Lakeview College of Nursing **Student Name** Ashley Bode
N433 Pediatrics Clinical Care Plan

CLINICAL DATE 09/06/19

Patient's Age 7 Year's 0 months **Weight** (in kg) 81 kg **BMI** 24

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: Biotentene Dry Mouth (lacttoperoxi-Gluc Oxid Pot Thio) = swelling/redness around eyes, tip of nose, mouth and swelling of airway. Levocarnitine with sugar= worsens seizure activity due to dextrose, Benadryl Children's formula= seizures, Dextrose= seizures worsen.

Chief Complaint (Reason for admission): Acute Respiratory failure with hypoxia **Admit date:** 09/02/19

Other co-existing conditions: Aicardi syndrome and chronic lung disease

History of Present Illness (What events led up to this child being admitted to the hospital, etc.): Pt was out of town with family when pt. had an increase work of breathing and congestion. Mother reported a fever of 99.4 which is high for the child stating that she runs at a lower temp. Pt continued to have worsening of breathing overnight and was brought to the ED department.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): No IV, Chest x-ray clear, RT consulted and provided treatments,

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) Left sided pneumothorax, G tube, HC endoscopy, tonsillectomy, Full term vaginal delivery, NICU stay for congenital abnormalities.

Child's diagnosis: Aicardi syndrome, Bacterial pneumonia, Bronchiolitis, Coronavirus infection, developmental defect, E.coli urinary tract infection, Enterovirus, Failure to thrive, G tube feedings, hearing loss, microcephaly, retinal degeneration, rhinovirus infection, RSV infection.

Etiology of disease process (what causes it): Rare genetic disorder

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**

This patient has Aicardi Syndrome which a rare genetic disorder that mostly occurs in females. It is a mutation on the 46th chromosome in females and the 47 chromosome in males. This mutation causes tissues in the brain to be either underdeveloped or missing completely. These missing or underdeveloped tissues are what connect the right side and the left side of the brain therefore these individuals have severe developmental delays. These individuals are also prone to seizures and often have vision problems.

Reference (n.d.). Mayo Clinic. Retrieved from https://www.mayoclinic.org/

Clinical Manifestations of the disease (Highlight those exhibited by your patient) – include lab values, tests, etc.: a partial or complete absence of the corpus callosum, seizures that begin during infancy, lesions in the light-sensitive layer of tissue at the back of the eye.

Vital Signs: **(List your source for the Normal ranges)** T 97.6 axillary HR. 84 (NL for age) 98-140 beats per min RR. 18 (NL for age) 18-25 breaths per min B/P 111/80 (NL for age) 97-120/57-80 O2 sat 95% Room Air or Oxygen Optiflow 3 Liter per min

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

Intake/Output: (IV, PO, Out & Deficits) No IV and I and O not monitored for this pt.

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

General appearance: Pt alert not oriented, clean and well groomed, mild respiratory distress
Head: Head and neck symmetrical, trachea is midline without deviation, Carotid pulses are strong and palpable, No lymphadenopathy in head or neck.
Ears: Auricle is moist and pink without lesions noted, hearing loss noted both left and right side.
Eyes: Sclera is white, cornea is clear, conjunctiva pink, no visible drainage, lids are most pink without lesions or discharge noted, pupil reactive to light, accommodation absent.
Thyroid: Thyroid not palpable, not nodules noted
Chest: Respirations slightly labored, cough present, mucus buildup present, Pt on 3 L optiflow
CV: Clear S1 and S2 without mummers, gallops or rubs, PMI 5th intercostal space at MCL
Abdomen: soft, nontender, no organomegaly or masses.
GU: Presence of G tube, Bowel sounds are normoactive.
Musculoskeletal: Pt unable to move requires passive range of motion, requires turning q2 hr.
Extremities: Pink, warm, dry and symmetrical with no strength noted, no edema, reflexes absent.
Skin: Skin warm and pink no rashes or lesions noted, skin turgor consistent with hydration, hair and nails healthy and not dry, Wound noted around G tube, dressing intact and dry not drainage noted.

Pain History & assessment: Type, location, intensity & timing, precipitating factors, relief measures/interventions, rating scale used, physiological and/or behavioral signs, and evaluation of pain status after medication is given: Pt nonverbal. Caregiver stated she was not in any pain, can tell by facial grimacing.

