Lakeview College of Nursing **Student Name** ____Alexis White

N433 Pediatrics Clinical Care Plan

CLINICAL

DATE_____09/14/19_____

Patient's Age _22 months_____ **Weight** (in kg) **_13.7kg_____**
BMI___17.3kg/m2 _____
Year's months

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

Chief Complaint (Reason for admission): __Shortness of breath and non-productive cough.
_____Admit date: __09/11_____

Other co-existing conditions:
_____Atopia_____

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

_22-month-old African American male presented to the emergency department with increased work of breathing, cough and congestion. Patient has been congested with non-productive cough for last couple of days. The night before admission patient had trouble breathing with wheezes which got worse despite using the nebulizer at home.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):____ Patient is on continuous nebulizer treatments and MgSO4 which helped the condition and alleviated some distress. POX was 94%, CBC and CMP are unremarkable. O2 at 2L via nasal cannula. _____

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?)
__RSV bronchiolitis in 3/1/2018, all immunizations, hospitalizations, and birth history are all up-to date per caregiver. _____

Child's diagnosis: __Acute respiratory failure with hypoxia_____ **Etiology of disease process** (what causes it):____This is indicative of an upper respiratory infection with a deficient amount of oxygen perfusing through the tissues leading to the diagnosis of the rhino/enterovirus._____

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)** ___Acute respiratory failure with hypoxia is a deficiency of oxygen perfusing through the tissues due to a deficient amount of carbon dioxide is not being removed from those tissues. The three systems involved within this process is the alveolus, cardiac output, and removal of carbon dioxide during exhalation. These systems are the primary components of the exchange of gases within respiratory system and when these do not work together the respiratory drive as well as oxygen is decreased leading to a lack of perfusion and a decline in the functioning of the system.

Reference _____ KE, G., & JI, P. (1994, March 15). Pathophysiology of acute respiratory failure. In *PubMed.gov*. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/8200186

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

__Check pulse ox, neutrophils, monocytes, and lymphocytes.

Vital Signs: **(List your source for the Normal ranges)**T___37.2 degrees Celsius axillary ___128_____HR.__98-140_____ (NL for age) ____36_____ RR. ____22-37_____ (NL for age) ___80/64_____ B/P _____86-106 over 42-63_____ (NL for age) _____98_____ O2 sat_____92-100_____ Room Air or Oxygen _____Oxygen 2 Liters switched to room air_____

Reference: Ricci, Kyle, T. and Carman, S. (2017). Maternity and Pediatric Nursing (3rd ed.). Philadelphia: Lippincott, Williams & Wilkin.

Intake/Output: (IV, PO, Out & Deficits) _300 intake, 234 output, stool is large, orange/brown, and soft, with no deficits.

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

General appearance: __Alert, ill-appearing, in respiratory distress.

Head: __Normocephalic, and atraumatic.

Ears: TM pearly grey, clear bilaterally.

Eyes: PERRLA, no conjunctivitis or discharge.

Thyroid: Non-palpable, no nodules.

Chest: Increased respiratory effort, mild coarse lung sounds per auscultation with scattered expiratory wheezing.

CV: Tachycardia with normal S1 and S2 heard, capillary refill less than 2 seconds.

Abdomen: Soft, non-tender, non-distended, bowel sounds active.

GU: Negative for dysuria.

Musculoskeletal: Pulses 2+ throughout, equal strength, no bruising.

Extremities: No edema, atraumatic, no cyanosis.

Skin: No rash, warm, well perfused.

Other: Positive for nasal congestion.

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 per faces rating scale. Looks to be relaxed/sleepy.

_____

Lab Tests:

Reference: Ricci, Kyle, T. and Carman, S. (2017). Maternity and Pediatric Nursing (3rd ed.). Philadelphia: Lippincott, Williams & Wilkin.

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	25.5	N/A	
MCHC	32.0-34.7	34.4	N/A	
WBCs	5.14-13.38	12.40	N/A	
Neutrophils	1.54-7.92	9.84	N/A	Can be caused from the rhino/enterovirus
Eosinophils	<1	1.0	N/A	
Basophils	<1	0.1	N/A	
Monocytes	0.13-0.6	4.5	N/A	Can be caused from the rhino/enterovirus
Lymphocytes	1.13-5.52	14.8	N/A	Can be caused from the rhino/enterovirus. The system is trying to fight off the virus of the foreign particles.
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 caused by prednisolone and albuterol medication regimen.
Na^+	136-145	137	N/A	
Cl^-	98-107	106	N/A	
K^+	3.5-5.1	3.3	N/A	Deficiency in the diet or due to medications such as 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	9.0	N/A	
Creatinine	0.7-1.3	0.29	N/A	Ibuprofen can cause a depletion in creatinine because of the negative effects on the renal system.

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:	Streaks indicate the mucous congestion in the lungs within the X-Ray indicating prebronchial edema.
CT Scan/MRI:	N/A
Biopsy/Scope:	N/A
Cultures:	N/A
Other:	Rhino/enterovirus detected.

