

N433 Care Plan #3

Lakeview College of Nursing

Twila Douglas

### Demographics (3 points)

<b>Date of Admission</b> 02/20/2020	<b>Patient Initials</b> E.S.	<b>Age (in years &amp; months)</b> 6 years 4 months	<b>Gender</b> Male
<b>Code Status</b> Full	<b>Weight</b> 22.9kg	<b>BMI</b> 14	<b>Allergies/Sensitivities (include reactions)</b> PCN-rash, STrawberries- rash

### Medical History (5 Points)

**Past Medical History:** Past medical history includes reactive airway disease. The patient has a history of RSV and bronchiolitis that caused hospitalization in 2012 for RSV and 2015 for reactive airway diseases. The patient was born at 35 weeks, which caused a two week stay in the NICU.

**Illnesses:** Tested positive for Flu B on 02/04/2020; patient completed full treatment of Tamiflu. RSV in 2014 and 2015 for reactive airway disease.

**Hospitalizations:** Patient was hospitalized in 2014 and 2015 for RSV. Patient was premature at 35 weeks and stayed in NICU for two weeks.

**Past Surgical History:** Patient has an out patient myringotomy in 2014.

**Immunizations:** Patients immunizations are up to date per parent.

**Birth History:** Patient was premature and stayed two weeks in the NICU.

**Complications (if any):none**

**Assistive Devices:none**

**Living Situation: Patient lives at home with his mother, sister, and grandmother.**

### **Admission Assessment**

**Chief Complaint (2 points): Difficulty breathing, and chest pain**

**Other Co-Existing Conditions (if any):**

**Pertinent Events during this admission/hospitalization (1 points): IV insertion, and chest X-ray**

**History of present Illness (10 points): Onset of difficulty breathing, wheezing and shortness of breathe started today on 02/19/2020. Patient reports chest pain on today. The symptoms have been persistent since 02/19/2020. The characteristics of symptoms are chest pain, wheezing, difficulty breathing and shortness of breathe. There are no reports of aggravating factors. Mother had been administering albuterol nebulizer every 4 hours for the last 24 hours, but patient reports little to no relief in symptoms. Treatment plan include continuous albuterol treatments, steroid treatment, cardiac monitoring, daily weight, and strict intake and output.**

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points): Status asthmaticus**

**Secondary Diagnosis (if applicable):**

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

Status asthmaticus occurs when bronchial smooth muscles are having spasms, increased mucous production, and airway inflammation. Status asthmaticus results in small airways collapsing, increases pulmonary resistance, and dynamic hyperinflation. The use of child inspiratory muscle activity can persist through expiration, which will significantly cause the respiratory muscle workload to increase and cause fatigue.

Sign and symptoms are shortness of breath, anxiety, diaphoresis, change in the level of alertness, diminished or absent breath sounds, accessory muscle use, wheezing, and inability to speak in sentences. Wheezes was heard during the auscultation of the lungs on the patient. During the physical examination, nurses can expect patients to have higher respiratory rates, increased heart rate, significantly lowered PaO<sub>2</sub>, lower peak expiratory flow rate. This patient has an oxygen saturation of 92-93% on 3L on the nasal cannula.

A diagnostic test that can diagnose and treat are incentive spirometry, skin allergy test, allergy test, peak expiratory flow, chest radiography, and pulmonary function testing. The

patient had a chest X-ray that was negative for infiltrates, positive for hyperinflation. Treatment focuses on prevention and longterm control to prevent asthma attacks. It is essential to recognize triggers, to avoid coming in contact with them. It is recommended to track breathing and continue daily medications to ensure symptoms are well controlled. This patient treatment focused on increasing oxygen saturation level, decrease wheezes, steroid therapy, intravenous hydration, and pain relief.

During a flare-up, albuterol can be used to provide quick-relief. Preventive and long term medication will reduce inflammation in the airway that causes asthma symptoms. Allergy medications can be used to help control asthma symptoms. Bronchodilators allow airways to open quickly to allow better breathing. Long term control medication is taken daily and includes inhaled corticosteroids, long-acting beta-agonists, combination inhalers, leukotriene modifiers, theophylline, and combination inhalers. Quick-relief inhalers for short term and rapid symptoms during an attack. Quick-relief medication includes short-acting beta-agonist, an oral and intravenous corticosteroid, and Atrovent.

