
WBCs	5.5-15.5 (x10)			
Neutrophils	1.5-8.5			
Eosinophils	0-3			
Basophils	0-1			

Monocytes	3-6			
Lymphocytes	35-65			
Platelets	150-450 (x10 ³)			
TEST	NORMAL (specific for age)			
		Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-100			
Na ⁺	135-147			
Cl ⁻	97-107			
K ⁺	3.4-4.7			
Ca ⁺⁺	8.8-10.8			
Phosphorus	4-6.5			
Albumin	3.6-5.2			
Total Protein	5.6-7.5			
BUN	5-20			
Creatinine	0.3-0.7			
TEST	NORMAL (specific for age)			
		Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	ALT-5-45 AST-15-40			
Urinalysis	negative			
Urine specific gravity	1.001-1.030			
Urine pH	4.6-8.0			
Creatinine clearance	0.6-1.2			
Other Labs:				

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray: interval development of right basilar opacity worrisome for pneumonia or aspiration	Patient came in with respiratory distress, this consolidation in his right lung could be causing the difficulty breathing.
CT Scan/MRI: NA	NA
Biopsy/Scope: NA	NA
Cultures: NA	NA
Other:	

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: Patient is restricted to activities he can do in his crib because he is on a constant neb	Patient works with physical therapy on his leg strength each day within his crib.
Diet/Nutrition: gtube feedings only	Patient gets 120 mL of nourish over three hours during the day
Frequent Assessments: respiratory and vitals	Respiratory assessment of patient reveals coarseness of the lungs but vitals are stable
Labs/Diagnostic Studies: none	NA
Treatments: continuous neb, Augmentin	Patient is hooked up to oxygen, continuous neb and is on Augmentin to cover to possibility of pneumonia development

New Orders for Clinical Day

ORDER	COMMENTS/RESULTS/COMPLETION
NA	NA
NA	NA

Teaching & Learning: Identified teaching need (be specific): mom needed education on proper hand hygiene technique to avoid spread of bacteria/virus

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): While spending time in the room, it was clear that further education was required on hand washing for the mother. We discussed that any time she touched any secretions from her son, that she should wash her hands. We also discussed proper technique of washing hands, using soap, how long hands should be washed for as well as shutting faucet off and using foot pedal to open garbage can. Teaching and discussion took approximately 20 minutes, sink, soap, faucet, garbage can, and paper towels.

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

I expected patient to be able to repeat the demonstration back to me and explain each step along the way. This outcome was met. Materials were effective and appropriate for demonstration. Mother now has a better understanding of the importance of proper hand hygiene.

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. Jumps across the floor and off a chair using both feet
2. Stands on one foot momentarily
3. Takes a few steps on tiptoes

Age Appropriate Diversional Activities

1. Large piece puzzles
2. **Filling and emptying containers**
3. **Looking at books**

Psychosocial Development: Which of Erikson's stages does this child fit?

This child should fit into the autonomy vs shame and doubt stage.

What behaviors would you expect?

I would expect imitating adults and playmates and increasing enthusiasm about playmates.

What did you observe?

I observed that he would imitate musical sounds that I made. He would also take my hand and put it on his toy, indicating he wanted me to play with it also.

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

This child should be in Sensorimotor substage 6: mental combinations

What behaviors would you expect?

I would expect to see using mental trial and error rather than physical.

What did you observe?

I was still observing a lot of physical trial and error when he was playing with his toys.

Vocalization/vocabulary: Development expected for child's age and any concerns? I would expect to see a vocabulary of 40-50 words or more but he was completely nonverbal other than making some sounds when he was imitating musical sounds that I was making.

Any concerns regarding growth and development? The growth and development of the child's extremities was severely impaired. He was unable to stand on his own or bear weight on his legs. He was also developmentally delayed cognitively and vocally.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Respiratory failure	cyanosis, hypoxia, tachypnea, stridor, nasal flaring, retractions,	Make sure nasal cannula is in place and intact with no kinks, make sure oxygen and nebulizer are flowing appropriately as ordered, monitor pulse oximetry and complete frequent respiratory assessments
2.Pneumonia	coughing, lung consolidation, subcostal or intercostal retractions, tachypnea, nasal flaring, diminished breath sounds,	Monitor pulse oximetry and respiratory assessments, maintain isolation, administer oxygen and nebulizer as prescribed, administer preventative antibiotic as prescribed

Nursing Care Plan

Nursing Diagnosis <u>Prioritize-most</u> <u>important to least</u>	Outcomes (Patient/Family will: and <u>give time line</u>) (MUST BE MEASURABLE)	Nursing Interventions <u>With rationale</u> <u>(At least 2 nursing interventions per outcome)</u>	Eva
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<p>Ineffective breathing pattern</p> <p>Related to: inflammatory or infectious process</p> <p>AEB (as evidenced by): tachypnea, increased work of breathing, nasal flaring, retractions, diminished breath sounds</p>	<p>1. Child will exhibit adequate ventilation: absence of retractions, accessory muscle use, respiratory rate within parameters for age</p> <p>2. Gas exchange will be adequate: pulse oximetry trending on room air is within normal parameters for age, absence of cyanosis</p>	<p>1. Assess respiratory rate, breath sounds, and work of breathing frequently to ensure progress with treatment</p> <p>2. Use pulse oximetry to monitor oxygen saturation in the least invasive manner to note adequacy of oxygenation and ensure early detection of deterioration</p> <p>1. Administer oxygen as ordered to improve oxygenation</p> <p>2. Monitor oxygen saturation via pulse oximetry to detect alterations in oxygenation</p>	<p>Out Par Not Exp 1. M pati acc resp par 2. M mai roo nas satu app Wh Pati on c and neb rece nor hon</p>
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Nursing Care Plan

