

Patient's Age 1 10  
Year's months

Weight (in kg) 10.4

BMI 13.87 Kg/m<sup>2</sup>

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

Chief Complaint (Reason for admission): Bronchiolitis Admit date: 8/28/2019

Other co-existing conditions: Reactive airway disease

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

22-month-old male, history of reactive airway disease with home albuterol, admitted to PICU from ED for further management of acute respiratory failure on 10LPM high flow nasal canula. Patient was started on albuterol about a year ago. Was admitted to Carle peds floor 7/22/2019 for croup due to Rhino/entero and parainfluenza. Treated with decadent albuterol. Patient was well until the day prior of admission when he was seen in ED at Carle for shortness of breath and wheezing. He was given Solumedrol and DuoNeb, improved and discharged. He got worse again and returned to ED today. In ED he was started on 8 LPM nasal canula. Chest X-ray did not show infiltrate. He was afebrile at home but had temperature of 100.2 F in ED, mother also reported decreased PO intake but still having wet diapers.

**Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):** Was given Albuterol and on 10 LPM nasal canula, has not been seen by pulmonary.

**Past Medical & Surgical History** (illnesses, hospitalizations, immunizations, birth history-any complications?) No past surgical history. Medical history he has been on albuterol for a year.

**Child's diagnosis:** Acute Respiratory Failure **Etiology of disease process** (what causes it): The exchange between Carbon Dioxide and Oxygen does not occur. The Oxygen can't reach the heart, brain, and the rest of the body.

**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 a syndrome in which the respiratory system fails in one or both of its gas exchange functions: oxygenation and carbon dioxide elimination. In practice, it may be classified as either hypoxic or hypercapnic (Kaynar, 2018).

**Reference** Kaynar, A. M. (n.d.). *Respiratory Failure*. Retrieved from <https://emedicine.medscape.com/article/167981-overview>

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

Shortness of breath, anxiety, restlessness, sweating, blue lips, confusion, rapid heartbeat, disorientation

**Vital Signs:** (List your source for the Normal ranges) T 97.5 F HR 119 (NL for age) 80-110 RR 34 (NL for age) 23-24 B/P 124/66 (NL for age) 90-105/55-70 O2 sat 94 Room Air or Oxygen Room air

Reference: Novak, C. (2018, July 10). Pediatric Vital Signs Reference Chart. Retrieved September 2, 2019, from

Peds Cases website: <https://www.pedscases.com/pediatric-vital-signs-reference-chart>

**Intake/Output:** (IV, PO, Out & Deficits) Intake: PO-1300, IV-452.9, Total=1752.9 Output: Urine- 1811, Bowel- 695, Total= 2506

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

General appearance: Alert and orient, clean appearance  
 Head: normocephalic, clean appearance, no scratches or wounds  
 Ears: Pink auricle, pearly grey TM, soft skin, slight cerumen  
 Eyes: PERRLA  
 Thyroid: Thyroid was not palpable  
 Chest: Even rise and fall with breaths, had wheezing and were a little hoarse sounding, look like it took effort to take deep breaths  
 CV: Heart sounds were clear, had S1 and S2, no murmur sounds and no S3 or S4, cap refill was less than 3 seconds  
 Abdomen: no pain in abdomen when palpating the abdomen  
 GU: Bowel sounds were active, defecated about 3 times while I was there, and urinated in 4 diapers while I was there  
 Musculoskeletal: Patient was able to move all extremities, there was no swelling and no pain when moving them  
 Extremities: Had 2+ peripheral pulses in all extremities, reflexes were in tact  
 Skin: White appearance, soft skin, no lesions or wounds clean appearance  
 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:** When arrived in the ER patient was anxious and couldn't breathe, lungs were hoarse and had wheezing. Assessment today: the patient is now calm, still anxious when the nurses walk in the room, still sounds a little hoarse and slight wheezing, also on nasal canula.

