Lakeview College of Nursing
Student Name ____Emily Hustad_____

N433 Pediatrics Clinical Care Plan

CLINICAL DATE: 9/20/19

Patient's Age ____4 months____ **Weight** (in kg) **4.159 kg**
BMI 13. 60
Year's months

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

Chief Complaint (Reason for admission): Fever, Congestion, and Cough Admit date: 9/17/20

Other co-existing conditions: Ventricular Septal Defect- Perimembranous partial occlusion by tricuspid, Trisomy 21.

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

This 17-week-old boy was admitted to the Carle Pediatric Unit on 9/17. Prior to admission, his mother stated that the patient had been sick for a few days with congestion, cough, and fever of 102 F. She stated that he was doing well at home on breathing treatments, but the pediatrician was concerned about his fever and sent him to the Carle ED on the evening of 9/16. His temperature was 37.5 C, or 99.5 F in the ED, and his chest x-ray tested positive for pneumonia. He also tested positive for Rhinovirus and Enterovirus, which placed him in contact and droplet precautions upon admission to pediatrics.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): On the evening 9/16 in the ED, a chest x-ray was performed and tested positive for pneumonia. Blood cultures were also performed and came back negative, but he did test positive for enterovirus and rhinovirus. He was placed on high-flow oxygen at 6L and 40% FiO2. He was admitted to pediatrics in the early morning hours of 9/17, and was titrated down to 21%, but remained at 6L. AN NG tube was placed that morning, as well as an IV in the left AC.

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

- PMH
    - Ventricular Septal Defect

    - Trisomy 21
- PSH
    - No surgical history. Heart surgery is going to be in the future to fix the ventricular defect, but there has not been a time where the patient has been medically stable enough to qualify for the surgery.
- Immunizations
    - Immunizations are up-to-date per the mother.

Child's diagnosis: Pneumonia **Etiology of disease process** (what causes it):

Bacteria are the most common agents involved in the etiology of pneumonia. Community acquired pneumonia, CAP, is often caused by Streptococcus pneumoniae. Other pathogens that can cause CAP include Haemophilus influenzae, Mycoplasma, Klebsiella, Staphylococcus, and Legionella. One of the major risk factors for pneumonia is influenza infection. Viruses alter the immune defenses and make the lungs vulnerable to bacterial infection. Immunosuppression can also predispose patients to pneumonia. Considering this patient has not been able to build of much of an immune system, it is likely that the combination of his weak immune system, as well as his exposure to other people, including his siblings, has caused him to develop CAP.

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):**

Pneumonia is often caused by inhalation of droplets containing bacteria or other pathogens. The droplets enter the upper airways and make their way into the lung tissue. They then adhere to the respiratory system and generate an inflammatory reaction (Capriotti & Frizzell, 2016). This inflammation spreads to the lower respiratory tract and alveoli. As inflammation increases, vasodilation occurs and attract neutrophils out of capillaries and into the air spaces. Mucous and edema accumulate between the alveoli and capillaries. The alveoli attempt to open and close with all of this excess mucous surrounding them, but some cannot, resulting in the sound of crackles heard with a stethoscope. This also hinders gas exchange, causing lower than normal oxygen saturation and abnormal CO2 findings, as well.

Reference:

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology Introductory Concepts and Clinical Perspectives. Philadelphia, PA: F.A. Davis Company.

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

Clinical manifestations of pneumonia include cough, fever, tachypnea, use of accessory muscles when breathing, tachycardia, and crackles. A chest x-ray will show consolidation in the affected areas. White blood cells and neutrophils will be elevated. Supplemental oxygen may be indicated to keep SpO2 and CO2 within normal limits.

Vital Signs: **(List your source for the Normal ranges)**T 36.3 C HR: 125 (NL for age) 80-150 RR: 32(NL for age) 20-30 B/P: 117/49 (NL for age) 75-100/ 50-70 O2 sat 93% Room Air or Oxygen High Flow Oxygen at 6L, 21% FiO2

Intake/Output: (IV, PO, Out & Deficits)

Intake: 500 mL Output: 360 mL

Clinical Day Evaluation Data – Head to toe physical assessment (Do not use WNL or WDL): Patient is awake and lying in bed. He is alert. Hair is black in color. There are no abnormalities of the ears. There is some swelling noted around the eyes. PERRLA noted. No abnormalities of the nose. Oral mucosa is pink and moist. Lips are dry and chapped. Patient is African American with a dark skin tone. No rashes, bruises, or wounds noted at this time. S1 and S2 heart sounds noted. There is a slight murmur noted. Murmur grade 2/6. No gallops or rubs. Brachial pulses assessed and present 2+ bilaterally. No neck vein distention noted. Crackles are heard bilaterally in all four lobes. No wheezes noted. Accessory muscle use noted. Substernal, intercostal, and subcostal retractions noted. Patient is currently on 6L, 21% FiO2 opti-flow. He has been weaned down from 40% FiO2 since admission. SpO2 is 93%. Patient has an NG and is getting tube feedings every 3 hours. 27 cal and 2 oz. He is tolerating the feedings well. Bowel sounds are active in all four quadrants. He is having regular bowel movements and urinating regularly. No ostomy or PEG tube. Muscles are weak but equal in tone. Mother is present in the room and active in care.

