Lakeview College of Nursing **Student Name:** Kylie Cox
N433 Pediatrics Clinical Care Plan #1

CLINICAL DATE: 9/27/2019

Patient's Age 4 years 7 months **Weight** (in kg) 17.5 **BMI:** 16.7

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

Chief Complaint (Reason for admission): ran over by rear tractor tire **Admit date:** 9/21/2019

Other co-existing conditions: N/A

History of Present Illness (What events led up to this child being admitted to the hospital, etc.):
Patient was brought into the ER on 9/21 because he was riding on a tractor with his dad when he accidentally fell off and rear tire ran him over. After testing it was noted that the patient suffered from closed fracture of parietal bone, bilateral pneumothraces, bilateral pulmonary contusions, closed traumatic nondisplaced fracture of one rib, right side, and hydropneumothorax. Pt also had abrasinons on the right side of his face, his right arm, and upper back. Pt will remain in hospital
Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?)
Patient is up-to-date on all immunizations

Child's diagnosis: closed fracture of parietal bone **Etiology of disease process** (what causes it): This occurs when a force that's strong enough to break the bone hits the skull.

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)**:
A fracture of the cranial bone occurs when there is blow or some sort of trauma to the head. These can be accidental or on purpose and a brain injury can occur with these as well. A closed fracture occurs when the fracture does not break through the skin. The skull divides into the frontal, parietal, occipital, and temporal bones. Most skull fractures such as the one the patient has, has no treatment options or interventions. Usually, it is recommended that patient's should follow-up with their PCP.

Reference
Sorenson, M., Quinn, L., & Klein, D. (2017). *Pathophysiology*. Hoboken: Pearson.

Clinical Manifestations of the disease (circle those exhibited by your patient) – include lab values, tests, etc:
Lump or dent on head, bruising or swelling on head, headache, confusion, dizziness, nausea or vomiting, loss of consciousness

Vital Signs: **(List your source for the Normal ranges)T:** 97F **(NL for age):** 98.6F **HR:** 95 **(NL for age)**: 80-120 **RR:** 20 **(NL for age):** 20-30

B/P: 107/57 **(NL for age):** 89-112/46-72 **O2 sat:** 95 **Room Air or Oxygen**

Reference:

Pediatric Vital Signs: A Mom's Guide. (2019). Retrieved September 30, 2019, from https://www.healthline.com/health/pediatric-vital-signs#preschoolers

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

9/27: intake: 120 mL. No IV fluids as patient's IV was removed as was ready for discharge

output: no documented output

Clinical Day Evaluation Data – Head to toe physical assessment (Do not use WNL or WDL):
Head: generalized edema, noted parietal fracture
EARS: minor abrasions, no abnormal drainage
EYES: scleral hematoma of right eye, ecchymosis of left eye, PERLA

NOSE: no septal deviation
TEETH: oral mucosa is pink and moist
CARDIOVASCULAR: S1 and S2 noted. No noted rubs or murmurs, peripheral pulses +2
RESPIRATORY: no use of accessory muscles, clear lungs bilaterally
INTEGUMENTARY: abrasions on right side of face, right arm, and upper back. All other skin is pink, warm, and dry
GENITOURINARY: urine in yellow in color and no noted odor
GASTROINTESTINAL: bowel sounds present in all four quadrants

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:
Patient did not show any signs of pain on clinical day.

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	3.89-4.97	3.09		
Hgb	10.2-12.7	8.9		Due to blood loss at time of trauma
Hct	31.0-37.7	27.1		Due to blood loss at time of trauma
MCV	71.3-84.0	83.4		
MCH	23.7-28.3	27.2		
MCHC	32-34.7	32.8		
WBCs	5.14—13.38	6.76		
Neutrophils	1.82-7.47	4.40		
Eosinophils	0.02-0.32	0.14		
Basophils	0.01-0.05	0.01		
Monocytes	0.19-0.72	0.73		
Lymphocytes	1.16-3.33	1.43		
Platelets	202-403	120		Related to the amount of blood lost during the trauma

