Lakeview College of Nursing **Student Name** __Zachary Brito____
N433 Pediatrics Clinical Care Plan

CLINICAL DATE_____9/13/19_____

Patient's Age ____1_____10____ **Weight** (in kg) **__13.7_____** **BMI__17.30 kg/m2_____**
Year's months
Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: ___No known allergies_____

Chief Complaint (Reason for admission): ___Cough and shortness of breath_____Admit date: ___9-12_____

Other co-existing conditions: _____N/A_____

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

_____Boy cough was getting worse and was nonproductive throughout the evening and was showing signs of difficulty breathing._____

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):__CDC/diff, CMP, Continous pulse ox, neb treatments, oxygen therapy_____

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) No previous surgical history, Bronchiolitis in 2018, up to date with immunizations and no complications vaginal birth._____

Child's diagnosis: _Acute respiratory failure with hypoxia_ **Etiology of disease process** (what causes it):_caused by upper respiratory infection by either rhino or entro virous _____

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 occurs when the lungs fail in oxygenate the blood and or eliminate the carbon dioxide form the body. This can result in hypoxia which happens when there isn't enough oxygen in the blood to support the tissue that can lead to necrosis of the tissue. If the condition is unable to be corrected, the carbon dioxide will begin to build which can lead to multiple organ failure and necrosis of tissue.

Reference _____ Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company

Clinical Manifestations of the disease (Highlight those exhibited by your patient) – include lab values, tests, etc:
ABGs should be preformed, and my patient had a continuous Pulse Ox to monitor his perfusion.

Vital Signs: **(List your source for the Normal ranges)**T___97.5 F axillary____HR.___125 BPM__(NL for age) ___80-130 bpm_____ RR. 30_____ (NL for age) _____24-40_____ B/P __106/60_____ (NL for age) _____90-105/55-70_____ O2 sat____93%_____ Room Air or Oxygen _6L oxygen via nasal cannula _____

Vital sign found at Mersch, J. (n.d.). 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) _____intake: 300ml output 234 and one large BM semi-soft normal color_____

Clinical Day Evaluation Data – Head to toe physical assessment (Do not use WNL or WDL): _____
General appearance: _alert and oriented, ill appearing in respiratory distress_____
Head: normocephalic no bumps
Ears:__clear TM bilaterally, little cecum _____
Eyes: conjunctiva clear, sclera white
Thyroid:_non palpable no signs of nodules _____
Chest: wheezing bilaterally on inspiration
CV: clear S1 and S2 no S3 or S4
Abdomen: bowel sounds normoactive in all 4 quadrants, non tender and no distention_____
GU: no bladder distention, good input and output, color of urine light yellow no irregular smell
Musculoskeletal: strength 5/5
Extremities: pulses 2+ no edema cap refill 2 seconds no cyanosis noted_____
Skin: warm soft no discoloration or change in texture, good perfusion, no signs of lesions, sores or rashes
Other:_N/A_____

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 0 on the FLACC scale_____

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	3.89-4.97	4.51	n/a	
Hgb	10.2-12.7	11.5	n/a	
Hct	31.0-37.7	33.4	n/a	
MCV	71.3-84.0	74.1	n/a	
MCH	23.7-28.3	75.5	n/a	
MCHC	32.0-34.7	34.4	n/a	
WBCs	5.14-13.38	12.4	n/a	
Absolute Neutrophils	1.54-7.92	9.84	n/a	Can be caused by rhinovirus or enterovirus
Absolute Eosinophils	Less or equal to 1	1.0	n/a	
Absolute Basophils	Less or equal to 1	0.1	n/a	
Absolute Monocytes	0.19-0.94	4.5	n/a	
Absolute Lymphocytes	1.13-5.52	14.8	n/a	
Platelets	202-403	323	n/a	

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Glucose	60-99	149	n/a	Can be a cause of albuterol and prednisolone use
Na^+	136-145	137	n/a	

