

Lakeview College of Nursing  
N433 Pediatrics Clinical Care Plan  
CLINICAL DATE\_\_09/20/2019\_\_\_\_\_

Student Name \_\_Kelly Raineri\_\_

Patient's Age \_\_41 days\_\_\_\_\_  
BMI\_\_10.79kg/m2\_\_\_\_\_

Weight (in kg) \_\_3.14kg\_\_\_\_\_

**Allergies/Sensitivities to medications, food, contact, environmental, etc. Include reactions:**  
NKA

**Chief Complaint (Reason for admission):** Vomiting with feedings  
**Admit date:** \_\_9/20/2019\_\_\_\_\_

**Other coexisting conditions:** \_\_NA\_

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

Five-week-old Caucasian female transferred from OSF emergency department for vomiting with feedings daily. Mother states baby has been gaining weight steadily. Last weight was 2807 g and today was 3140 g. Patient was previously taking Nystatin for oral thrush, which is resolved now. Patient is expected to receive 3 ounces Enfamil formula every three hours, eight times per day. Vomiting has lasted for two days with feedings. Last bowel movement was 9/20 at 0100 and patient had a wet diaper on arrival.

**Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):**

Speech consult was utilized during this patient's stay to assess their oral pharynx.

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

**Past Medical History:** Oral Thrush

**Immunizations:** Hepatitis B

**Child's diagnosis:** Vomiting **Etiology of disease process** (what causes it): Forceful throwing up of stomach contents stimulated by feedings.

**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)**

Vomiting is defined as impending emesis of stomach contents related to specific triggers (Consolini, 2018). This can be accompanied by multiple manifestations, both physiological and behavioral. The physiological changes that are observed with vomiting are tachycardia, and involuntary muscle reflexes. Other symptoms impending that one may vomit include gagging, retching, choking, coughing, mouth filling with saliva, and attempts to reposition (Consolini, 2018). The emetic center, located in the medulla, is triggered by “afferent neural pathways from digestive (pharynx, stomach, small bowel) and nondigestive organs (heart, testes)” (Consolini, 2018). The chemoreceptors in the ventricles are also activated and stimulate a response in the central nervous system receptors in the brain stem (Consolini, 2018). A severe complication of this is weightless, which is especially alarming in infants, as the formula is their primary resource for food. Signs that vomiting may occur after feedings include a hard abdomen that is firm upon palpation and visible peristalsis will be noted (Capriotti & Frizzell, 2016, p. 427).

There can be multiple causes of vomiting and is worrisome in infants, as a potential complication is dehydration and electrolyte imbalances. To further expand on vomiting, an important cause that would require immediate attention is pyloric stenosis, internal obstruction, intussusception, and metabolic disorders (Consolini, 2018). During the feedings, most infants spit up 5-10 mL of formula due to over feeding, rapid feeding, or air swallowing (Consolini, 2018). If this is the cause, it can easily be corrected by implementing interventions to promote

safety. To relate this to clinical, my patient was experiencing a gagging reflex and immediately began vomiting during the feedings. The nursing interventions included using a different bottle nipple for slower feedings, observing for signs to stop feeding, positioning the nipple so it is compressed by infant's tongue and existing palate burp frequently. Additionally, sitting the patient in an upright position more than 30 degrees and preventing laying the infant down following a feeding.

**Reference:**

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

Consolini, D. M., (2018). Nausea and Vomiting in Infants and Children - Pediatrics. Retrieved from <https://www.merckmanuals.com/professional/pediatrics/symptoms-in-infants-and-children/nausea-and-vomiting-in-infants-and-children>.

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

Manifestations of vomiting are easily observed in the clinical setting, even if the underlying condition is unknown. The common signs and symptoms include gagging, retching, choking, coughing, mouth filling with saliva, and attempts to reposition. Physiological changes that occur with vomiting are involuntary stomach reflexes and tachycardia. Tests used to determine the cause or rule out diseases includes chest x-ray of chest and lungs, upper endoscopy, tomography of the abdomen, and signs for dehydrations, such as BUN.

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**Vital Signs: (List your source for the Normal ranges)**

T\_\_\_ 36.8\_\_\_

HR. \_\_\_ 136 \_\_\_ (NL for age) \_\_\_ 128-162 \_\_\_

RR. \_\_\_ 27 \_\_\_ (NL for age) \_\_\_ 24-60 \_\_\_

B/P \_\_\_ 81/36 \_\_\_ (NL for age) \_\_\_ 81/36 \_\_\_

O2 sat \_\_\_ 100 \_\_\_ Room Air or Oxygen \_\_\_ RA \_\_\_

Reference: ATI

**Intake/Output:** (IV, PO, Out & Deficits) Intake: 330 (Bottle Feeding) Output: 210

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

General: alert, active, well-appearing, no acute stress.

