

CLINICAL

DATE ___8/32___

Patient's Age ___17___ 9 ___

Weight (in kg) ___67.3 kg/m2___

BMI ___19.05___
Year's months

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions:
___none___

Chief Complaint (Reason for admission): ___anxiety___ Admit date:
___8/28___

Other co-existing conditions:
___none___

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

___17___ year old male presented to ER with psychosis after smoking marijuana per EMR notes, patient has been seen and evaluated by mental health assess and was awaiting placement for inpatient psychiatric tx. Mental health assess was unable to find placement so peds allowed for admission.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): ___UDS and cannabinoids, serum alcohol, acetaminophen, salicylate, MRI with contrast___

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?)
___none___

Child's diagnosis: ___marijuana intoxication___ Etiology of disease process (what causes it): ___inhale too much cannabis___

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) ___Is the euphoric state that can cause the body to relax its generally smoked but can be eaten. Other names include cannabis caused by chemical inside "THC". In the body it may cause short term memory loss red eyes, dry mouth, impaired motor skills, serious effects may cause psychocisis, paranoia, HTN, and tachycardia.

Reference ___Tangella, MD, MBN, K. (2018. Nov 13) *Marijuana Intoxication*. Retrieved from <https://www.dovemed.com/diseases-conditions/marijuana-intoxication/>

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

Distrust, insight on other people’s emotions, serum alcohol megative, acetaminophen < 2

Vital Signs: (List your source for the Normal ranges) T _____ 36.8 C _____ HR. _____ 88 _____ (NL for age) _____ 55-90 _____ RR. _____ 18 _____ (NL for age) _____ 17-18 _____ B/P _____ 118/80 _____ (NL for age) _____ 110-133/65-85 _____ O2 sat _____ 93 _____ Room Air or Oxygen _____ room _____

Davis Company, Palmer. L. (2015). Always at Your Side. Peds notes. Philadelphia. Retrieved 9 September 2019.

Intake/Output: (IV, PO, Out & Deficits) _____ I- 580 Out- 200 net- 380 _____

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

General appearance: _____ Alert and Oriented, polite, awake _____
Head: _____ well groomed _____

Ears: _____ Tympanic membrane shiny and pearly, no discharge or drainage _____

Eyes: _____ PERRLA, no conjunctiva _____

Thyroid: _____ symmetrical, swallow reflux present _____

Chest: _____ lungss clear when auscultated, no forced respirations present _____

CV: _____ S1 and s2 heard, no murmur, cap refill recoil rapid present _____

Abdomen: _____ soft nontender, normal bowels heard in each quadrant _____

GU; yellow urine, no odor _____

Musculoskeletal: _____ROM responded well, no joint swelling
 Extremities: _____no rashes or bruising and warm upon touch

Skin: _____dry warm pink no lesions or rashes

Other: _____

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 used
 the number scale pain assessment _____

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	4.03-5.29	5.01	n/a	
Hgb	11-14.5	14	n/a	
Hct	33.9-43.5	43.2	n/a	
MCV	76.7-89.2	86.2	n/a	
MCH	25.2-30.2	27.9	n/a	
MCHC	31.8-34.8	32.4	n/a	
WBCs	3.84-8.89	7.76	n/a	
Neutrophils	40-60	43	n/a	
Eosinophils	1-4	1	n/a	
Basophils	.5-1	0.7	n/a	
Monocytes	2-8	7	n/a	
Lymphocytes	20-40	24.2	n/a	
Platelets	175-332	209	n/a	
TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	81	n/a	
Na ⁺	136-145	137	n/a	
Cl ⁻	98-107	99	n/a	
K ⁺	3.5-5.1	4	n/a	
Ca ⁺⁺	8.5-10.1	8	n/a	

Phosphorus	2.5-4.5	3.4	n/a	
Albumin	3.4-5	3	n/a	
Total Protein	6.4-8.2	8.2	n/a	
BUN	7-18	15	n/a	
Creatinine	.6-1.2	1.19	n/a	
TEST	NORMAL (specific for age)			
		Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	neg	n/a	n/a	
Urinalysis	neg	n/a	n/a	
Urine specific gravity	1.002-1.030	n/a	1.015	
Urine pH	4.5-8	n/a	6	
Creatinine clearance	88-128	n/a	n/a	
Other Labs:		n/a	n/a	
Cannabis urine test	neg	pos	n/a	

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray:	
CT Scan/MRI: MRI brain with contrast	No brain damage detected
Biopsy/Scope:	
Cultures:	
Other: Urinalysis	Rule out mushrooms, bath salts, k2, lsd

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: sitter at bedside	The sitter and I took turns doing vitals
Diet/Nutrition: regular	
Frequent Assessments: neuro Q4	
Labs/Diagnostic Studies:LSD urine, mushroom, k2 urine , bath salt urine test	
Treatments:	

New Orders for Clinical Day	
ORDER	COMMENTS/RESULTS/COMPLETION
Risperidone (Risperdal tab 0.5mg) oral daily	Helped reduce current mood status

Teaching & Learning: Identified teaching need (be specific): _____ therapeutic techniques

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): _____ Teach therapeutic calming techniques when anxiety develops. This can be done through guided imagery, music, dancing, meditation with the lights off.