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	4.02	NA	NA
Hgb	10.6-13.2	13.0	NA	NA
Hct	32.4-39.5	39.7	NA	Dehydration
MCV	75.9-87.6	98.8	NA	Not enough folic acid or B12
MCH	24.8-29.5	32.3	NA	Not enough folic acid or B12
MCHC	31.8-34.6	32.7	NA	NA
WBCs	4.27-11.40	9.61	NA	NA
Neutrophils	NA	NA	NA	NA
Eosinophils		1	NA	NA
Basophils		3	NA	NA
Monocytes		6.9	NA	NA
Lymphocytes		17.6	NA	NA
Platelets	199-367	232	NA	NA

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	83	NA	NA
Na^+	136.145	143	NA	NA
Cl^-	98-107	106	NA	NA
K^+	3.5-5.1	4.0	NA	NA
Ca^{++}	8.5-10.1	8.6	NA	NA
Phosphorus	NA	NA	NA	NA
Albumin	3.4-5.0	2.8	NA	Inflammation or malabsorption
Total Protein	6.4-8.2	6.2	NA	Malabsorption
BUN	7-18	2	NA	Dehydration
Creatinine	0.55-1.02	0.28	NA	Acute renal failure

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	ALT 12-78 AST 15-37	7 16	NA	NA
Urinalysis	NA	NA	NA	NA
Urine specific gravity	Na	Na	Na	NA
Urine Ph	NA	NA	NA	NA
Creatinine clearance	NA	NA	NA	NA
Other Labs:				
PT	12.1-14.9	12.6	NA	NA
INR	0.9-1.1	0.9	NA	NA
PTT	22.4-35.9	31.3	NA	NA
Amylase	25-115	205	NA	NA
Fibrogen	201-537	399	NA	NA
Lipase	73-393	31	NA	NA
Procalcitonin	>0.5 infection	0.07	NA NA	NA NA
Flu A	Neg	Neg	NA	NA
Flu B	Neg	Neg	NA	NA
Adenovirus	Neg	Neg	NA	NA
Rhinovirus	Neg	Pos	NA	Infection
Bordetella Pertussis	Neg	Neg	NA	NA
Mycoplasma	Neg	Neg	NA	NA

Pnumoniae MRSA	Neg	Neg	NA	NA

Normal Values retrieved from epic at Carle Foundation Hospital

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray: Normal	Increased peripheral and interstitial opacities bilaterally suggesting lower respiratory infection
CT Scan/MRI: NA	NA
Biopsy/Scope: NA	NA
Cultures: Blood Culture	No growth in 24 hours
Other: NA	NA

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: **No orders in chart**	NA
Diet/Nutrition: **Keto formula GTube 330 mL 3 times daily**	Allergies to sugar
Frequent Assessments: **Vitals every 4 hours, Turn pt every 2 hours**	Vitals and turn
Labs/Diagnostic Studies: **No orders in chart**	NA
Treatments: **Skin care protocol**	Wound care around G tube
Droplet Precautions	Enterovirus
New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
None	No new orders on clinical day

Teaching & Learning: Identified teaching need (be specific): signs or symptoms of acute respiratory distress

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): Pt is total care and unable to learn teaching. Teaching taught to caregiver which is the pt. mother. Caregiver given verbal instructions on signs and symptoms of acute respiratory failure which includes restlessness, anxiety, sleepiness, loss of consciousness, rapid or shallow breathing, racing heart, irregular heartbeats, profuse sweating. Seek treat immediately if pt. breathing becomes increased and uses accessory muscles to breath or pt. lips begin to turn.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?): Pt. caregiver was receptive and understood signs and symptoms and when to seek treatment. Family has been caring for this child for the last seven years and well versed on triggers, signs and symptoms and when to seek treatment.

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. Gain 2-3 kg per year
2. 5 cm growth per year
3. Permanent Teeth erupt

Age Appropriate Diversional Activities

1. Play simple board and number games
2. Build simple models
3. Active play like jump rope, ride bikes

Psychosocial Development: Which of Erikson's stages does this child fit? Industry vs. inferiority

What behaviors would you expect? Child should be challenged with tasks that need to be accomplished. Reward systems, provide meaningful contributions to society.

What did you observe? This child is severely developmentally delayed and requires total care.