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	As tolerated, normal activity level, no standing order per activity.
Diet/Nutrition:	Regular diet.
Frequent Assessments:	Neuro checks Q4H, Vitals Q4H, I/O per protocol.
Labs/Diagnostic Studies:	Chest X-Ray, BMP and CMP.
Treatments:	Pulse OX continuous, high flow nasal cannula
New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
Albuterol sulfate 2.5mg/3ML	The medication was ordered the day of clinical and had given the first dose of the medication through the nebulizer treatment given by the respiratory therapist. This medication was effective because it helped to break up the mucous secretions acting as a bronchodilator and allow the client to breathe on own allowing the client to switch from 2L of oxygen to room air.
Nebulizer solution 2.5mg recheck RT Q4H.	The medication was ordered the day of clinical and had given the first dose of the medication through the nebulizer treatment given by the respiratory therapist. This medication acted as a bronchodilator that allowed the client to breathe without the administration of oxygen.
Switch from 2L of oxygen to room air.	Patient was able to breathe on own with no difficulty.

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

_____

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

_____

When discussing importance of care with the mother the mother expressed some concern with how to know if her child is reacting well to the treatment provided or when she should bring him back in for further treatment. The teaching method used was through a verbal discussion using a question and answer portion. She asked what signs and symptoms she should be aware of with the diagnosis of acute respiratory failure with hypoxia. I first explained that the diagnosis means he is not obtaining enough oxygen to his tissues meaning his respiratory system is trying to overcompensate to try to keep the system functioning. Then I explained signs to watch for would be blue discoloration known as cyanosis will appear in places such as under the nail beds, hands, or feet, how to count respirations by watching the rise and fall of the chest and counting for a full minute and the range needs to be within 22-37, she needs to take the oral temperature to monitor for an increase in temperature, obtain a pulse ox from CVS, or Walgreens to track if the SA02 is within normal range or 94-100 in order to make sure he has enough oxygen perfusing through the tissues.

_____

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

__The effectiveness of the discussion was successful the mother repeated all of the signs back to me of what to check for in order to bring her son in for further treatment as well as demonstrated how to count respirations and she has told me she would go to CVS to obtain a pulse ox to track his oxygen. She also will have a follow up appointment with her primary a week after hospitalization in order to see if the virus has gone away or if further treatment needs provided.

Developmental Assessment: Be sure to HIGHLIGHT the achievements of any milestone if noted in your child. Be sure to HIGHLIGHT any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading.

Age Appropriate Growth & Developmental Milestones

1. The child is able to sit up on his own, stand and climb.
2. The child's vitals were normal with the heart rate decreased from infancy and blood pressure slight increased from infancy, temperature was normal, and respirations were decreased from infancy.
3. Able to feed himself as well as pick the foods he wants to eat.

Age Appropriate Diversional Activities

1. Singing songs
2. Iphone to watch shows
3. Holding his hand

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

What behaviors would you expect? Able to do things on his own, negativism, active learning, and imitation.

What did you observe? The patient fed himself his food as well as knew from the few choices provided which one he wanted, he used the word no to almost every intervention, he sang all the songs he was listening to on the iPhone, and he would say done each time I took his blood pressure cuff.

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

What behaviors would you expect? Exploration, increased object permanence

What did you observe? He climbed, ran across the crib, and when I took the pulse ox off of his toe he looked for where I put it.

Vocalization/vocabulary: Development expected for child's age and any concerns? No concerns the child demonstrated a proper vocabulary with negativism as well as telegraphic speech of using a few choice words to get the point across.

Any concerns regarding growth and development? No concerns

Reference: Ricci, Kyle, T. and Carman, S. (2017). Maternity and Pediatric Nursing (3rd ed.). Philadelphia: Lippincott, Williams & Wilkin

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Pulmonary Embolism	Short of breath, cough, diaphoresis, hemoptysis, feeling of impending doom, pain within the check during inspiration	Check pulse ox, tell the patient to alert you of signs of shortness of breath, pain, and feeling of impending doom, incentive spirometer, teach pursed lip breathing.
2. Pneumonia	Short of breath, chest pain, cough, fatigue, if increased WBC are increased can be leading into fever, sweating, and diaphoresis.	Sputum, oxygen, fluids, monitor WBC, tell the patient if having any pain to alert the nurse and will administer pain medication, and teach incentive spirometer.

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 breathing pattern Related to: hypoxia AEB (as evidenced by): Shortness of breath	1. Patient will have an O2 saturation of 92-100% throughout hospitalization. 2. Patient's respiratory rate will be 22-37 during hospitalization.	1. Patient will be on continuous pulse ox with frequent checks per q4H. Rational: The pulse ox determines if the child is perfusing oxygen through the tissues and to see if the gas exchange is working properly. 2. Nurse will assess lung sounds. Rational: Lung sound checks are to make sure there are no crackles or diminished lung sounds to make sure treatment is working as well as making sure the client is able to breathe properly on his own with room air. 1. Nurse will assess respiratory rate q4H to make sure it is in range of 22-37. Rational: Respiration check is to determine if the patient is in a safe range with no increased work of breathing or short of breath.	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Outcome was met since the continuous pulse ox was mainly within the range of 96-98 during the day of clinical with no adventitious lung sounds. He was able to breathe properly on his own. 2. The outcome was partially met. The patient's respiratory rate was semi high to begin with it being 36 in the morning and falling to around 32 by the end of the day. There was no increased short of breathing as well as was able to be taken off oxygen and breathe properly with no signs of short of

		2. Provide a teaching of pursed lip breathing and incentive spirometer Rational: These teachings will prevent hyperventilation	breath. The need for pursed lip breathing and incentive spirometer was not used because the patient was able to breathe perfectly fine without using these techniques. What next? If signs of respiratory distress occur with signs of shortness of breath, or decrease in respirations occur come back in to the emergency department. A follow-up with the primary care provider is essential for a healthy lifestyle to ensure the treatment after discharge has worked.