Treatment is essential to help prevent complications. Complications that can occur are respiratory failure or arrest. Signs and symptoms are anxiety, tachycardia, arrhythmias, restlessness, dyspnea, shortness of breath wheezing, coughing, and cyanosis on skin lips or fingernails. Nurses can help prevent respiratory distress by monitoring vital signs, administering oxygen per doctor's orders, administer medications as prescribed, and notify physicians of any critical findings. Chronic inflammation can occur in the airways, which causes a change in the airway structures. The changes caused the airway to become less elastic and thicker, which caused swelling and narrowing. Signs and symptoms are changes in blood vessels, glands,

muscle, and epithelial tissue. The nurse needs to administer steroids as prescribed to help with inflammation.

**Pathophysiology References (2) (APA):**

**Status Asthmaticus: Practice Essentials, Background, Etiology. (2020). Retrieved 15 April 2020, from <https://emedicine.medscape.com/article/2129484-overview>**

**Status Asthmaticus: Symptoms, Causes, Diagnosis, and Treatment. (2020). Retrieved 15 April 2020, from <https://www.healthline.com/health/status-asthmaticus>**

**Active Orders (2 points)**

<b>Order(s)</b>	<b>Comments/Results/Completion</b>
<b>Activity:up out of bed ad lib</b>	
<b>Diet/Nutrition:NPO</b>	<b>Completed and changed clear liquid diet as tolerated</b>
<b>Frequent Assessments:Vitals q2hr w/BP</b>	<b>Completed and stable</b>
<b>Labs/Diagnostic Tests: Cardiac monitoring</b>	<b>Currently monitoring</b>
<b>Treatments: Nebulization, steroid</b>	<b>Relief with shortness of breathe and wheezing.</b>
<b>Other: daily weight &amp; strict I&amp;O</b>	<b>22.9 kg daily weight obtained. Completed</b>
<b>New Order(s) for Clinical Day</b>	
<b>Order(s)</b>	<b>Comments/Results/Completion</b>
<b>Discontinue continuous nebulization treatments ,</b>	<b>Completed</b>
<b>Albuterol 2.5mg q2hr via neb, q1hr PRN shortness of breath, wheezing</b>	<b>Completed. Decrease in shortness of breathe, wheezes and difficulty breathing.</b>
<b>Discontinue CBC and CMP for today</b>	<b>Completed</b>

Clear liquid diet - advance as tolerated	Currently tolerating
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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
<b>RBC</b>	3.80-5.20	N/A		
<b>Hgb</b>	10.9-14.9 dL	N/A		
<b>Hct</b>	33-44%	N/A		
<b>Platelets</b>	187-400	N/A		
<b>WBC</b>	4.5-14.5	N/A		
<b>Neutrophils</b>	38-68%	N/A		
<b>Lymphocytes</b>	25-54%	N/A		
<b>Monocytes</b>	0.20-0.80	N/A		

<b>Eosinophils</b>	<b>0.00-0.50</b>	<b>N/A</b>		
<b>Basophils</b>	<b>0-1</b>	<b>N/A</b>		
<b>Bands</b>		<b>N/A</b>		

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	135–147 mEq/L	<b>N/A</b>		
<b>K+</b>	3.4–4.7 mEq/L	<b>N/A</b>		
<b>Cl-</b>	97–107 mEq/L	<b>N/A</b>		
<b>Glucose</b>	60–100 mg/dL	<b>N/A</b>		
<b>BUN</b>	5-20	<b>N/A</b>		
<b>Creatinine</b>	0.5–1.0 mg/dL	<b>N/A</b>		
<b>Albumin</b>	12–42 mg/dL	<b>N/A</b>		
<b>Total Protein</b>	6.0–8.0	<b>N/A</b>		
<b>Calcium</b>	<1.2 mg/dL	<b>N/A</b>		

<b>Bilirubin</b>	<1.2 mg/d	N/A		
<b>Alk Phos</b>	100–320 U/L	N/A		
<b>AST</b>	15–40 U/L	N/A		
<b>ALT</b>	10–25 U/L	N/A		
<b>Amylase</b>	25–101 U/L	N/A		
<b>Lipase</b>		N/A		

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>ESR</b>	0–10 mm/hr	N/A		
<b>CRP</b>		N/A		
<b>Hgb A1c</b>	<5.7	N/A		
<b>TSH</b>	0.55–5.31 mU/L	N/A		

