

N433 Care Plan #2

Lakeview College of Nursing

Shayla Mitchell

Demographics (3 points)

Date of Admission 1-30-2020	Patient Initials JG	Age (in years & months) 10 years	Gender M
Code Status Full Code	Weight (in kg) 33.1 kg	BMI 18.97	Allergies/Sensitivities (include reactions) NKDA

Medical History (5 Points)

Past Medical History: Asthma

Illnesses: Mild Intermittent Asthma with Exacerbation

Hospitalizations: For ear surgery, animal bite (7-15-2012), respiratory depression (9-7-15), abdominal pain (11-13-2018)

Past Surgical History: Ear surgery

Immunizations: Influenza, RSV

Birth History: G3P2A1, C-Section

Complications (if any): Prematurity, intrauterine exposure to marijuana

Assistive Devices: Nebulizer, Inhaler

Living Situation: Home with mother

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

Other Co-Existing Conditions (if any): Asthma

Pertinent Events during this admission/hospitalization (1 point): Vitals, IV Flush,

Medication Pass

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History of present Illness (10 points): Mother calls and states that the patient is having cold symptoms and differently breathing. Complains of chest tightness, nebulizer, and inhalers are not helping much. Mom said that fingers and toes are a purple color. Lips are also purple, and he appears pale. The patient's primary care provider recommended taking the patient to the emergency room. The patient is being admitted on January 30, 2020, for respiratory treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Asthma Exacerbation

Secondary Diagnosis (if applicable):

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

Asthma is a chronic disease that affects the airways. The airway is a tube that carries oxygen into the lungs and allows carbon dioxide to travel out. Inflammation occurs in the airway during asthma. Nearly nine million children suffer from this chronic disease. A child's airway is small than adults, which makes asthma especially dangerous for them. Children with asthma may experience coughing, chest tightness, wheezing, and trouble breathing. This particular patient has two complications of asthma, which include wheezing and chest tightness. During an exacerbation (or attack), it is an acute episode that is characterized by a progressive increase in one or more of the symptoms (“Asthma in Children | Asthma Symptoms,” 2019).

Many things can cause asthma in children, some being allergens such as mold, pollen, or animals — irritants such as cigarette smoke and air pollution (second-hand smoking for children). Exercise can trigger asthma and infections such as the flu or common cold. Being that

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this patient does not have any known drug allergies, that is ruled out as a cause. The patient was exposed to marijuana while intrauterine so, second-hand smoke could be a concern.

It can be difficult, especially in younger children, to diagnose asthma. After a physical examination, a pediatrician will help determine the diagnose. A pulmonary function test may be done to assist in diagnosing. Treatment may be centered around the use of inhaled corticosteroids, leukotriene modifiers, or combination inhalers (“Diagnosing Asthma,” 2015). For this patient, is it important to monitor him during physical activity and ensure the patient and guardians understand when to report symptoms.

Pathophysiology References (2) (APA):

Asthma in Children | Asthma Symptoms. (2019, November 12). Retrieved from

<https://medlineplus.gov/asthmainchildren.html>

Diagnosing Asthma. (2015, November 11). Retrieved from

<https://www.healthychildren.org/English/health-issues/conditions/allergies-asthma/pages/Diagnosing-Asthma.aspx>

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	Increase as tolerated
Diet/Nutrition:	Regular
Frequent Assessments:	Mental status assessment, vitals, EKG, IV therapy
Labs/Diagnostic Tests:	Chest x-ray, EKG
Treatments:	2L Nasal Cannula
Other:	
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
Child Life Specialist (CSS)	Provided patient with a video game at the bedside

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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	3.96-5.03	n/a	n/a	Labs not available/drawn
Hgb	14.5-24.5	n/a	n/a	Labs not available/drawn
Hct	39-64%	n/a	n/a	Labs not available/drawn
Platelets	140-400	n/a	n/a	Labs not available/drawn
WBC	4-11	n/a	n/a	Labs not available/drawn
Neutrophils	29-47%	n/a	n/a	Labs not available/drawn
Lymphocytes	26-71%	n/a	n/a	Labs not available/drawn
Monocytes	0-10%	n/a	n/a	Labs not available/drawn
Eosinophils	0-5%	n/a	n/a	Labs not available/drawn
Basophils	0-2%	n/a	n/a	Labs not available/drawn
Bands	0-5%	n/a	n/a	Labs not available/drawn