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	114		This is due to the stress on the body
Na^{+}	136-145	137		
Cl^{-}	98-107	107		
K^{+}	3.5-5.1	3.9		
Ca^{++}	8.5-10.1	8.7		
Phosphorus	54-369	N/A		
Albumin	3.4-5.0	3.5		
Total Protein	6.4	6.4		
BUN	7-18	9		

Creatinine	0.70-1.30	0.71		

TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	AST (15-37) ALT (12-78)	N/A		
Urinalysis	NEGATIVE	N/A		
Urine specific gravity	1.003-1.035	N/A		
Urine pH	5.0-7.0	N/A		
Creatinine clearance	<1.0	N/A		
Other Labs:				

Reference: Normal ranges came from EPIC

Diagnostic Studies:

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray:	Xray of chest
CT Scan/MRI:	CT facial with contrast: superficial hematoma right- asymmetric due to the closed fracture the pt suffered from
Biopsy/Scope:	
Cultures:	
Other:	

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	no heavy lifting, or activity that could potentially harm face, head or neck
Diet/Nutrition:	normal
Frequent Assessments:	monitor for pain monitor vitals
Labs/Diagnostic Studies:	
Treatments:	Pain meds

New Orders for Clinical Day

ORDER	COMMENTS/RESULTS/COMPLETION

Discharge!!!	Discharge process began at 0800 and patient left around 1200

Reference:

Hinkle, J. L. & Cheever, K. H. (2018). Brunner & Suddarth's Textbook of Medical Surgical Nursing. (14 th ed.).

Philadelphia, PA: Wolters Kluwer

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

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

Patients that suffer from head injuries should take careful precautions when discharged from the hospital. They should be sure to make sure this type of injury is not recurring and can be prevented by wearing helmets while riding a bike or any motorized vehicle. If this occurs and a child does not lose consciousness, be sure the child is responding and alert. Also, apply cold compresses, such as ice packs, for 20 minutes to minimize swelling. As soon as the child's condition changes, do not hesitate to call their pediatrician. Signs and symptoms that can indicate serious injuries are constant headaches, slurred speech or confusion, vomiting more than 2 times, difficulty waking up, etc. This teaching is directed at the parents as the child is to young to understand exactly what is happening.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):
Patient's family was eager to learn and ready to do anything to help their son go home.

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. skips and hops on one foot
2. throws ball overhead
3. catches ball reliably

Age Appropriate Diversional Activities

1. playing ball
2. putting puzzles together
3. playing pretend and dress-up activities

Psychosocial Development: Which of Erikson's stages does this child fit? Initiative versus guilt

What behaviors would you expect?
Likes to please parents

What did you observe?
Patient always did what parents asked even when he didn't want me to do an assessment

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

What behaviors would you expect?
Has short attention span and learns through observation and imitation

What did you observe?
He knew where the blood pressure cuff, O2 monitor and thermometer went.

Vocalization/vocabulary: Development expected for child's age and any concerns?
This kid is verbalizing appropriately for his age

Any concerns regarding growth and development?
There are no concerns at this time.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1.Concussion	• Dizziness or balance probles • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Looking like daydreaming • Trouble concentrating • Trouble remembering • Confused • Slow to answer questions	• Educate pt on wearing seatbelt and use of car seat • Educate pt on wearing a helmet when riding a bike, motorcycle, skating, skiing, horseback riding • Educate family on use of handrails to prevent falls on stairs
2. seizures	• Staring • Jerking • Stiffening of body • Loss of consciousness • Breathing problems • Loss of bowel or bladder control	• Secure pt's airway, breathing and circulation • Make sure pt in on seizure precautions • As needed supply oxygen, support vent and IV access

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
Acute pain Related to: Closed fracture of parietal bone and rib along with scabbing on side of face AEB (as evidenced by): Reports of pain, facial grimacing, and abdominal guarding	1. Patient will remain free of complaints of pain on a daily basis 2. Patient will demonstrate ability to participate in activities with minimal complaints of discomfort	1. Identify diversional activities appropriate for patient age, physical abilities, and personal preferences. This prevents boredom and may enhance coping abilities. 2. Apply cold or ice pack for the first 24-72 hours and as necessary. This reduces edema, and decreases pain sensation. 1. Investigate any reports of unusual or sudden pain which can be a sign of a complication 2. Patient takes it easy during first few weeks and doesn't need to rush back into many activities	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Outcome met before discharge; patient had no complaints of pain 2. outcome met; patient has been laying in his bed and as well as made it to the play room but took the toy car. Patient's parents understand the need of slowly easing back into things. What next? Patient will continue to progress with little to none signs and symptoms of pain

