

Patient's Age 1 y 3 mos  
Year's months

Weight (in kg) 9.32 kg

BMI 16.57 kg/m<sup>2</sup>

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

Chief Complaint (Reason for admission): listless Admit date: 09/06/2019

Other co-existing conditions: spina bifida

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

This is a 15 month old born at term with spina bifida that was corrected and VP shunt placed in Phoenix Children's Hospital, AZ at birth. Patient just recently moved to Illinois.

Patient started experiencing cough and congestion that evolved into being fussy and lethargic. Mother took patient's temperature and it was elevated. Mother currently uses straight catheter every four hours because the patient has urinary retention. Patient has a history of frequent urinary tract infections. Patient was brought to the Emergency Department via EMS after going to Hoopston ED. Patient's labs at Hoopston hospital were positive for leukocytes and blood in urine. There was a concern that patient's VP shunt was malfunctioning. His shunt evaluation was negative. Baseline labs were ordered and his WBC was elevated.

**Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):** 24 g IV in the right hand

Patient received one dose of Cefepime IV in the ED and albuterol neb. Chest X ray was ordered that was negative for pneumonia. Patient was stable afterwards and did not require oxygen.

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

Spina bifida

Circumcision

Ventriculoperitoneal shunt, right, 1 week old

VP shunt

frequent UTIs with fevers, dehydration, leukocytosis and listlessness

**Child's diagnosis:** UTI

**Etiology of disease process** (what causes it): Urinary tract infections are usually caused by a pathogen that enters the urinary tract and cause inflammation to the tissue and consequently, an infection.

**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)**

A urinary tract infection is an infection of any part of the urinary tract. This can include the kidneys, ureters, urethra or the bladder. Infections of the lower urinary tract are more common. Bacteria can enter through the urethra and advance to the bladder and then start to proliferate. The urinary system is equipped to fight off these invaders, however, these defenses sometimes fail. If pathogens multiply in the urinary system, they may cause a urinary tract infection. The most common infections are of the bladder and urethra.

**Reference**

Urinary tract infection (2019). Retrieved from

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>

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

Fever, a burning sensation with urination, strong-smelling urine, pelvic pain, cloudy urine, passing frequent, small amounts of urine, lethargy, dark urine

**Vital Signs:** (List your source for the Normal ranges) T 36.9 C (33.3-40.6) HR 135 (NL for age) 50-200 RR. 26 (NL for age) 8-30 B/P \_\_\_\_\_ (NL for age) 90-200/40-90 O2 sat 94 Room Air or Oxygen room air

**Intake/Output:** (IV, PO, Out & Deficits) Intake: 500mL Output: 350 mL

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

General appearance: no apparent distress, alert, looks well groomed, proper hygiene  
 Head: normocephalic, atraumatic  
 Ears: normal set, canals clean, TMs pearly grey with normal landmarks  
 Eyes: EOMs present, PERRLA, conjunctiva pink and moist, no icterus  
 Thyroid: not palpable  
 Chest: no crackles, wheezes or rhonchi, normal lung sounds bilaterally  
 CV: S1, S2 present, 2/6 systolic murmurs,  
 Abdomen: soft, no masses or organomegaly, non-tender, not distended,  
 GU: mom uses straight catheter Q4 hours every day, can urinate on his own but retains urine  
 Musculoskeletal: Strength equal  
 Extremities: pulses palpable +2 bilaterally, capillary refill rapid, no edema, good perfusion  
 Skin pink and moist, noted surgical scar on back, no rash or erythema, turgor is normal  
 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:**

No pain medication given, patient is smiling and interacting with mother and nursing student, does not appear to be in distress, calm and slightly lethargic

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 10 <sup>6</sup> /uL	5.04		Red blood cell count may be elevated due to dehydration (High Red Blood Cell Count: Possible Causes, 2019).
Hgb	10.2-12.7 g/dL	13.8		High hemoglobin count may be caused by dehydration (High Hemoglobin Count, 2019)
Hct	31-37.7%	39.2		Hematocrit may be elevated because of dehydration (Hematocrit, 2019).
MCV	71.3-94 fL	77.8		
MCH	23.7-28.3 pg	27.4		
MCHC	32.0-34.7 g/dL	35.2		
WBCs	5.14-13.38 10 <sup>3</sup> /uL	19		Elevated WBC may be due to infection, like UTI (High White Blood Cell Count? What Should You Know, 2019)
Neutrophils	40-68 %	N/A		
Eosinophils	0.0%	1.8%		Eosinophil count may be elevated because of inflammation of infection (Eosinophilia, 2019).
Basophils	0.5-1%	0.5%		
Monocytes	0-10%	9.9%		

