

Patient's Age 8 years 11 months
Year's months

Weight (in kg) 26 kg

BMI 23

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

Chief Complaint (Reason for admission): Asthma exacerbation Admit date: 9/4

Other co-existing conditions: None

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

- 8-year-old female with a history of asthma presented to OSF ED Danville due to concerns of wheezing and shortness of breath. Family is in the process of moving houses and did not have patient's albuterol handy. While in the ED, patient developed an increase in wheezing, shortness of breath, and WOB. Patient was then transferred to Carle and admitted.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):

- Patient did not have any complications during her visit. She also did not have any labs drawn during her hospitalization.

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

- April 2019 OSF Danville for asthma exacerbation, March 2017 for RAD, and September 2015 for acute respiratory distress.

Child's diagnosis: Asthma exacerbation **Etiology of disease process** (what causes it): For my patient, her asthma is triggered by cold weather.

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)

- During an asthma exacerbation, the airway becomes swollen and inflamed and make breathing painful and difficult. Muscles around the airways contract and causes bronchial tubes to narrow. The alveoli in the lungs collapse, which makes breathing and the ability to control breathing very difficult (Hinkle, J.L., & Cheever, K. H. (2018). Asthma exacerbations are caused by triggers. A trigger is anything that can cause an irritation to the airways; cold weather, exercise, pollen, allergies, and certain smells are examples of triggers. A person who is experiencing an asthma exacerbation will have difficulty breathing, shortness of breath, chest pain, and decreased oxygen saturation.

Reference: Hinkle, J.L., & Cheever, K. H. (2018), *Brunner & Suddarth's textbook of Medical-Surgical Nursing* (14th ed.).

Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

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

Wheezing, decreased O2 stats, shortness of breath, and chest pain.

Vital Signs: (List your source for the Normal ranges) T 98.5 HR 88 (NL for age) 70 – 110 RR 22 (NL for age) 20 -30

B/P 92/118 (NL for age) 80/120 O2 sat 99% Room Air or Oxygen – Room air

**(2017). RN Nursing Care of Children: Content Mastery Series Review Module. Leawood, KS: Assessment Technologies Institute, LLC.

Intake/Output: (IV, PO, Out & Deficits) - 240 mL of apple juice

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

General appearance: A/O to time, place, and date. Alert; talking in full sentences.

Head: No lesions noted, hair is well-groomed, normocephalic.

Ears: Auricles are pink and moist. No drainage noted.

Eyes: Sclera is white, conjunctiva is clear.

Thyroid: Thyroid is not palpable to touch.

Chest: Lungs are coarse bilaterally. Chest soreness when coughing.

CV: Tachycardic with regular sinus rhythm.

Abdomen: No distention noted, bowel sounds normoactive, abdomen is soft.

GU: No nausea, vomiting, or diarrhea.

Musculoskeletal: Muscle strength equal bilaterally. ROM present.

Extremities: Insect bites on both upper and lower extremities.

Skin: Skin is warm, dry, and pink. No bruises noted.

Other: Not applicable.

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 really had zero to little pain other than difficulty breathing. She was experiencing mild chest pain when she coughed. She described the pain or feeling to me as “pressure”, which only lasted for a couple minutes after she would cough. Patient was placed on oxygen for breathing interventions and to increase her O2 stats. I asked patient to rate her pain from 0-10 and gave her the Wong-Baker Faces Pain Scale to determine her level of pain and how she was feeling. She pointed to the face that was experiencing no pain. Patient was not given any medication during my time of care.

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 | 4.19 – 9.43 | No labs were drawn | No labs were drawn | No labs were drawn |
| Hgb | 10.8 – 13.3 | No labs were drawn | No labs were drawn | No labs were drawn |
| Hct | 33.4 – 40.4 | No labs were drawn | No labs were drawn | No labs were drawn |
| MCV | 96.9 – 90.6 | No labs were drawn | No labs were drawn | No labs were drawn |
| MCH | 31.5 – 34.2 | No labs were drawn | No labs were drawn | No labs were drawn |
| MCHC | 31.5 – 34.2 | No labs were drawn | No labs were drawn | No labs were drawn |
| WBCs | 4.19 – 9.43 | No labs were drawn | No labs were drawn | No labs were drawn |

