Lakeview College of Nursing **Student Name** _____Shawna Stewart_____
N433 Pediatrics Clinical Care Plan

CLINICAL DATE_____

Patient's Age ___5 yrs__11months_____ **Weight** (in kg) __23.5 kg_____ **BMI**___17.99 kg/m2_____
Year's months
Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions: ____NKA_____

Chief Complaint (Reason for admission): _Fever (past 3 days), cough, shortness of breath_____ **Admit date:** 10/23/19_____

Other co-existing conditions: ___Hypoxemia, Uncomplicated Asthma_____

History of Present Illness (What events led up to this child being admitted to the hospital, etc.):
Mom states that for the past 3 days the child has had a fever, accompanied by a cough and shortness of breath. Mom also states that the child has had a decrease in energy, decrease appetite (not eating) for 3 days, has had a decrease in urine output for last 2 days, and has been vomiting. Mom denies that the child had had any diarrhea, rash or seizure activity.

Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):_IVF started, D5 0.9% NaCl with KCl 20 mEq at 62 mL/hr. _____

Past Medical & Surgical History (illnesses, hospitalizations, immunizations, birth history-any complications? Asthma, RSV, Pneumonia (3/2018); Tonsillectomy and adenoidectomy (3/2/18). _____

Child's diagnosis: _Adenovirus Pneumonia_____ **Etiology of disease process** (what causes it):_Adenovirus is a group of viruses that infect the lining of your eyes, airways and lungs, intestines, urinary tract, and nervous system. They are common causes of fever, coughs, sore throat, diarrhea, and pink eye. _____

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)** __Adenovirus is a group of viruses that can cause fever, coughs, respiratory issues, gastrointestinal issues and even pink eye. Pneumonia is an inflammation of the lung parenchyma caused by various microorganisms, including bacteria, mycobacteria, fungi, and viruses (Hinkle and Cheever, 2018). Pneumonia arises from normal flora present in patients whose resistance has been altered or from aspiration of flora present in the oropharynx. Often the patient can have an acute or chronic underlying disease that impairs the patient. Pneumonia can also result from organisms entering the pulmonary circulation and becoming trapped in the pulmonary capillary bed.

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

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

Chills, rapid rising fever, tachypnea, shortness of breath, poor appetite, crackles in lungs, pleuritic chest pain aggravated by deep breathing or cough.

Vital Signs: **(List your source for the Normal ranges)**T___98.8 oral_____HR.____128_____ (NL for age) _____70-110 _____ RR. _____26___ (NL for age) __17-21_____ B/P _114/66____ (NL for age) _SBP 100-120; DBP 60-75 _____ O2 sat___92%_____ Room Air or Oxygen ___4L oxygen via nasal cannula.

Intake/Output: (IV, PO, Out & Deficits) __Voided once; intake 240 mL._____

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

General appearance: ____Well groomed, well-nourished 5 year old female child.
Head: ___Well-proportioned to body.
Ears: __Pina warm, rapid recoil. No drainage noted.
Eyes: _PERLA. No drainage noted.
Thyroid: ____Not palpated. _____
Chest: _Symmetrical. Crackles noted during auscultation. Cough noted, no use of accessory muscles. Respirations shallow and rapid.
CV: _S1, S2 audible, no murmur or gallop detected. No edema present. Apical pulse 128. Capillary refill <3 seconds.
Abdomen: _Soft, non-tender and non-distended. Bowel sounds active in all quads. Diarrhea stools noted. No vomiting noted.
GU: _Continent of urine, no dysuria or foul odor noted. Voided once during this morning.
Musculoskeletal: __MAE x4. Able to stand and walk unassisted.
Extremities: _IV access note in back of left hand. No edema noted to extremities.
Skin: __Skin Turgor rapid recoil. No rash, lesions or bruises noted to skin. Skin dry, warm to touch due to elevated temperature.
Other: _Child seems well nourished with no signs of abuse or neglect present.

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: _ No pain; Wong-Baker Face_____

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	3.90-4.96 10^6/uL	4.41		
Hgb	10.6-13.2 g/dL	12.3		
Hct	32.4-39.5%	36.4		
MCV	75.9-87.6 fL	82.5		
MCH	24.8-29.5 pg	21.9		
MCHC	31.8-34.6 g/dL	33.8		
WBCs	4.27-11.40 10^3/uL	6.26		
Neutrophils	1.64-7.87 10^3/uL	4.14		
Eosinophils	0.03-0.47 10^3/uL	0.00		Decreased indicates body not engaged to fight infection.
Basophils	0.01-0.05 10^3/uL	0.01		
Monocytes	0.19-0.81 10^3/uL	0.86		Elevated indicates chronic infection. The patient does have asthma.