Skin- pink, no noted rashes, warm, perfusing, pale/mottled

HEENT- normocephalic, anterior fontanelle flat and soft; eyes- conjunctiva clear; nose-clear, normal mucosa, oropharynx clear, palate intact

Neck-supple, full range of motion

Chest- symmetric, lungs clear to auscultation bilaterally

Heart-regular rate and rhythm, normal S1 S2 heard, no murmur, capillary refill <2 seconds

Abdomen-soft, non-tender, round, bowel active all four quadrants, no masses

Extremities-moves all extremities with equal strength, symmetric, normal muscle tone

CNS-alert, active, normal cry, no irritably, no focal neuro deficit, difficult to arouse

**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: FLACC score – 0**

**Lab Tests: Reference: ATI**

TEST	NORMAL (specific for age)	Correlation to current health status & comment on trending (comment only on abnormal lab results)		
		Prior	Clinical Day	
<b>RBCs</b>	3.02-4.22	3.71	NA	NA
<b>Hgb</b>	8.9-12.7	12.2	NA	NA
<b>Hct</b>	26.8-37.5	34.5	NA	NA
MCV	84.3-94.2	93.0	NA	NA
MCH	27.8-32	32.9	NA	NA
MCHC	32.3-34.8	35.4	NA	NA
<b>WBCs</b>	8.14-14.99	10.26	NA	NA
Neutrophils	0.83-4.23	4.41	NA	NA
Eosinophils	0.05-0.57	0.08	NA	NA
Basophils	0.01-0.07	0.02	NA	NA

Monocytes	0.28-1.05	0.91	NA	NA
Lymphocytes	2.47-7.95	4.77	NA	NA
<b>Platelets</b>	229-562	721	NA	NA
<b>TEST</b>	<b>NORMAL</b> (specific for age)			
		<b>Prior</b>	<b>Clinical Day</b>	<b>Correlation to current health status &amp; comment on trending</b>
Glucose	60-99	NA	NA	NA
Na <sup>+</sup>	136-145	NA	NA	NA
Cl <sup>-</sup>	98-107	NA	NA	NA
K <sup>+</sup>	3.5-5.1	NA	NA	NA
Ca <sup>++</sup>	8.5-10.1	NA	NA	NA
Phosphorus	54-369	NA	NA	NA
Albumin	3.4-5.0	NA	NA	NA
Total Protein	6.4-8.2	NA	NA	NA
BUN	7-18	NA	NA	NA
Creatinine	0.70-1.30	NA	NA	NA
<b>TEST</b>	<b>NORMAL</b> (specific for age)			
		<b>Prior</b>	<b>Clinical Day</b>	<b>Correlation to current health status &amp; comment on trending</b>

				<b>trending</b>
Liver Function Tests	AST-15-37 ALT-12-78	NA	NA	NA
Urinalysis	1.003-1.035	NA	NA	NA
Urine specific gravity	5.10-7.0	NA	NA	NA
Urine pH	NA	NA	NA	NA
Creatinine clearance	NA	NA	NA	NA
<b>Other Labs:</b>	NA			

**Diagnostic Studies:**

<b>TEST &amp; RESULTS</b>	<b>Correlation to current health status (if abnormal)</b>
Chest x-ray:	No chest x-ray ordered at this time.
CT Scan/MRI:	No CT scan ordered at this time.
Biopsy/Scope:	No biopsy ordered at this time.
Cultures:	No cultures ordered at this time.
Other:	No other orders at this time.

**List of active orders on this patient:**

<b>ORDER</b>	<b>COMMENTS/RESULTS/COMPLETION</b>
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<b>Activity:</b>	Normal activity status, infant smiles and responds to stimulants. Order completed.
<b>Diet/Nutrition:</b>	Enfamil AR adlib with minimum 3 ounces every three hours, eight times a day. In status.
<b>Frequent Assessments:</b>	Vital signs and airway assessment every two hours. Vitals are within normal limits and airway is patent. Completed.
<b>Labs/Diagnostic Studies:</b>	No labs or diagnostic studies ordered at this time.
<b>Treatments:</b>	Speech pathology was consulted for this case and spoke to family about effective feedings to reduce vomiting. Completed.
<b>New Orders for Clinical Day</b>	
<b>ORDER</b>	<b>COMMENTS/RESULTS/COMPLETION</b>
No further orders.	

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

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

A verbal teaching covering feeding was utilized to promote optimal breathing and reduce vomit response. By teaching the mother to keep the infant sitting upright for 30-60 minutes after feeding, it would reduce reflux. Additional tools utilized were demonstrating proper burping techniques, putting the head of bed up to at least 30 degrees, and giving the mom slow pace

nipple heads. The priority of this teaching was to inform the mom of how to reduce vomiting episode, maintain adequate nutrition balance, and promote safety.

