

Lakeview College of Nursing
N433 Pediatrics Clinical Care Plan

Student Name _____ Shelby Mascari

CLINICAL DATE _____ 9/4/19

Patient's Age ____ 12 months (1 year)
m²

Weight (in kg) _____ 8.618 kg

BMI__ 13.81 kg

Year's months

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

Chief Complaint (Reason for admission): _____ Respiratory distress/ Croup Admit date: ____ 9/12/19

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.):

_____ Patient presents to the Pediatric floor with URI symptoms (rhinorrhea, cough, retractions) that started this AM at 7:30. There were noted fevers at a max of 102. No vomiting, diarrhea, or sick contacts were noted. Patient was started on Dexamethasone x1, 1 epi neb x1. Patient started to improve but was worsening with HNNC thus it was taken off and patient improved. Tylenol was given in the ED improving fever.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): ____ Respiratory pathogens were ordered. Parainfluenza virus 1 was detected.

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) _____ No past medical history/no past birth complications/immunizations were up to date

Child's diagnosis: _____ H&P noted that there was no pertinent diagnosis at the current time of care **Etiology of disease process** (what causes it): _____ N/A

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) _____ Although a definite diagnosis was not in the patient's charts, the patient did present with Croup. Croup results from the swelling of the larynx, trachea, and large bronchi (Hinkle & Cheever, 2018).

This swelling is normally due to an invasion of white blood cells. When this swelling is significant, it puts a great stress on the patient's airways and abilities to breathe, resulting in abnormal breathing sounds commonly referred to as stridor. Parainfluenza 1 is a common cause of croup. Patients tend to exhibit symptoms including URI symptoms followed by a bark-like cough, mild fever, and dysphagia. Croup is treated in many different ways including, oxygen, epinephrine, steroids, antibiotics, hot steam, and cough medicine (Hinkle & Cheever, 2018).

Reference ____ Hinkle, J.L., & Cheever, K. H. (2018). *Brunner and Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, Pa: Wolter's Kluwer Health Lippincott Williams & Wilkins.

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

barking cough/difficulty breathing/noisy breathing/shortness of breath/fatigue/fever/congestion/runny nose/agitation/drooling/sore throat

Vital Signs: (List your source for the Normal ranges) T 98.2 HR. 130 (NL for age) 70-150 RR. 27 (NL for age) 25-30 B/P 83/114-38/67 (NL for age) 86/50 O2 sat 99 Room Air or Oxygen Room air

Intake/Output: (IV, PO, Out & Deficits) I= 120 O=160

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

General appearance: ___ awake, appears undistressed, erect head posture, makes eye contact when addressed
 Head: symmetric, fontanel closed
 Ears: _symmetrical, nontender, free of discharge/lesions, TM is pearly grey, turns towards sounds
 Eyes: ___symmetrical, PERRLA, red reflex present
 Thyroid: ___nonpalpable
 Chest: ___ clavicles intact, retractions absent, nipples symmetrical
 CV: ___ Clear s1 and s2, pulses are full and palpable, regular rate and rhythm, no murmurs or gallops
 Abdomen: _ no tenderness or guarding, symmetric, no protrusions around the umbilicus, bowel sounds present in all four quadrants
 GU: _ symmetrical and normal female genitalia
 Musculoskeletal: _ stable, symmetric, full ROM, no crepitus or redness
 Extremities: _ normal, atraumatic, no cyanosis or edema
 Skin: _ warm to the touch, smooth, slightly dry, normal turgor, no lesions, skin folds are symmetric
 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: Scale used was the rFLACC - no pain was indicated; upon evaluation no particular

expression/smile was noted; baby was in a normal relaxed position; lying quiet; baby moves easily; no cry; and relaxed

relief measures/interventions included sleep and rest

Lab Tests: Patient did not have any labs drawn

TEST	NORMAL		
	(specific for age)		
RBCs	4.8x10 ⁶ - 7.1x10 ⁶		
Hgb	14-24 g/dL		
Hct	44%-64%		
MCV	88-123 femtoliters		
MCH	31-37 pg		
MCHC	28-36 g/dL		
WBCs	9,000-30,000 mm ³		
Neutrophils	1,000-20,000 mm ³		
Eosinophils	270-900 mm ³		
Basophils	0-400 mm ³		

