Lakeview College of Nursing **Student Name: Keiko Ripley**

N433 Pediatrics Clinical Care Plan

Clinical Date: 9/27/2019

Patient's Age: 2004, March **Weight:** 51.9 kg **BMI: 20.61**

Allergies / Sensitivities to medications, foods, contact, environment, etc. Include reactions: \

No-Known Allergies

Chief Complaint (Reason for admission): Pt did not pass out stool in two weeks **Admit date:** 9-25-2019

Other co-existing condition: Hypothyroidism

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

RS is 16 old female with hypothyroidism and chronic constipation, who was in digestive in 9/25, with Dr. Wang for a digital disimpassion under sedation / anesthesia. This was not successful, so Dr Wang cancelled for admission for clear out. No other recent illness.

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

Past Medical & Surgical History (Illness, hospitalizations, immunization, birth history– any complications):

Pt diagnosed with Hypothyroidism when she was 2 weeks old. She has chronic Constipation for all life. Pt reports she never had regular bowel movement in life, it is normal once in 3 to 7 days.

Child's diagnosis: Fecal Impaction

Etiology of disease process (what cause it): Chronic constipation, Hypothyroidism

The common cause of constipation include insufficiency on dietary fiber and fluid intake, lack of physical activity, and ignoring the defecation urge. In my patient's case, she was diagnosed hypothyroidism when she was two weeks old, and she has chronic constipation all her life. According to her report, the normal bowel pattern for her is about once every 4 to 7 days. However, this is the first time she could not pass stool for more than two weeks. She had symptoms of 8/10 cramping pain, abdominal discomfort, light nausea and vomiting, and X-ray confirmed there is fecal mass in the abdominal region.

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 the reference)

The fecal impaction occurs when a mass of dry feces accumulated cannot be expelled. It is a severe form of constipation, and it would further lead to fecal incontinence, hemorrhoid, fissures, rectal prolapse, and megacolon (Hinkle, Janice L., et al). Constipation defined as decreased in frequency of bowel movement than its normal. It also includes difficulty passing the stool, decrease in stool volume, and retention of feces in rectum (Hinkle, Janice L., et al).

Reference:

Hinkle, Janice L., et al. *Brunner & Suddarths Textbook of Medical-Surgical Nursing*. Wolters Kluwer, 2018.

Clinical manifestations of the disease (circle those exhibited by you patient) - include Lab velue, test, etc:

X-ray confirmed there is fecal mass in abdominal region. Colonoscopy was done but the fecal mass was too higher up, release was not successful.

Vital signs (list your source for the normal range):

T: 36.7C HR: 59 (NL for age) RR: 19 (NL for age) BP: 99/56 (NL for age)

SPO2: 99% w/ Room Air

Intake / Output (IV, PO, Out & Deficits): 1240ml / liquid stool X2

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

Pt is A&O x5, very cooperative with no s/s of distress.

Head: Head is midline with no deviation. Hair is long, brown in color.

Ears: Ears shows no drainage.

Eyes: PERRLA is noted.

Nose: Nose shows no deviated septum, turbinate equal bilaterally.

Teeth: Pt was noted to be normal sinus rhythm. Heart sound auscultated, no murmur noted. Pedal pulse was equal bilaterally, no s/s of edema noted. Negative for neck vein distension.

Respiratory: No accessory muscles use when breathing. Trachea in midline, no deviation. Pt denies SOB and denies sputum production. Lung sound auscultated, clear throughout bilaterally, no crackle, rhonchi, wheezes noted. Pt breathing in room air, never used O2 supplementation.

Gastrointestinal: Pt eats regular diet at home. Pt's abdominal inspection is completed, skin is intact and warm to touch, with no lesion or rash, BS auscultated x 4 quadrants, soft to touch. No mass or tenderness, distension upon palpation. Pt had small liquid BM @0830 & 1030.

Gastrourinary: Pt is able to ambulate to the bathroom by herself, she denies difficulty, urgency, pain upon urination at this moment. No dialysis or catheters. No genital abnormality noted. No abnormal odor noted.

Integumentary: Pt is half Caucasian and present with fair skin tone. Skin has normal elasticity and texture, warm to touch. No rashes, lesions, bruises or scars present. Pt has normal skin turgor, no s/s of dehydration.

Pain history & assessment: Type, location, intensity & timing, precipitation factors, relief measures / interventions, rating scale used, physical and/or behavioral signs, evaluation of pain status after medication is given:

Pt report 0/10 pain with numeric scale. No medication given.