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>

<b>Color &amp; Clarity</b>	<b>Colorless-yellow</b>	<b>N/A</b>		
<b>pH</b>	<b>6</b>	<b>N/A</b>		
<b>Specific Gravity</b>	<b>Negative</b>	<b>N/A</b>		
<b>Glucose</b>	<b>Negative</b>	<b>N/A</b>		
<b>Protein</b>	<b>Negative</b>	<b>N/A</b>		
<b>Ketones</b>	<b>Negative</b>	<b>N/A</b>		
<b>WBC</b>	<b>Negative</b>	<b>N/A</b>		
<b>RBC</b>	<b>Negative</b>	<b>N/A</b>		
<b>Leukoesterase</b>	<b>Negative</b>	<b>N/A</b>		

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

<b>Test</b>	<b>Normal Range</b>	<b>Admission or Prior Value</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>No growth</b>	<b>N/A</b>		
<b>Blood Culture</b>	<b>No growth</b>	<b>N/A</b>		
<b>Sputum Culture</b>	<b>No growth</b>	<b>N/A</b>		
<b>Stool Culture</b>	<b>No growth</b>	<b>N/A</b>		
<b>Respiratory ID Panel</b>	<b>No growth</b>	<b>N/A</b>		

**Lab Correlations Reference (APA):**

**TABLE 27.1: REFERENCE VALUES | Harriet Lane Handbook. (2020). Retrieved 15 April 2020, from**

[https://www.unboundmedicine.com/harriettlane/view/Harriet\\_Lane\\_Handbook/309269/all/TABLE\\_27\\_1:\\_Reference\\_Values](https://www.unboundmedicine.com/harriettlane/view/Harriet_Lane_Handbook/309269/all/TABLE_27_1:_Reference_Values)

**Complete Blood Count (CBC) with Differential, Blood -Mayo Clinic Laboratories | Pediatric Catalog. (2020). Retrieved 15 April 2020, from**

<https://pediatric.testcatalog.org/show/CBC>

**(2020). Retrieved 15 April 2020, from**

<http://a1.mayomedicallaboratories.com/webjc/attachments/110/30a2131-complete-blood-count-normal-pediatric-values.pdf>

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): Chest X-ray**

**Diagnostic Test Correlation (5 points): chest pain and respiratory sign and symptoms.**

**Diagnostic Test Reference (APA):** Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.) Wolters Kluwer Health Lippincott Williams & Wilkins.

**Current Medications (8 points)**

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

<b>Brand/Generic</b>	<b>D5 1/2 NS 20 mEq KCL</b>	<b>Proa-air/ Albuterol</b>	<b>Prednisolon e / prednisone</b>	<b>Acetaminop hen/Tylenol</b>	<b>Ibuprofen /advil</b>
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<b>Dose</b>	<b>1000mL</b>	<b>2.5mg/3mL</b>	<b>23 mg</b>	<b>320 mg</b>	<b>200 mg</b>
<b>Frequency</b>	<b>One time bolus</b>	<b>q2hr, q1h PRN</b>	<b>BID</b>	<b>q6hr</b>	<b>q8hr</b>
<b>Route</b>	<b>IV</b>	<b>Nebulization</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>
<b>Classification</b>	<b>FLuid replenisher</b>	<b>Bronchodilator</b>	<b>Steroid</b>	<b>Analgesic</b>	<b>NSAID, Analgesic</b>
<b>Mechanism of Action</b>	<b>Metabolizes calories and fluids, while increasing blood glucose levels.</b>	<b>Dilates the airway of the lungs and relaxing the muscles surrounding the airways</b>	<b>Helps with inflammation and swelling by lowering the activity of the immune system.</b>	<b>Blocks the brain from releasing substances that cause feeling of pain.</b>	<b>Exhibits anti inflammatory, and antipyretic analgesic effects</b>
<b>Reason Client Taking</b>	<b>FOR hydration of water, electrolytes and calories.</b>	<b>Shortness of breath and/or wheezing</b>	<b>Inflammation and asthma</b>	<b>Pain, Fever &gt;100</b>	<b>Fever&gt;101</b>
<b>Concentration Available</b>	<b>20mL 50%</b>	<b>0.1-0.15mg/kg/dose</b>	<b>0.14 -2 mg/kg/day</b>	<b>160 mg/5 mL</b>	<b>100mg/5mL</b>
<b>Safe Dose Range Calculation</b>	<b>229-572.5mg</b>	<b>2.29mg - 3.44mg</b>	<b>3.21 mg-45.8mg</b>	<b>229mg-343.5 mg</b>	
<b>Maximum 24-hour Dose</b>	<b>572.5m</b>	<b>24 mg</b>	<b>1374 mg</b>	<b>1717.5</b>	<b>10mL</b>