Lymphocytes	1.16-4.28 10^3/uL	1.24		
Platelets	199-367 10^3/uL	174		Decreased as a side effect of Tylenol.

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Glucose	60-99 mg/dL	85		
Na^{+}	136-145 mmol/L	135		Decreased as a result of dehydration.
Cl^{-}	98-107 mmol/L	103		
K^{+}	3.5-5.1 mmol/L	3.7		
Ca^{++}	8.5-10.1 mg/dL	8.1		Decreased as a result of poor appetite during illness.
Phosphorus	54-369 u/l	134		
Albumin	3.4-5.0 g/dl	3.2		Decreased as a result of poor appetite during illness.
Total Protein	6.4-8.2 g/dl	6.3		Decreased as a result of poor appetite during illness.
BUN	7-18 mg/dl	12		
Creatinine	0.55-1.02 mg/dl	0.40		Decreased level could indicate low protein in diet.

TEST	**NORMAL** (specific for age)	**Prior**	**Clinical Day**	**Correlation to current health status & comment on trending**
Liver Function Tests	NA	NA	NA	
Urinalysis	NA	NA	NA	
Urine specific gravity	1.003-1.035	1.026	NA	
Urine pH	5.0-7.0	5.0	NA	
Creatinine clearance	NA	NA	NA	
Other Labs: RSV	NEG	NEG	NA	
Influenza A&B	NEG	NEG	NA	

Diagnostic Studies:

TEST & RESULTS	**Correlation to current health status** (if abnormal)
Chest x-ray: Perihilar distribution 2v, Pa/Lat: airspace disease	There is increase perihilar interstitial prominence. No consolidation, effusion or pneumothorax.
CT Scan/MRI: NA	NA
Biopsy/Scope: NA	NA
Cultures:	

Blood: No growth	
Other: Respiratory Pathogens: Adenovirus detected.	

List of active orders on this patient:

ORDER	COMMENTS/RESULTS/COMPLETION
Activity: As tolerated.	
Diet/Nutrition: Regular	
Frequent Assessments: Vitals every 8 hours	
Labs/Diagnostic Studies: None	
Treatments: NA	
New Orders for Clinical Day	
ORDER	**COMMENTS/RESULTS/COMPLETION**
NA	NA
NA	NA
NA	NA

Teaching & Learning: Identified teaching need (be specific): __Use of Incentive Spirometer_____

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): _An incentive spirometer is a device used to help the patient take deep slow breaths. This device helps prevent lung problems, such as pneumonia. When using the incentive spirometer the patient should sit upright, close lips around the mouthpiece and inhale slowly and deeply to raise the indicator, hold breath for 3 seconds, then exhale slowly. An incentive spirometer can also help the lungs recover after an illness.

Evaluation of your teaching (establish expected outcomes and describe if met; effectiveness of materials/approach, what next?):
The patient did not want to use the incentive spirometer due to deep breathing would cause her to cough and coughing caused her pain.

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. Swings and climbs well
2. Prints some letters
3. Dresses/undresses without help

Age Appropriate Diversional Activities

1. Supplies for creativity (chalk, crayons, playdoh, finger paints, markers)

2. Play kitchen with accessories

3. Doll house with accessories

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

What behaviors would you expect? Like to please parents; likes to explore new things.

What did you observe? Look at mom for directions and instructions.

Cognitive Development: Which stage does this child fit, using Piaget as a reference? Preoperational sub-stage: Initiative phase.

What behaviors would you expect? Is very interested in facts; Has a very active imagination.

What did you observe? Was observant of the IV line.

Vocalization/vocabulary: Development expected for child's age and any concerns?
People other than family can understand. Talks in long, detailed conversations. Recalls part of a story.

Any concerns regarding growth and development? None

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1. Pneumonia	Fever, cough, aches and pains, chills, fatigue, chest pain, low appetite, fast breathing and fast heartbeat.	-Assist in effective coughing. -Maintain a patent airway -Decreasing viscosity and tenaciousness of secretions. -Assist in suctioning.
2. Respiratory Failure/Distress	Shortness of breath, rapid breathing, air hunger, Severe: bluish color on skin, lips and fingernails; confusion and sleepiness.	-Administer oxygen as prescribed. -Position patient in high Fowler's -Provide respiratory treatment as prescribed.