Laboratory Data

LAB TEST	NORMAL	PRIOR	CLINICAL DAY	Correlation to current health status & comment on trending)

RBC	3.8-5.41			
Hgb	11.3-15.2			
Hct	33.2-45.3%			
MCV				
MCH				
MCHC				
Pletlet	149-493K			
WBC	4-11.7K			
Neutrophil	45.3-79%			
Lymphocyte	11.8-45.9			
Monocyte	4.4-12			
Eosinophil	0-6.3			
Basophyl				
Bands				
Chemistry TEST	**NORMAL**	**PRIOR**	**CLINICAL DAY**	**Correlation to current health status & comment on trending)**
Na	135-145			
K	3.5-5			
Cl	98-107			
CO2	22-26			
Glucose	70-99			
BUN	6-20			
Creatine	0.5-0.9			
Albumin	3.5-5.2			

Ca	8.6-10.4			
Mg	1.6-2.4			
Phosphate				
Bilirubin	0-1.2			
Alk Phos	35-105			
TSH	0.4-4.5			
AST	0-32			
ALT	0-33			
Amylase				
Lipase				
Cholesterol	200>			
HDL	45<			
LDL	130>			
Triglycerol	35-160			
Lactic Acid	0.5-2.4			
Other Test: Highlight Abnormals				
INR	1			
PT	9.5-11.8			
PTT	30-40			
D-Dimer	250>			
BNP	100>			
Troponin-I	0.03>			
Digoxin	0.5-0.9			

A1C	5.7>			
Urinalysis:				
C & C	Clear/Yellow			
pH	4.5-8			
S. Gravity	1.005-1.035			
Glucose	0			
Protein	0			
Ketones	0			
WBC	5>			
RBC	0-3			
Leukoesteras	Negative			
Culture:				
Urine	Negative			
Blood	Negative			
Sputum	Negative			
Other				

Diagnostic Studies:

Test / Result	Correlation to current health status
CXR	**Fecal mass presented**
CT / MRI	
Biopsy / Scopy	**Colonoscopy was done to release fecal mass, but was unsuccessful.**
Culture	
Other	

List of active orders onn the patient:

Order	Comment / Results / Completion
Activity	
Diet / Nutrition	
Frequent Assessment	
Labs / Diagnostic studies	
Treatment	

Lab Correlations Reference (APA)

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

Summarize your teaching (Prioritization in care, methods use, material use, time to provide, etc.):

- Increase in dietary fiber (20-35g/day), fluid (2-3L), and increase in physical activity everyday.
- Learn to adjust dosage for stool softener use, keep stool formed and soft.
- Increase supplement such as probiotic for healthy digestion.
- Do not ignore the urge to defecate.
- Keep thyroid hormone balanced by to stick with levothyroxine regime.
- Record your BM pattern.
- Avoid laxative and enema use.

Reference: Hinkle, J. L., Cheever, K. H., & Brunner, L. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing*. Wolters Kluwer.

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

Pt was able to acknowledge the information given, she replied the information I gave she already knew, and she has been try many different ways to cope it.

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

Age Appropriate Growth & Developmental Milestone

1. Puberty begin, Pt started period since 12 years old.
2. Height and weight increase to adult size, 158cm/ 51kg.
3. Sexual maturation occurs, Pt's develops breast in appearance.

Age appropriate Diversional Activities

1. Growth motor reaches adult level.
2. Pt likes physical activities after school.

3. Pt likes play video games at home, and cook with her mother.

Psychosocial Development: ***Identity vs Role Confusion***

What behaviors would you expect?

- Adolescent develops sense of personal identity, and view themselves as unique individual.
- Group identity: become part of a peer group that greatly influence behaviors.
- Sexual identity develops. Transition from friendship to intimate relationships.

What did you observe?

- Pt is physically well developed, she appears to has strong characters and attitude regarding her care. She has opinions and she has no hesitate to express it.
- Pt was refused to have hospital gown, she insisted to wear her own close brought from home.
- Pt has a boy friend in same school.

Cognitive Development: ***Formal operating, abstract reasoning.***

What behaviors would you expect?

- Able to think through more than 2 categories of variable concurrently.
- Capable of evaluating quality of their own thought.
- Able to maintain attention for longer period of time.
- Highly imaginative and idealistic.
- Capable of using formal logic to make decision.
- Think beyond current circumstance.
- Able to understand how the action of individual influence other.

What did you observe?

- Pt was able to read all the information and understand from handout.
- Pt was insisted to make decision of her own.
- Pt talking like an adult, she able to understand and answer whatever I asked.
- There is no problems with communication with others.

Vocalization / Vocabulary:

Pt is appropriate at development level in language use. She was able to understand and answer all my questions. There is no problem noticed in communications.

Any concerns regarding growth and development?

There are no concerns noted.

Reference: Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing*. Philadelphia: Wolters Kluwer.

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

Potential complication	S/S	Preventative Nursing Action
Megacolon **-Dilated intestinal wall**	**Abd pain** **Bloating, tenderness** **Fever, tachycardia** **Bloody diarrhea**	**Treating present illness; release of constipation by stool softener, enema, laxatives, fluids, etc.**
Ischemic Bowel Disease -due to damaged muscle lining, affect intestinal motility and impair the blood flow.	**N/V** **Abd pain, camping** **Tenderness,** **Bloody diarrhea** **Urgency of BM**	**Treating present illness; release of constipation by stool softener, enema, laxatives, fluids, etc.**

Reference: Hinkle, J. L., Cheever, K. H., & Brunner, L. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing*. Wolters Kluwer.