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: Child scored a 0 for pain using the FLACC pain scale. The child has not had pain since admission according to the charts, but has been given Tylenol for fever.

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	3.4-4.8	4.54	There were no new labs drawn on this clinical day, making this column non-applicable.	
Hgb	9.5-14.1	12.7	N/A	
Hct	29%-41%	38.4%	N/A	
MCV	74-87.5	84.6	N/A	_
MCH	24.4-28.9	28.0	N/A	
MCHC	31.9-34.4	33.1	N/A	

WBCs	6.5-13.3	13.56	N/A	WBC counts are increased in all types of infections related to an inflammatory or infectious response. This patient has pneumonia. (Van Leeuwen & Bladh, 2017, p. 516)
Neutrophils	0.97-5.45	5.70	N/A	Neutrophils are increased due to infectious diseases. This patient has pneumonia. (Van Leeuwen & Bladh, 2017, p. 516)
Eosinophils	1-6%	0.14%	N/A	
Basophils	<1%	0%	N/A	
Monocytes	2-10%	2.31%	N/A	
Lymphocytes	20-40%	39%	N/A	
Platelets	244-529	391	N/A	

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Glucose	60-99	83	N/A	
Na^+	136-145	138	N/A	
Cl^-	98-107	103	N/A	

K^+	3.5-5.1	4.2	N/A	
Ca^{++}	8.5-10.1	9.7	N/A	
Phosphorus	4.2-9.0	6.0	N/A	
Albumin	3.4-5.0	3.4	N/A	
Total Protein	6.4-8.2	7.0	N/A	
BUN	7-18	11	N/A	
Creatinine	0.3-0.7	0.39	N/A	

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Liver Function Tests	ALT-7-56 AST-10-40 ALP-<350	N/A	N/A	
Urinalysis	Negative	N/A	N/A	
Urine specific gravity	1.000-1.030	N/A	N/A	

Urine pH	5.4-5.9	N/A	N/A	
Creatinine clearance	88-128	N/A	N/A	
Other Labs:	N/A	N/A	N/A	

References:

Van Leeuwen, A. M., & Bladh, M. L. (2017). Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (7th ed.). Philadelphia, PA: F.A. Davis Company.

Carle Lab Values

Diagnostic Studies:

TEST & RESULTS	**Correlation to current health status** (if abnormal)
Chest x-ray:	9/17 CXR showed mild cardiomegaly and right upper and left lower lobe pneumonia. 9/19 CXR showed improved aeration and improved opacity compared to previous on 9/17.

CT Scan/MRI:	N/A
Biopsy/Scope:	N/A
Cultures:	Blood- Negative MRSA- Negative Rhinovirus and Enterovirus- Positive
Other:	Abdominal X-ray for chest tube placement showed stomach placement, air in colon, and an enlarged heart.

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	**Increase activity as tolerated.**
Diet/Nutrition:	**2 oz q3h of 27 cal tube feeding per NG.**
Frequent Assessments:	**Respiratory assessments Q4 and PRN.**
Labs/Diagnostic Studies:	**Chest X-Ray 9/19.**
Treatments:	**Albuterol Breathing Treatments Q4 PRN** **Oral suctioning PRN for secretions**

New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
Chest X-Ray	**9/19 at 0830. Showed improvement in aeration in comparison to previous.**
Spironolactone 2 mg PO BID	**Given at 1006 when pharmacy delivered the dose to the unit. Ordered to decrease fluid retention.**

Teaching & Learning: Identified teaching need (be specific):

Developmental Expectations in Babies with Down Syndrome

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

This teaching session is to help the mother of the patient better understand the developmental expectations of her baby with Trisomy 21, or Down Syndrome. There are several things that will be different in raising a baby with Down Syndrome versus raising other children. As this mother has two other children that do not have Down Syndrome, I believe that this information could be useful in helping her better understand the expectations of her baby and his growth and development. Information that I would include in the teaching would be facts about the development that is expected. Babies with Down Syndrome often learn slower than others, have low muscle tone, and will be behind in comparison to their peers when it comes to developmental milestones. Although these things can be discouraging, hopes and expectations should not be limited. He will still learn and grow, and things such as singing to him, making eye contact, and holding him can help to improve his learning. I would utilize print-outs to help with my teaching. I would provide the teaching during a time that the baby is asleep, to ensure that the mother does not feel overwhelmed.

