

Patient's Age \_\_\_\_17 years 6months\_\_\_\_ Full CODE\_\_

Weight (83.1\_\_\_\_  
BMI 24.17\_\_\_\_\_

Year's months

Allergies/Sensitivities to medications, foods, contact, environmental, etc. Include reactions adhesive  
tape \_\_\_\_-None\_\_\_\_\_

Chief Complaint (Reason for admission): \_\_Sore Throat \_\_\_\_ Admit date: \_\_10/26/2019\_\_\_\_\_

Other co-existing condition return visit (2 weeks ago diagnosed with mononucleosis  
\_\_\_\_\_

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

\_\_Patient 17 year old male presented to emergency room with 5 day history of sore throat and two days of fever. Patient was on  
unknown antibiotic from Puerto Rico w/o any improvements. Patient was found to have swollen tonsils and started on Augmentin  
emergency dept. gave Toradol and Decadron and D/C home. Patient returned to emergency room for worsening symptoms and found  
to have mononucleosis and elevated LFT's. During hospital stay CT negative for abcess and antibiotics were discontinued at this  
time. Patient also complained of chills and reported sores in the mouth and throat area with pain. Patient estimated the pain was eight  
out of ten. Patient took Tylenol at home but it did not relieve the symptoms.

**Pertinent Events during this Admission and Hospitalization (IV starts, lab test, etc.):** IV antecubital, CMP, ABG, CBC w/diff, UA  
w/reflex culture if indicated, PT/INR , (CT soft tissue neck w/contrast) \_\_\_\_\_ (SOME LAB RESULTS WERE NOT BACK  
DURING THE TIME OF THE NURSING CLINICAL)\_\_\_\_\_

**Past Medical & Surgical History** No chronic conditions listed, Pt was seen in emergency department approximately six months prior  
for suspected genital warts pt was seen by a dermatologist but confirmation was not in chart. Patient was educated by the emergency  
dept on genital warts and to refrain from having sex until seen by the dermatologist. I attempted to asked patient about past medical  
history and patient responded he was tired and did not want to talk about any past medical history at this time. \_\_Information provided  
was pulled from chart for reference. \_\_\_\_\_

**Child's diagnosis:** \_\_Mononucleosis &elevated enzymes\_\_\_\_\_ **Etiology of disease process** (what causes it): \_\_Epstein Barr virus ---becomes active and the patient begins to show signs and symptoms of infection such as fever, sore throat, sores in oral cavity, chills and other manifestations such as joint pain and fatigue. Epstein Barr is spread very easily through bodily fluids. The teen patient had openly admitted to being sexually active and had a past history of possible herpes six months ago. The weakened immune system can make it difficult to heal from mononucleosis. Chronic fatigue will take over the body and the patient has little to know energy. Mononucleosis is otherwise called the “kissing disease”. \_\_\_\_\_

1. **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)**

2. Mononucleosis can cause wide spread inflammation and infection throughout the body which can cause distruction to the immune system resulting in the patient being immune-compromised this results in severe fatigue, joint pain, fever, chills, sores , sore throat, weakness, muscle soreness, weight loss. As a result of this infection the patient can lose weight, be dehydrated, and suffer from malnutrition due to sore throat or sores in the oral cavity. Mononucleosis is contagious and can be passed through bodily fluids. As a result there is an abundant amount of monocytes (leukocytes) in the blood this can cause swollen nymph nodes and spleen enlargement. \_Mononucleosis can cause liver damage and other very serious problems. This is why it is important to be treated by a physician to ensure proper treatment and management of the disease. Mononucleosis is also well known as the “kissing disease”. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Reference**

\_\_Mayoclinic\_\_\_\_\_

**Clinical Manifestations of the disease (Highlight those exhibited by your patient) – include lab values, tests etc** \_\_\_\_\_Patient is showing current signs and symptoms of infection such as **fatigue, chills, fever, open sores of the throat and joint pain. Extreme fatigue** and not able to eat well due to **sores in the mouth.** \_\_\_\_\_