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

Fatigue Related to: physical illness of the rhino/enterovirus AEB (as evidenced by): Verbalization of feeling tired with no energy.	1. Explains what could make him feel less tired during his hospital stay and after discharge. 2. Patient and family will know how to decrease his fatigue with energy saving techniques while being active during the hospital stay and after discharge.	1. Assess nutritional intake. Rational: Fatigue can be from in insufficient number of calories or deficient amounts of certain food groups such as protein or iron. 2. Use a scale to determine how tired the child is using a scale similar to faces to see the aggregating factors, severity, or changes over the course of the stay of the hospital. Rational: The patient will understand what the faces look like from happy to sleepy therefore he will pick which one he feels like most of the time. When asking aggravating factors to ask the child "what makes you the sleepiest" this will trigger the response the nurse will need in order to assess the amount of fatigue the child is experiencing. 1. Set practical activity goals with the patient such as stand or crawling across the bed or short walks. Rational: This will make the child feel included in the decision-making process and allow him to be a part of his care making him feel like he has sense of control or achievement. Also, physical exercise can help to build stamina.	Outcomes Met/ Partially met/ Not met (with explanation) 1.Outcome was met, the child was on a regular diet with no inclination of a nutritional deficient leading to the cause of fatigue as well as the child claimed to be mainly on the happy side instead of sleepy within the faces scale and only feeling tired after eating. 2. Outcome was met. The patient was able to crawl across the bed, stand, climb, and walk without feeling fatigued but, when he was fatigued he would lay down and watch his shows therefore preserving his energy. The goals were set with him and his family which made them feel like they were more in control and could be a part of the care. The educational piece was influential for the mother because she was able to ask questions concerning what to do in case of overexertion and simply having him have restful

		2. Educate the parent and child about signs and symptoms of overexertion such as changes in heart rate, O2 saturation, and respiratory rate decreasing. Rational: The parent will be able to pay close attention to these signs to see if the child is unable to tolerate the activities as well and promote a resting period.	periods helps to decrease those instances with overexertion. What next? The child should play more as well as have longer walks when discharged to increase his stamina. Once out of the hospital the child will more than likely become more active and less fatigued with forming normal sleep patterns. There should be a follow-up appointment with the doctor to make sure the virus is completely gone and to make sure the diet is efficient for his age as well as checking to see if he is less fatigued once the illness is depleted.

Reference: Ricci, Kyle, T. and Carman, S. (2017). Maternity and Pediatric Nursing (3rd ed.). Philadelphia: Lippincott, Williams & Wilkin

N308 Medication Form

Patient Initials: ___JB_____ Patient Age: __22 months_____ Patient Weight (in kg): ____13.7kg_____

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**
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**	**Nursing considerations:** **-Monitor for hypoglycemia** **-Monitor for abnormal behavior** **-Can cause Cushing's syndrome or adrenal insufficiency assess for these signs** **-Have periodic growth measurements** **Contra: Neonates (oral gasping syndrome) hypersensitivity, viral infections of the eye** **SE: hypokalemia, depression, euphoria, weight gain or loss, muscle pain hypertension, hyperglycemia, impaired wound healing, altered growth and development**

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**	**Nursing considerations:** **-Assess for signs of ototoxicity** **-Patient is bleeding risk assess hgb, hct, and PLT as well as the coagulation panel of PT, aPTT, and INR** **-Assess for signs of Reye syndrome** **-Assess for signs of asthma** **-Assess for skin rashes** **Contra: asthma and hypersensitivity, neonates with infection, thrombocytopenia.** **SE: headache, nausea, GI discomfort, abdominal pain, fluid retention, heartburn, nausea, hemorrhage, blurred vision, tinnitus.**
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**	**Nursing considerations:** **-Assess lung sounds, pulse RR, and BP before administration.** **-Monitor pulmonary function (pulse ox)** **-Observe for wheezing** **-Observe for hypokalemia** **Contra: hypersensitivity** **SE: Nervousness, restless, tremor, headache, nausea, hypokalemia, arrhythmias.**

Reference: Lexicomp (2019). Retrieved from Epic. Davis, F. (2019). Up-to-Date Drug Information. In *Davis's Drug Guide Online*. Retrieved from https://www.drugguide.com/ddo/

N308 CARE PLAN
GRADING RUBRIC FOR HOSPITAL

Name: _Alexis White_____ Date _____09/14_____
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**	