Lakeview College of Nursing
N433 Pediatrics Clinical Care Plan

Student Name: Mary Liesveld

CLINICAL DATE: Saturday, August 31, 2019

Patient's Age: 15 years and 2 months **Weight** (in kg) **:** 13kg **BMI:**17.37kg/m^2

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

Chief Complaint (Reason for admission): Bilateral tonsil hypertrophy **Admit date:** 08/30/2019

Other co-existing conditions: Adenoid hypertrophy and sleep disorder breathing.

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

J.D. is a 2-year-old male who was admitted to the hospital on 08/30/2019 for a scheduled tonsillectomy and adenoidectomy. The pt. was admitted to the unit post tonsillectomy for observation due to his young age. There were no complications throughout the surgery. The patient has a history of frequent strep throat infections and very enlarged 3+ tonsils. The client's past medical history also includes snoring, mouth breathing, sleep apnea, and asthma.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc: Patient underwent a scheduled tonsillectomy and adenoidectomy.

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

The patient had an atraumatic birth without complications and is up to date on all of his vaccinations. The pt. has a past medical history of asthma, sleep apnea, frequent strep throat infections, and tonsillar hypertrophy.

Child's diagnosis: Tonsillar hypertrophy

Etiology of disease process (what causes it): Tonsillar hypertrophy most commonly affects children, but the precise etiology of chronically enlarged tonsils is unknown. Underlying bacterial infections and viral infections including strep throat, the common cold, mononucleosis, and the flu virus can cause enlarged tonsils and swollen neck glands in both children and adults (Watson, 2018). Some individuals are born with larger tonsils and it also may be genetically inherited. Smoking, secondhand smoke inhalation, and pollution can also contribute to developing chronically enlarged tonsils (Watson, 2018).

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):** Tonsillar hypertrophy is a term used for chronically enlarged tonsils. Tonsils are two small glands located at the top of the mouth and back of the throat. Tonsils are part of the immune system and prevent illness by filtering out bacteria, germs, and viral infections that enter through the mouth and nose (Watson, 2018). Tonsillar hypertrophy is more frequently found in children. Children generally have enlarged tonsils due to repeated exposure to bacterial and viral infections that are common amongst children (Watson, 2018). Enlarged tonsils in children typically get smaller with age. Enlarged tonsils can partially block the

throat and lead to difficulty breathing, snoring, sleep apnea, sinus and ear infections, bad breath, as well as noisy and mouth breathing (Watson, 2018). Enlarged tonsils may also be due to an underlying bacterial or viral infection (Watson, 2018).

Reference:

Watson, S. (2018, April 18). Tonsillar Hypertrophy. Retrieved from https://www.healthline.com/health/tonsillar-hypertrophy

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

Clinical manifestations of tonsillar hypertrophy include sore throat, dysphagia, breath odor, otitis media, frequent ear and sinus infections, difficulty breathing, snoring, sleep apnea, noisy breathing, and mouth breathing. Post tonsillectomy side effects include pain in the throat and ears, difficulty or hesitancy swallowing, and drooling.

Vital Signs: **(List your source for the Normal ranges)** **T:**98.4 **HR:**109 **(NL for age):** 98-140 **RR:**24 **(NL for age):**22-37 **B/P:**93/53 **(NL for age):** 86-106/42-63 **O2 sat:** 99 **Room Air or Oxygen:** RA

References

Mersch, J. (2018, October 17). Pediatric Vital Signs: Charts of Normal Ranges. Retrieved from https://www.emedicinehealth.com/pediatric_vital_signs/article_em.htm

Intake/Output: (IV, PO, Out & Deficits): Patient intake: 169.7mL IV fluid, PO intake = 240 mL = 409.7mL fluid intake
Fluid output = unmeasurable. Pt. wore diapers and has not yet been potty trained. RN states pt. was not on strict I & O.
Patient received IV fluids: D5-0.45% NaCl 46 mL/hr
22 gauge IV hep-lock inserted in left forearm on first try by RN. IV appears patent, stable, and flushes easily. No signs of erythema, swelling or drainage present. Pt. denies pain at insertion site.

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

General appearance: Pt. is alert and oriented x 4. Appears well-groomed and well nourished.

Head: Head is normocephalic, atraumatic, and symmetrical. Pt.'s hair is evenly distributed throughout scalp. No lesions or masses present. HEENT is symmetrical at rest and with movement. Anterior fontanel is closed and pt.'s head is larger in proportion to the rest of his body.

Ears: Ears appear symmetrical with auricles firm, mobile and nontender. Temporal membrane is pearly gray and pinna recoils when folded.