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

Lab	Normal	Admission	Today'	Reason For Abnormal
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	Range	or Prior Value	s Value	
Na-	136-145	n/a	n/a	Labs not available/drawn
K+	3.5-5.1	n/a	n/a	Labs not available/drawn
Cl-	98-107	n/a	n/a	Labs not available/drawn
Glucose	60-99	n/a	n/a	Labs not available/drawn
BUN	7-18	n/a	n/a	Labs not available/drawn
Creatinine	0.70-1.30	n/a	n/a	Labs not available/drawn
Albumin	3.4-5.0	n/a	n/a	Labs not available/drawn
Total Protein	6.4-8.2	n/a	n/a	Labs not available/drawn
Calcium	8.5-10.1	n/a	n/a	Labs not available/drawn
Bilirubin	0.2-1.0	n/a	n/a	Labs not available/drawn
Alk Phos	54-369	n/a	n/a	Labs not available/drawn
AST	15-37	n/a	n/a	Labs not available/drawn
ALT	12-78	n/a	n/a	Labs not available/drawn
Amylase	6-65	n/a	n/a	Labs not available/drawn
Lipase	73-393	n/a	n/a	Labs not available/drawn

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 Value	Today's Value	Reason for Abnormal
ESR	0-2 mm/H	n/a	n/a	Labs not available/drawn

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CRP	0	n/a	n/a	Labs not available/drawn
Hgb A1c	>5.7	n/a	n/a	Labs not available/drawn
TSH	1.7-9.1	n/a	n/a	Labs not available/drawn

Urinalysis **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 Value	Today's Value	Reason for Abnormal
Color & Clarity	Yellow/ Clear	n/a	n/a	Labs not available/drawn
pH	5-9	n/a	n/a	Labs not available/drawn
Specific Gravity	1.000-1.035	n/a	n/a	Labs not available/drawn
Glucose	Negative	n/a	n/a	Labs not available/drawn
Protein	Negative	n/a	n/a	Labs not available/drawn
Ketones	Negative	n/a	n/a	Labs not available/drawn
WBC	Negative	n/a	n/a	Labs not available/drawn
RBC	Negative	n/a	n/a	Labs not available/drawn
Leukoesterase	Negative	n/a	n/a	Labs not available/drawn

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

Test	Normal Range	Admission or Prior Value	Today's Value	Explanation of Findings
Urine Culture	Negative	n/a	n/a	Labs not available/drawn
Blood Culture	Negative	n/a	n/a	Labs not available/drawn
Sputum Culture	Negative	n/a	n/a	Labs not available/drawn
Stool Culture	Negative	n/a	n/a	Labs not available/drawn
Respiratory ID	Negative	n/a	n/a	Labs not available/drawn

Panel				
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Lab Correlations Reference (APA):

Kee, J. L. F. (2018). *Laboratory and diagnostic tests with nursing implications* (9th ed.). NY, NY: Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray, Influenza/RSV Panel

Diagnostic Test Correlation (5 points): Chest x-ray = Negative

Influenza A and B = Negative

Diagnostic Test Reference (APA): (Medical Chart, January 31, 2020)

Current Medications (8 points)

****Complete ALL of your patient's medications****

Brand/Generic	albuterol sulfate/ProAir	Prednisolone/Deltasone			
Dose	2.5 mg/dL	30mg			
Frequency	Q4hr	BID			
Route	Nebulizer	PO			
Classification	Beta-Blocker	Glucocorticoids			
Mechanism of Action	Relaxes muscles in the airway and increases airflow to the lungs	Anti-inflammatory calm airway inflammation			
Reason Client Taking	Asthma exacerbation	Asthma exacerbation			
Concentration	0.1-0.15 L	1-2mg/kg/dose			

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Available					
Safe Dose Range Calculation	Min: 1mg Max: 10mg	Min: 1mg/day Max: 60mg/day			
Maximum 24-hour Dose	2.5mg 3-4x/day	60mg/day			
Contraindications (2)	Cardiovascular disease High BP	Fungal infection Heart failure			
Side Effects/Adverse Reactions (2)	Shakiness in limbs Trembling in limbs	Weight gain Fluid retention			
Nursing Considerations (3)	Advise parent how medication can make the child feel Educate proper inhaler use Report any chest pain, dizziness, or insomnia	Give medication to a patient with food Measure liquid preparations accurately. Doses should be tapered down.			
Client Teaching needs (2)	Educate proper inhaler use Always keep on hand at all times	Avoid being near people who have an infection or are sick Do not receive a "live" vaccine while taking this medication.			