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
Ineffective airway clearance Related to: Inability to remove airway secretions AEB (as evidenced by): Ineffective cough	1. The child will be able to demonstrate effective coughing by discharge. 2. The child will be able to demonstrate increased air exchange by discharge.	*1.* Breath deep and slowly while sitting as high as possible. *Sitting upright shifts the abdominal organs away from the lungs enabling greater expansion.* *2.* Use diaphragmatic breathing. *Diaphragmatic breathing reduces the respiratory rate and increases alveolar ventilation.* *1.* Allow for rest periods after coughing and before meals. *Uncontrolled coughing is tiring and ineffective and may contribute to bronchitis.* *2.* Maintain adequate humidity of inspired air. *Thick secretions are difficult to expectorant and can cause mucous plugs, leading to atelectasis.*	Outcomes Met/ Partially met/ Not met (with Explanation) 1. Partially met. The patient is able to cough but due to age does not understand spitting secretions out. 2. Met. The child was given ample rest periods with very few interruptions. What next? New prescription for albuterol nebs to help with cough and congestion.

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
Impaired gas exchange Related to: Infection and pulmonary disease AEB (as evidenced by): Adventitious lung sounds.	1. The patient will have a respiratory rate within normal limits compared to baseline within 1 day. 2. The patient will have satisfactory pulmonary function, as measured by PFTs within 1 day.	1. Encourage ambulation as soon as consistent with medical plan of care. *Lying flat causes the abdominal organs to shift towards the chest, thereby crowding the lungs and making it more difficulty to breath.* 2. Teach the patient to use a blow bottle or incentive spirometer every hour while awake. *Incentive spirometry promotes deep breathing by providing a visual indicator of the effectiveness of the breathing effort.* 1. Ensure optimal hydration status and nutritional intake. *Adequate hydration and humidity liquefy secretions, enabling easier expectoration and preventing stasis of secretions.* 2. Keep the HOB elevated 30 degrees unless contraindicated. *Laying flat causes the abdominal organs to shift toward the chest, thereby crowding the lungs and making it difficult to breathe.*	Outcomes Met/ Partially met/ Not met (with explanation) 1. Partially met. Respirations will be within normal limits until the patient begins coughing excessively. 2. Met. Patient is able to adequately maintain hydration. What next? Continue albuterol nebs.

N308 Medication Form

Patient Initials: __C. V_____ Patient Age: __5 years___ Patient Weight (in kg): ___23.5 kg_____

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 for this child. This is done by multiplying the safe dose range by the child's weight.** https://www.epocrates.com/liteRegHonorsRegistrationProcess.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) **Contraindications** **Common side effects**
Tylenol (acetaminophen)	352mg/ 11mL Q4H PRN Oral	160mg/mL Pain/fever >38 C(100.4F)	10 to 15mg/kg 10mg/23.5kg= 235mg 15mg/23.5kg= 352.5mg (max) 5doses/24hour	**S.E**: skin rash, anemia, thrombocytopenia **Contra:** Hypersensitivity, Hepatic impairment. **N.C:** May give without regards to food Shake drops or suspensions before giving.
D5 0.9% NaCl with 20 mEq KCl	62 ml/hr IV continuous	Hydration and potassium replacement	20 mEq/15Ml IV doses: >50 lbs.: 1 to 2 mEq/kg/day	**S.E:** Cardiac arrhythmia, pulmonary edema **Contra:** Hypersensitivity, Renal failure **N.C:** Do not administer KCl IV push. ECG monitoring recommended.

Motrin (ibuprofen)	236mg/11.8mL Q6H PRN Oral	100mg/ 5mL Pain/fever>38C (100.4F)	10mg/kg/dose 10mg/23.5kg= 235mg (max) 2400mg/day (40mg/kg/day)	**S.E:** Tachycardia, dysuria **Contra:** Hypersensitivity, Hx. of asthma **N.C:** administer with food or milk to decrease GI upset. Shake suspension well.
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**
Albuterol sulfate	2.5mg/3ml (0.083%) Nebulizer Inhalation Q4H PRN	2.5mg/3ml (0.083%) Nebulizer Wheezing	2.5mg 3 to 4 times a day	**S.E:** Tachycardia, throat irritation **Contra:** Hypersensitivity **N.C:** Adjust nebulizer to deliver dosage over 5-15 minutes. Use mask if patient unable to hold mouthpiece. For children nebulizer is recommended.
Lidocaine 4% (LM x4) Topical cream	PRN Topical	Prior to IV placement and IV draws.		

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. **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	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	**100**	