N433 Care Plan # 1

Lakeview College of Nursing

Andrea Cook

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age (in years & months)**	**Gender**
6/17/2020	BL	5 years & 6 months 66 months old	Female
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full	16 kg	12	No known allergies

Medical History (5 Points)

Past Medical History:

- The client was diagnosed with sickle cell at six months.

Illnesses:

- No known illnesses.

Hospitalizations:

- At four years old, the client was hospitalized for a vaso-occlusive crisis.
- At three years old, the patient was hospitalized for a fever.

Past Surgical History:

- No known surgical history.

Immunizations:

The patient's mother mentioned that she was up to date and on schedule. There was no information provided that would be able for me to determine what immunizations the patient has had. The following list would be the immunizations if the patient was on schedule and up to date with her immunizations.

- Diphtheria, tetanus and pertussis
- Haemophilus influenzae type B
- Polio
- MMR
- Hepatitis A and B
- Varicella
- Pneumococcal
- Influenza
- Rotavirus (Ricci et al., 2017).

Ricci, S. S., Carman, S., & Kyle, T. (2017). *Maternity and pediatric nursing*. Wolters Kluwer.

Birth History: NA

Complications (if any): NA

Assistive Devices: NA

Living Situation:

- The patient lives at home with her family.

Admission Assessment

Chief Complaint (2 points): “Right leg hurts”

Other Co-Existing Conditions (if any): NA

Pertinent Events during this admission/hospitalization (1 points):

- The mother stated that the client's right leg had been hurting for the past two days.

History of present Illness (10 points):.

The onset of the symptoms started when she “was watching TV a few days ago.” The location wasn’t specific, and the patient noted a general “my right leg hurts.” The duration and character of the pain have been for the past couple days. Also, there were no aggravating and relieving factors. The timing and severity of the discomfort were rated a five on the FACES scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.

Sickle cell anemia

Secondary Diagnosis (if applicable):.NA

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

The patient presented was a five-year-old female that was diagnosed with sickle cell anemia. She was diagnosed at six months old, and there is a family history. This patient was brought to the emergency room by her mother that said she had been complaining of her right lower leg hurting. The client rated her pain level at a five on the FACES pain scale upon arrival. Also, the patient has been hospitalized twice over the past few years due to complications from sickle cell anemia.

Sickle cell anemia is a complicated condition that disturbs the circulation of blood and inhibits the body oxygenation. “The genetic mutation in SCA causes synthesis of Hgb that is more fragile and inefficient at carrying oxygen” (Capriotti & Frizzel, 2016, p. 266). This disease process will cause a variety of different underlying conditions that will cause the red blood cell to change its shape. “Under conditions of hypoxia, severe stress, infection, or dehydration, the SCA hgb tend to polymerize and become distorted in shape which, in turn, causes the RBC to change into a crescent” (Capriotti & Frizzel, 2016, p. 266). There are a lot of different expected findings for this complication.

There are various types of manifestations with sickle cell anemia. Pain and hypoxia are associated with this condition (ATI, 2016). Furthermore: pallor, fatigue irritability, numbness and tingling of the extremities, dyspnea on exertion, sensitivity to cold are some frequent signs and symptoms found with SCD (ATI, 2016, p. 253). Also, there are other correlated expected physical findings while completing an assessment. There is the possibility of shortness of breath/fatigue, primarily upon exertion, tachycardia and palpitations, dizziness or syncope upon standing or with exertion, pallor with pale nail beds, and mucous membranes, and nail be deformities (ATI, 2016, p. 253). There are numerous types of laboratory tests that might be needed for the diagnosis of SCA.
There are several different types of diagnostic testing used to identify sickle cell anemia. The available tests shown are CBC count,

RBC indices, iron studies, Hgb electrophoresis, and Sickle-cell test (ATI, 2016, p. 254). “A CBC can assess anemia and peripheral blood smear can show the typical sickle-shaped cells” (Capriotti & Frizzel, 2016, p. 267).In this particular situation, the child had a CBC, and a metabolic panel was completed. The child had lower hmg, hct, and creatinine. Specifically, the hmg and hct are indications that there is an anemic situation.

