N433 Care Plan #1

Lakeview College of Nursing

Hannah Johnson

Demographics (3 points)

Date of Admission	Patient Initials	Age (in years & months)	Gender
1/23/2020	B.S.	8 years old (96 months)	Female
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full Code	20.1 kg	13.24 kg/m^2	NKA

Medical History (5 Points)

Past Medical History:

Illnesses: Streptococcal pharyngitis

Hospitalizations: None

Past Surgical History: None

Immunizations: 5-Dtap, 4-RV, 4-IPV, Influenza (yearly), 2-Varicella, 2-Hep A, 2-MMR, 4-Hep B (patient only has 3)

Birth History: History of 3 pregnancies (1 miscarriage, and 2 living children)

Complications (if any): N/A

Assistive Devices: None

Living Situation: Patient lives at home with her mom, dad, and younger brother

Admission Assessment

Chief Complaint (2 points): Patient stabbed by brother in her left hand with a pencil

Other Co-Existing Conditions (if any): None

Pertinent Events during this admission/hospitalization (1 points): IV start in ER, blood drawn in the ER.

History of present Illness (10 points): This 8-year-old patient was admitted to Carle on 1/23/2020 with left hand cellulitis after convenient care sent her to the ER. She was stabbed with a pencil by her brother on 1/19/2020. She began to ice it and continued to go to school until on 1/23/2020 they realized how swollen her hand was. When she was first stabbed with the pencil, she stated her hand just hurt a lot and she was crying, at that time nothing seemed to relieve the pain. Moving her hand would aggravate, resting her hand would alleviate the symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Left hand cellulitis

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

Cellulitis is the most common infectious cause of limb swelling. Cellulitis can occur as a single isolated event or a serious of recurrent events. Cellulitis occurs when an entry point through normal skin barriers allows bacteria to enter and release their toxins in the subcutaneous tissues. The etiologic pathogen of cellulitis is typically either Streptococcus species or Staphylococcus aureus (Hinkle, Cheever, & Brunner, 2018, p. 881). Some signs and symptoms of cellulitis are red area of skin, swelling, tenderness, pain, warmth, and fever. (Swearingen, 2016, p.220) Mild cases of cellulitis can be treated outpatient with oral antibiotics. If the cellulitis is severe, the patient is treated with IV antibiotics. The patient is instructed to elevate the affected area 3 to 6 in above heart level and apply cool, moist packs to the site every 2 to 4 hours until the inflammation has resolved and the transition to warm most packs (Hinkle, Cheever, & Brunner, 2018, p. 881). The patient received a CBC, CMP, and a CRP some of the

lab values indication the patient had some type of infection. The X-Ray was performed to see where the foreign body was located. The education of a patient with cellulitis should focus on preventing recurrent episodes (Hinkle, Cheever, & Brunner, 2018, p. 881).

Pathophysiology References (2) (APA):

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

Swearingen, P. L., (2016). *All-in-one nursing: Care Planning Resource*. Missouri, St. Louis: Mosby Inc.

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: Ad. Lib	N/A
Diet/Nutrition: NPO	NPO status per surgery
Frequent Assessments: Temperature taken Q4H, Vitals taken Q8H	Regular vitals taken every 8 hours Temperature taken every 4 hours due to patient running a fever
Labs/Diagnostic Tests: CBC, CMP, X-Ray, CRP	CBC: used to see if there is a possibility of infection, and before surgery to check if blood counts are high enough. CMP: used to monitor kidneys, electrolytes, and liver X-Ray: used to determine placing of foreign body (lead from the pencil) CRP: used to determine inflammation
Treatments: IV antibiotics, I & D	IV antibiotics: used to treat possible infection I & D: removal of foreign body
Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
NPO	NPO per surgery
I & D	To remove foreign body