Reference: Jones & Bartlett Learning. (2019). 2019 *Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>The patient is alert and oriented x 3 (person, place, and time) No signs of distress. 10 years old, Caucasian male adolescents.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> <p>IV Assessment (If applicable to child): Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: IV Fluid Rate or Saline Lock:</p>	<p>The skin is pink, warm, and dry. Temperature is 98.0°F which is within normal limits. Skin turgor is good and present less than 3 seconds. No signs of dehydration. No rashes, bruises, or wounds present on adolescents. Braden score not assessed. No drains present.</p> <p>20 gauge Right posterior arm 1-30-2020 IV site in patent No signs of erythema or drainage</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth: Thyroid:</p>	<p>Head is normocephalic Neck has normal mobility Ears are even and no signs of hearing loss PERLA is present Nose is symmetrical Teeth are present. No signs of decay or cavities. Thyroid is palpable.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur, etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: 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>Heart sounds are present with regular rate and rhythm upon auscultation. Peripheral pulses are strong with a regular rhythm, bilaterally. Capillary refill at palms is present ≤ 2 seconds.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>The patient has some accessory muscle use during breathing</p>

<p>Breath Sounds: Location, character</p>	<p>Inspiratory and expiratory wheezes heard in both lungs Respiration rate is within normal limits</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current diet: Height (in cm): Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass, etc.: Inspection: Distention: Incisions: Scars: Drains: 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>The patient is on a regular diet at home and inpatient. Bowel sounds are active and present in all four quadrants. Last bowel movement: Last night No pain upon palpitation. No abdominal distention, incisions, scars, wounds, or drains.</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: 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: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine color and character were within normal limits for adolescents. No noted pain during urination. Male genitalia was not inspected during the physical exam. No catheter present.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>The patient has equal strength in all four limbs, bilaterally. No supportive devices needed at this time. Equal use to hands and fingers. Fall score: The patient is not a fall risk because he can move all extremities equally.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>The patient is oriented to person, place, time, and year.</p>

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<p>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: Speech: Sensory: LOC:</p>	<p>No noted altered mental status. No sensory or speech deficits. No loss of consciousness.</p>
<p>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):</p>	<p>The patient loves stuffed animals The patient lives at home with mother, father, brother, and sister. Siblings ages are unknown. The mother assists the patient the most with caregiving.</p>

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	115 bpm	108/69 mmHg	20/min	98.0°F	96%
1300	120 bpm	108/68 mmHg	20/min	97.7°F	100%

Vital Sign Trends: Stable

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

<p>Pulse Rate</p>	<p>School-Age Children (6-12 years): 60-100 bpm</p>
<p>Blood Pressure</p>	<p>School-Age Children (6-12 years): 102-20/61-80 mmHg</p>
<p>Respiratory Rate</p>	<p>School-Age Children (6-12 years): 12-20/min</p>
<p>Temperature</p>	<p>School-Age Children (6-12 years): 95.9-99.5°F</p>

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Oxygen Saturation	School-Age Children (6-12 years): 97-99%
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Normal Vital Sign Range Reference (APA): Henry, N. J. E. (2016). *RN Nursing Care of Children: Review Module* (10th ed.). Leawood, KS: Assessment Technologies Institute.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Numeric pain scale	Chest	0	Chest tightness	Distraction
1300	Numeric pain scale	Chest	0	Chest tightness	Distraction

Precipitating factors: asthma exacerbation causing chest tightness
Physiological/behavioral signs: patient verbalized that he feels the tightness constantly

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
Did not track patient I&O's; however, the patient did eat 75% of breakfast but did not drink his fluids. The patient had chocolate milk with taking prednisone.	n/a

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. Permanent teeth erupt
2. Weight gain of about 4.4-6.6lbs per year
3. Secondary sexual characteristics appear

Age Appropriate Diversional Activities

1. Join organized sports (for skill building)
2. **Collect rocks, stamps, cards, coins, or stuffed animals**
3. Play board and card games

Psychosocial Development:

Which of Erikson's stages does this child fit?

Industry vs. Inferiority

What behaviors would you expect?

Children should be challenged with tasks that need to be accomplished and be allowed to work through individual differences to complete the tasks.

What did you observe?

The patient expressed that he likes to collect stuffed animals, so he played with animals and coloring books.

Cognitive Development:

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

Concrete operational

What behaviors would you expect?

Perceptual thinking turns into conceptual thinking

Masters the concept conversation

Can tell time

Can view other's perspectives and viewpoints

What did you observe?

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The patient was able to hold a detailed conversation with me. I did a teaching plan with the patient about how to use an inhaler, and he was comprehensive.

Vocalization/Vocabulary:

Development expected for a child's age and any concerns?

Should be able to hold a conversation

Any concerns regarding growth and development?