---

**Vital Signs:** (List your source for the Normal ranges) T 97.8 \_\_\_\_\_ HR. 68 \_\_\_\_\_ (NL for age) 50-90 \_\_\_\_\_ RR. 18 \_\_\_\_\_ (NL for age) 12-19 \_\_\_\_\_ B/P 134/78 \_\_\_\_\_ (NL for age) 111-145 systolic 63-94 diastolic \_\_\_\_\_ O2 sat 96 \_\_\_\_\_ Room Air or Oxygen \_\_\_\_\_ room air \_\_\_\_\_ normal ranges were provided by References from Carle Epic

**Intake/Output:** (IV, PO, Out & Deficits) 700 ml output. \_\_\_\_\_ Intake was 620 ml \_\_\_\_\_

**Pt is currently on contact isolation precautions** \_\_\_\_\_

---

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

General appearance: Pt did not appear in any distress, alert, awake breaths easy and speaks English  
Head: No current injury or trauma normocephalic, atraumatic

Ears: tympanic membrane is clear bilaterally, well position & well formed pinnae \_\_\_\_\_

Eyes: PERRLA conjunctiva clear, and nonicteric \_\_\_\_\_

Thyroid: shows no swelling or deviation \_\_\_\_\_

Chest: clear to auscultation bilaterally and non labored no thoracic injuries \_\_\_\_\_

CV: regular rate and rhythm, S1 & S2 audible, 2+ peripheral pulses & symmetrical cap refill less than 2 \_\_\_\_\_

Abdomen: Normoactive bowel sounds, soft, flat and non tender – no masses unable to palpate spleen \_\_\_\_\_

GU: Dysuria at times Patient does state he hasn't been drinking as much due to the mouth sores and sore throat \_\_\_\_\_

Musculoskeletal: patient states minor joint swelling but patient has been in bed so not current swelling in limbs are observed \_\_\_\_\_

Extremities: no cyanosis, clubbing, or edema \_\_\_\_\_

Skin: warm and dry no rashes wounds or discoloration \_\_\_\_\_

Other: Alert and orientated good muscle tone—patient is attentive and responds well to questions—mother is at bedside but mother only speaks Spanish \_\_\_\_\_

**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: During assessment patient alert and orientated times three states he was in pain when he came into the emergency dept but now he currently has no pain—and does not want any medication although throat is sore—visible more sores are present with a strong mouth odor -Flack scale 0—Patient is not hungry –but did end up eating a small amount of jello. Pt has been resting comfortably with no signs of distress bed alarm is on and patient has been instructed and educated on how to use the call light to gain assistance. After taking vitals I helped patient was willing to try incentive spirometer. Patient gets easily fatigued but was willing to allow me to explain some breathing exercises. Patient was very tired mother in room but she does not speak English—patient however does speak English and was able to communicate. Patient took some sips of water and asked to rest feeling weak. Patient was very tired and stated he just wanted to lay down and sleep for awhile. Patient was resting the rest of the morning prior to plans for discharge. Call light within reach.