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

What behaviors would you expect? Transitions from perceptual to conceptual thinking, tells times and able to solve problems.

What did you observe? This child suffers from Aicardi Syndrome which means that he corpus callosum in the brain is absent. This means that here is no relation between the right and left side of the brain and severe motor, cognitive and sensory dysfunction. This child was unable to speak and unable to move on own or demonstrate any griping functions.

Vocalization/vocabulary: Development expected for child's age and any concerns? Child unable to speak due to Aicardi Syndrome.

Any concerns regarding growth and development? This child is very small and underweight for her age group which is caused by Aicardi Syndrome. Child will never meet growth and development needs for age group

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Pneumonia	Cough which can produce a green, yellow or bloody mucus Fever, sweating, chills Shortness of breath Rapid swallow breathing Sharp stabbing chest pain Loss of appetite Low energy, fatigue	Frequent lung assessments Frequent vital signs Encourage cough and deep breath Have oxygen available Administer medications as prescribed Consult RT if needed

2. Seizures	Temporary confusion Staring spell Uncontrollable jerking movements of the arms and legs Loss of consciousness or awareness	Initiate seizure precautions Administer medications as prescribed Ensure patient safety

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
Risk for ineffective Respiratory function Related to: Pulmonary Disease AEB (as evidenced by): Diminished Lung Sounds Bilaterally	1. Pt will be able to breath on room air by discharge 2. Pt respirations will be within normal limits compared to Baseline readings by time of discharge	1. Pt will slowly ween from 6 Liter of O2 to Room air Rational: to breath on own 2. Frequent lung assessments Rational: to monitor improvement 1. Encourage Cough and Deep breath Rational: to expand lungs and loosen secretions 2. Pt will demonstrate ability to breath on own within normal limits of her baseline Rational: To asses no further Respiratory issues	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Not met Pt not discharged yet 2. Not met Pt not discharged yet What next?

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
Risk for Seizures Related to: Developmental delay and allergies to medications AEB (as evidenced by): Past Hx of Seizures	1. Pt will not experience any seizures while in hospital 2. Pt will stay compliant with seizure medication while in hospital	1. Seizure precautions will be initial Rational: To maintain safety of pt. in the event of a seizure 2. Frequent Neuro checks Rational: To asses for changes in LOC 1. Administer Seizure medication Rational: to prevent seizure activity 2. Pt teaching on importance of mediation compliance Rational: Medications will help prevent seizures	Outcomes Met/ Partially met/ Not met (with explanation) 1. Met pt has not had any seizures while in hospital 2. Met pt has remained compliant with seizure medication What next?

N308 Medication Form

Patient Initials: KS Patient Age: 7 Patient Weight (in kg): 81 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.** **What is the maximum 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**
Ascorbic Acid (Vitamin C) **Vitamin**	**1000 mg** **Daily** **G tube**	**1000mg** **Vitamin C deficiency**	**Child 4-8 y/o 25 mg/day** **This does is too high for a child of this age, reason could be severe developmental delay causes severe vitamin deficiency**	**Assess nutritional status for inclusion of foods high in vitamin C** **Monitor ascorbic acid levels by blood drawn labs** **Monitor I and O** **Tartrazine, Sulfite sensitivity, Headache, nausea, vomiting**
Clobazam (ONFI) **Anticonvulsant- Benzodiazepine** **The benzo binds at the gabba site to stop seizure activity**	**5 g 1 time daily in AM**	**5 mg** **Hx of seizures**	**Maximum dose is 40 mg daily** **This dosage is same for this child**	**Monitor for skin reaction** **Expect to withdraw from medication slowly** **What for signs of dependence** **Benzo hypersensitivity** **Fever, cough, breathing problems, tiredness, aggressive behavior**
Levetracetam (Keppra) **Anticonvulsant** **Limits sodium ions across cell**	**500 mg 2 times daily** **G tube**	**500 mg** **Hx of seizures**	**81*10=810*2 = 1620 mg** **Maximum dose is 1620 mg** **Child only takes 1000 mg daily this is a safe dose for this child**	**Monitor urine function tests (BUN, urine protein)** **Assess Blood studies (CBC)** **Asses seizure activity**

membrane in the motor cortex				**Hypersensitivity** **Nausea, vomiting, dizziness,**

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**	