Lymphocytes	19-49%	26.2%		
<b>Platelets</b>	202-403 10 <sup>3</sup>	425		High platelet count may be due to inflammation and/or infection (Platelet Count, 2019).
TEST	NORMAL (specific for age)	Prior	Clinical D ay	Correlation to current health status & comment on trending
Glucose	60-99 mg/dL	172	97	High glucose may be due to acute trauma (Glucose Tests, 2019).
Na <sup>+</sup>	136-145 mmol/L	135	140	
Cl <sup>-</sup>	98-107 mmol/L	107	110	
K <sup>+</sup>	3.5-5.1 mmol/L	4.7	4.5	
Ca <sup>++</sup>	8.5-10.1 mg/dL	10.1	9.3	
Phosphorus	0.8-1.5 mmol/L	N/A	N/A	
Albumin	3.4-5.0 g/dL	4.0	3.5	
Total Protein	6.4-8.2 g/dL	7.4	6.6	
BUN	7-18 mg/dL	17	15	
Creatinine	0.70-1.30 mg/dL	0.43	0.37	
TEST	NORMAL (specific for age)	Prior	Clinical D ay	Correlation to current health status & comment on trending
Liver Function Tests	AST 15-37 U/L ALT 12-78 U/L	37 27	22 24	
Urinalysis				
Urine specific gravity	1.000-1.03 0	1.010	1.020	
Urine pH	5.0-8.5	6.5	7.0	
Creatinine clearance	88-137 mL/min			
<b>Other Labs:</b>				
<b>Immature granulocyte</b>		0.4%		
Respiratory pathogen panel	neg	Not detected		

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray:	Cardiomediastinal silhouette within normal limits. Lung parenchyma is clear. No pneumothorax or pleural effusion. Osseous structures unremarkable. Shunt catheter again noted. No acute radiographic abnormality.
CT Scan/MRI:	N/A
Biopsy/Scope:	N/A
Cultures:	Blood cultures pending
Other:	

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	<b>Slightly lethargic but engaging in play with toys and engaging in play with this nursing student</b>
Diet/Nutrition:	<b>regular</b>
Frequent Assessments:	<b>Vitals, labs, GU assessment - looking for improvement of symptoms</b>
Labs/Diagnostic Studies:	<b>Blood tests indicate infection, urinalysis indicates infection, chest X-ray is negative for pneumonia</b>
Treatments:	

**New Orders for Clinical Day**

ORDER	COMMENTS/RESULTS/COMPLETION
N/A	

Lab values recorded from Carle Epic

High White Blood Cell Count? What Should You Know (2019). <http://blog.insidetracker.com/45247913486-high-white-blood-cell-count-what-you-should>

Eosinophilia (2019). Retrieved from <https://www.mayoclinic.org/symptoms/eosinophilia/basics/definition/sym-20050752>

Glucose Tests (2019). Retrieved from <https://labtestsonline.org/tests/glucose-tests>

Hematocrit (2019). Retrieved from <https://labtestsonline.org/tests/hematocrit>

High Hemoglobin Count (2019). Retrieved from <https://www.mayoclinic.org/symptoms/high-hemoglobin-count/basics/causes/sym-20050862>

High Red Blood Cell Count: Possible Causes (2019). Retrieved from <https://my.clevelandclinic.org/health/symptoms/17810-high-red-blood-cell-count/possible-causes>

Platelet Count (2019). Retrieved from <https://labtestsonline.org/tests/platelet-count>

**Teaching & Learning:** Identified teaching need (be specific): Teach the mother about safety at home because of son's inability to walk independently and his use of braces.

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.):

I provided teaching about safety at home. The patient is unable to walk independently yet because of his spina bifida. This is not common for toddlers his age. Patient also uses braces which puts him at a higher risk for falls. Falls can lead to head injuries or fractures, which would negatively affect the health of the patient and put his family at increased financial strain and possible require hospital stay.

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

Patient's mom verbalizes she understands the teaching and agrees to use baby gates at the top and the bottom of the stairs. The expected outcomes of the teaching were met and the teaching was effective.

**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. Walks independently
2. Feeds self finger foods
3. Uses index finger to point

### Age Appropriate Diversional Activities

1. Filling and emptying container
2. Large piece puzzles
3. Tossing balls

**Psychosocial Development:** Which of Erikson's stages does this child fit? The child fits in the autonomy vs. shame and doubt stage.

