

Lakeview College of Nursing
N433 Pediatrics Clinical Care Plan

Student Name: Ashley Bode

CLINICAL DATE 09/07/2019

Patient's Age 9 8
Year's months

Weight (in kg) 30.8

BMI 17.66 kg/m²

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

Chief Complaint (Reason for admission): Difficulty Breathing, Asthma

Admit date: 09/02/2019

Other co-existing conditions: No other co-existing conditions

History of Present Illness (What events led up to this child being admitted to the hospital, etc.): Pt was taken to an outside hospital ED with difficulty breathing. At the ED pt. was given a nebulizer treatment and steroids and set home. Mother reported when home pt. breathing did not improve and pt. was taken back to outside ED. Pt was transferred to Carle Foundation Hospital. Pt received nebulizer and steroids then was admitted to pediatric floor.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): On arrival pt. O₂ sat was 86% on room air. Pt placed on 40 Liters to increase O₂ sats. Pt had 20 gauge IV start in the left antecubital. Labs drawn were respiratory pathogens all negative except for Rhinovirus which was positive. Other labs include magnesium, Basic metabolic panel, CBC with differential, pneumococcal and renal function panel. Pt. also had chest x-ray.

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) Past hx of asthma. No past surgical history, No previous hospitalizations, immunizations up to date, no complications at birth.

Child's diagnosis: Acute respiratory failure with hypoxia

Etiology of disease process (what causes it): Narrowing, inflammation, and swelling of airway and production of extra mucus.

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 occurs when there is an inadequate gas exchange in the lungs. This happens because the carbon dioxide levels become uneven and the respiratory systems has to work harder for oxygen. Hypoxia occurs because there is a drop in oxygenated blood being carried to the lungs.

Clinical Manifestations of the disease (Highlight those exhibited by your patient) – include lab values, tests, etc.: Pt admitted for difficulty breathing due to asthma. Pt had chest x ray that showed signs of diminished breathing capacity. Pt placed on oxygen to increase oxygen saturation.

Vital Signs: (List your source for the Normal ranges) T 37.0 C HR. 96 (NL for age) 98-140bpm RR. 18 (NL for age) 18 B/P 111/56 (NL for age) 97-120/57-/80

O₂ sat 97 Room Air or Oxygen: Room Air

Reference: Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

Intake/Output: (IV, PO, and Out & Deficits) I&O not recorded for patient, pt. was being discharged.

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

General appearance: Alert and oriented, well groomed, no acute distress.

Head: Head and Neck symmetrical, trachea is midline without deviation, carotid pulses are palpable and strong, no lymphadenopathy in the head or neck.

Ears: auricle is moist and pink without lesions noted, hearing is good.

Eyes: Sclera is white, cornea clear, conjunctiva is pink, no visible drainage, lids are moist and pink without lesions or discharged noted, PERRLA.

Thyroid: Thyroid is not palpable, no nodules noted.

Chest: Clear S1 and S2 without mummings, gallops or rubs. PMI at 5th intercostal space at MCL.

Abdomen: Soft, nontender, no organomegaly or masses, bowel sounds are normoactive.

Musculoskeletal: ROM normal, full strength and ROM, reflexes present.

Extremities: Pink, warm, and dry and symmetrical, no edema.

Skin: skin warm and pink no rashes or lesions noted, skin turgor normal with capillary refill less than 3 seconds, hair and nails healthy and not dry.

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: Asked pt. on scale of 0-10 how would pt. rate pt. Pt said 0 denies any pain.