| | | | | |
|------------------------|-------------------------------------|--------------------|--------------------|--------------------|
| Neutrophils | 1.82 – 7.47 | No labs were drawn | No labs were drawn | No labs were drawn |
| Eosinophils | 0.02 – 0.32 | No labs were drawn | No labs were drawn | No labs were drawn |
| Basophils | 0.01 – 0.05 | No labs were drawn | No labs were drawn | No labs were drawn |
| Monocytes | 0.19 – 0.72 | No labs were drawn | No labs were drawn | No labs were drawn |
| Lymphocytes | 1.16 – 3.33 | No labs were drawn | No labs were drawn | No labs were drawn |
| Platelets | 194 – 345 | No labs were drawn | No labs were drawn | No labs were drawn |
| TEST | NORMAL (specific for age) | No labs were drawn | No labs were drawn | No labs were drawn |
| Glucose | 60 -99 | No labs were drawn | No labs were drawn | No labs were drawn |
| Na ⁺ | 136 – 145 | No labs were drawn | No labs were drawn | No labs were drawn |
| Cl ⁻ | 98 – 107 | No labs were drawn | No labs were drawn | No labs were drawn |
| K ⁺ | 3.5 -5.1 | No labs were drawn | No labs were drawn | No labs were drawn |
| Ca ⁺⁺ | 8.5 – 10.1 | No labs were drawn | No labs were drawn | No labs were drawn |
| Phosphorus | N/A | No labs were drawn | No labs were drawn | No labs were drawn |
| Albumin | 3.4 – 5.0 | No labs were drawn | No labs were drawn | No labs were drawn |
| Total Protein | N/A | No labs were drawn | No labs were drawn | No labs were drawn |
| BUN | 7 – 18 | No labs were drawn | No labs were drawn | No labs were drawn |
| Creatinine | 0.55 – 1.02 | No labs were drawn | No labs were drawn | No labs were drawn |
| TEST | NORMAL (specific for age) | No labs were drawn | No labs were drawn | No labs were drawn |
| Liver Function Tests | N/A | No labs were drawn | No labs were drawn | No labs were drawn |
| Urinalysis | N/A | No labs were drawn | No labs were drawn | No labs were drawn |
| Urine specific gravity | 1.003 – 1.035 | No labs were drawn | No labs were drawn | No labs were drawn |
| Urine pH | 5.0 -7.0 | No labs were drawn | No labs were drawn | No labs were drawn |
| Creatinine clearance | 0.55 – 1.02 | No labs were drawn | No labs were drawn | No labs were drawn |
| Other Labs: | N/A | No labs were drawn | No labs were drawn | No labs were drawn |
| N/A | N/A | No labs were drawn | No labs were drawn | No labs were drawn |

Diagnostic Studies:

| TEST & RESULTS | Correlation to current health status (if abnormal) |
|---------------------------|--|
| Chest x-ray: N/A | No labs were drawn |
| CT Scan/MRI: N/A | No labs were drawn |

| | |
|-------------------|--------------------|
| Biopsy/Scope: N/A | No labs were drawn |
| Cultures: N/A | No labs were drawn |
| Other: N/A | No labs were drawn |

**** Lab values are based off Carle's EPIC**

List of active orders on this patient:

| ORDER | COMMENTS/RESULTS/COMPLETION |
|--------------------------|---|
| Activity: | Ambulate as tolerated |
| Diet/Nutrition: | Regular diet |
| Frequent Assessments: | Vitals Q4 |
| Labs/Diagnostic Studies: | N/A as no labs were drawn |
| Treatments: | Nebulizer & O2 therapy. Patient had already had her neb treatment. She was in the process of being weaned off of the oxygen and onto room air. |

New Orders for Clinical Day

| ORDER | COMMENTS/RESULTS/COMPLETION |
|------------------|--|
| Discharge | Patient was very excited to go home and return to school. Discharge teaching was performed after we had already left the clinical site. |
| N/A | N/A |
| N/A | N/A |

Teaching & Learning: Identified teaching need (be specific): Avoiding triggers and being prepared for an asthma attack

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): I taught my patient how to avoid triggers that could lead to an asthma attack and how to always be prepared for one. Her trigger is cold weather, and with colder months approaching, it is impossible to be able to avoid cold weather in total. I taught her that dressing in layers and limiting her time outside in the coldest months was the best way for her to avoid having an exacerbation. I ensured that her breathing is always going to be her top priority and that having her albuterol inhaler on her always is extremely important. She expressed a readiness to learn and asked me a few different questions regarding her care. I told my patient that she should have an inhaler with her at school and at home and she agreed that that would benefit her greatly and decrease her risk of having an asthma attack or exacerbation.