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.5 x 10^6 micro/L	4.23 x 10^6 micro/L		
Hgb	10-15.5 g/dL	11.9 (g/dL)		
Hct	32-44 %	35.1%		
Platelets	150,000 – 400,000 mm^3	269,000 mm^3		
WBC	5,000-10,000 mm^3	9,230 mm^3		
Neutrophils	55-70%	69.8%		
Lymphocytes	20-40%	17.8%		Could be related to her on growing infection in hand (p. 1243)
Monocytes	2-8%	10.6%		Could be related to her on growing infection in hand (p. 1244)
Eosinophils	1-4%	1.4%		
Basophils	0.5-1.0%	0.2%		Could be related to her on growing infection in hand (p. 1245)
Bands	0-1%	0.9%		

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	136-145 mEq/L	140 mEq/L		
K+	3.4-4.7 mEq/L	3.7 mEq/L		
Cl-	90-110 mEq/L	109 mEq/L		
Glucose	60-110 mg/dL	110 mg/dL		
BUN	5-18 mg/dL	11 mg/dL		
Creatinine	0.3-0.7 mg/dL	0.53 mg/dL		
Albumin	4-5.9 g/dL	4.4 g/dL		
Total Protein	6.2-8 g/dL	7.7 g/dL		
Calcium	8.8-10.8 mg/dL	9.6 mg/dL		
Bilirubin	0.2-1.0 mg/dL	0.2 mg/dL		*value from Carle*
Alk Phos	65-210 units/L	179 units/L		
AST	10-50 units/L	20 units/L		
ALT	4-36 units/L	21 units/L		
Amylase	60-120 units/L	N/A		
Lipase	0-160 units/L	N/A		

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior	Today's Value	Reason for Abnormal

		Value		
ESR	Up to 10 mm/ hr	N/A		
CRP	<1.0 mg/dL	<0.29 mg/ dL		
Hgb A1c	1.8-4.0 %	N/A		
TSH	2-10 microunits/m L	N/A		

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admissio n or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Clear/ Yellow	N/A		
pH	4.6-8.0	N/A		
Specific Gravity	1.005-1.030	N/A		
Glucose	Negative	N/A		
Protein	Negative	N/A		
Ketones	Negative	N/A		
WBC	Negative	N/A		
RBC	Negative	N/A		
Leukoesterase	Negative	N/A		

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Admissio n or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A		
Blood Culture	Negative	In Process		

Sputum Culture	Negative	N/A		
Stool Culture	Negative	N/A		
Respiratory ID Panel	Negative	N/A		

Lab Correlations Reference (APA):

M., V. L. A., & Bladh, M. L. (2019). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (8th ed.). Philadelphia, PA: F.A. Davis Company.

Pagana, K. D., & Pagana, T. J. (2018). *Mosby's manual of diagnostic and laboratory tests* (3rd). St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-Ray of the left hand

Diagnostic Test Correlation (5 points): An X-ray creates images of our internal organs or bones to help diagnose conditions or injuries. The reason my patient got an X-ray was to determine where the piece of lead was and if it needed to be surgically removed.

Diagnostic Test Reference (APA):

Capriotti, T., Frizzell, J. P., (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia, PA: FA Davis

Current Medications (8 points)
****Complete *ALL* of your patient's medications****

Brand/Generic	acetaminophen (Tylenol)	clindamycin (Cleocin)	D5-0.9% NaCl with KCl 20 mEq	ibuprofen oral suspension	Lidocaine 4%
Dose	316.5 mg	210 mg	60 mL/hr	320 mg	4% (LMX4)
Frequency	PRN – Q4H	Q6H	Continuous	PRN-Q6H	PRN