---

**Lab Tests:**

TEST	(specific for age)	NORMAL		
		Prior	Clinical Day	Correlation to current health status & comment on trending (comment only on abnormal lab results)
RBCs	4.19-9.43	5.23	N/A	
Hgb	10.8-13.3	15.3 (H)	N/A	
Hct	33.4-40.4	44.5 (H)	N/A	
MCV	76.9-90.6	85.1	N/A	
MCH	31.5-34.2	29.3	N/A	
MCHC	31.5-34.2	34.4	N/A	
WBCs	4.19-9.43	10.80 (H)	N/A	Presence of infection and (also steroid treatments can also cause rises in white blood cells) Capriotti, T., & Frizzell, J.P. (2016)
Neutrophils	1.82-7.47	7.02	N/A	
Eosinophils	0.02-0.32	0.00	N/A	
Basophils	0.01-0.05	0.00	N/A	
Monocytes	0.19-0.05	11.0	1.19 (H)	Monocytes are extremely high as seen in mononucleosis Capriotti, T., & Frizzell, J.P. (2016)
Lymphocytes	1.16-3.33	19.0	2.59	
Platelets	194-345	261	N/A	
TEST		NORMAL		
		Prior	Clinical Day	Correlation to current health status & comment on trending
Glucose	60-99	89	167 (H)	Results can be elevated due to steroid treatment or infection Capriotti, T., & Frizzell, J.P. (2016)
Na <sup>+</sup>	136-145	133 (L)	139	Sodium may have been low when he came in due to his inability to eat due to infection Capriotti, T., & Frizzell, J.P. (2016)
Cl <sup>-</sup>	98-107	98	107	
K <sup>+</sup>	3.5-5.1	3.5	N/A	
Ca <sup>++</sup>	8.5-10.1	8.9	8.5	
Phosphorus	N/A	N/A	N/A	
Albumin	3.4-5.0	3.4	3.4	
Total Protein	N/A	8.2	7.4	
BUN	7-18	14	21 (H)	BUN can be high due to the antibiotic and steroid treatment patient has been receiving due to infection and due to mouth sores he has not been able to eat and drink as normal Capriotti, T., & Frizzell, J.P. (2016)
Creatinine	N/A	0.92	0.69 (L)	Creatinine can be adjusting due to the infection and treatment for the infection –possible dehydration Capriotti, T., & Frizzell, J.P. (2016)
TEST		NORMAL		
		Prior	Clinical Day	Correlation to current health status & comment on trending
Liver Function Tests	15-37 12-78	AST 72 (H) ALT 138 (H)	33 78	Steroid use and antibiotic use can increase toxicity of the liver (most are metabolized in the liver also mononucleosis can cause liver damage)

				Capriotti, T., & Frizzell, J.P. (2016)
Urinalysis	N/A	N/A	Clear/yellow	
Urine specific gravity	1.003-1.035	1.006	1.024	
Urine pH	5.0-7.0	N/A	6.0	
Creatinine clearance	N/A	N/A	N/A	
<b>Other Labs: Prothrombin</b>	12.1-14.9		<b>15.1 (H)</b>	Steroid use can increase bleeding factors Capriotti, T., & Frizzell, J.P. (2016)
INR	0.9-1.1	N/A	<b>1.2 (H)</b>	Steroid use can increase bleeding factors Capriotti, T., & Frizzell, J.P. (2016)

**Lab references \_**

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

F.A. Davis Company.

Van Leeuwen, A. M., & Bladh, M.L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7ed.) Philadelphia, PA: F.A. Davis Company.

**Diagnostic Studies:**

TEST & RESULTS	Correlation to current health status (if abnormal)
Chest x-ray:	N/A
CT Scan/ for sore throat	-CT showed prominent enlargement of the bilateral palatine tonsils w/o evidence of an abscess -effacement of the oropharyngeal airway-mild amount of fluid within the retropharyngeal space are normal bilaterally -No abscess-only small cervical lymph nodes none of which meet size criteria for adenopathy parotid glands are normal bilateral  (Carle Epic)
Biopsy/Scope:N/A	N/A
Cultures: N/A	N/A
Other: N/A	N/A

**List of active orders on this patient: Patient can get up with assistance there were no "new" orders because he was getting discharged soon---the only active ones were the ones I have listed-**

ORDER	COMMENTS/RESULTS/COMPLETION
Activity:	<b>Ambulate in room with assistance</b>

Diet/Nutrition: <b>4 times daily</b>	<b>Regular</b>
Frequent Assessments:	<b>Vitals every 8 hours</b>
Labs/Diagnostic Studies:	<b>CT scan</b> - CT showed prominent enlargement of the bilateral palatine tonsils w/o evidence of an abscess
Treatments:	<b>Medications as listed on med sheets/ "Magic Mouthwash" used for pain and sore areas in the mouth and throat</b>
	<b>Isolation Precautions</b>
<b>New Orders for Clinical Day</b>	
<b>ORDER</b>	<b>COMMENTS/RESULTS/COMPLETION</b>
N/A	
N/A	
N/A	

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

Summarize your teaching (prioritization in care, methods used, materials used, time to provide, etc.): Safety promotion is essential. Hourly room checks to help the patient feel safe and maintain offer of care needs. Encouragement of call light use is encouraged to maintain communication and the need for assistance. Therapeutic communication helps establish trust to ensure proper communication with the guardian and patient to ensure and promote a safe environment for the patient and the family to express needs or concerns for the staff to recognize and follow through with proper treatment protocol. Patient expressed compliance with asking for assistance to avoid injury.