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

- My teaching to the patient was effective as she repeated most of the information back to me and expressed a readiness to learn and improve her health. I approached my patient by simply conversing with her in a way that she would understand. I did not make it complicated or hard to follow as she is only eight years old. I expect my patient to follow my instructions on dressing in layers, avoiding cold weather exposure as much as possible, and always carrying her inhaler on her. She told me that she was going to do all of these things and I believed her as she seemed very sincere and tired of being in the hospital.

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. Gaining 2-3 kg per year
2. Growing 5cm per year
3. Permanent teeth erupt

Age Appropriate Diversional Activities

1. Jumping rope

2. Riding bikes
3. Joining an organized sport team

Psychosocial Development: Which of Erikson’s stages does this child fit? – Industry vs. Inferiority

What behaviors would you expect? – Cooperating and competing with other children, not understanding the reasoning behind rules and expectations, and having misjudgment that is guided through rewards or punishment.

What did you observe? – My patient did not interact with other children during her stay, however when I asked her simple math questions and she got them right, I would praise her and she would become very happy and her confidence boosted with every question she answered correctly.

Cognitive Development: Which stage does this child fit, using Piaget as a reference? – My patient fits in Piaget’s concrete operational thinking stage.

What behaviors would you expect? – I expect a child to possess logical thinking skills and see an increase in maturity levels when it comes to thinking and problem solving.

What did you observe?

- My patient talked to me about how much she enjoyed going to school. She told me that math was her favorite subject and that she was very good at it. I asked her a couple different math problems and she answered them confidently and correctly.

Vocalization/vocabulary: Development expected for child’s age and any concerns? – I did not have any concerns for the development of this child. I expect her to develop fully and well in her coming years. She seemed like a smart and driven little girl.

Any concerns regarding growth and development? – I did not have any concerns regarding the child’s growth and development.

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

| Potential Complication | Signs/Symptoms | Preventative Nursing Actions |
|------------------------|--|---|
| 1. Growth delay | <ul style="list-style-type: none"> • Not meeting milestones at certain ages • Falling in the lower percentile in growth areas. | Always teach how to prevent triggers and how to manage their asthma and the importance of always having an inhaler with them. |

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| 2. Anxiety | <ul style="list-style-type: none">• Feeling worried, restless, agitated, and nervous• Tightness in chest, SOB, panic. | Teach therapeutic techniques, guided imagery, and effective breathing techniques to control anxiety and breathing. |
|------------|--|--|

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 With rationale (At least 2 nursing interventions per outcome) | Evaluation of <u>EACH</u> outcome |
|--|--|---|---|
| <p>Ineffective breathing pattern</p> <p>Related to:</p> <p>Asthma exacerbation</p> <p>AEB (as evidenced by):</p> <p>Wheezing and SOB</p> | <p>1.Client's O2 stats will stay above 90%.</p> <p>2.Client will utilize the incentive spirometer 10x every hour they are awake.</p> | <p>Monitor O2 stats regularly to ensure breathing pattern is clear and effective.</p> <p>Administer neb treatment when necessary to prevent an exacerbation.</p> <p>Teach patient how to use an incentive spirometer and have patient demonstrate to ensure that they are performing correct technique.</p> <p>Teach patient breathing techniques to control and regulate breathing patterns.</p> | <p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <p>1.Met – Client's O2 stats did not fall below 90% during my care.</p> <p>2.Met – Client used her incentive spirometer during commercial breaks.</p> <p>What next? Educating patient on effective breathing techniques.</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 With rationale (At least 2 nursing interventions per outcome) | Evaluation of <u>EACH</u> outcome |
|--|--|--|---|
| <p>Activity intolerance</p> <p>Related to: asthma exacerbation</p> <p>AEB (as evidenced by): increased fatigue and labored breathing after playing outside</p> | <p>1.Patient will do moderate activity for 30 minutes a day.</p> <p>2.Patient will get an adequate amount of rest each night of 10-12 hours.</p> | <p>1. Explain the reason for the need to conserve energy and avoid fatigue to promote understanding for the effect on breathing.</p> <p>Reinforce activity limitations if triggers attack to provide preventive measures.</p> <p>Assess the presence of weakness and fatigue to provide information about energy reserves as dyspnea.</p> <p>Disturb patient only when necessary and perform care all at once to conserve patient energy and limit interruption in rest.</p> | <p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1.Met – patient did not exceed more than 30 minutes of moderate activity during my care.</p> <p>2.Met – patient slept for a total of 10 hours the night prior and took an hour and half nap during my care.</p> |