**Lab Tests:** No labs were done on the day of clinical

TEST	NORMAL (specific for age)			Correlation to current health status & comment on trending (comment only on abnormal lab results)
		Prior	Clinical Day	
RBCs	3.89-4.97	5.23		Elevated due to acute respiratory airway disease (Chin, 2018)
Hgb	10.2-12.7	13.4		Elevated due to respiratory airway disease (Chin, 2018)
Hct	31.0-37.7	39.5		Elevated due to respiratory airway disease (Chin, 2018)
MCV	71.3-84.0	75.5		
MCH	23.7-28.3	25.6		
MCHC	32.0-34.7	33.9		
WBCs	5.14-13.38	10.38		

Neutrophils	1.54-7.92	5.32		
Eosinophils	.03-.53	.22		
Basophils	.01-.06	.05		
Monocytes	.19-.94	2.07		
Lymphocytes	1.13-5.52	2.68		
<b>Platelets</b>	202-403	317		
<b>TEST</b>	<b>NORMAL</b> (specific for age)			
		<b>Prior</b>	<b>Clinical Day</b>	<b>Correlation to current health status &amp; comment on trending</b>
Glucose	60-99	93		
Na <sup>+</sup>	135-145	140		
Cl <sup>-</sup>	98-107	109		
K <sup>+</sup>	3.5-5.1	4.1		
Ca <sup>++</sup>	8.5-10.1	10.6		
Phosphorus				Patient has had none of these labs drawn
Albumin				Patient has had none of these labs drawn
Total Protein				Patient has had none of these labs drawn
BUN	7-18	9		
Creatinine	.70-1.30	.23		
<b>TEST</b>	<b>NORMAL</b> (specific for age)			
<b>Patient has had none of these labs drawn</b>		<b>Prior</b>	<b>Clinical Day</b>	<b>Correlation to current health status &amp; comment on trending</b>
Liver Function Tests				
Urinalysis				
Urine specific gravity				
Urine pH				
Creatinine clearance				
<b>Other Labs:</b>				

**Reference:** Chin, E. S. (n.d.). *Pediatric Reactive Airway Disease Workup*. Retrieved from <https://emedicine.medscape.com/article/800119-workup>

**Diagnostic Studies:**

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray: Chest	Mild subglottic tracheal narrowing, bronchial wall thickening on the lateral view
CT Scan/MRI:	None while admitted
Biopsy/Scope:	None while admitted
Cultures:	None while admitted
Other:	

**List of active orders on this patient:**

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	in bed got up as needed
Diet/Nutrition:	Regular
Frequent Assessments:	Q 2 hours
Labs/Diagnostic Studies:	X Ray of chest
Treatments:	Albuterol, Pepcid, solumedrol

**New Orders for Clinical Day**

ORDER	COMMENTS/RESULTS/COMPLETION

**Teaching & Learning:** Identified teaching need (be specific): Teaching the mother how to help the baby breath if an episode flares up

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): I sat in the room with the mom and child while he was playing with his tablet. I was talking to his mom how to help the child while he had an episode of breathing problems. I told her that she could shut the bathroom door and turn the shower on extremely low and the steam will help the child breath. I also told her the signs to lookout for so she knows if her baby is having an acute episode of respiratory problems. Those signs were wheezing, coughing, rapid breathing, fatigue, anxiety, and confusion.

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

The mother understood what I was telling her and she wrote down what I was telling her. She truly seemed like she was in what I was telling her.

**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. Toddler walks with wide gait stance
2. Puts large building blocks together
3. Repeats overheard words

**Age Appropriate Diversional Activities**

1. Reading to them
2. Playing blocks with them
3. Ask them what their favorite show is

**Psychosocial Development:** Which of Erikson’s stages does this child fit? Autonomy Vs. Shame and doubt

What behaviors would you expect? Imitates adults and playmates, negativism abounds, separates from parent/caregiver, achieves autonomy and self-control.