<b>Contraindications (2)</b>	<ol style="list-style-type: none"> <li>1. Some pregnant women</li> <li>2. Is Seal is broken</li> </ol>	<ol style="list-style-type: none"> <li>1. Hypertension</li> <li>2. Excess body acid</li> </ol>	<ol style="list-style-type: none"> <li>1. Hypersensitivity to prednisone</li> </ol>	<ol style="list-style-type: none"> <li>1. Hypersensitivity</li> <li>2. Congestive heart failure</li> </ol>	<ol style="list-style-type: none"> <li>1. Hypersensitivity to ibuprofen</li> <li>2. Active peptic ulcer</li> </ol>
<b>Side Effects/Adverse Reactions (2)</b>	<ol style="list-style-type: none"> <li>1. Hypervolemia</li> <li>2. Thrombosis</li> </ol>	<ol style="list-style-type: none"> <li>1. Tachycardia</li> <li>2. Nervousness</li> </ol>	<ol style="list-style-type: none"> <li>1. Nausea</li> <li>2. Weight gain</li> </ol>	<ol style="list-style-type: none"> <li>1. Rash</li> <li>2. Nausea</li> </ol>	<ol style="list-style-type: none"> <li>1. Nausea</li> <li>2. Abdominal pain</li> </ol>
<b>Nursing Considerations (3)</b>	<ol style="list-style-type: none"> <li>1. Monitor patients frequently with congestive heart failure, severe renal insufficiency and edema with sodium retention.</li> <li>2. Monitor for peripheral and pulmonary edema.</li> <li>3. In low birth weight can cause intracerebral hemorrhage</li> </ol>	<ol style="list-style-type: none"> <li>1. Overuse of inhalers can lead to bronchospasm</li> <li>2. Use cautiously in diabetes, glaucoma, and heart disease</li> <li>3. May decrease effectiveness of beta blocker</li> </ol>	<ol style="list-style-type: none"> <li>1. monitor for adverse events</li> <li>2. Monitor for hypersensitivity</li> <li>3. Take with food if stomach is upset</li> </ol>	<ol style="list-style-type: none"> <li>1. May increase risk of bleeding with warren therapy</li> <li>2. should only be used temporarily</li> <li>3. Monitor for signs of toxicity</li> </ol>	<ol style="list-style-type: none"> <li>1. Do not exceed 320 mg/day</li> <li>2. Allergy to ibuprofen</li> <li>3. Monitor blood pressure</li> </ol>

<b>Client Teaching needs (2)</b>	<b>1. Unknot if excreted in breastmilk</b> <b>2. Monitor for phlebitis at site on iv.</b>	<b>1. Proper dosage</b> <b>2. How to use inhaler</b>	<b>1. Take medication as prescribed</b> <b>2. Do not stop taking early</b>	<b>1. Do not exceed the recommended dosage</b> <b>2. The antidote is acetoadote</b>	<b>1. Use dirge as suggested</b> <b>2. Avoid over the counter drugs</b>
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**Medication Reference (APA):  
Prescription Drug Information, Interactions & Side Effects. (2020). Retrieved 14 April 2020, from <https://www.drugs.com>**

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness: Alert</b> <b>Orientation: Person, place, time</b> <b>Distress: Patient appeared to be in distress due to difficulty breathing and chest pain</b> <b>Overall appearance: Patient appeared to be in respiratory distress.</b>	
<b>INTEGUMENTARY (2 points):</b> <b>Skin color: No discolorations</b> <b>Character: Skin is warm, dry, and intact</b> <b>Temperature: warm</b> <b>Turgor: less than 3 seconds</b> <b>Rashes: No rashes</b> <b>Bruises: No bruises</b>	