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

An expected outcome of the teaching would be that the mother feels more comfortable with the growth and development expectations of her baby. I would allow the mother to look over materials provided, and be available for any questions she may have.

Developmental Assessment: Be sure to HIGHLIGHT the achievements of any milestone if noted in your child. Be sure to circle 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. Lifts head and looks around

2. Rolls from prone to supine

3. Bats at objects

Age Appropriate Diversional Activities

1. Smiling and talking to the infant

2. Listening to music, such as lullabies

3. Providing familiar toys and objects from home

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

What behaviors would you expect?

Caregivers respond to the infant's basic needs by feeding, changing diapers, cleaning, touching, holding, and talking to the infant. When the caregiver responds in a timely manner to the infant's needs, the infant develops a sense of trust. When the caregiver does not respond to the infant's needs in a timely manner, there will be a sense of mistrust.

What did you observe?

The patient's primary caregiver was his mother, and she responded in a timely manner to his needs. If she could not be in the room with him, she asked someone else to stay in the room with him so that his needs could be met quickly. She responded to all needs that she could, but she could not feed him while he was in the hospital as he had an NG tube. There seemed to be a strong sense of trust between the patient and his mother, and she could easily calm him down if he started to cry.

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

What behaviors would you expect?

The baby would use senses and motor skills to learn about the world. From 1-4 months, a baby would be in the second sub stage of sensorimotor, which is primary circular reactions. The baby will repeat pleasurable actions, such as wiggling fingers, kicking legs, and sucking their thumbs.

What did you observe?

This patient did respond to certain stimuli, and I believe that he did things based on pleasure rather than just reflexes. He would kick his legs and occasionally wiggle his fingers.

Vocalization/vocabulary: Development expected for child's age and any concerns?

At 4-5 months, a baby should make simple vowel sounds, laugh aloud, perform raspberries, and vocalize in response to voices. This patient did not make any sounds other than crying, which is a concern.

Any concerns regarding growth and development?

This baby is behind on his growth and development. He is behind in motor skills, language, and several other stages. As this is concerning, he does have Trisomy 21, or Down Syndrome. Children with Down Syndrome are expected to grow and develop at a slower pace than children without the disorder.

Reference:
Ricci, S., Kyle, T., Carman, S. (2017). Maternal and Pediatric Nursing. 3rd ed. Philadelphia, PA: Wolters Kluwer.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Aspiration	Signs and symptoms of aspiration include choking or coughing, wet-sounding cry, slight fever after eating, wheezing or other breathing problems, and repeated lung or airway infections.	Actions that were done to prevent aspiration in this patient include utilizing an NG tube for feedings, PRN suctioning, and frequent respiratory assessments.

1. Pleural Effusion	Signs and symptoms of a pleural effusion include fever, shortness of breath, persistent hiccups, difficulty taking deep breaths, dry cough.	Actions that were done to prevent a pleural effusion for this patient include treating the underlying cause, which was pneumonia, as well as Chest x-rays, breathing treatments, diuretics, and high flow oxygen.

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

Impaired Gas Exchange Related to: Pneumonia AEB (as evidenced by): Crackles, Consolidation on x-ray, and the required use of opti-flow.	1. The patient will keep oxygen saturation above 92% without the help of opti-flow prior to discharge. 2. The patient's airways will be free of adventitious breath sounds prior to discharge.	Monitor for symptoms of respiratory distress every 4 hours and PRN. This will alert the nurses to possible deterioration of the patient's respiratory condition and allow them to intervene in a timely manner. Monior ABG results. This will inform the provider and nurses if the supplemental oxygen and other measures are helping the patient get better. This will also allow the provider to determine if the patient tolerates weaning of oxygen. Auscultate breath sounds q2h-q4h and report significant findings. This will allow the nurses and other caregivers to be aware if breath sounds are getting better or worse with treatment. Position the patient for comfort (usually semi-fowlers position). This position provides comfort and decreases work of	Outcomes Met/ Partially met/ Not met (with Explanation) 1. This outcome was not met prior to the end of my shift. He was still on high flow oxygen, which helped him to maintain his oxygen saturation. The outcome is to be evaluated prior to discharge. 2. This outcome was not met prior to the end of my shift. The