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

The teaching was partially effective, as the mom understood what needs to be done but still fails to implement the actions. The mom confirms the materials used and verbal approach were helpful to demonstrate what she needed to change. The next step for this patient is to keep them here for 24 hours to evaluate if parent is able to safely care for the infant.

**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 up when prone
2. Moves all arms and legs equally
3. Recognizes mother's voice and follows her with eyes

**Age Appropriate Diversional Activities**

1. Use of pacifier
2. Music
3. Clapping

**Psychosocial Development: Which of Erikson's stages does this child fit?** Trust vs. mistrust

**What behaviors would you expect?**

There are certain behaviors expected for Erikson's stage of Trust vs. Mistrust. To initiate trust with the parent or caregiver, he or she must meet the basic needs of the infant. The first expected behavior is that the baby will cry when needing something from the caregiver. The baby learns to feel safe knowing that he or she will receive care when they need it (Erik Erikson's Theory of Psychosocial Development, 2019). Crying is the most frequent behavior of the trust vs mistrust stage.

What did you observe?

I observed the infant crying when she was hungry or had been sitting in a soiled diaper for too long. This was expected; however, the mother did not respond appropriately. This could impact the infant's ability to trust and cause developmental issues later in life.

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

**What behaviors would you expect?**

The expected behaviors for Piaget's Sensorimotor stage involved using their senses to understand the world. They taste, touch, smell, shake, bang, or grasp objects to learn more through trial and error (Picture Perfect Playgrounds, 2017). Other expected behaviors involve repeating movement of parents such as blinking dramatically as they do.

What did you observe?

In this 41-day old infant, I observed her putting her hands in her mouth to taste them and squirming around to view the room. She is very young and has not developed enough motor

skills to reach for rattles and shake them, yet. When placing my finger in her hand, she immediately brought it to her mouth to try to better understand. She may have also done this action to mimic a pacifier.

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

The infant is on track with developmental cues and fusses at appropriate times. There are no concerns regarding this patient's vocalization.

Resources:

Erik Erikson's Theory of Psychosocial Development (2019). Retrieved from

<https://www.psychologynotesHQ.com/erikerikson/>

Picture Perfect Playgrounds, Inc. (2017). Retrieved from

<https://www.pgpedia.com/s/sensorimotor-stage>

**Any concerns regarding growth and development?** Developmental milestones appropriate for age

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Aspiration related to vomiting after feedings.	Patient moaning and coughing when nipple is in mouth.	Consult speech, monitor feedings, assess vital signs, manage airway and breathing

2. Cyanosis	Red to blue discoloration of face, dizziness, heart palpitations, fever, nausea, vomiting, fatigue, reduced appetite	Frequent airway assessments, elevated head of bed, maintain patent airway, encourage pulmonary hygiene, provide oxygenations as ordered, deep breathing, check oxygen saturations frequently.
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### Nursing Care Plan

Nursing Diagnosis <b><u>Prioritize-most important to least</u></b>	Outcomes (Patient/Family will: ..... and <b><u>give time line</u></b> ) (MUST BE MEASURABLE)	Nursing Interventions <b><u>With rationale</u></b> (At least 2 nursing interventions per outcome)	Evaluation of <b><u>EACH</u></b> outcome
<p>Risk for aspiration (Swearingen, 2016, p. 160)</p> <p>Related to:</p> <p>Vomiting secondary to feedings</p> <p>AEB (as evidenced by):</p> <p>Vomiting after feedings when laying on back in crib</p>	<p>1.The parent will reduce opportunities for aspiration and promote a patent airway by discharge.</p> <p>2.The patient will demonstrate effective feedings absent of vomiting by discharge.</p>	<p>1.Utilize different bottle nipper for slower feedings, observe for signs to stop feeding, position nipple so it is compressed by infant's tongue and existing palate burp frequently. Rationale: Ensures the infant is maintaining an open airway and can effectively feed (Swearingen, 2016, p. 160)</p> <p>2.Position infant's head upright, sit in vertical positioning 30-60 minutes after eating, side lying position, close monitoring while laying down.</p>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <p>1.Goal partially met. Mother utilizes slower feeding nipple but continues to prop bottle up during feedings. Will continue teaching.</p> <p>2.Goal partially met. Mother keeps head of bed raised to 30 degrees or more. Fails to watch infant after feedings and falls asleep while feeding infant.</p>