Nursing Care Plan

Nursing Diagnosis Prioritize most important to least	Outcome (Pt & family will:… and give time line) MUST BE MEASURABLE	Nursing Intervention With rationale At least 2 nursing intervention per outcome	Evaluation of EACH outcome
Acute pain **Related to:** **Fecal Impaction** **AEB:** **Pt's had report 7/10 pain @0400 this morning**	**1. Pt will have pain level below 3/10 by end of the shift.** **2. Pt will be able to get out of the bed to have activity by end of the shift.**	**1. Administration of acetaminophen to decrease moderate pain.** **2. Teaching of nonpharmacological pain relive such as massage, breathing, positioning to reduce pain.** **3. Encourage Pt to step out of the bed to increase activity.** **4. Increase fluid intake to prevent dehydration and help stool to pass out easily.**	**1. Pt had report 0/10 pain during last assessment and discharged @ noon.** **2. Pt was able to get out bed to have shower @1030**
Nursing Diagnosis Prioritize most important to least	**Outcome (Pt & family will:… and give time line) MUST BE MEASURABLE**	**Nursing Intervention With rationale At least 2 nursing intervention per outcome**	**Evaluation of EACH outcome**
Constipation **Related to:** **Fecal impaction** **AEB:** **Pt report she has not have BM for last two weeks.**	**1. Pt will pass stool by end of the shift.** **2. Pt will gain knowledge to cope this chronic issue**	**1. Increase fluid, fiber intake, and exercise due to help stool formation and passage.** **2. Administration of stool softener to liquefy stool easier to pass.** **3. Education regarding better control of constipation: such as self-management of stool softener use, 25-30g/day of fiber intake, 2-3L/day of fluid intake, etc.** **4. Assessment of readiness of Pt to learn.**	**1. Pt had passed liquid stool twice @0830 and 1030.** **2. Pt was able to acknowledge the importance of self-management of constipation.**

Reference: Hinkle, J. L., Cheever, K. H., & Brunner, L. S. (2018). *Brunner & Suddarths textbook of medical-surgical nursing*. Wolters Kluwer.

N433 Medication Form

Pt Initial: RS **Pt Age: 16** **Pt Weight: 51.9 kg**

Scheduled Medication

Medication Names (Tade & Generic), Drug class, Mechanism of Action. In your own words)	Dorse, Route, & Frequency	Concentration available. Why is this Pt taking?	Calculate the safe dosage range based on Pt's weight for 24hr period. (Show calculation)	Nursing considerations Contraindication Common side effects
Acetaminophen (Tylenol) NSAIDs Inhibits synthesis of prostaglandin (pain signal) produced in CNS.	**500mg PO PRN**	**160mg, 325mg, 500mg, 650mg, tablet** **Pt taking this for acute pain caused by fecal impaction.**	**500mg X 2= 1000mg/ day** **Recommended dose is 4000mg/ day**	**Watch for toxicity and overdose. -ALT/AST** **Watch Pt for allergic reaction.** **Monitor for kidney damage. -Creatine, BUN** **Contraindicated if Pt has liver or kidney disorder.** **Hepatoxicity, renal failure, neutropenia, pancytopenia, rash...**
Albuterol (ProAir HFA) Bronchodilator Relax the smooth muscle if bronchi to control or prevent airway obstruction caused by asthma attack.	**90 mcg I puff Inhaler (meter dose) PRN**	**90 mcg in 6.7g, 8.5g,17g, 18g of canisters.** **Pt has hx of bronchitis, Pt only use it when she had SOB.**		**Instruct proper use of inhaler.** **Advice Pt rinse mouth after each use to prevent dry mouth.** **Monitor overdose can cause dysrhythmia.** **Contraindicated if has allergic reaction, heart disease, diabetes, glaucoma, seizure.** **Tremor, restlessness, chest pain, palpitation, hyperactivity.**
Levothyroxine (Eltroxin) Thyroid hormones Replacement of supplementation for hypothyroidism, to restore normal hormone balance.	**125mcg PO daily**	**25,50,75,100, 125,150,175, 200, 300mcg** **Pt taking this for hypothrodism diagnosed since 2 wks old**	**2-3mcg/kg/day** **2mcg X 51,9kg = 103.8mcg** **3mcg X 51.9kg = 155.7mcg** **125mcg is safe**	**Monitor overdose for tachycardia, cp, insomnia, diaphoresis, S/S of hyperthyroidism.** **Monitor TSH level** **Take it @ same time every day, take missed dose ASAP unless missed more than 2.** **Contraindicates heart disease, renal disease, hypersensitivity.** **Nervousness, headache, insomnia, arrhythmia...**

Reference: Deglin, J. H., & Vallerand, A. H. (2009). *Daviss drug guide for nurses*. Philadelphia: F.A. Davis.