

Patient's Age 2 2
Year's months

Weight (in kg) 14.1 kg

BMI 16.82 kg

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: Not on file

Chief Complaint (Reason for admission): Diabetic ketoacidosis (DKA) Admit date: 09/30/2019

Other co-existing conditions: Type 1 Diabetes Mellitus

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

The patient is a 2-year-old boy admitted to the emergency department (ED) for diabetic ketoacidosis (DKA). The patient presented with dehydration, Kussmaul respirations, mild sinus tachycardia, and presence of ketones in his urine. ED determined him to have a blood glucose level of 723 and an anion group of 22, serum bicarbonate of 10, and he received one bolus of IVF before being transferred to pediatric critical care. Prior to admission, the patient's mother stated that her son was presenting with frequent urination, extreme thirst, fruity (sweet-smelling) breath odor, and confusion.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.): Immunizations are up to date. The patient has a 20 gauge IV in the right peripheral and dated 09/30/19. The parents are involved with type 1 diabetes mellitus and insulin education, and administering insulin to patient before feedings.

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications?) The patient does not have any significant past medical history, and his mother denies any complications during pregnancy.

Child's diagnosis: DKA **Etiology of disease process (what causes it):** DKA is a severe complication of diabetes that occurs when the body produces high levels of blood acids called ketones. Ketones are a highly acidic substance formed when the liver breaks down free fatty acids in the absence of insulin (Hinkle & Cheever, 2018). DKA is a state of insulin deficiency aggravated by hyperglycemia, dehydration, and ketones in intermediary metabolism. The most common causes are an underlying infection, disruption of insulin treatment, and new onset of diabetes (Ricci et al., 2018).

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) Insulin deficiency causes the body to metabolize triglycerides and amino acids instead of glucose for energy. Hyperglycemia due to insulin deficiency causes an osmotic increase of urine production that leads to urinary loss of water and electrolytes (Ricci et al., 2018).

References:

Hinkle, J.L., & Cheever, K.H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing (14th ed.)*. Philadelphia, PA: Wolters Kluwer Health Lippincott William & Wilkins.

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

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

__ ED determined him to have a blood glucose level of 723 (hyperglycemia), an anion group of 22, and serum bicarbonate of 10. Other clinical manifestations include the following:

Glucose

60-99	390	N/A	Symptoms of DKA include hyperglycemia (Hinkle & Cheever, 2018).	
Cl ⁻	98-107	114	N/A	Symptoms of DKA include hypochloremia (Hinkle & Cheever, 2018).
Albumin	3.4-5.0	2.9	N/A	Albumin production and secretion is decreased due to insulin deficiency (Hinkle & Cheever, 2018).

Vital Signs: (List your source for the Normal ranges) T__36.7 C____HR.__101____ (NL for age) ____70-150/min____ RR. __22_____

(NL for age) __21-25/min_____

B/P ___95/50___ (NL for age) ___86-120 (systolic); 44-75 (diastolic)___ O2 sat ___97___ **Room Air** or Oxygen

Intake/Output: (IV, PO, Out & Deficits) ___952.8 mL (intake); 1,266 mL (output)___

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

<p>HEENT: Head/Neck: Head is normocephalic and atraumatic. Trachea is midline Ears: TMs pearly gray bilaterally. Eyes: PERRLA and EOMI bilaterally Nose: No noted deviated septum, polyps or turbinates present. Teeth: Patient has no teeth (multiple tooth extraction)</p>	<p>Patient has no palpable lymph nodes. Head is normocephalic and atraumatic. Eyes are PERRLA and EOMI bilaterally. TMs pearly gray bilaterally. No noted deviated septum, polyps or turbinates. Moist mucus membranes present. No noted exudate, lesions, or erythema around the head and neck. Trachea is midline.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): RRR Peripheral Pulses: dorsalis pedis 2+ bilaterally Capillary refill: <3 seconds upper and lower extremities bilaterally Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1, S2 detected. Cardiac rhythm is RRR (regular, rate and rhythm). No noted murmurs, gallops, or rubs. Capillary refill is less than 3 seconds in upper and lower extremities bilaterally. 2+ pedal pulses bilaterally. No noted deformities or edema present.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Lungs CTA (clear to auscultation) bilaterally. No noted wheezes, rhonchi or crackles.</p>
<p>GASTROINTESTINAL: Diet at home: Diabetic diet Current Diet: Diabetic diet Height: 91.4cm Weight: 14.1kg Auscultation Bowel sounds: Present in all four quadrants Last BM: 10/02/19 at 1700 via rectal tube Palpation: Pain, Mass etc.: None noted Inspection: No noted lesions or rashes Distention: No noted distension Incisions: No noted incisions Scars: No noted scars Drains: No noted drains Wounds: No noted wounds Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>I did not palpate abdomen. Bowel sounds present in all four quadrants. Patient is on a diabetic diet.</p>