Cl^-	98-107	106	n/a	
K^+	3.5-5.1	3.3	n/a	Can be caused by use of albuterol
Ca^{++}	8.5-10.1	9.6	n/a	
Phosphorus	n/a	n/a	n/a	
Albumin	3.5-5.0	3.9	n/a	
Total Protein	6.4-8.2	7.0	n/a	
BUN	7-18	9	n/a	
Creatinine	0.7-1.3	0.29	n/a	Can be caused by NSAID use in toddler

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Liver Function Tests	n/a	n/a	n/a	
Urinalysis	n/a	n/a	n/a	
Urine specific gravity	n/a	n/a	n/a	
Urine pH	n/a	n/a	n/a	
Creatinine clearance	n/a	n/a	n/a	
Other Labs:	n/a	n/a	n/a	

Diagnostic Studies:

TEST & RESULTS	**Correlation to current health status** (if abnormal)
Chest x-ray: mild prebronchial edema	
CT Scan/MRI: n/a	n/a
Biopsy/Scope: n/a	n/a
Cultures: n/a	n/a
Other:	

List of active orders on this patient:

ORDER	**COMMENTS/RESULTS/COMPLETION**
Activity:	**As tolerated**
Diet/Nutrition:	**regular**
Frequent Assessments:	**Q4 vitals including neuro, cardiac monitoring**

Labs/Diagnostic Studies:	**Chest x-ray, CMP, CBC/diff**
Treatments:	**Continuous pulse ox, high flow nasal cannula w/oxygen therpy**

New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
n/a	n/a
n/a	n/a
n/a	n/a

Teaching & Learning: Identified teaching need (be specific Patients mother needed to be taught what signs she should look out for with her child before she should bring him back to the hospital.

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): The mother was concerned about the child leaving the hospital if he still has a cough and using the teach back method, I explained to the mother that she should look for physical signs such as cyanosis or difficulty breathing. Also, if she hears wheezing or rhonchi that is getting worse, she should come back in. Another issue that she should watch out for is a change in habits such as eating habits can be sign that her son should come back. The mother was very receptive to what I was saying and said that she had noticed that her son wasn't eating right before she brought him in and that she will look out for that next time.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):
The mother was very receptive to what I was saying and the grandmother who was in the room was also receptive. This is good because both the mother and grandmother watch her children and they both said that they will look out for those signs before they bring him back it. They were both able to explain back to me what I had taught to them. Next time they come in I would provide them with a pamphlet explaining signs and symptoms of respiratory issues if they have any issues.

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. Decreased heart rate and increased blood pressure
2. Climbs onto and down from furniture without assistance
3. Kicks balls

Age Appropriate Diversional Activities

1. Ipod for music
2. Manipulative toys
3. Movies

Psychosocial Development: Which of Erikson's stages does this child fit? Autonomy Vs. Shame and Doubt

What behaviors would you expect? Separates from parent, negativism abounds, imitates adults, achieves autonomy and self-control.

What did you observe? He was vary independent, likes the use of the word no, like to imitate adults like using the stethoscope.

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

What behaviors would you expect? Differentiates self from objects, increased object permanence, uses all senses to explore environment, sense of ownership, increased use of language.

What did you observe? He could differentiate self from objects and had object permanence with the mom's phone

Vocalization/vocabulary: Development expected for child's age and any concerns? There were no concerns, used telegraphic speech at a level above his age.

Any concerns regarding growth and development? No concerns

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Pneumonia	Cough, fever, SOB, loss of appetite, rapid shallow breaths, sharp stabbing pain	Antibiotics, IV fluid replacement, Oxygen therapy, frequent suctioning
2. Pulmonary hypertension	Fatigue, difficulty breathing, dizziness, fainting, edema in lower extremities, discoloration in lower extremities, chest pain	Administration of oral drugs including diuretics, calcium channel blockers, steroids. Oxygen therapy. If it gets worse, organ transplant

