N433 Care Plan #1

Lakeview College of Nursing

Name

Graciela Dassori

Demographics (3 points)

Date of Admission	Patient Initials	Age (in years & months)	Gender
3/5/2020	GF	23 weeks	M
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full code	7.258kg	6.1	NKA

Medical History (5 Points)

Past Medical History: Enlarged cisterna magna on prenatal ultrasound

Illnesses: none

Hospitalizations: none

Past Surgical History: none

Immunizations: none

Birth History: Vacuum assisted vaginal delivery. Birth weight 3.56Kg; Apgar 8 and 9 at one and 5 min.

Complications (if any): none

Assistive Devices: none

Living Situation: Lives at home with mother, father and 2 sisters

Admission Assessment

Chief Complaint (2 points): Stridor, Respiratory distress, Influenza

Other Co-Existing Conditions (if any): none

Pertinent Events during this admission/hospitalization (1 points): currently on Oxygen 1L due to respiratory distress. Goal is to wean him from oxygen to be discharged home. IV and IV medicines discontinued during this shift.

N433 Care Plan

History of present Illness (10 points):

Onset was 3 day ago; he presented with respiratory problems that didn't got better and progressed to stridor; Acute in character and aggravated when lying down or breastfeeding. Reliving factors were when his mother held him and Tylenol for fever. Since of this severity; fever 104 and stridor, the mother took him to Danville OSF and then he was transferred to Carle where he was admitted yesterday at midnight. Diagnosed with Influenza and placed in droplet precautions, 1L oxygen and IV antibiotics.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Respiratory distress

Secondary Diagnosis (if applicable): Bronchiolitis, Influenza

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

Respiratory distress is diagnosed in infants when there is increased work breathing, such as tachypnea, nasal flaring, chest retractions, or grunting. Usually it is caused by infections, chronic illness or a blocked airway.

This patient was showing Stridor; Accessory muscle use, Increased heart rate, and increased respiratory rate. Treatment received to control this condition in this patient was oxygen via nasal cannula; administration of antibiotics; and HOB elevated.

He also had a fever of 103.9 F; due to influenza and adenovirus. Adenovirus is a common virus that affects children but usually doesn't cause a serious illness on the other hand Influenza is known to cause serious illness that may lead to hospitalizations particularly in children.

Immunization is the most important public health measure for the prevention of influenza infection. Signs and symptoms of influenza are high fever, sore throat, fatigue and muscle aches.

Influenza can be prevented with yearly vaccines staring in children 6 months and older. The incubation period for flu is about 1-4 days. Flu spreads directly and indirectly; directly from person to person by airborne droplets produced during sneezing or coughing. That is why my patient is in droplet isolation

The viral infections caused Bronchiolitis which causes inflammation in the small airways of the lung. The condition starts like a common cold. It progresses to coughing, wheezing, and sometimes difficulty breathing. Symptoms may last for a week to a month. To treat his bronchiolitis he was on antibiotics, HOB elevated and oxygen via nasal cannula.

This viral infections are also the reason for his abnormal lab values such as decreased WBC, increased platelets, monocytes, neutrophils and decreased bands.

Viral infections temporarily disrupt the work of bone marrow decreasing WBC count; viruses contribute to platelet activation resulting in increased platelet .Monocytes, neutrophils and bands also indicates viral infection.

Two complications of this viral infections are bronchiolitis and respiratory distress which were already diagnosed to the child. Viral respiratory infections are prevented by hand washing

and preventing exposure with people that is showing signs and symptoms of respiratory infection. Signs and symptoms were previously mentioned as well as treatment of this complications.

Pathophysiology References (2) (APA):

Pediatric Influenza. (n.d.). Retrieved from https://childrensnational.org/visit/conditions-and-treatments/infectious-diseases/influenza
Silver,A.H.,& Nazif, J.M.(2019, November 1). Bronchiolitis. Retrieved from https://pedsinreview.aappublications.org/content/40/11/568

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity: As tolerated	
Diet/Nutrition: Breastfed	
Frequent Assessments: Vitals Q4; Strict I&O	
Labs/Diagnostic Tests: **Blood culture: Negative** **Chest Xray: Clear** **Abnormal WBC (31.18)** **Positive for influenza and adenovirus**	
Treatments: NC oxygen 1L. Tamiflu BID. **PRN Tylenol**	
Other: Today afebrile; no emesis; tolerating small amounts of liquids.	