GENITOURINARY: Color: Yellow Character: Yellow color, no foul odor Quantity of urine: 1,266 mL Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: I did not inspect genitals Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	Patient voided 8 oz. of yellow and clear urine at approximately 1145. No dialysis or catheter noted.
MUSCULOSKELETAL: Neurovascular status: All 4 extremities are atraumatic, well developed, and move without difficulty (MAEW). No noted erythema, cyanosis, or edema. ROM: Intact in the upper and lower extremities bilaterally and moves without difficulty Supportive devices: None Strength: 5/5 in upper and lower extremities bilaterally ADL Assistance Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 0 Activity/Mobility Status: Patient is bedrest Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Handgrips are equal bilaterally. DTRs are intact. ROM intact in the upper and lower extremities bilaterally, 5/5 musculoskeletal strength in upper and lower extremities bilaterally and moves without difficulty (MAEW). No noted erythema, cyanosis, or edema. Patient is NOT a fall risk as evidence by Morse Fall Scale of 0.
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Appropriate for age Speech: Appropriate for age Sensory: Intact LOC: Appropriate for age	No focal deficits present. DTRs are intact. No sensory loss noted. CNII through XII are grossly intact. Handgrips equal bilaterally. Patient exhibits no signs of impaired memory and is alert and oriented. PERLLA. Pupil size is equal, round, reactive to light with 2-step method bilaterally. The patient is able to move his lower extremities independently. Muscle strength and sensation are intact in upper and lower extremities bilaterally. No noted nuchal rigidity or meningeal signs.

Pain History & assessment: Type, location, intensity & timing, precipitating factors, relief measures/interventions, rating scale used, physiological and/or behavioral signs, and evaluation of pain status after medication is given: __FACES scale was used.

The patient experienced no pain.

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	5.42	N/A	Elevated RBCs occur most commonly when your body requires an increased oxygen-carrying capacity (Hinkle & Cheever, 2018).
Hgb	10.2-12.7	12.6	N/A	
Hct	31.0-37.7	37.5	N/A	

MCV	71.3-84.0	69.2	N/A	
MCH	23.7-28.3	23.2	N/A	
MCHC	32.0-34.7	33.6	N/A	
WBCs	5.14-13.38	8.49	N/A	
Neutrophils	1.54-7.92	2.31	N/A	
Eosinophils	< 6.3	6.2	N/A	
Basophils	< 0.30	0.5	N/A	Elevated basophil level indicated infection, severe allergy, or chronic inflammation (Hinkle & Cheever, 2018).
Monocytes	4.4-12	6.4	N/A	
Lymphocytes	11.8-46	59.2	N/A	Elevated lymphocyte levels indicate infection or other inflammatory condition (Hinkle & Cheever, 2018).
Platelets	202-403	231	N/A	
TEST	NORMAL (specific for age)	Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	390	N/A	Symptoms of DKA include hyperglycemia (Hinkle & Cheever, 2018).
Na ⁺	136-145	138	N/A	
Cl ⁻	98-107	114	N/A	Symptoms of DKA include hypochloremia (Hinkle & Cheever, 2018).
K ⁺	3.5-5.1	4.3	N/A	
Ca ⁺⁺	8.5-10.1	8.2	N/A	Hypocalcemia results in a low amount of parathyroid hormone (PTH) (Hinkle & Cheever, 2018).
Phosphorus	2.5-4.9	3.7	N/A	
Albumin	3.4-5.0	2.9	N/A	Albumin production and secretion is decreased due to insulin deficiency (Hinkle & Cheever, 2018).
Total Protein	1-15	N/A	N/A	
BUN	7-18	6	N/A	A low BUN level can indicate liver disease, malnutrition, or over-hydration (Hinkle & Cheever, 2018).
Creatinine	0.7-1.3	0.54	N/A	A low creatinine level can indicate kidney damage, heart failure, or dehydration (Hinkle & Cheever, 2018).
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: N/A	
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: Manage dehydration; insulin dependent	To provide insulin, restore intravascular volume, reverse decompensation, and restore organ perfusion (Hinkle & Cheever, 2018).
Diet/Nutrition: Diabetic diet	To minimize symptoms and dangerous consequences of diabetes mellitus, and provide nutrients the body requires (Hinkle & Cheever, 2018).
Frequent Assessments: Blood glucose level	High glucose levels may indicate diabetes mellitus (Hinkle & Cheever, 2018).
Labs/Diagnostic Studies: BMP	A BMP informs us about the levels of glucose, electrolytes, BUN and creatinine. High glucose levels may indicate diabetes mellitus. Electrolytes help control fluid levels and acid-base balance. BUN and creatinine are waste products and tell us how the kidneys are functioning (Hinkle & Cheever, 2018).
Treatments: Insulin therapy; IVF	To provide insulin, restore intravascular volume, reverse decompensation, and restore organ perfusion (Hinkle & Cheever, 2018).