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
Imbalanced nutrition, less than body requirements Related to: Inappropriate nutritional intake to sustain growth AEB (as evidenced by): Patient weight loss and loss of appetite	1. Toddler will consume adequate nutrients using appropriate feeding pattern during hospital visit 2. Toddler will demonstrate weight gain and increases in height by follow up appointment	1. Assess current feeding schedule to ensure that the toddler is being offered food throughout the day 2. Weigh toddler daily on same scale during hospital visit to ensure that toddler is getting adequate nutrition and weight gain 1. Provide three nutrient-dense meals and at least two snacks to encourage adequate nutrient consumption 2. Educate parent on nutrient-dense meals and proper snacks and liquids to provide for toddler to improve quality of food and drink offered.	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Outcome met showing by increase in weight since hospitalization 2. Outcome not met, not enough time has passed to see if parent is compliant. What next? Will reassess patient pending follow-up appointment to see if goal has been met.

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
Potential for insufficient airway clearance Related to: UTI AEB (as evidenced by): Breath sounds and tick mucus in the airways	1. Patient will expectorate mucus following respiratory treatment 2. breath sounds will improve during hospitalization	1. nurse will assess production of cough after respiratory treatment to see if treatment is effective. 2. nurse will position toddler in an upright sitting position and ensure that he doesn't slouch in order to improve maximum inhalation of medication and improve effectiveness of the cough 1. Nurse will assess breath sounds Q4 to see if there has been an improvement in the lungs 2. Nurse will encourage toddler with sputum expectoration in order to help toddler clear airway and lungs of sputum.	Outcomes Met/ Partially met/ Not met (with explanation) 1. Outcome is partially met, patient has improved but is still experiencing airway blockage. 2. Outcome met, breath sounds have improved in the time that patient has been at hosptal What next? Patient will continue to follow neb treatments and continue to clear airway.

N308 Medication Form

Patient Initials: _____ Patient Age: _____ Patient Weight (in kg): _____

Scheduled Medications				
Medication **Trade & Generic Names, Pharmaceutical Class** **Action of the medication** (how does the medication work in the body **in your own words**)	**Dose, route, & frequency ordered for this patient**	**Concentration Available** **Why is this pt. taking this?**	**Calculate the safe dose ranges for this child. This is done by multiplying the safe dose range by the child's weight.** 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**
Albuterol sulfate **Beta-adrenergic agent** **It works as a bronchodilator in the respiratory system**	**2.5mg/3ml** **Inhalant** **Q4**	**2.5/3ml** **Acute exacerbation of asthma**	**0.15-0.3 mg/kg every 1-4hr not to exceed 10mg per dose** **0.15X13.7kgX6doses=12.33mg/kg/per day** **0.3X13.7kgX6doses/day=24.66 mg/kg/per day**	**Can cause increase in serum glucose** **Can cause decrease in serum potassium** **Can cause tachycardia** **Contra: hypersensitivity** **SE: palpitations, chest pain, tremor, headache, nervousness**
Ibuprofen **Motrin** **NSAID** **Inhibits prostaglandin causing pain relief and fever reduction**	**138mg/6.9ml** **Oral** **Q6 PRN**	**100mg/5ml** **Fever pain**	**5-10mg/kg max 4 dose per 24hr** **13.7kgX5mgX4doses per 24hr= 274mg-548mg**	**Can cause hearing loss** **Can cause Reye's system** **Pt is bleeding risk** **Contra: asthma and hypersensitivity** **SE: abdominal pain, fluid retention, heartburn, nausea, hemorrhage**
Prednisolone **Omnipred** **Adrenal glucocorticoid** **In inhibits inflammation**	**13.8mg** **Q2** **oral**	**15mg/5ml** **Inflammation**	**0.14-2mg/kg per day** **0.14X13.7=1.9mg** **2mgX13.7kg=27.4** **1.9-27.4 mg/kg/day**	**Can cause increase is serum glucose** **Can cause abnormal behavior** **Can cause Cushing's syndrome** **Contra: hypersensitivity, viral infections of the eye** **SE: hypertension, hyperglycemia, impaired wound healing, altered growth and development.**

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**	