Eyes: Pupils are equal, round, reactive, and accommodate to light. Sclera is slightly injected. Pt. has coordinated extraocular movement of both eyes.

Thyroid: Thyroid is not visible upon inspection and is not palpable. Trachea is midline. Pt was hesitant to swallow when asked. Facial grimacing upon swallowing. Lymph nodes are not palpable.

Chest: Breath sounds are clear to auscultation bilaterally. Respirations are unlabored with regular pattern and depth. Pt. does not appear to be in respiratory distress and breathes without the use of accessory muscles.

CV: Clear S1 and S2 sounds present and no gallops or murmurs present. Regular cardiac rate and rhythm. Distal pulses are strong and palpable throughout. Capillary refill is less than 2 seconds.

Abdomen: Upon auscultation pt. has hyperactive bowel sounds. Abdomen is soft and nondistended. Rebound tenderness is not present. Pt.'s mother reports that the patient typically has at least two bowel movements per day. The patient's mother reported the client had a small and well-formed bowel movement that morning.

GU: Pt. is incontinent of urine and still wears diapers. The client's mother reports they began potty training three weeks prior to visit, but the recent hospital stay has made potty training difficult. The patent's mother reports the client had three wet diapers that she changed by 1130 on 08/31/2019. Urine is normal of color and frequency and pt. does not exhibit any hesitancy or pain when urinating.

Musculoskeletal: Pt. has a general and purposeful motor response and has full ROM of both upper and lower extremities. Pt. follows commands well and has purposeful and equal strength throughout upper and lower extremities. The toddler demonstrates lordosis and a protuberant belly.

Extremities: Pt. has full ROM of both upper and lower extremities. Extremities are symmetrical in both size and length. Pt. was able to cooperate throughout the assessment and stand on his own without support. No swelling or edema present throughout all extremities and Pt. denies joint or bone pain.

Skin: Pt.'s skin is warm, dry, and intact throughout. He is not diaphoretic, and no erythema is present. No rashes or drains are present. Pt. has small bruise on his right knee. Pt.'s mother reports he was playing with his brothers and fell on his knee.

Other: Mouth: Lips and oral mucosa are pink, moist, and intact. Oropharyngeal exudate noted, posterior oropharyngeal edema present, posterior oropharyngeal erythema present. No blood present in oral cavity. Pt. exhibits hesitancy when swallowing and slight facial grimacing while swallowing. Uvula is midline.

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:

Using the RFLACC pain scale rating, the pt. exhibited no particular facial expression or smile at rest. Pt will grimace occasionally upon swallowing. The patient's mother reports that the patient stated his throat hurt when he woke up from a nap. While napping he "snored deeply" and it hurt his throat. RN administered 195.2mg of oral suspension acetaminophen. When assessing the pt. 40 minutes after pain medication was administered, the patient was in bed watching his ipad. His mother reported that he was more comfortable and not as restless.

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending (comment only on abnormal lab results)
RBCs			N/A	
Hgb			N/A	

Hct			N/A	
MCV			N/A	
MCH			N/A	
MCHC			N/A	
WBCs			N/A	
Neutrophils			N/A	
Eosinophils			N/A	
Basophils			N/A	
Monocytes			N/A	
Lymphocytes			N/A	
Platelets			N/A	

TEST	**NORMAL**			
		Prior	**Clinical Day**	**Correlation to current health status & comment on trending** (optional)
Glucose			N/A	
Na^+			N/A	
Cl^-			N/A	
K^+			N/A	
Ca^{++}			N/A	
Phosphorus			N/A	
Albumin			N/A	
Total Protein			N/A	
BUN			N/A	
Creatinine			N/A	

TEST	**NORMAL**			
		Prior	**Clinical Day**	**Correlation to current health status & comment on trending** (optional)
Liver Function Tests		N/A	N/A	
Urinalysis		N/A	N/A	
Urine specific gravity		N/A	N/A	
Urine pH		N/A	N/A	
Creatinine clearance		N/A	N/A	
Other Labs: CRP			N/A	

Diagnostic Studies:

TEST & RESULTS	**Correlation to current health status** (if abnormal)
Chest x-ray:	N/A
CT Scan/MRI:	N/A