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

Ineffective Protection Related to: impairment of primary defenses AEB (as evidenced by): Elevated WBCs, elevated neutrophils, patient testing positive for rotavirus, enterovirus, and pneumonia.	1. The patient will remain free of further infections during the duration of this hospital visit. 2. The patient's caregiver (mother) will be able to state symptoms of infection for which to be aware of and watch out for by 9/23/19.	Observe and report signs of infection. This will help to catch infections or potential infections early. Use strategies to prevent infection when caring for this patient, such as following correct precautions and washing hands before and after client contact. Assess the caregiver's current level of knowledge related to infections. This will help to get a baseline on where to start education. Teach the caregiver signs and symptoms of both generalized and local infections.	Outcomes Met/ Partially met/ Not met (with explanation) 1. This goal is to be evaluated prior to discharge. This outcome was met at the end of my shift, as the patient did not develop any new infections. 2. This outcome was met. The caregiver was knowledge able about infectious processes and was willing to learn more, as

Reference:
Swearingen, P. L. (2016). *All-In-One Nursing Care Planning Resource* (4th ed.). St. Louis, Missouri: ELSEVIER

N433 Medication Form

Patient Initials: D.I. Patient Age: 4 months

Patient Weight (in kg): 4.159 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 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**

Vasotec (enalapril) **ACE Inhibitor** **Lowers blood pressure by blocking the conversion of Angiotensin I to Angiotensin II**	**0.2 mg** **PO** **BID**	**1 mg/ml** **He is taking this for his ventricular septal defect.**	**0.1 mg/kg/day-0.5 mg/kg/day** **4.159 x 0.1** **4.159 x 0.5** **.4159-2.08 mg/day= safe dosage** **0.4 mg= daily dosage** **Yes, this is safe.**	**NC: Monitor BP and pulse frequently before and during administration** **Assess patient for signs of angioedema** **Monitor weight routinely** **CI: Renal Impairment** **Hyponatremia** **SE: Cough** **Hypotension**
Lasix (furosemide)	**3 mg** **PO** **TID**	**10 mg/ml** **He is taking this medication due to excess fluid accumulation from pneumona and his VSD.**	**1 mg/kg/dose-4 mg/kg/dose** **4.159 x 1 mg** **4.159 x 4 mg** **4.159 mg-16.636 mg= safe dosage** **3 mg x 3(TID)= 9 mg** **Yes, this is safe**	**NC: Assess fluid status routinely** **Monitor BP and pulse before and during administration** **Assess for skin rash frequently** **CI: Electrolyte depletion** **Severe renal impairment** **SE: Dehydration** **Fever**

Ventolin (albuterol sulfate) **Beta 2 Adrenergic Agonist** **It activates Beta 2 receptors, causing the airways to open up and breathing to be easier.**	**1.25 mg Inhalation Q4 PRN**	**2.5 mg/3 ml** **He is taking this medication for pneumonia.**	**1.25mg/dose for neonates. (No weight-based safe dose listed) Q8H** **This is not safe, as the order is listed Q4H PRN, and the book states this dose should only be given Q8H.**	**NC: Monitor HR/Tele** **Monitor O2 saturation** **Listen to breath sounds before and after administration** **C/I: Hx of heart problems** **Tachycardia** **SE: Palpitations** **Tachycardia**
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**

Tylenol (acetaminophen) **Nonopioid analgesic** **Reduces the production of prostaglandins in the brain, resulting in less perception of pain and reduction of fever**	**15 mg/kg** **PO** **Q4 PRN**	**160 mg/5ml** **He is taking this medication for fever.**	**10-15 mg/kg/dose Q8H** **10 x 4.159 (x 3)** **15 x 4.159(x 3)** **124.77 mg-187.155 mg= safe dose** **15 x 4.159 x 6 = 374.31 mg Technically, this is not a safe dosage, because if it was given every 4 hours, the patient would be getting 374.31 mg, which is out of the safe range.**	**NC: Assess pt's home meds-including OTC** **Hepatic Labs** **Pain Scale before administration** **C/I: Hepatic Impairment** **Hypersensitivity** **SE: Headache** **Hypotension**
Aldactone (spironolactone)	**2 mg** **PO** **BID**	**5 mg/ml** **He is taking this medication due to excess fluid accumulation from pneumonia.**	**1 mg/kg/day to 3.3 mg/kg/day** **1 x 4.159** **3.3 x 4.159** **4.159 mg - 13.7247 mg= safe dose** **2 mg x2 (BID)= 4 mg/day. This is technically lower than the safe**	**NC: Administer with food or milk to minimize gastric irritation** **Administer in AM to avoid interrupting sleep pattern** **Evaluate serum potassium levels routinely before and during administration** **SE: Arrhythmias** **Stevens-Johnson Syndrome**

			dose.	**CI: Hyperkalemia Diabetes**

Medication Reference:
Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2015). Davis's Drug Guide for Nurses (14 ed.). Philadelphia, PA: F.A. Davis Company.

N433 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	OLDCART, 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 Possible	**100**	

Total points for this care plan _____