Nursing Diagnosis <u>Prioritize-most important to least</u>	Outcomes (Patient/Family will: and give time line) (MUST BE MEASURABLE)	Nursing Interventions <u>With rationale</u> <u>(At least 2 nursing interventions per outcome)</u>	Eva
<p>Risk for infection</p> <p>Related to: presence of infectious organisms</p> <p>AEB (as evidenced by):</p> <p>chest xray revealing interval development of right basilar opacity worrisome for pneumonia or aspiration</p>	<p>1. Child will exhibit no signs of secondary infection</p> <p>2. Child will not spread infection to others</p>	<p>1. Administer antibiotics as prescribed to prevent bacterial infections</p> <p>2. Monitor temperature and WBC to check for signs of infection</p> <p>1. Isolate the child as required to prevent spread of infection</p> <p>2. Educate family and guests on proper hand hygiene as well as encourage them to take necessary precautions to avoid being infected (such as wearing mask or glovers)</p>	<p>Out Par Not</p> <p>2. M disp and pre pro</p> <p>Wh Pat unt com isol</p>

N308 Medication Form

Patient Initials: HL

Patient Age: 2 yrs 5 months

Patient Weight (in kg): 11.4

Scheduled Medications				
Medication Trade & Generic Names, Pharmaceutical Class Action of the medication (how does the medication work in the body <u>in your own words</u>)	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 maximum dose that can be given in a 24 period? (Show Calculations)	<u>Nursing Considerations</u> (at least 3 & must be appropriate for this patient, & include any labs that need to be done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
Amoxicillin-clavulanate (Augmentin) Antibiotic, penicillin Medication disrupts bacterial cell wall causing bacterial cell death	512.8 mg Q12 hrs Through gtube	400 mg/5 mL Possible pneumonia/pneumonia prevention	25-45 mg/kg/day-safe dosage 512.8 mg = 6.41 mL Max dose=513 mg Dosage appropriate	1) Check labs and report abnormalities 2) Monitor for SOB, dysphagia, chest pain, 3) Monitor for severe or bloody diarrhea Cx: severe renal impairment and hypersensitivity SE: diarrhea, rash, nausea, vomiting
Budesonide (Pulmicort) Glucocorticoid Suppresses immune activity and dilates bronchioles for easier breathing	0.25 mg Nebulizer Q 12 hours	0.25mg/2 mL Respiratory distress	0.25 mg x 11.4 kg=2.85 mg/kg 1 mg once daily or divided twice daily. (Aceves 2005; Aceves 2007; Liacouras 2011; Rubinstein 2014) Dose appropriate	1) Instruct patient's mother on proper administration 2) Check ordered pulmonary function tests 3) Monitor pulse oximetry Cx: hypersensitivity, pulmonary TB, untreated respiratory infection, bronchiectasis SE: nosebleed, common cold symptoms, rhinitis, rhinorrhea, pharyngitis

Chlorothiazide (Diuril) Thiazide and related diuretics Increases excretion of sodium and chloride	88.5 mg QD Through gtube	250 mg/5mL hydronephrosis	10-40 mg/kg/day $10 \times 11.4 = 114$ $40 \times 11.4 = 456$ Safe range	1) Monitor blood pressure 2) Monitor fluid status 3) Monitor electrolytes Cx: hypersensitivity, anuria SE: electrolyte disturbances, photosensitivity, orthostatic hypotension
Sulfamethoxazole-Tremethoprim (Bactrim) Sulfonamide antibacterial Inhibits bacterial replication	2.3 mL QD Gtube	200-40 mg/5mL Nephrostomy tube infection prevention	5 to 10 mg TMP/kg/dose once daily; maximum dose: 80 mg TMP/dose (ISPD [Warady 2012])	1) Check labs and report abnormalities 2) Monitor for severe or bloody diarrhea 3) Monitor for dark urine, jaundice, nausea, vomiting and rash Cx: hypersensitivity, thrombocytopenia, megaloblastic anemia, hepatic damage or severe renal disease SE: nausea, vomiting, diarrhea, lack of appetite
Ranitidine (Zantac) Histamine H2 antagonist Inhibits gastric acid	7.5 mg QD gtube	15mg/mL	0.5-4 mg/kg/day $5.7 \text{ mg} - 45.6 \text{ mg/day} = \text{safe range}$ Safe dosage	1) Monitor for CNS changes 2) Monitor for rash 3) Monitor for GI disturbances Cx: hypersensitivity and dysphagia SE: headache, nausea, vomiting, constipation, diarrhea, abdominal pain

References:

Lexicomp (2019) Retrieved from www.lexicomp.com

N308 CARE PLAN GRADING RUBRIC FOR HOSPITAL

Name: Ashley Huisinga

Date 9/9/2019

Grade _____

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

Potential Medical Complications	Complications that can occur because of primary medical diagnosis/disease/condition. Signs & of complication. Preventative nursing actions.
Nursing Diagnosis # 1 Related to or AEB	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary diagnosis R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis
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 once during clinical or patient will verbalize 3 signs and symptoms of infection by the end of clinical day).
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)
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcome: 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)?
Nursing Diagnosis #2 Related To and AEB (as evidenced by)	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary 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
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 once during clinical or patient will verbalize 3 signs and symptoms of infection by the end of clinical day).
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)
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcome: 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)?
Medications	
Scheduled & PRN	Trade/Generic name, Pharmacologic Class & Action of the medication. Indications for this patient
	Dose, Route, Frequency ordered for this patient
	Concentration available and why is the child taking this medication
	Calculate dose ordered times child's weight (give parameters for this medication if needed) and determine if that's ordered safe for the child?
	Three nursing considerations/implications for each medication specific to this patient and give Contraindications and Common Side Effects
	Total Points