		Rationale: Ensures the infant is maintaining an open airway and can effectively feed (Swearingen, 2016, p. 160)	What next? Patient and family will be kept for 24 hours. This is to evaluate caretaker's ability of safely feeding, holding, and caring for the baby.
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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> ) (MUST BE MEASURABLE)	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
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<p>Ineffective infant feedings (Swearingen, 2016, p. 152)</p> <p>Related to:</p> <p>Lack of knowledge or commitment of caretaker</p> <p>AEB (as evidenced by):</p> <p>Mother sleeping through patient's mealtimes</p>	<p>1.The mother will feed the baby at least 3 ounces every 3 hours, eight times a day orally before discharge.</p> <p>2.Parent will identify techniques that will increase effective feeding by discharge.</p>	<p>1.Encourage set times for feeding. Assess volume, duration, calories, and efforts during feeding; respiratory rate and signs of fatigue Rationale: By monitoring the intake during feedings, the number of feedings per day can be evaluated and further interventions can be made if the infant is still not achieving the goal (Swearingen, 2016, p. 152).</p> <p>2.Educate mother about pacing and feeding off patient cues. Encourage participation. Rationale: The mother is the infant's primary support system and is responsible for initiating the feedings. By assessing the parent's educational level and providing an understanding, the mother will feel more confident when feeding (Swearingen, 2016, p. 152).</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1.Outcome not met. Mother continues to have a hands-off approach.</p> <p>2.Goal partially met. Mother was educated on crucial topics for feedings but fails to implement them or participate.</p> <p>What next? Patient and family will be kept for 24 hours. This is to evaluate caretaker's ability of safely feeding, holding, and caring for the baby.</p>
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### N433 Medication Form

Patient Initials: \_ZG\_\_\_\_\_ Patient Age: \_41 Days\_\_\_\_\_  
 Patient Weight (in kg): \_\_\_\_\_3.14 kg/m2\_\_\_\_\_

Scheduled Medications				
<p style="text-align: center;"><b>Medication</b>  <b>Trade &amp; Generic</b>  <b>Names,</b>  <b>Pharmaceutical</b>  <b>Class</b>  <b>Action of the</b>  <b>medication</b> (how                      does the medication                      work in the body <b><u>in</u></b>  <b><u>your own words</u></b>)</p>	<p style="text-align: center;"><b>Dose,</b>  <b>route, &amp;</b>  <b>frequency</b>  <b>ordered</b>  <b>for this</b>  <b>patient</b></p>	<p style="text-align: center;"><b>Concentratio</b>  <b>n Available</b></p> <p style="text-align: center;"><b>Why is this</b>  <b>pt. taking</b>  <b>this?</b></p>	<p style="text-align: center;"><b>Calculate</b>  <b>the safe dose</b>  <b>ranges by</b>  <b>what is</b>  <b>given as a</b>  <b>safe dose</b>  <b>times the</b>  <b>child's</b>  <b>weight. Do</b>  <b>this for a 24</b>  <b>hour period.</b>  <b>(Show</b>  <b>Calculations</b>  <b>)</b></p> <p style="text-align: center;"><b>Is this dose</b>  <b>safe for this</b>  <b>pt.?</b></p>	<p style="text-align: center;"><b><u>Nursing</u></b>  <b><u>Considerations</u></b> (at                      least 3 &amp; must be                      appropriate for this                      patient, &amp; include                      any labs that need                      to be done to monitor                      pt. while taking                      this medication)  <b><u>Contraindications</u></b>  <b><u>Common side</u></b>  <b><u>effects</u></b></p>

<p>Acetaminophen (Tylenol)  Analgesic/Antipyretic  Analgesic effects occur due to activation of decreasing serotonergic inhibitory pathways in the central nervous system. Antipyretic effects due to inhibition of heat regulation center.</p>	<p>48mg  PO  Q 4 hours  PRN</p>	<p>Fever, Pain  160mg/5mL</p>	<p>10-15 mg/kg/day  Q4-6 hours  Maximum 5 doses/24 hours   Yes</p>	<p>Nursing Considerations:  assess ALT, AST; assess for adverse reactions, assess for hypersensitivity   Contraindications:  Hypersensitivity, severe hepatic impairment, active impaired liver disease   Common Side Effects: Skin rash, anemia, nausea, headache, pruritus</p>
<p>Acetaminophen Rectal Suppository (Tylenol)  Analgesic/Antipyretic  Analgesic effects occur due to activation of decreasing serotonergic inhibitory pathways in the central nervous system. Antipyretic effects due to inhibition of heat regulation center.</p>	<p>47.2mg  Rectal  Q 4 hours  PRN</p>	<p>Fever, Pain  0.59 mL</p>	<p>75mg/kg/day  Q4-6 hours  Maximum 5 doses/24 hours   Yes</p>	<p>Nursing Considerations:  assess ALT, AST; assess for adverse reactions, assess for hypersensitivity   Contraindications:  Hypersensitivity, severe hepatic impairment, active impaired liver disease   Common Side Effects: Skin rash, anemia, nausea,</p>

				headache, pruritus
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