<p><b>Wounds:</b> No wounds</p> <p><b>Braden Score:</b> 31</p> <p><b>Drains present:</b> Y <input type="checkbox"/>      N <input type="checkbox"/> <b>NO</b></p> <p>    <b>Type:</b>N/A</p> <p><b>Size of IV:</b> 22 gauge</p> <p><b>location</b>L right AC</p> <p><b>Date on IV :</b>02/20/2020</p> <p><b>Latency of IV:</b> Patent, flushed without difficulty. No sigs of erythema or drainage</p> <p><b>IV dressing assessment:</b> Intact, dry, clean and infusing</p> <p><b>IV fluid rate:</b> 1L over 30 minutes</p>	
<p><b>HEENT (1 point):</b></p> <p><b>Head/Neck:</b> Atraumatic, neck-supple, normocephalic</p> <p><b>Ears:</b>tympanic membrane intact, no drainage or signs of infections.</p> <p><b>Eyes:</b> PERRLA, no drainage, conductive clear, and EOM intact</p> <p><b>Nose:</b> No septal deviation, normal mucosa, no drainage,</p> <p><b>Teeth:</b> dentition is good, gums intact, no lesions</p> <p><b>Thyroid:</b> unable to palpate</p>	
<p><b>CARDIOVASCULAR (2 points):</b></p> <p><b>Heart sounds:</b></p> <p>S1, S2, S3, S4, murmur etc.</p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b> +2 bilaterally present</p> <p><b>Capillary refill:</b>less than 2 seconds</p>	

<p>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> NO  Edema Y <input type="checkbox"/> N <input type="checkbox"/> NO  Location of Edema: N/A</p>	
<p><b>RESPIRATORY (2 points):</b>  Accessory muscle use: Y <input type="checkbox"/> YES N <input type="checkbox"/>  Breath Sounds: Location, character  Diffuse expiratory wheezes, diffusely diminished breathe sounds bilaterally,</p>	
<p><b>GASTROINTESTINAL (2 points):</b>  Diet at home: regular diet  Current diet:NPO  Height (in cm): 121.9 cm  Weight : 22.9kg  Auscultation Bowel sounds:Active in all quadrants and normoactive  Last BM: 02/19/2020  Palpation: Pain, Mass etc.: No mass, no pain, non-tender  Inspection:  Distention: Non distended  Incisions: No incisions  Scars: No scars  Drains: No drains  Wounds: No wounds  Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> No  Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> NO  Size:N/A  Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> No  Type:N/A</p>	

**GENITOURINARY (2 Points):**

**Color:yellow**

**Character:No odor, no sediments, no discoloration**

**Quantity of urine: Moderate**

**Pain with urination: Y  N NO**

**Dialysis: Y  N NO**

**Inspection of genitals: No**

**Catheter: Y  N  No**

**Type:N/A**

**Size: N/A**

**MUSCULOSKELETAL (2 points):**

**Neurovascular status:WDL Extremities warm, Peripheral pulses present,**

**ROM:ROM with extremities**

**Supportive devices:None**

**Strength: Strong, equal bilaterally**

**ADL Assistance: YYes N**

**Fall Risk: Y YES N**

**Fall Score: 3**

**Activity/Mobility Status: patient may get up ad lib (independent)**

**Independent (up ad lib) Yes**

**Needs assistance with equipment No**

**Needs support to stand and walk No**

**NEUROLOGICAL (2 points):**

**MAEW: Y  Yes N**

**PERLA: Y  Yes N**

**Strength Equal: Y  yes N  if no -**

<p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> <b>both</b></p> <p>Orientation: x4</p> <p>Mental Status: no deficits</p> <p>Speech: logical, spontaneous, clear</p> <p>Sensory: intact</p> <p>LOC: Alert and oriented</p>	
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b></p> <p>Coping method(s) of caregiver(s): Be presented when child received IV.</p> <p>Social needs (transportation, food, medication assistance, home equipment/care): No social needs are currently needed</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives with mother, sister and grandmother.</p>	

**Vital Signs, 1 set (2.5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
800	100	100/60	22	98.2F	92% 2LNC

**Normal Vital Sign Ranges (2.5 points)**

**\*\*Need to be specific to the age of the child\*\***

Pulse Rate	75-118bpm
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<b>Blood Pressure</b>	<b>97-115/57-76</b>
<b>Respiratory Rate</b>	<b>18-25</b>
<b>Temperature</b>	<b>36.5-37.5 C Axillary</b>
<b>Oxygen Saturation</b>	<b>&gt;93%</b>

**Normal Vital Sign Range Reference (APA):**

**Almali, O. (2020). Pediatric Vital Signs Reference Chart | PedsCases. Retrieved 13 April 2020, from <https://www.pedscases.com/pediatric-vital-signs-reference-chart>**

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
	<b>Faces</b>	<b>chest</b>	<b>2/10</b>	<b>tightness</b>	<b>Distractions used</b>
<b>Evaluation of pain status <i>after</i> intervention</b>	<b>Faces</b>	<b>Chest</b>	<b>2/10</b>	<b>Tightness</b>	<b>Distractions used</b>
<b>Precipitating factors: dyspnea, shortness of breathe</b>					
<b>Physiological/behavioral signs: difficulty breathing and grabbing chest</b>					