No

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none">• Include full nursing diagnosis with “related to” and “as evidenced by” components	Rational <ul style="list-style-type: none">• Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none">• How did the patient/family respond to the nurse’s actions?• Client response, the status of goals and outcomes, modifications to plan.
1. Impaired spontaneous ventilation r/t asthma exacerbation AEB dyspnea upon exertion	The patient has decreased energy levels during activity. The patient’s oxygen saturation drops to around 88% on room air with exertion.	1. Inform about signs of complications 2. Ascertain what family members know about home ventilation therapy	The mother is very aware of the signs and symptoms of when the patient needs rest periods. She said this has been going on for years now. Both the patient, mother, and grandmother were pleasant with nursing interventions.
2. Impaired gas exchange r/t asthma exacerbation AEB dyspnea on exertion	The patient has chest pain that is regularly occurring. He expressed it hurts more when he	1. Instruct a client on the proper method of controlled coughing 2. Assess and	Upon auscultation, the patient has inspiratory and expiratory wheezes. When he coughs, the inspiratory wheeze clears some. Continue to

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	coughs.	evaluate respiratory status before and after coughing (Breath sounds, rate, and rhythm).	monitor the patient for respiratory changes. The patient was very pleasant and cooperative in his care.
<p>3. The risk for dysfunctional ventilatory weaning response r/t asthma exacerbation AEB expressed feelings of increased oxygen need</p>	<p>The patient uses a nebulizer at home frequently and an inhaler in emergency cases. This nursing diagnosis is appropriate because the goal is to get him away from assistive devices as much as possible and function appropriately on room air.</p>	<p>1. Observe for changes in the level of consciousness</p> <p>2. Assess respiration rate, depth, and pattern</p>	<p>The mother understands the risk of this diagnosis. She is willing to report any abnormal signs to the provider. The patient is also aware and willing to tell an adult if he is having trouble breathing.</p>
<p>4. Risk for fatigue r/t deep breathing AEB accessory muscle use</p>	<p>The patient is at risk for fatigue because he feels he needs breaks when he is active. He reports feeling short of breath sometimes.</p>	<p>1. Plan and bargain for rest periods</p> <p>2. Allow for rest periods after coughing and before meals</p>	<p>The patient is good about acknowledging when he needs a break. He verbalized his fear of discharge home because of his condition.</p>

Other References (APA): Carpenito, L. J. (2017). Nursing diagnosis: application to clinical practice. Philadelphia: Wolters Kluwer.

Concept Map (20 Points):

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Subjective Data

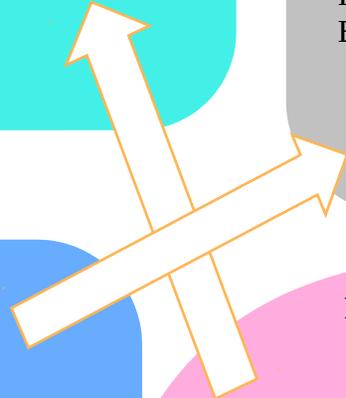
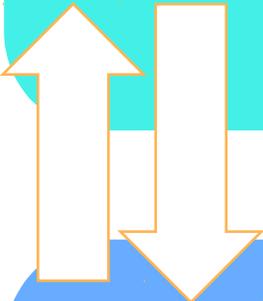
Patient reports he feels when he is active
Pain score: Patient rates 0/10
The patient verbalized constant chest tightness that is not painful



Nursing Diagnosis/Outcomes
Impaired spontaneous ventilation r/t asthma exacerbation AEB dyspnea upon exertion
By discharge, the patient is able to maintain O2Sat levels at or above 93% on room air during activity
Impaired gas exchange r/t asthma exacerbation AEB dyspnea on exertion
By discharge, the patient is able to demonstrate an effective cough
Risk for dysfunctional ventilatory weaning response r/t asthma exacerbation AEB expressed feelings of increased oxygen need
By discharge, the patient is able to show better oxygen saturation levels
Risk for fatigue r/t deep breathing AEB accessory muscle use
By discharge, the patient does not express any fatigue during activity

Objective Data

Vital signs:
T: 98.0°F
R: 20/min
P: 115 bpm
BP: 108/69 mmHg
O2: 96%



Patient Information

10 year old
Male
White
NKDA
Patient initials: JG
Weight: 33.1 kg
Full code
DOA: 1-30-2020
DOD: 2-1-2020



Nursing Interventions

Inform about signs of complications
Ascertain what family members know about home ventilation therapy
Instruct client on the proper method of controlled coughing
Assess and evaluate respiratory status before and after coughing (Breath sounds, rate, and rhythm)
Observe for changes in the level of consciousness
Plan and bargain for rest periods
Allow for rest periods after coughing and before meals