New Orders for Clinical Day

ORDER	COMMENTS/RESULTS/COMPLETION
N/A	
N/A	
N/A	

Teaching & Learning: Identified teaching need (be specific): __The patient's father requires insulin therapy

education. _____

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): __Plan of care is improving. The parents did well on VSS and glucose 400 & 269. The parents are able to check blood glucose and administer insulin. An example of a teaching plan can include the following:

What is diabetic ketoacidosis?

Diabetic ketoacidosis (DKA) develops when the body has high blood sugar (hyperglycemia) and a build-up of acid. If left untreated, DKA can result in a coma, or even death. DKA affects persons with type 1 diabetes.

What causes DKA?

The leading cause of DKA is not having enough insulin. Not having enough insulin raises the blood glucose levels but stops the body from using the glucose for energy. The human body must burn fat to acquire calories, causing a build-up of acid. A high level of blood glucose can cause excessive urination, and can lead to dehydration.

What are the triggering factors?

The most common triggering factors are “skipping” insulin doses and illnesses, especially infections that raise your body’s need for insulin.

How can I prevent DKA?

You should work with your doctor to have a plan if your blood glucose level gets too high. Make sure that you know how to reach your doctor in an emergency. Careful monitoring is required, especially if you are sick.

What should I do?

Check your blood glucose level at least every three to four hours if you are sick. Check your glucose level every one to two hours if you have critical blood glucose values. Ask your doctor what your significant level should be. Most patients should watch their glucose levels closely when they are higher than 250 mg per dL. Keep testing at least every four hours during the night.

Test your urine for ketones or your blood for beta-hydroxybutyrate every four hours or if your blood glucose is over 250 mg per dL. If you are not eating, do NOT stop your insulin completely. Your body needs insulin even if you are not eating. Call your doctor if you do not know how to change your insulin dose.

If your blood glucose is high, take extra insulin to control it. Call your doctor if you do not have an extra insulin dose or if the additional dose is not working.

Only drink sugar-free and caffeine-free liquids. Sip small amounts if you are feeling sick to your stomach.

If your blood glucose is more than 250 mg per dL, do not eat or drink foods that are high in carbohydrates.

Contact your doctor if you have:

- Vomiting more than once
- Stomach pain
- Diarrhea five or more times in six hours
- Two blood glucose level tests higher than 300 mg per dL
- A history of a blood glucose level less than 70 mg per dL or show symptoms of low blood sugar
- Trouble breathing
- Moderate or large ketones if you are using urine test strips
- High beta-hydroxybutyrate levels if you are using blood test strips

If signs of infection are present, such as fever, cough, sore throat, or pain, contact your provider to ensure that you are getting the correct treatment.

Make sure that you have short-acting insulin, long-acting insulin, and needles in case your insulin pump is not working. Know an emergency contact to call for help with your insulin pump.

Where can I get more information?

- Your doctor
- American Diabetes Association
- Telephone: 1-800-DIABETES (1-800-342-2383)
- Monday-Friday 8:30 a.m. to 8:00 p.m. (eastern standard time)
- Web site: <http://www.diabetes.org>
- National Diabetes Information Clearinghouse
- Telephone: 1-800-860-8747
- Web site: <http://diabetes.niddk.nih.gov/index.htm>
- Centers for Disease Control and Prevention
- Web site: <http://www.cdc.gov/health/diabetes.htm>

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

__The parents will be able to demonstrate proper measures of insulin and appropriate times of administration upon completion of education. As the child ages, an insulin pump may be ideal for including into the parents’ education.

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. Turns pages one at a time
2. Climbs on furniture
3. Can carry toys while walking

Age Appropriate Diversional Activities

1. Playing with blocks
2. Push-pull toys
3. Looking at pages of a book

Psychosocial Development: Which of Erikson’s stages does this child fit? Autonomy versus shame and doubt

What behaviors would you expect? Attempts to do things by himself; Uses negativism to express his independence; and maintains a routine to provide a sense of comfort

What did you observe? The patient wants to bathe by himself without the help of dad; the patient enjoys playing alone; and uses thick crayons for drawing.