What behaviors would you expect? The child is expected to try to do everything himself, without help. The child should separate himself from the parent during play and become more independent. The child should imitate others and should spontaneously show affection.

What did you observe? The child was dependent on his mother and wanted to be close to her. He played with toys, especially ones that made music and imitated gestures of a nursing student. The child often gave his mom hugs and cuddled with her randomly.

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

What behaviors would you expect? Object permanence, using all senses to explore environment, placing items in and out of containers, imitation

What did you observe? The toddler played with toys and took them out of a container and then put them back in. He played peek-a-boo with the nursing student and was aware that the student didn't disappear when he couldn't see her. He explored toys with his hands and enjoyed the ones that made sounds.

**Vocalization/vocabulary:** Development expected for child's age and any concerns? The child did not speak or babble, he was quiet but observed the environment intently. He often smiled but did not make any sounds. It could have been due to new environment and him not feeling well and being lethargic.

**Any concerns regarding growth and development?** The toddler is expressing some developmental delay and is not able to walk independently yet due to his condition. He uses braces to walk and is able to stand up by himself. He sat on the bed and played and did not try to get up and stand on his own. His speech may also be slightly delayed and he is not vocalizing any words yet.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. sepsis	High fever Tachycardia Changes in LOC Problems breathing Unconsciousness Coma	Monitoring of vital signs Periodical GU assessment Monitoring I/O Administration of prescribed medications
2. permanent kidney damage	Low urine output Electrolyte imbalances Hypertension	Monitoring of vital signs Periodical GU assessment Monitoring I/O Administration of prescribed medications

## 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>With rationale</b> <b>(At least 2 nursing interventions per outcome)</b>	Evaluation of <b><u>EACH</u></b> outcome
<p>Impaired Urinary Elimination</p> <p>Related to: Diminished bladder cues</p> <p>AEB (as evidenced by): Urinary retention</p>	<ol style="list-style-type: none"> <li>1. Patient maintains balanced I&amp;O with clear, odor-free urine, voiding every 4 hours, free of bladder distension/urinary leakage before being discharged</li>   <li>2. Patient's mother verbalizes understanding of the patient's condition before discharge.</li> </ol>	<ol style="list-style-type: none"> <li>1. Educate the patient's mother on proper catheterization</li>   <li>3. Educate patient's mother on signs and symptoms of urinary tract infection.</li>   <li>1. Provide education and handouts on patient's condition.</li>   <li>2. Provide teaching on maintaining health and wellness of the patient.</li> </ol>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <ol style="list-style-type: none"> <li>1. Outcomes met, patient's mother is efficient at catheter use and maintaining sterility.</li>   <li>2. Outcomes met, patient's mother understands and is able to teach back on patient's condition and his further care.</li> </ol> <p>What next? Patient being discharged home.</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>Risk for recurring infection</p> <p>Related to: Urinary retention</p> <p>AEB (as evidenced by): Previous urinary infections</p>	<p>1. Patient remains free of infection, as evidenced by normal vital signs and absence of signs and symptoms of infection.</p> <p>2. Early recognition of signs and symptoms of infection, like elevated temperature and lethargy, to allow for prompt treatment.</p>	<p>1. Administering prescribed medication to eliminate current infection.</p> <p>2. Educate the patient's mother on how to take patient's temperature to detect early signs of infection.</p> <p>.</p> <p>1. Educate patient's mother on signs and symptoms of infection</p> <p>2. Assess patient often for listless behavior that would indicate possible infection.</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1. Outcome partially met for the duration of the hospital stay, patient continues to improve symptoms.</p> <p>2. Outcome not met, unable to assess at this time.</p>

			What next? Discharge of the patient.
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## N308 Medication Form