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| | | | <p>What next?</p> <ul style="list-style-type: none">- Educate on the importance of rest and limiting activity with potential triggers. |
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Hinkle, J.L., & Cheever, K. H. (2018), *Brunner & Suddarth's textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

N308 Medication Form

Patient Initials: AH

Patient Age: 8

Patient Weight (in kg): 26

| 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/lite/RegHonorsRegistrationProcess.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> |
| <ul style="list-style-type: none"> - acetaminophen (Tylenol) - analgesic - Inhibits the synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS. | 160mg Oral Q4 | 160mg Mild pain and temperature control | 10– 15 mg/kg/dose Safe dose range = 260mg – 390mg (10 x 26 – 15 x 26) Maximum dose in 24 hours = 1300 – 1950 mg (260 x 5 - 390 x 5) | Nursing Considerations: <ul style="list-style-type: none"> - Assess overall health status and alcohol usage - Assess amount, frequency, and type of drugs taken prior to administration. - Evaluate hepatic and renal labs prior to administration Contraindications: - previous hypersensitivity and liver disease Common side effects: ^ agitation, headache, and constipation |
| <ul style="list-style-type: none"> - albuterol sulfate (Accuneb) - Beta Adrenergic Agents/Bronchodilator - Binds to beta adrenergic | 2.5mg Nebulizer PRN | 2.5mg Wheezing, respiratory therapy protocol | 1.25 – 5.0 mg every 4 - 8 hours PRN Safe dose range = 32.5mg – 130mg (1.25 x 26 -5.0 x 26) | Nursing Considerations: <ul style="list-style-type: none"> - Assess lung sounds, pulse, and BP before administration - Observe for wheezing - May cause hypokalemia, check |

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| <p>receptors in smooth muscle airway leading to activation of adenylyl cyclase resulting in relaxation of airway.</p> | | | <p>Maximum dose in 24-hour period = 162.5 – 650 mg (32.5 x 5 – 130 x 5)</p> <p>**Weight-based dosing is not recommended in albuterol as there is a standardized dosing of 2.5 mg.</p> | <p>potassium levels before administration and after.</p> <p>Contraindications:</p> <ul style="list-style-type: none"> - Hypersensitivity to adrenergic amines - Cardiac disease, HTN, hyperthyroidism <p>Common side effects:</p> <ul style="list-style-type: none"> - Nervousness - Restlessness - Tremors - Chest pain |
| <p>Patient did not have any other medications while hospitalized or at-home meds.</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> |
| <p>Medication Trade & Generic Names, Pharmaceutical Class Action of the medication (how does the medication work in the body <u>in your own words</u>)</p> | <p>Dose, route, & frequency ordered for this patient</p> | <p>Concentration Available</p> <p>Why is this pt. taking this?</p> | <p>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)</p> <p>Is this dose safe for this pt.?</p> | <p><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)</p> <p><u>Contraindications</u></p> <p><u>Common side effects</u></p> |
| <p>Patient did not have any other</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> | <p>N/A</p> |

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|--|-----|-----|-----|-----|
| medications while hospitalized or at-home meds. | | | | |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
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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 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 | |
| Potential Medical Complications | Complications that can occur because of primary medical diagnosis/disease/condition. Signs & Symptoms of complication. Preventative nursing actions. | 6 | |

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|--|--|------------|--|
| 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 | |