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

_____ Teaching was not performed day of clinical with the patient. I would expect the patient to utilize these methods anywhere where the patient feels comfortable when he experiences nervousness, anxiety, or even fear.

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. Finish college now that he is a freshman
2. Pay for own spending habits, through a job
3. Hold a valid driver's license

Age Appropriate Diversional Activities

1. Sports
2. College courses
3. relationships

Psychosocial Development: Which of Erikson's stages does this child fit? Identity vs Role confusion

What behaviors would you expect? Trying to find himself or his true belonging

What did you observe? Calm, relaxed, extrovert personality

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

What behaviors would you expect? Pick his own foods off the menu, shower himself, dress himself

What did you observe? Talkative, cooperative, answered questions instead of parents doing it for him

Vocalization/vocabulary: Development expected for child's age and any concerns? None noted

Any concerns regarding growth and development? No concerns noted

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Anxiety	Sweating, shakiness, tachycardia	Therapeutic techniques; guided imagery, music
2. Psychosis	Intrusive thoughts, unaware of surroundings, nervousness	Abstain from smoking, counseling

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>	Evaluation of <u>EACH</u> outcome
<p>Risk for deficient knowledge</p> <p>Related to:</p> <p>Lack of recall</p> <p>AEB (as evidenced by):</p> <p>bad trip</p>	<ol style="list-style-type: none"> 1. Client will verbalize understanding of own diagnosis, prognosis, and management plan. 2. Client will identify/initiate necessary lifestyle changes to remain drug-free 	<ol style="list-style-type: none"> 1. Assess client's knowledge of own condition (pregnancy, complications, and lifestyle changes). 2. Assess the level of anxiety present 1. Provide books, education material on abstaining and negative impacts of drug use 2. Recommend physical examinations, drug tests regularly 	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <ol style="list-style-type: none"> 1. Partially checked, client displayed no anxious activity and seemed to have a good understanding of the cost benefits of smoking 2. Patient stated before discharge he was willing to comply with whatever to get help <p>What next? Hopes that the Patient</p>

			seeks counseling and has support from parents after this incident. The patient should stay off this drug indefinitely, as well as any other drugs.
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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>	Evaluation of <u>EACH</u> outcome
Risk for ineffective coping Related to: anxiety AEB (as evidenced by): The lack of acceptance the drug	<ol style="list-style-type: none"> 1. Client will verbalize awareness of the relationship of substance abuse to the current situation. 2. Client will identify ineffective coping behaviors and their consequences. 	<ol style="list-style-type: none"> 1. Assess mental status 2. Provide positive feedback for self-awareness with denial <ol style="list-style-type: none"> 1. Assess coping strategies 	Outcomes Met/ Partially met/ Not met (with explanation) <ol style="list-style-type: none"> 1. Patient is aware of the scenario; he is willing to better his life choices. I would say they were met 2. Patients coping strategies will be turned to other beneficial things

<p>use has caused the patient</p>		<p>2. Approach patient in nonjudgmental ways</p>	<p>opposed to drug usage.</p> <p>What next? Patient reduces anxiety and learns new coping skills.</p>
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N308 Medication Form

Patient Initials: _____SM_____

Patient Age: _____17_____

Patient Weight (in kg): _____67.3_____

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/liteRegHonorsRegistrationProc ess.do What is the maximim 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 done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
Acetaminophen (Tylenol) Antipyretic that blocks pain receptors	500mg oral Q4	Reduce any pain or fever 325mg, 650mg	10-15mg/kg/dose $67.3 \times 15 = 1009.5 \times 6 =$ Safe=673-1009.5 Max dose=6057mg	Nc: use with full glass water, give with or without food Contra: other alcohol products, liver disease s/e: agitation, headache
Diphenhydramine (Benadryl) Antihistamine Effects the H receptor	50mg oral twice daily	Reduce acute dystonia 12.5mg, 25mg, 50mg	1mg/kg/dose Safe=67.3 $67.3 \times 2 = 134.4$ Max=134.4mg	Nc: peel blister pack with med, give with food Contra: acute asthma, liver disease s/e: drowsy, dizziness

Lorazepam (Ativan) Benzodiazepine, helps decrease CNS	1mg oral Q2	Treat anxiety .5mg, 1mg, 2mg	.044-.055mg/kg/dose 2.96mg-3.7mg 3.7x2 Max=7.4mg	Nc: may give sublingual too, don't confuse with atarax Contra: comatose, or cns depression s/e: lethargy, confusion
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 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.?	<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>
Risperidone (Risperdal) Benzisoxazoles that antagonize dopamine	.5mg oral daily	Mood stabilizer .25,.5,1,2,3,4mg	.5-1mg/day 1mg Max dose 3.5mg	Nc: monitor bp, and assess mental status Contra: liver disease, caution diabetic patients s/e: increased dreams, headache
Reference Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). <i>Daviss drug guide for nurses</i> . Philadelphia, PA: F.A. Davis Company.				

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. <u>All</u> 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 Divirsonal/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	
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 <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).	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 <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).	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	