Biopsy/Scope:	N/A
Cultures:	N/A
Other:	N/A

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: Pt. ordered to keep head elevated when possible to decrease throat swelling.	Pt. was compliant with the order and watched his Ipad upright in bed.
Diet/Nutrition: Regular diet, advance diet as tolerated	Pt. is compliant and exhibits good nutritional input including scrambled eggs, jello, and apple sauce.
Frequent Assessments: Wound/ incision care in the back of the throat.	Frequent assessment of pt.'s oral cavity and throat. Oropharyngeal edema and redness are noted. Physician noted "white patches" in the back of the pt.'s throat on 08/30/2019 after procedure.
Labs/Diagnostic Studies:	**N/A**
Treatments:	**N/A**
New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
N/A	**N/A**

Teaching & Learning: Identified teaching need (be specific): Pt. teaching consisted of educating the pt.'s mother of appropriate foods for the toddler to eat after his tonsillectomy as well as how often he should be eating and drinking. The pt.'s mother was told not to give the pt. sharp foods such as chips and hard candy. We gave the mother a list of foods that the patient will likely be able to tolerate, and if he does well with the foods listed, then she show slowly return back to the toddlers regular diet.

**Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): ** The teaching method consisted of using a piece of paper printed off the internet as well as verbal communication. The mother was provided with a list of foods that her son would be able to tolerate. I also informed her the importance of maintaining proper nutrition. The list of foods consisted of jello, scrambled eggs, mashed potatoes, pasta, applesauce, ice cream, smoothies, etc.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):
The mother of the patient shook her head and stated she had looked this information up before her son had his tonsils removed. She also stated that she was provided this information by the her sons primary care provider. The mother stated she had everything prepared at home.

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. The patient was able to stand on his own without assistance from an adult or supportive device
2. The patient was able to identify 4 different body parts when named
3. The pt. used gestures and words while playing with trains (pretend play)

Age Appropriate Diversional Activities

1. Pt. watched Mickey Mouse Clubhouse on his ipad before discharge
2. The pt. played with trains in the playroom
3. The pt. and his mother read several books together.

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

Pt. is a 2 year old male who is currently in Erikson's second stage of development which is autonomy vs. shame and doubt.

What behaviors would you expect? Expected behaviors during toddlerhood (autonomy vs. shame and doubt) include putting energy towards developing physical skills such as walking, grasping, and climbing on and off furniture and objects. The most important event during this stage is toilet training (Fleming, 2004).

What did you observe? The pt. is a two-year-old male and exhibits many of the expected behaviors throughout toddlerhood. The patient exhibited autonomy by exploring his environment. The patient was a little antsy in bed, so he walked around the room and climbed on and off the bed. He put his energy towards physical skills like walking and climbing. The client demonstrated his ability to hold a pincer grasp while eating his ice cream and also exhibited grasping while he was in the playroom. He grasped the trains he was playing with and turned the pages for his mother while she read him books.

Reference

Fleming, J. (2004). Erikson's psychosocial developmental Stages. Eric Erickson's child psychology development. Retrieved from

http://swppr.org/textbook/ch%209%20erikson.pdf

Cognitive Development: Which stage does this child fit, using Piaget as a reference? During toddlerhood, children are between the sensorimotor and preoperational stage of cognitive development (Arnett, 2013).

What behaviors would you expect? Expected behaviors of toddlers during the sensorimotor and preoperational stage includes differentiating themselves from their parents, increased object permanence, beginning to engage in symbolic thought, egocentrism, and pretend play (Arnett, 2013).

What did you observe? The patient exhibited a few behaviors that fall under Piaget's sensorimotor and preoperational stage. The patient exhibited pretend play by playing trains with his mother and making noises that trains make such as "choo choo." The patient exhibited egocentrism when I was talking with his mother about appropriate foods for the client to eat after discharge. The client kept trying to get his mothers attention and continued to do so several times even after she told him she was busy. The client demonstrated increased object permanence when he began to talk about a game he wanted to play when he returns home.

Reference

Arnett, Jeffrey Jensen (2013). Sensorimotor and Preoperational stage. NJ: Person Education Inc. pp. 64–65. *ISBN 978-0-205-89249-5*.

Vocalization/vocabulary: Development expected for child's age and any concerns? Pt. is able to communicate using telepathic language and fragmented sentences. When presented with which color popsicle he wanted, he stated "That one!" He also exhibited telepathic language by stating, "Wanna go home" and "ok, next page."