Lab Tests:

TEST	NOR (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending (Comment only on abnormal lab results)
RBCs	3.96-5.03	4.43	NA	NA
Hgb	10.7-13.4	12.9	NA	NA
Hct	32.2-39.8	37.6	NA	NA
MCV	74.4-86.1	84.9	NA	NA
MCH	24.9-29.2	29.1	NA	NA
MCHC	32.2-37.9	34.3	NA	NA
WBCs	4.31-11.0	10.60	NA	NA
Neutrophils	1.63-7.55	10.24	NA	Infection Rhinovirus
Eosinophils	0.03-0.52	0.00	NA	Infection Rhinovirus

Basophils	0.01-0.06	0.01	NA	NA
Monocytes	0.19-0.85	0.04	NA	Infection Rhinovirus
Lymphocytes	0.97-3.96	0.28	NA	Infection Rhinovirus
Platelets	206-369	233	NA	NA
TEST	NOR (specific for age)			
		Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	192	NA	Stress and Illness
Na ⁺	136-145	143	NA	NA
Cl ⁻	98-107	113	NA	
K ⁺	3.5-5.1	4.3	NA	NA
Ca ⁺⁺	8.5-10.1	8.3	NA	Dehydration
Phosphorus	2.5-4.9	3.8	NA	NA
Albumin	NA	NA	NA	NA
Total Protein	NA	NA	NA	NA
BUN	7-18	4	NA	Dehydration
Creatinine	NA	NA	NA	NA
TEST	NOR (specific for age)			
		Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	NA	NA	NA	NA
Urinalysis	NA	NA	NA	NA
Urine specific gravity	NA	NA	NA	NA
Urine pH	NA	NA	NA	NA
Creatinine clearance	NA	NA	NA	NA
Other Labs:				
Magnesium	1.6-2.6	2.3	NA	NA
CO2	21-31	19.9	NA	NA
Adenovirus	NEG	NEG	NA	NA
Coronavirus 229E	NEG	NEG	NA	NA
Coronavirus HKU1	NEG	NEG	NA	NA
Coronavirus NL63	NEG	NEG	NA	NA
Coronavirus OC43	NEG	NEG	NA	NA
Metapneumonovirus	NEG	NEG	NA	NA

Rhino/Enterovirus	NEG	POS	NA	Infection
Influenza A	NEG	NEG	NA	NA
Influenza B	NEG	NEG	NA	NA
Parainfluenza 1	NEG	NEG	NA	NA
Parainfluenza 2	NEG	NEG	NA	NA
Parainfluenza 3	NEG	NEG	NA	NA
Parainfluenza 4	NEG	NEG	NA	NA
Respiratory Syncytial	NEG	NEG	NA	NA
Bordetella	NEG	NEG	NA	NA
parapertussis				
Bordatells pertussis	NEG	NEG	NA	NA
Chlamydia	NEG	NEG	NA	NA
Pneumoniae				
Mycoplasma	NEG	NEG	NA	NA
Pneumoniae				

Normal Values take from Epic at Carle Foundation Hospital

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray: Chest X-ray	Indication of respiratory failure and possible pneumonia
CT Scan/MRI: NA	NA
Biopsy/Scope: NA	NA
Cultures: NA	NA
Other:	

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: Regular	Activity is regular as tolerated
Diet/Nutrition: Regular	Diet is regular, pt. eating
Frequent Assessments: None	No active orders
Labs/Diagnostic Studies: None	No active orders for testing
Treatments: nebsq6	Nebs being completed by RT q6

New Orders for Clinical Day

ORDER	COMMENTS/RESULTS/COMPLETION
NA	No new orders the day of clinical

Teaching & Learning: Identified teaching need (be specific): Triggers for asthma and when to seek treatment.

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): Verbally talked to pt. and caregiver on triggers and signs and symptoms of asthma. Signs and symptoms include coughing at night, during exercise or laughing, difficulty breathing, chest tightness, shortness of breath and wheezing. Advised pt. to seek medical treatment if pt. experiences severe breathlessness, wheezing at night or early in the morning. Talked to pt. and caregiver the importance of medication compliance and having a rescue inhaler for child.

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

Pt. and caregiver were very receptive to education and verbally expressed they understood. Pt has had asthma for several years and were well versed on when to seek treatment and following medication regime.