New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Discontinue IV	**IV discontinued**
Wean from Oxygen	**On process**
Blood culture	**Negative**

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	4.7 to 6.1 million cells/mcL	4.18	4.81	Bacterial infection causes red blood cells to rupture, releasing the oxygen-transporting molecule hemoglobin.
Hgb	9.5-14.1	10.8	12.6	
Hct	29-41	33.6	38.9	
Platelets	150 × 10^3 to 450 × 10^3/mcL,	578	687	In both children and adults, infections are the most common cause of an elevated platelet count.
WBC	60.0-17.5	31.18	51.54	Viruses can affect bone marrow and cause low WBCs iruses can affect bone marrow and cause low WBCs

Neutrophils	1.5-8.5	20.58	n/a	Increased in infection
Lymphocytes	30 and 95	24	n/a	
Monocytes	0.6 x 10^3	9.5	n/a	Increased in infection
Eosinophils	≥500 eosinophils/ microL	0.00	n/a	
Basophils	0-140	0.00	n/a	
Bands	3-5%.	2.5	n/a	Decreased when serious infection is present.

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-	135-145 mEq/L	138	n/a	
K+	3.5-5.5 mEq/L	3.6	n/a	
Cl-	97–106 mmol/L	107	n/a	
Glucose	70-120 mg/ dL	143	n/a	He is receiving IV dextrose; there is an increase in glucose
BUN	5 to 20 mg/ dL	4	n/a	
Creatinine	0.5 to 1.0 mg/dL	0.18	n/a	
Albumin	3.4 to 5.4 g/ dL	2.5	n/a	Vomiting may cause decreased albumin
Total Protein	6.0 to 8.3 gm/dL	6.1	n/a	
Calcium		8.5	n/a	

	8.5-10.2 mg/dL			
Bilirubin	less than 5.1 µmol/L	0.5	n/a	
Alk Phos	104-345 U/ L.	124	n/a	
AST	9–80 U/L	75	n/a	
ALT	13–45 U/L	61	n/a	
Amylase	23 to 85 U/ L	n/a	n/a	
Lipase	0 to 88 U per L	n/a	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 Value	Today's Value	Reason for Abnormal
ESR	0 to 15 mm/h	n/a	n/a	
CRP	below 3.0 mg/L	64.70	n/a	CRP in the blood is a marker of inflammation. It can be caused by a wide variety of conditions, from infection to cancer.
Hgb A1c	7.5 or lower	n/a	n/a	
TSH	0.58–5.57 mU/L	n/a	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	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	**Clear-yellow**	**Not assessed**	**Not assessed**	
pH	4–9			

Specific Gravity	1.001–1.035			
Glucose	neg			
Protein	neg			
Ketones	neg			
WBC	0–4/HPF			
RBC	0–4/HPF			
Leukoesterase	0–4/HPF			

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	**neg**	**n/a**	**n/a**	
Blood Culture	**neg**	**n/a**	**negative**	
Sputum Culture	**neg**	**n/a**	**n/a**	
Stool Culture	**neg**	**n/a**	**n/a**	
Respiratory ID Panel	**neg**	**n/a**	**n/a**	

Lab Correlations Reference (APA):

Van, L. A. M., Kranpitz, T. R., Smith, L., & Schnell, Z. B. (2018). *Davis's comprehensive handbook of laboratory and diagnostic tests: With nursing implications*. Philadelphia: F.A. Davis Co.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest Xray: clear

Influenza: positive

Adenovirus: Positive

Diagnostic Test Correlation (5 points): An clear chest X ray rules out pneumonia; and the swab for respiratory viral identification shown the presence of influenza and adenovirus which caused respiratory distress and bronchiolitis