What did you observe? He imitates what others do, excited when his mom walks in

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

What behaviors would you expect? Starting to think before acting, understands request and is capable of following simple directions, has a sense of ownership

What did you observe? Likes to have his toys to himself, he stops before he does anything like imitate someone

**Vocalization/vocabulary:** Development expected for child’s age and any concerns? Has expressive language and a little bit of receptive language. No concerns of development

**Any concerns regarding growth and development?** no

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Pulmonary Emboli	Leg pain, swelling in the calf, shortness of breath, clammy or bluish skin, chest pain	Oxygen therapy, IV therapy, using a incentive spirometer

<p>2.</p> <p>Fibrosis</p>	<p>Frequent coughing, wheezing, bouts of pneumonia, poor weight gain, shortness of breath</p>	<p>Do frequent testing, removing or loosening mucus from lungs, providing adequate nutrition</p>
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## Nursing Care Plan

Nursing Diagnosis <b><u>Prioritize-most important to least</u></b>	Outcomes (Patient/Family will: ..... and <b>give time line</b> ) <b>(MUST BE MEASURABLE)</b>	Nursing Interventions <b><u>With rationale</u></b> <b><u>(At least 2 nursing interventions per outcome)</u></b>	Evaluation of <b><u>EACH</u></b> outcome
<p>Ineffective breathing pattern</p> <p>Related to:</p> <p>Hypoxia</p> <p>AEB (as evidenced by):</p> <p>Shortness of breath</p>	<ol style="list-style-type: none"> <li>1. Patient will Be able to be within normal range of respirations twice before being discharged</li>   <li>1. Patients ABG levels return to and remain within established limits before being discharged</li> </ol>	<ol style="list-style-type: none"> <li>1. Use an incentive spirometer to help his breathing and lung capacity</li>   <li>2. Try to get him out of bed and up and moving</li>   <li>1. Evaluate appropriateness of inspiratory muscle training</li>   <li>2. Encourage diaphragmatic breathing for patients with chronic disease</li> </ol>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <ol style="list-style-type: none"> <li>1. Outcomes met, got within normal range 4 times</li>   <li>2. Patients ABG's went back within limits</li> </ol> <p>What next? Let the doctor know the improvement</p>

## Nursing Care Plan

Nursing Diagnosis <b><u>Prioritize-most important to least</u></b>	Outcomes (Patient/Family will: ..... and <b>give time line</b> ) <b>(MUST BE MEASURABLE)</b>	Nursing Interventions <b><u>With rationale</u></b> <b><u>(At least 2 nursing interventions per outcome)</u></b>	Evaluation of <b><u>EACH</u></b> outcome
<p>Deficient knowledge</p> <p>Related to:</p> <p>Not knowing what is going on</p> <p>AEB (as evidenced by):</p> <p>The mother stating her worries</p>	<ol style="list-style-type: none"> <li>1. Patients family will verbalize understanding for cause of problem by discharge</li> <li>2. Patient family will identify signs and symptoms requiring medical follow up before he is discharged</li> </ol>	<ol style="list-style-type: none"> <li>1. sit down with the patient's family and talk to him about his condition in a way that they will understand</li> <li>2. Have the patient's family then turn around and teach you about his condition to make sure that they fully understood it</li> </ol> <ol style="list-style-type: none"> <li>1. Review the signs and symptoms with the patient's family of what will occur if breathing problems flare up again</li> <li>2. Educate them on what to do if one happens again later on in life</li> </ol>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <ol style="list-style-type: none"> <li>1. Family was able to explain back to me what their sons' condition was</li> <li>2. Patients family knows what the signs and symptoms are just in case of another flare up</li> </ol> <p>What next? Let the doctor know of the changes</p>