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

What behaviors would you expect? Object permanence become fully developed; demonstrate memories of events that relates to them; playing house is evident; and imitate previously seen activities.

What did you observe? The patient is using a combination of two to three words; imitates vacuuming floor with push-pull toy; points to my Mickey Mouse watch and tries to pronounce Mickey.

Vocalization/vocabulary: Development expected for child’s age and any concerns? Development is appropriate for child’s age, with no concerns.

Any concerns regarding growth and development? Growth and development appropriate for child’s age.

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
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1. Swelling of the brain (cerebral edema)	<ul style="list-style-type: none"> * headache * nausea/vomiting * dizziness * difficulty speaking * seizures * memory problems * vision loss * loss of consciousness 	Treatments for cerebral edema due to DKA include insulin, type, and amount of fluids and electrolytes supplementation (Hinkle & Cheever, 2018).
2. Acute kidney failure	<ul style="list-style-type: none"> * bloody stools * sluggish movements * fluid retention or swelling * fatigue * hand tremor * bruising and prolonged bleeding * changes in mental status or mood * decreased appetite * breath odor and metallic taste in mouth * seizures * high blood pressure * nausea/vomiting 	Treatments for acute kidney failure due to DKA include insulin, type, and amount of fluids and electrolytes supplementation (Hinkle & Cheever, 2018).

Reference:

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

Wolters Kluwer Health Lippincott William & Wilkins.

Nursing Care Plan

Nursing Diagnosis <u>Prioritize-most</u> <u>important to least</u>	Outcomes (Patient/Family will: and give time line) (MUST BE MEASURABLE)	Nursing Interventions <u>With rationale</u> (At least 2 nursing interventions per outcome)	Evaluation of <u>EACH</u> outcome
<p>Risk for fluid volume deficit.</p> <p>Related to: Diabetic ketoacidosis (DKA)</p> <p>AEB (as evidenced by): Dehydration</p>	<p>1. Before being discharged, the patient will remain normovolemic (within average blood volume) as evidenced by urinary output more significant than 30 mL/hr, normal skin turgor, good capillary refill (<3 seconds), normal blood pressure, palpable peripheral pulses, and blood glucose levels between 70-200 mg/dL.</p> <p>2. Before being discharged, the patient's parents will demonstrate appropriate blood-glucose monitoring, insulin administration, dietary management, and exercise plan.</p>	<p>1. Assess precipitating factors such as other illnesses, new-onset diabetes, or poor compliance with treatment regimen. These will provide baseline data for education once with resolved hyperglycemia. Urinary tract infection and pneumonia are the most common infections causing DKA and HHNS among older clients (Swearingen, 2016).</p> <p>2. Assess skin turgor, mucous membranes, and thirst to provide baseline data for further comparison. Skin turgor will decrease and tenting may occur. The oral mucous membranes will become dry, and the client may experience extreme thirst (Hinkle & Cheever, 2018).</p> <p>3. Monitor hourly intake and output. Oliguria or anuria results from reduced glomerular filtration and renal blood flow (Hinkle & Cheever, 2018).</p>	<p>Outcomes Met/ Partially met/ Not met (with Explanation)</p> <p>1. The patient outcome is met. Baseline data is provided, and hyperglycemia was managed between 70-200 mg/dL. The patient shows an excellent capillary refill of less than 3 seconds, and blood pressure is within normal limits (95/50).</p> <p>2. The patient outcome is met. The patient's parents demonstrated appropriate blood-glucose monitoring, insulin administration, and understanding of the signs and symptoms of dehydration and DKA.</p> <p>What is next? As the patient grows, further education may be needed for the use of an insulin pump, as well as teaching the child how to manage his type 1 diabetes.</p>