Monocytes	540-1,800 mm ³			
Lymphocytes	2,000-11,000 mm ³			
Platelets	150,000-300,300 mm ³			
TEST	NORMAL (specific for age)			
Glucose	40-90 mg/dL			
Na ⁺	130-140 meq/L			
Cl ⁻	80-117 mEq/L			
K ⁺	3.5-5.0 mg/dL			
Ca ⁺⁺	8.4-10.6 mg/dL			
Phosphorus	4.2-9.0 mg/dL			
Albumin	3.8-5.4 g/dL			
Total Protein	4.2-6.2 g/dL			
BUN	4-15 mg/dL			
Creatinine	0.3-1.0 mg/dL			
TEST	NORMAL (specific for age)			
Liver Function Tests	AST: 13-45 U/L ALT: 7-56 U/L bilirubin: 4-6 mg/dL			
Urinalysis	NEG			
Urine specific gravity	1.002-1.006			
Urine pH	4.6-8.0			
Creatinine clearance	75-125 ml/min			
Other Labs:				Respiratory pathogens were ran which only detected a positive parainfluenza 1 virus which should normally be negative.

Diagnostic Studies: No diagnostic studies were done

TEST & RESULTS	Correlation to current health status (if abnormal)
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Chest x-ray:	Decreased lung capacity, otherwise normal; this is due to the child's current state of respiratory distress as well as lung immaturity
CT Scan/MRI:	N/A
Biopsy/Scope:	N/A
Cultures:	N/A
Other:	N/A

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	As tolerated; patient was much more active than the previous day, as stated by her mother, she was up smiling and full of energy
Diet/Nutrition:	Regular; patient tolerated feedings well
Frequent Assessments:	Q2-Q4; assessments were made, no abnormal findings were present
Labs/Diagnostic Studies:	None
Treatments:	Sweet-ease for pain PRN; patient did not need any pain medications for the time of care

New Orders for Clinical Day

ORDER	COMMENTS/RESULTS/COMPLETION
No new orders were implemented during the time of care.	

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

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): _____ Overall, I would educate my client about respiratory distress including what to look for and things they can do to decrease the risk of it. Symptoms typically include increased respirations, nasal flaring, expiratory grunting, retractions, labored breathing, cyanosis, or unresponsiveness. I would let mom know that it is necessary to come in if any of the symptoms develop. As far as prevention, I would stress the importance of maintaining thermoregulation, mouth and skin care, and decreasing stimuli. I would produce this information in something that was easily accessible, and that mom and dad can take home with them and refer to.

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

____ Upon completion of the teaching I would want the parents to be engaged. They should be asking questions for clarification. I would have them teach the learned material back to me and ask them questions on topics I thought were especially pertinent to see if they would give me the correct answer. Regarding what's next, I would want them to promote prevent strategies for their child, but also know when it is time to call the doctor.

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. Posterior fontanel closed
2. Six to eight teeth erupted
3. Anterior fontanel closed by 12-18 months

Age Appropriate Diversional Activities

1. Soft stuffed toys
2. teething toys
4. Playing with blocks

Psychosocial Development: Which of Erikson’s stages does this child fit? Trust vs. Mistrust

What behaviors would you expect? learning delayed gratification

What did you observe? the infant's needs (comfort, feeding, stimulation, caring) were tended to at an appropriate time allowing her to develop delayed gratification

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

What behaviors would you expect?
separation, object permanence, mental representation

What did you observe? When the nurse was putting the stethoscope on different parts of the dad to show the patient what it would be like, she knew it was still there when he put in on the dad’s back and was reaching out for it.