The treatment used in this scenario was a combination of pain relief and stool softener. The pain medication used as acetaminophen, ibuprofen, morphine sulfate, and codeine. Additionally, docusate was prescribed to soften the stools. Also, there were IV fluids D5 ½ Ns at 52 mL/hr to ensure hydration. The patient was adjusted to feel comfortable to lessen the pain. As a result, there may be several obstacles associated with this condition.

There are several associated complications with the disease. For example, organ damage is possible from the lack of blood and oxygen distributed to the organs (Mayo Clinic, 2020). The manifestations of hypoxia are SOB and rapid breathing (Hinkle & Cheever, 2018). The intervention implemented was to verify the oxygen level was within normal limits. Also, leg ulcers may be a result of sickle cell anemia (Mayo Clinic, 2020). To ensure the skin stays from ulcers, the intervention needed is to verify the skin stays clean, dry, and intact (Hinkle & Cheever, 2018). Also, to turn the patient if needed (Hinkle & Cheever, 2018). Some expected findings for ulcers of the leg are redness and swelling (Hinkle & Cheever, 2018). Sickle cell anemia is complicated in many different ways; this disease can be debilitating and painful.

Pathophysiology References (2) (APA):

Assessment Technologies Institute, LLC. (2017). *RN adult medical surgical nursing: content mastery series review module*.

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives. F.A.* Davis Company.

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

Mayo Clinic. (2020, January 30). *Sickle cell anemia*. https://www.mayoclinic.org/diseases-conditions/sickle-cell-anemia/symptoms-causes/syc-20355876

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	The client was given a stuffed animal and the snuggled toy helped make her calm.
Diet/Nutrition:	The patient wasn't able to eat for the past 24 hours and has only had an oral fluid—normal diet. No food was given. There were no results notes.
Frequent Assessments:	Vital signs were ordered every four hours.
Labs/Diagnostic Tests:	CBC and metabolic panels were ordered. The results showed that the client had low hmg, hct, and creatinine. No further orders were provided.
Treatments:	The treatment used in this scenario was a

	combination of pain relief and stool softener. The pain medication used as acetaminophen, ibuprofen, morphine sulfate, and codeine. Additionally, docusate was prescribed to soften the stools. Also, there were IV fluids D5 ½ Ns at 52 mL/hr to ensure hydration. The patient was adjusted to feel comfortable to lessen the pain.
Other:	NA
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
NA	**NA**

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	**4.2-5.4**			
Hgb	**13.5-17.7**	**9.8**		The decrease in Hgb is due to the sickle cell disease (Pagana & Pagana, 2011) .
Hct	**40-45%**	**29**		The decrease in Hgb is due to the sickle cell disease (Pagana & Pagana, 2011).
Platelets	**150-400**	**330**		
WBC	**4-11**	**10.8**		
Neutrophils	**50-81%**	**NA**		
Lymphocytes	**14-44%**	**NA**		
Monocytes	**2-6%**	**NA**		
Eosinophils	**1-5**	**NA**		
Basophils	**0-1%**	**NA**		
Bands	**< x 10^9/L**	**NA**		

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-	**133-143 mEq**	**139**		
K+	**3.6-4.6 mEq**	**4**		
Cl-	**101-111 mEq**	**109**		
Glucose	**Less than 0.5 g/day(ATI)**	**NA**		
BUN	**6-23 mg/dL**	**10.9**		
Creatinine	**0.6-1.5 mg/ dL**	**0.4 Low**		Impaired kidney function from sickle cell anemia (Pagana & Pagana, 2011).
Albumin	**3.5-5.0 gm/ dL**	**NA**		
Total Protein	**0.8 mg/dL (ATI)**	**NA**		
Calcium	**8-11**	**NA**		
Bilirubin	**0.2-1.4 mg/ dL**	**NA**		
Alk Phos	**30 to 120 units/L**	**NA**		