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> (At least 2 nursing interventions per outcome)	Evaluation of <u>EACH</u> outcome
<p>Risk for infection</p> <p>Related to: high glucose levels</p> <p>AEB (as evidenced by): DKA</p>	<p>1. The patient will demonstrate techniques, lifestyle changes to prevent the development of infection.</p> <p>2. The patient will identify interventions to prevent or reduce the risk of infection.</p>	<p>1. Assess for signs of infection and inflammation. Infection is a common cause of DKA. Some signs of infection can include fever, chills, dysuria, and increased WBC count (Hinkle & Cheever, 2018).</p> <p>2. Observe client's feet for ulcers, infected toenails, or other medical problems. Due to impaired circulation in diabetes, foot injuries are predisposed to poor wound healing (Hinkle & Cheever, 2018).</p> <p>3. Encourage proper handwashing technique. Proper handwashing helps avoid the risk of cross-contamination (Hinkle & Cheever, 2018).</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation)</p> <p>1. The patient outcome is not met. The new onset of type 1 diabetes will take the patient and his parents some time to accustom lifestyle changes.</p> <p>2. The patient outcome is met. The patient's parents are able to demonstrate methods to prevent or reduce the risk of infection, and are motivated to learn more.</p> <p>What next? Follow-up care is essential to identify if interventions are working correctly or if new interventions are required.</p>

References:

Hinkle, J.L., & Cheever, K.H. (2018). *Brunner & Suddarth's Textbook of Medical Surgical Nursing (14th ed.)*. Philadelphia, PA: Wolters Kluwer Health Lippincott William & Wilkins.

Swearingen, P. L. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans*. St. Louis, MO: Elsevier/Mosby.

N433 Medication Form

Patient Initials: E.W.

Patient Age: 2 years and 2 months

Patient Weight (in kg): 14.1 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 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 be done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
Insulin aspart (Novolog) Classification: pancreatic Action: Novolog is short-acting insulin that lowers blood glucose by replacing the insulin that is produced by the pancreas, and by moving sugar from the blood to body tissue for energy. It also helps stop the liver from producing sugar.	Correction dose (3) – insulin 0.5 unit for blood glucose levels between 200-300 and 1 unit for blood glucose >300.	Patient has new onset of type 1 diabetes mellitus.	Sliding Scale: Blood glucose (mg/dL) 0 – 150 No insulin 151 – 200 2 units 201 – 240 4 units 241- 280 6 units 281 – 330 8 units Over 330 Call Healthcare Provider (MD, NP, PA) $0.5 \text{ units/kg/day} \times 14.1 \text{ kg}/24 \text{ hr} = 0.29 \text{ units/dose}$ $1.0 \text{ units/kg/day} \times 14.1 \text{ kg}/24 \text{ hr} = 0.59 \text{ units/dose}$ 0.5 is a safe dose.	Contraindications: 1. Hypoglycemia 2. Liver impairment 3. Hypokalemia Common side effects: 1. Hypoglycemia 2. Pruritus 3. Erythema
Insulin glargine (Lantus) Classification: pancreatic Action: Lantus is long-acting insulin that lowers blood glucose by replacing the insulin that is produced by the pancreas, and by moving sugar from the blood to body tissue for energy. It also helps stop	Injection 4 units subQ daily; 5 units of overfill.	Patient has new onset of type 1 diabetes mellitus.	Sliding Scale: Blood glucose (mg/dL) 0 – 150 No insulin 151 – 200 2 units 201 – 240 4 units 241- 280 6 units 281 – 330 8 units Over 330 Call Healthcare Provider (MD, NP, PA)	Contraindications: 1. Hypoglycemia 2. Liver impairment 3. Hypokalemia Common side effects: 1. Hypoglycemia

the liver from producing sugar.			<p>4 units/kg/day x 14.1kg/24 hr = 2.35 units/dose</p> <p>5 units/kg/day x 14.1 kg/24 hr = 2.94 units/dose</p> <p>Dosage is safe.</p>	<p>2. Pruritus 3. Erythema</p>
<p align="center">Medication</p> <p>Trade & Generic Names, Pharmaceutical Class 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 done to monitor pt. while taking this medication)</p> <p><u>Contraindications</u></p> <p><u>Common side effects</u></p>
<p>Bisacodyl (Dulcolax) Classification: stimulant laxative Action: Increases bowel movements to help stool come out.</p>	<p>Suppository 5mg PRN</p>	<p>The patient is constipated</p>	<p>Rectal (Children 2– 11 yr): 5– 10 mg/day single dose.</p> <p>5mg/kg/day x 14.1kg/24 hr = 2.9mg/dose</p> <p>10mg/kg/day x 14.1kg/24 = 5.9mg/dose</p> <p>5mg is a safe dose.</p>	<p>Contraindications:</p> <ol style="list-style-type: none"> 1. Nausea/vomiting 2. Abdominal pain 3. Hypersensitivity <p>Common side effects:</p> <ol style="list-style-type: none"> 1. Diarrhea 2. Abdominal cramps 3. Rectal burning

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. <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	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 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 Possible	100	

Total points for this care plan _____