Vocalization/vocabulary: Development expected for child’s age and any concerns?
No concerns noted

Any concerns regarding growth and development?
No concerns Noted

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Respiratory distress syndrome	tachypnea/nasal flaring/expiratory grunting/retractions/labored breathing w prolonged expiration/fine crackles/cyanosis/ unresponsiveness	suction mouth, trachea, and nose as needed/maintain thermoregulation/provide mouth and skin care/maintain adequate oxygenation/monitor pulse ox/provide parenteral nutrition as needed/monitor lab results, weight, I&O/ decrease stimuli

2. Bacterial epiglottitis	Absence of cough, drooling, agitation, dysphonia, dysphagia, inspiratory stridor, suprasternal and substernal retractions, sore throat, high fever, restlessness	Protect airway, avoid throat culture or using a tongue blade, prepare for intubation, provide humidified oxygen, monitor continuous oximetry, administer steroids and fluids as prescribed, administer antibiotics, droplet isolation precautions for first 24 hours after IV initiated
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		<p>2. Perform chest physiotherapy as needed. This can promote expansion of the lungs, strengthen respiratory muscles, and mobilize secretions.</p>	<p>her care and extremely helpful in noting and change in condition.</p> <p>What next? I would educate the family on what to look for regarding reoccurrence of the disease. Overall, the patient was progressing very well so as long as her parents maintained proper treatment plans the nurse advised them that she should be completely recovered within a couple of days.</p>
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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>Ineffective breathing pattern</p> <p>Related to: Inflammatory process</p> <p>AEB (as evidenced by): Inspiratory stridor</p>	<p>1. Child will show adequate ventilation as evidence by respiratory rate within normal reference range prior to discharge.</p> <p>2. Child will show absence of retractions prior to discharge.</p>	<p>1. Encourage clearance of airway secretions through gently suctioning. A clear airway will promote proper respirations.</p> <p>2. Frequently assess respiratory rate/effort/depth in order to identify any abnormalities.</p> <p>1. Allow adequate rest periods and promote relaxation through cuddling to decrease stress. This will promote adequate oxygenation and a regular breathing pattern.</p> <p>2. Place the child in a comfortable upright position. Use pillows or padding if necessary. This will ensure optimal ventilation through maximum lung expansion.</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1. This goal was completely met. Although the patient had not been discharged yet, her respiratory rate was within normal limits with each vital check.</p> <p>2. This goal was completely met. During the physical assessment and vital checks, no retractions were noted. Respiration rates were regular and within normal limits.</p> <p>What next? The family should keep monitoring respirations to</p>

			make sure the child does not regress, until she is completely asymptomatic. If regression occurs, they should be able to verbalize when further intervention will be needed.
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N308 Medication Form

Patient Initials: ____

Patient Age: __12 months

Patient Weight (in kg): __ 8.618 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. https://www.epocrates.com/lite/RegHonorsRegistrationProcess.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) <u>Contraindications</u> <u>Common side effects</u>
Sucrose 24% (sweet-ease)	Oral PRN	N/A Pain or discomfort	N/A N/A	N/A N/A
Hexadrol (dexamethasone) Synthetic adrenocortical steroid Pt. was prescribed this at ED so complete information was not available.	N/A N/A X1	N/A To decrease localized inflammation	0.02-0.3 mg/kg/day $0.02 \times 8.618 = 0.17$ $0.3 \times 8.618 = 2.59$ 0.17-2.59 mg/day	1. Avoid subcutaneous injections 2. Watch for hypersensitivity reactions after giving 3. Don't give acetate form by IV injection *hypersensitivity/ITP/systemic fungal infections/live virus vaccines *bradycardia/edema/vision changes/fever/insomnia/maillaise/seizures/erythema/acne/striae/hypoglycemia

<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 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	
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	