Any concerns regarding growth and development? Currently, I have few concerns for the pt.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Potential infection of the surgical site	Fever, chills, malaise, headache, reduced activity, and pallor.	- Recognize signs and symptoms of infection - monitor surgical site for s/s of infection - Frequent vital signs - administer antibiotics as prescribed - encourage frequent sips of PO fluid to prevent surgical site cracking.
2. Inflammation of surgical site and obstruction of airway	- SOB - Cyanosis - reduced spo2 - increased respiration rate - fatigue - reduced activity - inability to swallow	- Monitor vital signs - monitor respiration rate -inspect site of incision for edema or swelling - administer pain meds, anti-inflammatory meds, and steroids as prescribed

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
Acute pain Related to: surgical excision of tonsils AEB (as evidenced by): Patient restlessness, irritability, facial grimacing, and hesitancy swallowing. The pt.'s throat is pink, white at surgical site and red around the edges.	1. Patient will exhibit minimal facial grimacing and hesitancy swallowing before discharge on 08/31/19. Pain assessment will be done using the RFLACC pain rating. 2. The client will remain comfortable enough to advance diet as tolerated before discharge on 08/31/2019	1. The nurse will utilize the RFLACC pain rating system when assessing the client for pain. This will help the nurse to assess an accurate pain rating due to the patient's age and inability to verbalize type, location, and intensity of pain 2. Monitor the patient for nonverbal pain cues such as restlessness and hesitancy swallowing. Body language cues may be used in conjunction with verbal cues to determine extent and severity of pain. 1. The nurse will provide the patient's mother with proper education as to what foods the patient can tolerate post tonsillectomy. Advancing the patient's diet and swallowing more frequently helps with recover.	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Goal partially met. The client exhibited less facial grimacing and swallowing hesitancy throughout the day of discharge. 2. The client's mother listed appropriate foods for her toddler to eat post tonsillectomy before discharge on 08/31/19. The nurse provided pain meds as prescribed to keep pain at a tolerable level.

		2. Provide patient medication as prescribed by the care provider. Taking medication at the time and frequency it is prescribed can help prevent exacerbation of symptoms.	What next? Make an appointment with primary care provider or ENT specialist to ensure pain is under control.

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 fluid volume deficit Related to: decreased fluid intake AEB (as evidenced by) Facial grimacing, hesitancy swallowing, drooling, restlessness, and lack of PO oral fluid intake.	1. The client will be able to swallow without difficulty and will reach an intake of at least 200 mL of fluid by mid shift 1100 on 08/31/2019. 2. Patient will be able to sit upright for 30 minutes without appearing restless, drooling, and will take sips of nearby	1. Explain the importance of hydration to the client and to the parents of the client. Inadequate fluid intake can result in bleeding and dryness of the surgical site as well as improper wound healing. 2. Encourage client to drink cool drinks as it can help to numb the back of the throat. Experiencing decreased pain can encourage the client to drink more and promote further healing . 1. Encourage the client's mother to read to him in an	Outcomes Met/ Partially met/ Not met (with explanation) 1. Goal met. The patient drank 240 mL of ice cold apple juice by 1030 on day of discharge 08/31/19 at 1130. 2. Goal met. The patient sat upright with his mother for 30 minutes while reading with his mother and eating a popsicle before discharge on 08/31/2019.

	apple juice by 08/31/2019.	upright position. Sitting upright can decrease throat swelling and places the client in the proper position to drink fluids. 2. Provide the client with their favorite cold drinks and popsicles. The coolness can take away the pain and promote frequency of sips. Popsicles can be used to hydrate the patient when they are refusing to drink an adequate amount of fluids.	This decreases throat swelling and is helpful with hydration. Frequent swallowing helps the client heal quicker. What next? Make an appointment with your primary care provider or ENT specialist to ensure proper hydration.

N308 Medication Form

Patient Initials: G.D. Patient Age: 2 years old Patient Weight (in kg): 13kg

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.** https://www.epocrates.com/liteRegHonorsRegistrationProcess.do **What is the maximim 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**
Acetaminophen (Tylenol) **Nonsalicylate** **Analgesic, antipyretic** **Blocks prostaglandin production and interferes with pain impulse**	**160mg/5mL oral suspension Q4**	**Ordered amount is 6.1mL = 195.2mg of 160mg/5mL** **For pain relief**	**15mg/kg** **15mg x 13kg = 195.** **6.1mL = 195.2mg of 160mg/5mL** **Do not administer more than 5 doses in a 24 hour period** **Pt. is within safe dosage range**	**-use carefully and monitor if giving to pt. with renal impairment.** **-Monitor AST and ALT lab levels** **-monitor urine output as low urine output may indicate renal failure** **- do not take if severe hepatic impairment, liver disease, or hypersensitivity to drug.** **- SE: headache, diarrhea, abdominal pain.**

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 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.?**	**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**

References (2018). Acetaminophen dosing for children: MedlinePlus Medical Encyclopedia. Retrieved from https://medlineplus.gov/ency/patientinstructions/000783.htm				

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**	