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. Gain 4.4-6.6 pounds per year
2. Grow 2 in. per year
3. Onset of physiologic changes begins

Age Appropriate Diversional Activities

1. Play simple board and number games
2. Puzzles
3. Build models

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

What behaviors would you expect? Sense of accomplishment, challenged with tasks, not everyone will master skills.

What did you observe? I was not able to see much of this stage. The pt. was lying in bed watching TV and resting waiting to be discharged while I talked to them.

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

What behaviors would you expect? Able to solve problems, able to see perspective of others, classifies more complex information, tells time.

What did you observe? Pt. was very intelligent and was able to understand the information I was talking about and able to understand how serious and important it was to know about this disease. Was watching intelligent movies and TV shows.

Vocalization/vocabulary: Development expected for child's age and any concerns? Did not have any concerns with vocalization and vocabulary. Pt was able to speak in complete sentences and word usage was correct.

Any concerns regarding growth and development? No concerns with growth and development. Pt was within expected height and weight with is age and was very intelligent.

References:

Henry, N. J. E., McMichael, M., Johnson, J., DiStasi, A., Elkins, C. B., Holman, H. C., Barlow, M. S. (2016). *Rn nursing care of children: review module*. Leawood, KS: Assessment Technologies Institute.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. If left untreated can lead to permanent lung damage	Trouble breathing Shortness of breath Feeling like not getting enough air Decreased ability to exercise A cough that won't go away Coughing up bloody mucus Pain or discomfort when breathing in or out	Education on medication compliance Education on s/s of asthma and when to seek treatment Breathing exercises Cough and Deep breath
2. Pneumonia	Cough that can produce yellow, green or bloody mucus. Fever, sweating, chills Shortness of breath, Rapid, shallow breathing Sharp or stabbing chest pain that's worse when taking deep breaths Loss of appetite fatigue	Encourage cough and deep breath to loosen mucus Monitor fever Have oxygen ready if needed Frequent assessment and monitoring of vitals

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: Swelling and spasm of the bronchial tubes</p> <p>AEB (as evidenced by): Respiratory depth changes Use of accessory muscles hypoxia</p>	<p>1. Pt will maintain optimal breathing pattern on room air by time of discharge</p> <p>2. Pt will maintain medication compliance till discharge</p>	<p>1. Asses respiratory rate and O2 saturation</p> <p>Rational: to monitor for improvement</p> <p>2. Maintain head of the bed elevated</p> <p>Rational: to promote maximum lung expansion and assist with breathing</p> <p>1. Administer medication as ordered</p> <p>Rational: to help with airway clearance</p> <p>2. Educate pt. and caregiver on medications to be given at home</p> <p>Rational: To prevent future asthma exacerbation</p>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <p>1. Met, pt. O2 sat at 97% on room air before discharge, denies any difficulty breathing</p> <p>2. Partially Met, pt. has remained compliant with all medications during hospital stay.</p> <p>What next?</p> <p>Follow-up with primary doctor to check on progress of healing</p>

Nursing Care Plan

Nursing Diagnosis <u>Prioritize-most important to least</u>	Outcomes (Patient/Family will: and give time line) (MUST BE MEASURABLE)	Nursing Interventions <u>With rationale</u> <u>(At least 2 nursing interventions per outcome)</u>	Evaluation of <u>EACH</u> outcome
<p>Activity Intolerance</p> <p>Related to:</p> <p>Fatigue and Airway problem</p> <p>AEB (as evidenced by):</p> <p>Lethargy Tired appearance Prolonged dyspnea due to asthma attack</p>	<p>1. Child will engage in normal activities without breathing difficulty during hospital stay</p> <p>2. Child will identify factors that aggravate activity intolerance by time of discharge</p>	<p>1. Encourage activities such as reading or watching movies</p> <p>Rational: avoids change in respiratory status and energy depletion</p> <p>2. Schedule and provide rest periods in calm environment</p> <p>Rational: promotes adequate rest and decreases stimuli</p> <p>1. Educate pt. on triggers that will cause asthma exacerbations</p> <p>Rational: By helping child understand triggers the can prevent future asthma attacks</p> <p>2. Educate pt. to rest during the day</p> <p>Rational: Education is important so the pt. understands why they need to conserve energy to heal</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1. Partially met Pt. resting and watching movies</p> <p>2. Met, pt. understood why rest was important and identified triggers related to asthma</p> <p>What next? Follow up with primary care provider to make sure healing process is improving</p>