AST	**0 to 35 units/L**	**NA**		
ALT	**4 to 36 units/L**	**NA**		
Amylase	**30 to 220 units/L**	**NA**		
Lipase	**0 to 160**	**NA**		

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 22 mm/ hr**			
CRP	**lower than 1.0 mg/L**			
Hgb A1c	**5.7% or less indicates not DM 7% indicated good control 8% to 9% fain DM control 9% or greater indicates**			

	poor control			
TSH	**0.4-5.5**			

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	**Straw**	**NA**		
pH	**4.6-8.0**	**NA**		
Specific Gravity	**1.003-1.040**	**NA**		
Glucose	**Less than 0.5 g/day(ATI)**	**NA**		
Protein	**0.8 mg/dL**	**NA**		
Ketones	**None**	**NA**		
WBC	**0-6/uL**	**NA**		
RBC	**0-5**	**NA**		
Leukoesterase	**None**	**NA**		

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	**4.5 - 7.2 normal range**	**NA**		
Blood Culture	**None**	**NA**		
Sputum Culture	**None**	**NA**		
Stool Culture	**Negative**	**NA**		
Respiratory ID Panel	**Negative**	**NA**		

Lab Correlations Reference (APA):

Assessment Technologies Institute, LLC. (2017). *RN adult medical surgical nursing: content mastery series review module*.

Bacterial Sputum Culture. (n.d.). https://labtestsonline.org/tests/sputum-culture-*Type equation here* .bacterial

Blood Culture. (n.d.). https://labtestsonline.org/tests/blood-culture

Blood gases: MedlinePlus Medical Encyclopedia. (n.d.). https://medlineplus.gov/ency/article/003855.htm.

Felson, S. (2019, October 13). C-Reactive Protein (CRP) Test: High vs. Low Levels, Normal Range. Retrieved from https://www.webmd.com/a-to-z-guides/c-reactive-protein-test#1

Laboratory Test Interpretation. (n.d.). https://www.nurseslearning.com/courses/nrp/labtest/course/section5/index.htm.

Mayo Clinic. (2019, August 03). *Sed rate (erythrocyte sedimentation rate)*. https://www.mayoclinic.org/tests-procedures/sed-rate/about/pac-20384797

Normal Lab Values - Common Laboratory Values. (n.d.). https://www.meditec.com/resourcestools/medical-reference-links/normal-lab-values/

Pagana, K. D., & Pagana, T. J. (2011). *Mosbys diagnostic and laboratory test reference (14th ed.)*. Elsevier Mosby.

Stool Culture. (n.d.). https://www.uofmhealth.org/health-library/hw5738.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

A metabolic panel was completed. “Metabolism is the process of how the body uses food and energy” (MedlinePlus Medical Test, 2020, para. 1). This was used to rule out any underlying issues. The patient wasn’t able to eat for the past 24 hours. “Abnormal levels of any of these substances or combination of them can be a sign of a serious health problem” (MedlinePlus Medical Test, 2020, para. 1). CMP is a test that identifies 14 different factors (MedlinePlus Medical Test, 2020).

Diagnostic Test Correlation (5 points):

In this particular situation, the child had a CBC. There are several different types of diagnostic testing used to identify sickle cell anemia. The available tests shown are CBC count, RBC indices, iron studies, Hgb electrophoresis, and Sickle-cell test (ATI, 2016, p.

254). “A CBC can assess anemia and peripheral blood smear can show the typical sickle-shaped cells” (Capriotti & Frizzel, 2016, p. 267). The child had lower hmg, hct, and creatinine. Specifically, the hmg and hct are indications that there is an anemic situation.

Diagnostic Test Reference (APA):

Assessment Technologies Institute, LLC. (2017). *RN adult medical surgical nursing: content mastery series review module*.

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives. F.A.* Davis Company.