**Evaluation of your teaching** (establish expected outcomes and describe if met; effectiveness of materials/approach what next—Call light use explained to patient and patient repeated back current instruction to staff to promote safety of the patient. Patient was very cooperative and explained he would ask for help before getting up to ensure his safety. Call light in reach for patient to ask for assistance. Breathing exercises shown to patient and patient repeated the demonstration back.

**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. Sexual maturation occurs in adolescence
2. During adolescence children view themselves in relation to similarities w/peers
3. Hormonal changes can cause acne

**Age Appropriate Diversional Activities**

1. Non-violent video / games
2. Social events /dances /movies
3. Sports / Pets are important and become a responsibility

**Psychosocial Development:** Which of Erikson’s stages does this child fit? Identity vs role confusion

What behaviors would you expect?

Adolescents develop personal identity –become their own individuals they view themselves as unique individuals  
 Group identity –adolescents become more peer group orientated which can influence behavior  
 Socialization- adolescents become more involved with group participation this can lead to relationship changes

What did you observe?

Development is consistent with formal operations

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

Formal operations

What behaviors would you expect?

- Patient can has the ability to think through more than two variables
- Capable of evaluating their own thoughts and behaviors
- Patient thinks beyond current /experiences
- Attention is maintained for adequate amounts of time

What did you observe? Patient listened to doctor as she explained current situation and care needed for treatment.

Patient was interactive with doctor about plan of care.

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

Patient is able to vocalize and explain views to opinions vocal development is appropriate for age and growth of adolescence.

**Any concerns regarding growth and development? Patient is very on point with development and growth. Adolescence can be difficult due to the hormone shifts and growth changes within the body structure emerging into adulthood.**

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

Potential Complication	Signs/Symptoms	Preventative Nursing Actions
1.Ineffective Airway	Wheezing Shortness of Breath Palor Cyanosis Anxiety Strider Clubbing	Positioning Monitor Vitals & Pulse Ox Encourage Pt to use incentive spirometer Teach deep breathing exercises Proper positioning Medication Administration  Swearington, P. (2018). <i>All-In-One Nursing Care Planning Resource</i> . [S.I.]:Mosby. St.Louis, Missouri: Mosby, Inc.  Sorenson, M., Quinn, L., Klein, D. (2019). <i>Pathophysiology: concepts of human disease</i> . Hoboken, NJ:

		Pearson, Education, Inc
2. Altered Mental Status	-General changes in brain function , loss of alertness, disorientation, seizure disorder—epilepsy-periods of confusion Patient orientation assessment for person place and time	-doing neuro checks every 2 hours for 1 <sup>st</sup> (12 hours) of admission -checking with guardian for changes related to behavior or seizures (due to pt is nonverbal) -check for changes or fluctuations of neuro assessment expectations -Safety precautions -15 min checks or vitals if situation needs follow up precautions  Swearington, P. (2018). <i>All-In-One Nursing Care Planning Resource</i> . [S.I.]:Mosby. St.Louis, Missouri: Mosby, Inc.  Sorenson, M., Quinn, L., Klein, D. (2019). <i>Pathophysiology: concepts of human disease</i> . Hoboken, NJ: Pearson, Education, Inc



	<p>Swearington, P. (2018). <i>All-In-One Nursing Care Planning Resource</i>. [S.I.]:Mosby. St.Louis, Missouri: Mosby, Inc.</p> <p>Sorenson, M., Quinn, L., Klein, D. (2019). <i>Pathophysiology: concepts of human disease</i>. Hoboken, NJ: Pearson, Education, Inc</p>	<p>2. Pt to participate in care plan goals daily to improve strength rationale the goal is for the patient to improve daily by reaching goals in the care plan to improve his breathing and reduce his pain and fatigue</p>	<p>What next? PT and OT to help patient to regain strength in walking and being able to eat without restriction. Pt to remain free of secondary infection while in the hospital. (home discharge education on med admin and safe sex protocols pt to demonstrate condom education with a banana to help encourage safe sex practices)</p>
--	--	---	---