Route	PO	IV	IV	PO	Topical
Classification	Antipyretic	Antibacterial	IV fluid	Antipyretic, Analgesic	Local anesthetic
Mechanism of Action	Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin $E_{2.}$	Inhibits protein synthesis in susceptible bacteria by binding to the 50S subunits of bacterial ribosomes and preventing peptide bond formation, which causes bacterial cells to die.	Rehydrates the patient and gives them electrolytes.	By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relieves pain. Ibuprofen's antipyretic action probably stems from its effect on the hypothalamus, which increases peripheral blood flow, causing vasodilation and encouraging heat dissipation.	Blocks nerve impulses by decreasing the permeability of neuronal membranes to sodium, which produces local anesthesia.
Reason Client Taking	Patient has fever	Patient has a possible infection in her hand	Hydration status	Patient has a fever, and possible pain in her hand	To be applied near IVs
Concentration Available	160 mg/5 mL	300 mg	1000 mL	100 mg/5mL	1 tube
Safe Dose Range Calculation	15-75 mg/kg/day	8-25 mg/kg/day	1520 mL	Pain: 10 mg/ kg/day Fever: 5-40 mg/kg/day	N/A
Maximum 24-hour Dose	4 g	2,700 mg/day	1520 mL	600 mg	N/A
Contraindications (2)	Hypersensitivity to	History of antibiotic-		Asthma	Adams-Strokes

	acetaminophen or its components, severe hepatic impairment.	associated colitis, history of ulcerative colitis		bronchospasm	syndrome Hypersensitivity to lidocaine
Side Effects/Adverse Reactions (2)	Abdominal pain Jaundice	Fatigue Hypotension		Abdominal cramps Blisters	Sensation of cold, heat, or numbness Bradycardia
Nursing Considerations (3)	Use cautiously in patients with hepatic impairment. Monitor renal function in patients who are using long-term. Use cautiously in patients with alcoholic tendencies.	Expect to obtain a specimen for culture and sensitivity testing before giving first dose. Check I.V. site often for phlebitis and irritation. Monitor results of CBC, liver enzymes and platelet counts during prolonged therapy.		Use with extreme precaution in patients with a history of GI bleeds. Know that the risk of heart failure increases with use of NSAIDs such as ibuprofen. Use cautiously in patients with hypertension.	Monitor VS and BUN as well as serum creatinine and electrolyte levels. Apply lidocaine jelly or ointment gauze or bandage before applying to skin. Check blood drug level, as ordered. Therapeutic level is 2 to 5 mcg/ml.
Client Teaching needs (2)	Tell patient that tables may be crushed or swallowed whole. Teach patient to recognize	Urge patient to report bloody, watery stools to prescriber immediately.		Advise patients to take with a meal. Do not take a higher than prescribed dose.	Inform patient who receives lidocaine as anesthetic that she'll feel numb. Caution to keep lidocaine

	signs of hepatotoxicity .	Tell patient how IV form goes in over a 30-minute time period.			topical preparations and patches out of reach of children and pets.

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to time, place and situation. She is able to identify who her mom is and her aunt that was visiting her. She shows no signs of distress.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:** N/A	Patients skin was pink, dry, and warm. There was no signs of rashes. Patient had wound on her left hand due to the where she was stabbed with the pencil. Skin turgor of normal elasticity, no tenting present. Patients braden score was a 2.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Head is normocephalic, ears showed no signs of drainage, eyes were equal, round and reactive to light. Nose is midline and teeth were clean with moist oral mucosa. Patient has no problem with her thyroid. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.**	Heart sounds auscultated, no signs of murmurs. S1, S2 heard. Capillary refill less than 3 seconds.

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds auscultated bilaterally, no signs of adventitious lung sounds.
GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current diet:** NPO **Height (in cm):** 123.2 cm **Auscultation Bowel sounds:** **Last BM:** 2300 on 1/23/2020 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** N/A	Bowel sounds were auscultated in all for quadrants. There was no signs of distention, incisions, scares, wounds or drains.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	Patients urine was clear and yellow. She had an output of 300 mL during the clinical time.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒**	The patient had difficulty performing range of motion exercises on her left hand due to the extreme swelling. She had no supportive devices. Her fall score was a 2, and she was able to get up Ad. Lib.