Diagnostic Test Reference (APA):

Gill, P. J., Richardson, S. E., Ostrow, O., & Friedman, J. N. (2017, August 1). Testing for Respiratory Viruses in Children: To Swab or Not to Swab. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28672402

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

Brand/Generic	**Cefriaxone**	**Motrin**	**D5 0.45% Nacl with Kcl 10meq**	**Oseltamivir Tamiflu**	**Acetaminophen**
Dose	450mg	20ml/kg	24ml/h	21 mg	108.8mg
Frequency	Q 24H	One time/ED	continuous	BID	Q4H
Route	IV 22.5ml/H	IV Bolus	IV	oral	oral
Classification	Cephalosporin 3rd generation	nonsteroidal anti-inflammatory drugs	Potassium replacement	antivirals	Analgesic/ antipyretics, nonsalicylate
Mechanism of Action	Inhibits the mucopeptide synthesis in the bacterial cell wall	Inhibits prostaglandin synthesis rather than simply to provide analgesia.	It helps with fluid and electrolyte replenishment and also caloric supply	Works by attacking the flu virus to keep it from multiplying in your body and by reducing the symptoms of the flu	It reduces fever through its action on the heat regulating center of the brain
Reason Client Taking	Treats many kinds of bacterial infections, including severe or life-threatening	Reduces fever and treat pain or inflammation caused by many conditions	Patient had some episodes of vomiting at admission and also is not eating as much as before which is a risk for electrolyte	Treats people 2 weeks of age and older who have the flu (influenza A and B viruses)	Reduces fever and relief pain

	forms such as meningitis		imbalance		
Concentration Available	Injectable solution 1g/50mL 2g/50mL	50mg/ 1.25mL	D5 0.45% Nacl with Kcl 10meq	75 mg capsule; 12 mg/mL suspension	Liquid 160mg/ 5ml
Safe Dose Range Calculation	50 mg/kg	1.875 mL 12-23 mos	0.5 g/kg/hour	60 mg	10-15 mg/kg/dose
Maximum 24-hour Dose	1g/day	2.4 g/day	200 mEq.	120 mg	4 g/24 h
Contraindications (2)	Liver problems. Disease of the gallbladder.	Asthma Urticaria	-Liver problems -Renal failure	Infection Asthma	acute liver failure. liver problems.
Side Effects/Adverse Reactions (2)	Diarrhea Vomiting	Constipation Upset stomach	Nausea Abdominal pain	Vomiting, Diarrhea,	-diarrhea -loss of appetite
Nursing Considerations (3)	- Before initiating therapy, obtain a history to determine previous use of and reactions to penicillins or cephalosporins - Observe patient for signs and symptoms of anaphylaxis - Monitor bowel function	- Do not confuse Motrin (ibuprofen) with Neurontin (gabapentin) - Patient should be well hydrated before administration to prevent renal adverse reactions - For rapid initial effect, administer 30 min before or 2 hr after meals	-Frequent monitoring of electrolyte levels is essential. -If infused in large amounts, chloride ions may cause a loss of bicarbonate ions, resulting in an acidifying effect.	- Treatment with oseltamivir should be started as soon as possible from the first sign of flu symptoms within 2 days of exposure. - May be administered with food or milk to minimize GI irritation - If oral suspension is not available, capsules can be opened and mixed with flavored foods (regular or sugar-free chocolate syrup, corn syrup, caramel topping, light brown sugar (dissolved in	-overdose will lead to hepatotoxicity. -Acetadote is the antidote for overdose. -may increase risk for bleed with warfarin therapy.

				water)	
Client Teaching needs (2)	- Advise parent to report signs of superinfection - Instruct parent to notify health care professional if fever and diarrhea develop, especially if diarrhea contains blood, mucus, or pus	- Advise parents or caregivers not to administer ibuprofen to children who may be dehydrated - Advise parent that may cause drowsiness or dizziness	-Frequent monitoring of serum glucose concentrations is required -These solutions should be administered only by intravenous infusion and as directed by the physician	- Instruct parent to take oseltamivir as soon as influenza symptoms appear and to continue to take it as directed, for the full course of therapy, even if feeling better. -Caution parent that oseltamivir should not be shared with anyone, even if they have the same symptoms.	-side effects of Tylenol (Nausea, vomiting , stomach upset, red, peeling skin, Rash, Hives, Itching, swelling of the face , among others) -Tylenol is only for short-term use.