**Nursing Care Plan**

<p>Nursing Diagnosis <b><u>Prioritize-Most Important #1</u></b></p>	<p>Outcomes (Patient/Family will: ..... and <b>give time line</b>) <b>(MUST BE MEASURABLE)</b></p>	<p>Nursing Interventions <b><u>With rationale</u></b> <b><u>(At least 2 nursing interventions per outcome)</u></b></p>	<p>Evaluation of <b><u>EACH</u></b> outcome</p>
---	--	--	---

<p>Risk for restricted airway</p> <p>Related to: shortness of breath due to risk of airway inflammation due to infection</p> <p>AEB (as evidenced by):mononucleosis</p> <p>Swearington, P. (2018). <i>All-In-One Nursing Care Planning Resource</i>. [S.I.]:Mosby. St.Louis, Missouri: Mosby, Inc.</p> <p>Sorenson, M., Quinn, L., Klein, D. (2019). <i>Pathophysiology: concepts of human disease</i>. Hoboken, NJ:</p>	<p>1. Pt exhibits no signs of airway restrictions (for current shift-daily assessment)</p> <p>2. Family at bedside will continue to communicate to staff of the onset of seizures to help maintain safety (daily throughout shift) check to monitor compliance (hourly checks)</p>	<p>1. Assess patient pulse oximeter and proper positioning to improve air uptake—rationale to improve breathing abilities</p> <p>2.Keep oxygen equipment at bedside /teach breathing techniques to maintain oxygen levels-oral care and pain management –rationale to improve healing outcomes</p> <p>1. Assist patient w/use of incentive spirometer/proper use and education-rationale to improve lung expansion</p> <p>2. Pt to perform incentive spirometer use to the nurse to ensure accurate breathing exercises-rationale to strengthen patients air uptake with breathing exercises</p>	<p>Outcomes Met/ Partially met/ Not met (with explanation) Pt able to sit up in bed and perform taught breathing exercises by himself –goal met Pt to understand the importance of med compliance and safe sex protocols due to infection of mono</p> <p>1. Patient to use incentive spirometer hourly and demonstrate positive feedback as a result of accomplishment-goal met</p> <p>What next? Pt to have stable oxygen levels throughout the shift-goal met-Encourage further activity to strengthen breathing ability such as blowing bubbles threw a straw into water===pt education to follow home med protocol</p>
--	--	--	--

Pearson, Education, Inc			
----------------------------	--	--	--

## N308 Medication Form

Patient Initials: \_\_\_\_\_ JL \_\_\_\_\_

Patient Age: \_\_\_\_\_ 16 \_\_\_\_\_

Patient Weight (in kg): \_\_\_\_\_ 45 \_\_\_\_\_

Scheduled Medications				
<b>Medication</b> Trade & Generic Names, Pharmaceutical Class Action of the medication (how does the medication work in the body <u>in your own words</u> )	<b>Dose, route, &amp; frequency ordered for this patient</b>	<b>Concentration Available</b>  Why is this pt. taking this?	<b>Calculate the safe dose ranges for this child. This is done by multiplying the safe dose range by the child's weight.</b> <a href="https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do">https://www.epocrates.com/lite/RegHonorsRegistrationProcess.do</a>  What is the maximim dose that can be given in a 24 period? (Show Calculations)	<b>Nursing Considerations</b> (at least 3 & must be appropriate for this patient, & include any labs that need to done to monitor pt. while taking this medication) <u>Contraindications</u> <u>Common side effects</u>
Fentanyl inj.—Sublimaze-- Narcotic –this is used for pain—binding to opioid receptors in the brain	Q2hours PRN	Pain	(For all med Carle calculated the safe dose)  80 mcg/kg/day Patient weighs 85.1 kg 80mcg * 2= 160mcg Safe dose *NOTE pt had refused this med	<b>Nursing Considerations</b> 1. Assess for allergy, ensure patient receives prescribed doses, pain assessment prior to administration -vitals --  <b>Contraindications-hives, itching, fever, headache, dizziness, Ambien, Zanax, compromised airway</b>  <b>Common Side effects-nausea vomiting, excessive sleepiness</b>
Sodium Chloride –saline nasal spray -- to help moisten the nasal passages---helps clear stuffy noses	0.65%	For nasal congestion /dryness as needed	Nasal spray 2 dose each nostril (Ocean Nasal)	<b>Nursing considerations-may ask patient to blow nose prior to administration, 1 nostril at a time, tip head back slightly to ensure administration</b> <b>Contraindications-eye irritation –nose bleed, (no drug interactions)</b>