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
Risk for infection Related to: Broken skin/abrasions AEB (as evidenced by): Obvious scabbing on right side of face, right arm, and upper back	1. Patient's family will identify 3 ways to prevent or reduce the risk of infection by the end of the shift 2. Patient will be free of signs of infection, purulent drainage, erythema, and fever until discharge	1. Educate the client's family on the importance of hand hygiene as this significantly reduces the spread of bacteria. This patient is a 4-year-old boy so he will have to try to keep face clean and away from dirt. 2. Educate patient's family on risk factors for developing infection 1. Monitor VS for fever, chills, changes in mental status or any reports of pain. 2. inspect facial abrasions for signs and symptoms of bruising	Outcomes Met/ Partially met/ Not met (with explanation) 1. Outcome met. Patient's family was eager to learn. 2. Outcome was met as pt was discharged and was free from signs of infections. What next? Patient will remain free from infection

Reference:

Swearingen, P. (2016). *All-in-one Nursing Care Planning Resource* (4th ed). St. Louis, Missouri: ELSELVIER.

N433 Medication Form

Patient Initials: JD | Patient Age: 4 years 7 months | Patient Weight (in kg): 17.5

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**
Hycet **Hydrocodone-acetaminophen** **Pharm class:** **Opiod analgesic and non-salicylate analgesic** **Action of mechanism:** **Binds and activates opioid receptors**	**2.36 mg** **PO** **Q4H** **PRN**	**0.135mg/kg/day** **Pt is taking this for pain**	**Yes this is a safe dose**	**This should not be given with impaired consciousness in pt** **Monitor for respiratory depression** **Monitor for effectiveness in relieving pain** **Contraindications: severe bronchial asthma, hypersensitivity** **Common side effects: anxiety, dry mouth**
Diphenhydramine elixir cup **Pharm class:** **Antihistamines 1st class** **Mechanism of action:** **Binds to H1 receptors and prevents it from reaching site of action**	**8.75mg** **PO** **Q24h at bedtime**	**8.75** **Pt is taking to control pain**	**This a safe dosage range for pt**	**Keep elixir container tightly closed.** **Protect elixir and parental forms from light** **Have pt take food while taking this med** **Contraindications: hypersensitivity, bladder neck obstruction** **Common side effects: confusion, dizziness, arrhythmias, blurred vision**

Zofran **Ondansetron HCL** **Pharm class:** **Anti-emetic/antivertigo agents** **Mechanism of action: serotonin receptors are blocked centrally in the chemoreceptor trigger zone**	**4mg** **Injection** **Daily as needed**	**For nausea and vomiting**	**This is a safe dose for pt**	**Monitor pt closely for signs and symptoms of hypersensitivity** **Monitor pt closely for serotonin syndrome: fever, chills, agitation, confusion, diaphoresis** **Monitor pt for decreased bowel activity** **Contraindications: hypersensitivity** **Common side effects: abdominal pain, drowsiness**
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**
Fentanyl **Pharm class:** **Opioid analgesic, anesthetic adjunct agents** **Mechanism of action:** **Binds to opioid receptors in the CNS, altering perception of and emotional response to pain**	**17.5mg** **IV push** **Q2hr, PRN**	**17.5 mg** **Severe pain**	**This is a safe dose for pt**	**Assess RR, BP, pain & sedation scores every 15 minutes for 2 hours and then every 4 hours PRN** **Monitor for CNS symptoms** **Monitor for any signs of pain** **Common side effects: chest pain or discomfort, irregular, fast or slow breathing, slow or irregular heartbeat, unusual tiredness** **Contraindications: asthma, children under 2, myasthenia gravis, opioid hypersensitivity**

Reference: JONES & BARTLETT LEARNING. (2018). *Nurses's Drug Handbook* (17th ed.). Burlington, MA.

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 _____