**Intake and Output (1 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>1000 mL</b>	<b>500 mL</b>

## **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. Bones will begin to ossify**
- 2. School age children will grow about 5 cm per year**
- 3. Sense of body image begins**

### **Age Appropriate Diversional Activities**

- 1. Solve age appropriate puzzles**
- 2. Join organized competitive sports**
- 3. Use of electronic tablets**
- 4. Many new physical skills**

### **Psychosocial Development:**

**Which of Erikson's stages does this child fit? Sense of industry vs inferiority**

**What behaviors would you expect?**

**During this stage you would expect the child to feel accomplished after developing new skills. The child can develop a sense of inferiority when adults have too high of expectations.**

**What did you observe? I was unable to observe the patient**

**Cognitive Development:**

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

**What behaviors would you expect? You would expect the child to learn to manipulate symbols and engage in symbolic play.**

**What did you observe? I was unable to observe this patient**

**Vocalization/Vocabulary:**

**Development expected for child's age and any concerns? The child is able to think more at a symbolic level and is learning more physical strengths. No concerns were identified.**

**Any concerns regarding growth and development? No concerns were identified.**

### Nursing Diagnosis (15 points)

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<b>1. Ineffective airway clearance R/T bronchospasm AEB dyspnea and wheezes</b>	<b>Nursing diagnosis was chosen due to patient having dyspnea and wheezes.</b>	<b>1. Assess respiratory depth, rate, and rhythm.</b>  <b>2. Auscultate lungs for adventitious breathe sounds</b>	<b>Patient and family responded to the interventions well.</b>  <b>Goals were able to be accomplished and patient responded well to interventions.</b>
<b>2. Activity intolerance R/T airway problem AEB prolonged dyspnea due to an asthma attack</b>	<b>Nursing diagnosis was chosen due to patient being dyspneic</b>	<b>1. Assess for weakness and fatigue that is caused by airway problem.</b>  <b>2. Schedule and provide rest periods.</b>	<b>Patient and family responded well to nurses action.</b> <b>Client responded well and goals and outcomes were achieved.</b>
<b>3. Anxiety R/T respiratory distress AEB dyspnea</b>	<b>Patient was short of breathe</b>	<b>1. monitor oxygen saturation</b>	<b>Patient and family responded well to nurse’s actions.</b> <b>Client responded well to</b>

		2. assess for signs of anxiety: tachycardia, cold or sweaty hands or feet, feelings of pain, fear  , restlessness	<b>goals and interventions.</b>
<b>4. Fatigue R/T increased work of breathing ,hypoxia, and respiratory distress</b>	<b>Fatigue while in respiratory distress</b>	<b>1. monitor vital sign q4 hrs</b>  <b>2. Assess for signs of hypoxia</b>	<b>Patient and family responded well to nurse's actions. Client responded well to goals and modifications of plan.</b>

**Other References (APA):**

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

**Concept Map (20 Points):**

### Subjective Data

- Difficulty breathing
- Wheezing
- Shortness of breath
- Chest pain

### Nursing Diagnosis/Outcomes

1. Ineffective airway clearance R/T bronchospasm AEB dyspnea and wheezes
  - Patient will verbalize understanding of therapeutic management regimen.
  - patient will maintain patent airway
2. Activity intolerance R/T airway problem AEB prolonged dyspnea due to an asthma attack
  - Child will be able to engage in normal activities without fatigue
3. Anxiety R/T respiratory distress AEB dyspnea

### Objective Data

- CXR negative for infiltrates, positive for hyperinflation.
- Decreased bilateral lung sounds
- Expiratory wheezes, forced expiration
- Vitals Q2 with BP
- Cardiac monitoring
- Strict I & O

E.S.  
Full code, date of admission 02/20/20  
DOB: 10/23/2013  
121.9 cm/ 22.9kg  
Allergies: PCN-rash;  
strawberries-rash, status asthmaticus

### Patient Information

- ### Nursing Interventions
1. Assess for weakness and fatigue that is caused by airway problem.
  2. Schedule and provide rest periods.
  - 3.1. monitor oxygen saturation
  4. assess for signs of anxiety: tachycardia, cold or sweaty hands or feet, feelings of pain, fear, restlessness
  5. Assess respiratory depth, rate, and rhythm.
  6. Auscultate lungs for adventitious breath sounds
1. monitor vital sign q4 hrs
  2. Assess for signs of hypoxia