				<p>Common side effects –tired, lightheaded, muscle weakness, confusion, chest pain-allergic reaction—burning sensation</p>
<p>Clindamycin 600mg in 0.9 % NaCl 50 ml IV---antibiotic to reduce infection</p>	<p>600mg 108ml/hr</p>	<p>IV Antibiotic</p>	<p>Carle calculated safe dose 50ml per hour x 30min</p> <p>600 mg is in 108 ml which will run 30 min</p> <p>Usual adult dose is recommended for 16 years and older A single hour dose is not recommended greater than 1,200mg</p>	<p>Nursing Considerations-don't lay down directly after , patient and parent needs educated on possible side effects, report any side effects to provider, liver function monitoring, monitor labs/vitals----monitor for allergic reaction</p> <p>Contraindications-acute kidney injury, fever that doesn't go away, severe dizziness and breathing, Rofampine , hypersensitivity, severe liver disease</p> <p>Common side effects—heartburn, joint pain, nausea, vomiting, diarrhea, fungal infection</p>
<p><b>Medication</b> <b>Trade &amp; Generic Names,</b> <b>Pharmaceutical Class</b> <b>Action of the medication</b> (how does the medication work in the body <u>in your own words</u>)</p>	<p><b>Dose, route, &amp; frequency ordered for this patient</b></p>	<p><b>Concentration Available</b></p> <p><b>Why is this pt. taking this?</b></p>	<p><b>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)</b></p> <p><b>Is this dose safe for this pt.?</b></p>	<p><u><b>Nursing Considerations</b></u> (at least 3 &amp; must be appropriate for this patient, &amp; include any labs that need to done to monitor pt. while taking this medication)</p> <p><u><b>Contraindications</b></u></p> <p><u><b>Common side effects</b></u></p>
<p>Stomatitis Cocktail- “magic mouthwash” Helps relieve oral mucositis in patients that have a difficult time eating, speaking, or swallowing –Nystatin, Lidocaine, Diphenhydramine -Maalox</p>	<p>5 ml/ every 4 hours (oral swish &amp; spit)</p>	<p>Oral sore throat swish –spit (on order patient is NOT to swallow) also due to sores in oral cavity</p>	<p>5ml/kg/day Pt weighs 83.1 5ml *6= 30ml daily Safe dose</p>	<p>Nursing Considerations- check prescription order, place patient in proper position give prior to meals –monitor labs for nutritional sufficiency –may cause burning or tingling –pt to spit it out as stated on label Contraindications-renal disease or acute kidney injury-</p> <p>Common side effects- diarrhea, drowsiness, constipation</p>