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N308 Medication Form

Patient Initials: BR

Patient Age: 9 years old

Patient Weight (in kg): 17.66 kg

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. What is the maximum 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 be done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
Albuterol Sulfate Nebulizer solution Adrenergic Beta 2 agonist Bronchodilator	2.5 mg/ 3 mL orally q6	Asthma	2.5 mg safe dose range four times a day $2.5 * 4 = 10 \text{ mg max dose}$	Asses Respiratory function Patients ability to self-medicate Paradoxical bronchospasm Hypersensitivity to sympathomimetics Hypoglycemia Tachydysrhythmias Severe cardiac disease Heart block Tremors, anxiety, restlessness,
Methylpredisolone PF (solumedrol) injection Glucocorticoid Decreases inflammation in the lungs	15 mg IV push q12	Asthma	$17.66 * 0.5 = 8.83 \text{mg}$ $17.66 * 1.7 = 30.0 \text{mg}$ Safe dose range 30mg in a 24 hour period	Assess potassium depletion (draw metabolic labs) Assess for Edema Notify provider of chest pain or crackles Hypersensitivity Sweating, headache, mood changes

<p align="center">Medication</p> <p>Trade & Generic Names, Pharmaceutical Class</p> <p>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>

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 Diversional/Distracton activities appropriate for child's age. Erikson's psychosocial development stage and behaviors expected for child's age. Piaget's cognitive development stage and behaviors expected for child's age. Vocalization/vocabulary development expected for child's age and is the child's language appropriate for that age. Any concerns regarding growth and development for the child.	6	
Potential Medical Complications	Complications that can occur because of primary medical diagnosis/disease/condition. Signs & Symptoms of complication. Preventative nursing actions.	6	

Nursing Diagnosis # 1 Related to or AEB	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station once during clinical or patient will verbalize 3 signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
Nursing Diagnosis #2 Related To and AEB (as evidenced by)	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, MUST prioritize the most important nursing diagnosis to the least important R/T the pathophysiology for the current primary diagnosis/condition (not medical diagnosis). AEB: signs and symptoms that support the nursing diagnosis	4	
Expected Outcomes	Patient will/Family will.... and <u>must have a desired outcome timeline</u> . (Must be measurable, specific, & objective) (Ex: patient will ambulate around the nurse's station once during clinical or patient will verbalize 3 signs and symptoms of infection by the end of clinical day).	4	
Nursing Interventions	What nursing interventions will you do to support meeting the patient outcomes and give rationale for each intervention of why this intervention is important? (Need at least 2 interventions & rationale per outcome)	8	
Evaluations & What's Next	Goal met/partially met/not met, why or why not, what's next? (Explain your evaluation of outcomes met, partially met, or not met for each outcome (i.e., patient/family was not able to verbalize 3 signs and symptoms of infection) What's next? (What is/are the next intervention/s for the patient/family to help them meet the intended outcome)?	3	
Medications			
Scheduled & PRN	Trade/Generic name, Pharmacologic Class & Action of the medication. Indications for this patient.	3	
	Dose, Route, Frequency ordered for this patient	1	
	Concentration available and why is the child taking this medication	1	
	Calculate dose ordered times child's weight (give parameters for this medication if needed) and is this dose that's ordered safe for the child?	2	
	Three nursing considerations/implications for each medication specific to this patient and give Contraindications and Common Side Effects	3	
	Total Points	100	