Medication Reference (APA):

Karch, A. M. (2006). *Focus on nursing pharmacology*. Philadelphia: Lippincott Williams & Wilkins.

Van Leeuwen, A. M., Poelhuis-Leth, D. J., & Bladh, M. L. (2013). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* 5th ed. Philadelphia: F.A. Davis Co.

Assessment

Physical Exam (18 points)

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Alert and oriented **Orientation:** x4 **Distress**:none **Overall appearance:** cooperative with assessment; mother states he is much calmer than he usually is	
INTEGUMENTARY (2 points): **Skin color:** Pale **Character:** dry **Temperature:** warm **Turgor:** elastic **Rashes:** none	

Bruises: none **Wounds:** none **Braden Score:** 5 **Drains present: Y☐ N ☒** **Type:**none	
HEENT (1 point): **Head/Neck:** head of the client is rounded and symmetrical. No rigidity, good ROM,no masses palpated. Thyroid gland nonvisible but palpable. Trachea in midline. Lymph nodes nonpalpable. **Ears:** No erythema, no discharge, tympanic membrane intact **Eyes:** PERRLA **Nose:** symmetric, straight and uniform in color. There was scant drainage. No flaring. No tenderness or lesions **Teeth:** none	.
CARDIOVASCULAR (2 points): **Heart sounds:** Regular S1 and S2 ; no presence of heaves or lifts. No murmur. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Regular **Peripheral Pulses:** +3 **Capillary refill:** within 3 sec **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** none	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds:** Location, character Clear on all quadrants ;relaxed and even. Anteroposterior less than transverse diameter. Chest expansion symmetric. No retraction. No pain or tenderness on palpation.	.
GASTROINTESTINAL (2 points): **Diet at home:** Breastfed **Current Diet:** Breastfed **Height:** 50cm **Auscultation Bowel sounds:** bowel sounds	.

present in all quadrants **Last BM:** this morning **Palpation: Pain, Mass etc.:** Soft, nontender; no masses **Inspection:** No bruises or rashes; abdomen looks symmetric non distended. **Distention:** none **Incisions:** none **Scars:** none **Drains:** none **Wounds:** none **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:**none **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**none	
GENITOURINARY (2 Points): **Color:** yellow **Character:** clear **Quantity of urine:** x3 /incontinent **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** no lesions, masses, or swelling. No discharge from urethral opening. No malodorous discharge. **Catheter: Y ☐ N ☒** **Type:** none **Size:** none	
MUSCULOSKELETAL (2 points): **Neurovascular status:** arms are equal in size, no swelling, no clubbing of fingertips, warm bilaterally. Capillary refill time less than 3 seconds, radial and brachial pulses strong +3 bilaterally. No lymph nodes palpated. Legs are pink in color bilaterally, no ulcers or edema. Legs are warm bilaterally. Femoral, popliteal, dorsalis pedis, and posterior tibial pulses strongly +3 palpated bilaterally. **ROM:** No atrophy, tremors, weakness, full ROM of all extremities. Full smooth Active ROM against gravity and resistance. **Supportive devices:** none	.