Patient Initials: AD

Patient Age: 15 mos

Patient Weight (in kg): 9.32 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>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 maximum 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) -monitor renal function -monitor PT in patients at risk -inform patient about the importance to finish the course of treatment <b>Contraindications</b> : hypersensitivity. <b>Common side effects</b> : rash, diarrhea, anaphylaxis
Cefepime (Maxipime)  Cephalosporin antibiotics 4 <sup>th</sup> generation  Inhibits bacterial cell wall synthesis of gram negative and gram-positive bacteria.	458 mg in 0.9 % NaCl 25 mL IV Q12	1g/50 mL          Infection	yes  <b>50 mg/kg Q12</b> <b>50*9.32= 466 mg/dose</b>	
Enalapril maleate (Epaned)  Antihypertensive, ace inhibitor  Suppression of renin-angiotensin-aldosterone system, which blocks conversion of angiotensin I to angiotensin II, resulting in decreased vasopressor activity and decreased aldosterone secretion.	1.5 mg PO daily	1mg/1mL          Kidney disease	<b>0.1-0.5mg/kg/daily</b> <b>0.1mg*9.32kg=0.932mg</b> <b>0.5mg*9.32kg=4.66mg</b>  yes	<b>R/N:</b> monitor WBC -monitor serum potassium -monitor blood pressure <b>Contraindications:</b> concomitant use of neprilysin inhibitors <b>SE:</b> dizziness, fatigue
Nitrofurantoin (Furadantin)  Nitrofuran derivatives, antibacterial agents	15 mg PO daily	25 mg/5 mL	<b>1-2 mg/kg/day</b> <b>1mg*9.32kg=9.32 mg</b> <b>2mg*9.32kg=18.64 mg</b>	<b>R/N:</b> - urine C&S -EKG monitoring -monitor hepatic function <b>Contraindications:</b> anuria, neonates <1

Inactivates or alters bacterial ribosomal proteins and macromolecules cause inhibition of vital biochemical processes.		UTI prophylaxis	yes	month old <b>SE:</b> loss of appetite, hepatitis
Polyethylene glycol (Miralax)  Laxatives and cathartics  Causes retention of water in the stool.	8.5 g PO daily	17g/1 dose daily  Fecal impaction	<b>0.2-0.8mg/kg/day</b> <b>1mg*9.32kg=9.32mg</b> <b>1.5mg*9.32kg=13.98mg</b>  yes	<b>R/N:</b> monitor for electrolyte imbalance -advise patient that symptomatic improvement can be seen within 2-4 days -instruct client to follow administration instructions <b>Contraindications:</b> hypersensitivity, bowel obstruction <b>SE:</b> diarrhea, flatulence
Oxybutynin chloride (Ditropan)  Urinary tract antispasmodic/antiincontinence agent  Causes relaxation of smooth muscle by reducing muscarinic effect of acetylcholine on smooth muscle.	1.5 mg oral syrup daily	5 mg/5 mL  Bladder muscle dysfunction	<b>5 mg/ day</b>  yes	<b>R/N:</b> monitor for signs of anticholinergic side effects -instruct patient to report symptoms of angioedema -advise patient to report s/sx of severe CNS effects <b>Contraindications:</b> hypersensitivity <b>SE:</b> constipation, somnolence
<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 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>	<b><u>Nursing Considerations</u></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><u>Contraindications</u></b> <b><u>Common side effects</u></b>
<b>Acetaminophen</b>  <b>Antipyretic, analgesic, non-salicylate</b> <b>Inhibition of central prostaglandin synthesis.</b>	<b>oral suspension</b>  <b>137.6 mg Q4 PRN</b>	<b>160 mg/ 5 mL</b>  <b>Pain/temperature &gt;38 C</b>	<b>10-15/mg/kg</b> <b>10mg*9.32 kg=93.2mg</b> <b>15mg*9.32 kg=139.8mg</b>  yes	<b>R/N:</b> Do not exceed 75mg/kg/day Monitor for decrease in temperature. Observe for signs of pain. <b>Contraindications:</b> Hepatic disease <b>SE:</b> hypersensitivity Liver failure
	<b>Oral</b>	<b>100 mg/5 mL</b>	<b>5-10mg/kg Q6-Q8</b>	<b><u>Nursing Considerations:</u></b> watch for skin rash,

<p><b>Ibuprofen</b></p> <p>NSAID, cyclooxygenase inhibitor-type analgesic</p> <p>Inhibits prostaglandin synthesis</p>	<p>suspension 92 mg Q6 PRN</p>	<p>Pain/temperature &gt;38 C</p>	<p><math>5\text{mg} \times 9.32\text{kg} = 46.6\text{ mg}</math>  <math>10\text{mg} \times 9.32\text{kg} = 93.2\text{ mg}</math></p> <p>yes</p>	<p>blistering</p> <p>Educate patient to take with food</p> <p>Watch for upset stomach symptoms</p> <p><b>Contraindications:</b> asthma, urticaria</p> <p><b>Common side effects:</b> upset stomach, rash</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 Divirisional/Distracton activities appropriate for child's age. Erikson's psychosocial development stage and behaviors expected for child's age. Piaget's cognitive development stage and behaviors expected for child's age. Vocalization/vocabulary development expected for child's age and is the child's language appropriate for that age. Any concerns regarding growth and development for the child.	6	
<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>	