## N308 Medication Form

Patient Initials:   ZK                  

Patient Age:   22 months          

Patient Weight (in kg):   10 kg                  

Scheduled Medications				
<b>Medication</b> <b>Trade &amp; Generic Names,</b> <b>Pharmaceutical Class</b> <b>Action of the medication</b> (how does the medication work in the body <u>in your own words</u> )	<b>Dose, route, &amp; frequency ordered for this patient</b>	<b>Concentration Available</b>  <b>Why is this pt. taking this?</b>	<b>Calculate the safe dose ranges for this child. This is done by multiplying the safe dose range by the child's weight.</b> <a href="https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do">https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do</a>  <b>What is the maximim dose that can be given in a 24 period?</b> <b>(Show Calculations)</b>	<b>Nursing Considerations</b> (at least 3 & must be appropriate for this patient, & include any labs that need to be done to monitor pt. while taking this medication) <b>Contraindications</b> <b>Common side effects</b>
Trade: Tylenol Generic: acetaminophen Action: pain or fever Pharm class: analgesic, non-opioid	156.8 mg Every 4 hours, PRN, given orally	160mg/5ml Temp (100.4 F)	480 mg every 24 hours (Jones and Bartlett learning nurses drug book 2018)	Contraindication: severe hepatic impairment, don't use with other drugs with acetaminophen, severe liver disease Considerations: hepatotoxicity, no more than 4 grams a day, respiratory depression Side effects: nausea, vomiting, insomnia
Trade: Albuterol Sulfate Generic: Pro Air Action: open airway to breathe Pharm Class: Beta adrenergic agent	2.5mg every 2 hours. Given: nebulization	2.5mg/3ml Breathing problems	2.5mg every 3 to 4 hours (Jones and Bartlett learning nurses drug book 2018)	Side Effects: Tremor, back pain, nausea Contraindication: hypersensitivity to milk proteins, hypersensitivity to albuterol, risk of premature labor Considerations: CNS stimulation, hyperactivity, insomnia

<p>Trade: Pepcid  Generic: famotidine  Pharm class: histamine #2 receptor inhibitors  Action: inhibition of histamine at H2 receptors</p>	<p>5.2mg  IV push  BID</p>	<p>20mg/2ml  Stomach pain</p>	<p>40 mg daily  (Jones and Bartlett learning nurses drug book 2018)</p>	<p>Side Effect: headache, dizziness, tachycardia  Contraindication: hypersensitivity to famotidine, don't use if trouble swallowing, renal impairment  Considerations: prolong QT intervals, Vitamin B12 deficiency, risk of CNS adverse reactions</p>
<p><b>Medication</b>  <b>Trade &amp; Generic Names,</b>  <b>Pharmaceutical Class</b>  <b>Action of the medication</b> (how does the medication work in the body <u>in your own words</u>)</p>	<p><b>Dose, route, &amp; frequency ordered for this patient</b></p>	<p><b>Concentration Available</b>   <b>Why is this pt. taking this?</b></p>	<p><b>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)</b>   <b>Is this dose safe for this pt.?</b></p>	<p><b><u>Nursing Considerations</u></b> (at least 3 &amp; must be appropriate for this patient, &amp; include any labs that need to be done to monitor pt. while taking this medication)  <b><u>Contraindications</u></b>  <b><u>Common side effects</u></b></p>
<p>Trade: Ibuprofen  Generic: Advil  Pharm class: NSAID  Action: for mild pain or temperature</p>	<p>104 mg every 6 hours, PRN  Given orally</p>	<p>100mg/5ml  Fever (100.4 F)</p>	<p>40mg/kg daily  (Jones and Bartlett learning nurses drug book 2018)</p>	<p>Side effect: heartburn. Diarrhea, constipation  Contraindication: aspirin triad, history of asthma, urticaria  Considerations: can have MI or stroke, monitor BP, can cause drowsiness</p>


## N308 CARE PLAN GRADING RUBRIC FOR HOSPITAL

Name: \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

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

<b>Nursing Diagnosis # 1 Related to or AEB</b>	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 <b>once</b> during clinical or patient will verbalize <b>3</b> 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	
<b>Nursing Diagnosis #2 Related To and AEB (as evidenced by)</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, <b>MUST</b> 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 <b>once</b> during clinical or patient will verbalize <b>3</b> 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	
<b>Medications</b>			
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	
	<b>Total Points</b>	<b>100</b>	