<p><b>Dexamethasone inj.-Decadron</b> Is a corticosteroid that can help reduce inflammation</p>	<p><b>20 mg q 6 hours</b></p>	<p><b>20mg each inj To help with swelling and reduce S/S of infection</b></p>	<p><b>20mg/kg/day</b> Pt weighs 83.1 kg <b>20mg * =120mg/day</b> Safe dose</p> <p><b>Reference:Nursing 2011 Drug Handbook Wolters Kluwer / Lippincott Williams &amp; Wilkins</b></p>	<p><b>Nursing Considerations--monitor patient for adverse side effects, educate patient to not take when driving or performing tasks that require alertness report any adverse side effects such as blurred vision or rash --upset stomach --monitor vitals and injection site-monitor patient for nausea or headache advise patient not to go out in the sun -=monitor blood glucose levels</b> <b>Contraindications-hypertension, psychoses, diabetes, peptic ulcers</b> <b>Common side effects-headache, depression, day time sleepiness, dizziness</b></p>
<p><b>Tylenol Non Opioid analgesic</b> Mechanism of action not fully understood but believed to be due to the activation of descending serotonergic inhibitory pathways</p>	<p><b>650 mg tab Q 4 hours</b></p>	<p><b>Pain/fever</b></p>	<p><b>Maximum dose is 4mg/day (24 hours)</b></p> <p><b>650 mg per dose /kg/day approximately 4 doses per day (24 hr period)</b> <b>2600mg/day</b> <b>Ref: lexicomp &amp; MD notes</b></p>	<p><b>Nursing Considerations- check for liver impairment, check for any allergies prior administration of drug, use w/caution in pts w/severe malnutrition</b> <b>Contraindications- hypersensitivity to acetaminophen or any component of the formulation; severe hepatic impairment/severe malnutrition</b> <b>Common side effects- nausea, dark urine, clay colored stools, jaundice, upper stomach pain</b></p>
<p><b>Reference: LexiComp; Davis's Drug Guide for Nurses 16<sup>th</sup> Ed. (2019)</b></p>				

## N308 CARE PLAN GRADING RUBRIC FOR HOSPITAL

Name: \_\_\_\_\_ penny galloway \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

Section	Definition	Possible Points	Final Points
<b>Age/Weight/BMI</b>	Age is written in years & months. Weight is calculated in kilograms. BMI is written correctly	1	
<b>Allergies &amp; reaction to each</b>	Allergies/sensitivities to food, contact, environmental. Include reactions	2	
<b>Chief Complaint/Medical Diagnosis/Co-existing Conditions</b>	Chief complaint, reason for admission, current primary diagnosis. Are there any other health/medical co-morbidities?	3	
<b>History of Present Illness</b>	Describe what has happened to the child that caused this child to be admitted	5	
<b>Pertinent Events during this Admission</b>	i.e., Surgery, instability during hospitalization, diagnostic tests, IV starts, procedures	1	
<b>Past Medical &amp; Surgical History</b>	Past surgeries, previous health issues and diagnoses	2	
<b>Pathophysiology</b>	Explain in your own words the pathophysiology of the current, primary diagnosis. If a resource is used, please site the reference.	5	
<b>Vital Signs and I &amp; O</b>	All vital signs and document normal vital signs for child's age. <u>All</u> I & O is documented with deficits	2	
<b>Clinical Day Evaluation</b>	Head to toe physical assessment with comments (DO NOT use WNL/WDL) & emphasis on systems affected by chief complaint/medical diagnosis.	8	
<b>Pain Assessment</b>	Pain rating and pain scale used	2	
<b>Lab Tests</b>	Labs day of clinical and prior tests (trend them if numerous test). Give rationale for abnormal lab tests.	2	
<b>Diagnostic Studies</b>	X-rays, biopsies, EKG, CT scans, MRI, scopes, cultures, etc.	2	
<b>Patient Orders Clinical Day</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Clinical Day new orders</b>	Activity, diet, assessments, labs/studies, treatments, code status, etc.	1	
<b>Teaching and learning</b>	Identify teaching need. Summarize teaching. Evaluate teaching.	3	
<b>Developmental Assessment</b>	3 Age appropriate growth and developmental milestones that should be expected for the child's age. 3 Age appropriate Divirsonal/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	
<b>Potential Medical Complications</b>	Complications that can occur because of primary medical diagnosis/disease/condition. Signs & Symptoms of complication. Preventative nursing actions.	6	

<b>Nursing Diagnosis # 1 Related to or AEB</b>	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 <b>once</b> during clinical or patient will verbalize <b>3</b> 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	
<b>Nursing Diagnosis #2 Related To and AEB (as evidenced by)</b>	Nursing diagnosis is pertinent to patient condition/diagnosis. Reflects and supports current primary medical diagnosis, <b>MUST</b> 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 <b>once</b> during clinical or patient will verbalize <b>3</b> 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	
<b>Medications</b>			
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	
	<b>Total Points</b>	<b>100</b>	