Strength: 5/5 Normal strength **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 2** **Activity/Mobility Status:** Stand by **Independent (up ad lib) x** **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:** AX4 **Mental Status:** Alert **Speech:** as expected for developmental age **Sensory:** intact **LOC:** Alert and oriented.	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Family **Developmental level:** appropriate to age **Religion & what it means to pt**.: She believes in God/religion is an important part of her life **Personal/Family Data (Think about home environment, family structure, and available family support):** He lives at home with mom and dad. He is unvaccinated	.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8	**154**	**100/65**	**38**	**36.9**	**98 1L O2**
12	**170**	**non assessed.**	**36**	**36.5**	**97 1L O2**

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

Pulse Rate	100-190
Blood Pressure	80-100/ 55-65

Respiratory Rate	30-60 per minute
Temperature	36.5°C to 37.5°C (97.8°F to 99.5°F)
Oxygen Saturation	95 percent to 100 percent

Normal Vital Sign Range Reference (APA):

Iowa Head and Neck Protocols. (n.d.). Retrieved from https://medicine.uiowa.edu/iowaprotocols/pediatric-vital-signs-normal-ranges

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8	**2**	**Heel**	**moderate**	**Mild discomfort due to blood sample taken from heel**	**Play therapy/ therapeutic hug**
Evaluation of pain status *after* intervention	**0**	**heel**	**none**	**Resolved pain**	**None needed**
Precipitating factors: Heel blood sample taken by lab Physiological/behavioral signs: crying; agitated.					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
775	**894**

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in y our 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. Still needs to be propped up with a pillow or Boppy, but he may also be able to sit unsupported for a few seconds at a tim

2. can start rolling over from their back to their tummy
3. able to push themselves up from their tummies and lunge for objects that interest them.

Age Appropriate Diversional Activities

1. Bubble Play.
2. Story Time.
3. Bouncing Ball.

Psychosocial Development:

Which of Erikson's stages does this child fit?

Trust vs. Mistrust

What behaviors would you expect?

If the care has been inconsistent, unpredictable and unreliable, then the infant may develop a sense of mistrust, suspicion, and anxiety.

What did you observe?

Mother was with the baby; the baby did feel comfortable with the mother. The mother breastfed the baby whenever he was hungry.

Cognitive Development:

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

Sensorimotor.

What behaviors would you expect?

learns about the world by using their senses to interact with their surroundings

What did you observe?

child may suck his or her thumb by accident and then later intentionally repeat the action. These actions are repeated because the infant finds them pleasurable.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

At five months, babies are starting to make sense of the sounds they hear, such as a dog barking or a car engine starting. Though they can't yet understand words, they may turn their head at the sound of their name or a simple command like "no."

Warning signs would be if the baby seems to not be aware of loud noises or recognize parents voice.

Any concerns regarding growth and development?

No concerns observed for vocabulary development in this child

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. Impaired gas exchange related to respiratory distress as evidenced by O2 sats below 90 at room air	Patient was admitted with dx of respiratory distress; still needs oxygen to keep O2 sat over 90%	1.-Keep monitoring O2 sats continuously 2.- Keep head of bed elevated	The patient's family understands the need for oxygen. The Family is aware that the goal is to maintain O2 sats over 90% at room air. No modifications to the plan needed at the time.
2. Imbalanced nutrition: less than body requirements related to poor appetite as evidenced by mother statement	Mother states her baby is not feeding as much as usual since he is sick	1. Encourage frequent small feedings 2.Weight the child daily	The mother agrees to offer small frequent meals; we will weight the child daily. The goal is for the child to maintain adequate intake during hospitalization. No modifications to the plan needed at the time.
3. Risk for infection related to inadequate secondary defenses as evidenced byhigh WBC and unvaccinated child	Since WBC are high; the immune system is already debilitated. Not being vaccinated would put him at risk of contracting	1. . Note and report laboratory value 2.- Vitals Q4H	Family understands the child immune is debilitated by viral infection and is at risk for more infections since he is not vaccinated. Family understands the need of frequent vitals Goal is to maintain the child free of nosocomial infections or secondary infections. No modifications to the plan needed at the time.
4. Impaired comfort related to hospitalization as evidenced by	Family states the baby has been fussy and having difficulty sleeping since	1. Provide a quiet and calm environment	Family agrees the need for a quiet and calm environment; will appreciate cluster care and allowing the baby to

fussiness	hospitalized	2. Cluster care allowing the infant to have longer periods of rest	sleep. Goal is to provide the child with a stress-free environment during hospitalization No modifications to the plan needed at the time.

Concept Map (20 Points):

N433 Care Plan