Fall Risk: Y ☐ N☒ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☒ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient was able to move all extremities well except her left hand. Her pupils were equal, round and reactive to light. Her speech was normal and knew where she was.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The coping mechanism of the caregiver was that she was spending time with her daughter during this time. The family knows she will need to have dressing changes and continue antibiotics at home. Mother states they have good family support and are all very close.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0841	115	89/53	20	99.5 F	98%

Normal Vital Sign Ranges (2.5 points)
****Need to be specific to the age of the child****

Pulse Rate	70-110
Blood Pressure	147/60
Respiratory Rate	14-22
Temperature	98.1 F
Oxygen Saturation	95-100%

Normal Vital Sign Range Reference (APA): ATI Nursing Care of Children Edition 10.0

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0840	Denies	Denies	Denies	Denies	Denies
Evaluation of pain status *after* intervention	N/A	N/A	N/A	N/A	N/A
Precipitating factors: N/A **Physiological/behavioral signs:** N/A					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
445	300

Developmental Assessment (6 points)
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 & Development Milestones

1. Reading skills improved with reading exposure
2. Develop metalinguistic awareness
3. Use more complex grammatical forms such as plurals and pronouns.

Age Appropriate Diversional Activities

1. Biking, skating, swimming

2. Jumping rope

3. Dance

Psychosocial Development:

Which of Erikson's stages does this child fit? Industry vs. inferiority

What behaviors would you expect? A sense of industry is achieved through the development of skills and knowledge that allows the child to provide meaningful contributions to society.

What did you observe? She felt a little inferior because was nervous about the whole situation.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? Concrete operations

What behaviors would you expect? Able to the perspective of others, tell time and able to solve problems

What did you observe? She was able to tell time, and you could see how she opened up once she could see that others around her were there to help her.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? There was no concerns

Any concerns regarding growth and development? No there weren't any concerts with growth and development.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection due to open would after surgery as	Patient is having I & D to remove foreign object out of hand.	**1.** Use appropriate hand hygiene	Patient's family responded well. The RN and surgeon explain these reasonings to the

evidenced by I & D.		when caring for this patient. 2. Provide good skin care.	family.
2. Pain management due to I & D as evidenced by PRN medications.	Doctor said patient could feel pain in spot of incision after surgery happens.	**1.** Administer PRN medications as possible. **2.**Have patient rate her pain on a scale of 1-10.	Patient responded well, and reported she had no pain when I asked her.
3. Risk for skin integrity due to bandage on hand after surgery as evidenced by I & D surgery.	Patient is going to have to change bandage and be able to clean it.	**1.** Teach patient and family how to change the bandages. **2.** Teach how to clean wound.	Patient and family responded well. They were notified that they would have to learn this in postoperative care.
4. Risk for physical immobility due to bandaging of hand as evidenced by I & D recovery.	Allowing to bring back ROM to hand that is affected.	**1.** Perform ROM exercises. **2.** Teach family neuro checks on her.	Patients family responded well.

Other References (APA):

Swearingen, P. L., (2016). *All-in-one nursing: Care Planning Resource*. Missouri, St. Louis: Mosby Inc.

N433 Care Plan

Concept Map (20 Points):

N433 Care Plan

Subjective Data

Fever upon admission but resided after given Tylenol

Left hand pain upon admission

Resting hand would alleviate the pain she was experiences

Nursing Diagnosis/Outcomes

Risk for infection
outcome
provide good skin care, perform good hand hygiene

Pain management
outcome
administer pain medications, patient rate pain on scale of 1-10

Risk for skin integrity
outcome
teach bandage changes, teach wound care

Risk for physical immobility
teach ROM, teach neuro checks

Nursing Interventions

Teach wound care

Use appropriate hand hygiene

Provide good skin care

Patient rating pain on scale of 1-10

Administer PRN medications

Teach how to change bandages

Teach ROM exercises

Teach family to do neuro checks

Objective Data

X-Ray done to see foreign object and where they need to remove it.

Pain and fever upon admission

Low Basophils, and lymphocytes indicative of infection

High monocytes indicative of infection

Patient Information

B.S is an 8-year-old female who came into Carle with left hand cellulitis after being stabbed in the left hand with a pencil. She has no past medical history.