MedlinePlus Medical Test. (2020, March 24). *Comprehensive MetabolicPanel*. https://medlineplus.gov/lab-tests/comprehensive-metabolic-panel-cmp/

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

Brand/Generic	**Tylenol/ Acetaminophen**	**Advil/ Ibuprofen**	**Colace/ Docusate Sodium**	**Kadian/ Morphine Sulfate**	**Codeine**
Dose	**240 mg** **15mg/kg/ dose**	**160 mg** **10mg/kg/ dose**	**100 mg**	**2 mg**	**8 mg**
Frequency	**Q6 hr.**	**@0900/ Q6 hr.**	**Daily**	**Daily**	**Q4 hr.**
Route	**PO**	**PO**	**Po**	**IV**	**PO**
Classification	**Non narcotic**	**Analgesic, anti-**	**Anionic surfactant/**	**Phenanthrene**	**Phenanthrene**

	Analgesic/ Antipyretic	**inflammatory, antipyretic**	**Laxative, stool softener.**	**derivative/ Analgesic**	**derivative / opioid analgesic**
Mechanism of Action	**Produces analgesia by elevation of the pain threshold. Reduces fever by inhibiting the action of endogenous pyrogens on the heat-regulation center in the brain by blocking the formation and releasing the prostaglandins in the CNS. It provides temporary analgesia**	**Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and the NSAID reduces inflammatory symptoms and relieves pain.**	**Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass.**	**Binds with and activates opioid receptors (mainly mu receptors) in the brain and spinal cord produce analgesia and euphoria.**	**May produce analgesia through partial metabolism to morphine. Drug binds with mu, delta, and kappa raptors in the spinal cord and with mu1 and kappa3 receptors hight tin the CNS, decreasing intracellular CAMP, which inhibits adenylate**

	for mild to moderate pain. In addition, acetaminophen lowers body temperature in individuals with a fever.				**cyclase active and preve release of pain neurotransmitters, such as substance P and dopamin, and altering perception of and emotional response to pain. Drug also suppresses cough by acting on opiate receptors in the cough center.**
Reason Client Taking	**For pain relief.**	**To relieve mild to moderate pain**	**To treat constipation. Because the patient has been**	**To relieve the pain from the sickle cell crisis.**	**To relieve the pain from the sickle cell crisis.**

			prescribed narcotics.		
Concentration Available	**15.mg/kg/ dose 120 mg q4-6h (max: 720 mg/day)**	**150 mg every 6 to 8 hr, as needed.**	**20 to 60 mg in 1 to 4 divided doses**	**0.025 to 0.206 mg/kg/hr**	**0.5 mg/kg every 4 to 6 hr, as needed**
Safe Dose Range Calculation	**PO 10-15 mg/kg q4-6 hr.**	**150 mg every 6 to 8 hr, as needed.**	**20 mg to 240 mg**	**0.4mg to 3.3 mg per hr.**	**32 mg to 48**
Maximum 24-hour Dose	**960 mg**	**600 mg**	**240 mg**	**79.2 mg**	**48 mg**
Contraindications (2)	**1.Hypersensitivity to acetaminophen 2.Acute liver failure**	**1.Angioedema 2.Ashma**	**1.Fecal impaction 2.Nausea**	**1.Acute or severe bronchial asthma in an unmonitored setting. 2. Hypersensitivity to morphine.**	**1.Hypersensitivity to codeine 2.Signifcant respiratory depression.**
Side Effects/Adverse Reactions (2)	**1. Anorexia 2.Neutropenai**	**1.Aseptic meningitis 2. Abdominal cramps**	**1.Dizziness 2.Palpitations**	**1.Agitation 2.Amnesia**	**1.Coma 2.Deliriu m**
Nursing Considerations (3)	**1. Use acetaminophen**	**1.Monitor CBC for decreased**	**1.Expect long-term or excessive**	**1.Monitor patient for excessive or**	**1.Monitr o respirato**

	cautiously in patients with hepatic impairment or active hepatic disease. 2.Monitor liver function test results, including AST, ALT, Bilirubin, and creatinine levels. 3. Monitor the end of a parenteral infusion to prevent the possibility of air embolism.	**hemoglobin and hematocrit. Drug may worsen anemia. 2. Monitor liver enzymes. 3.Be aware that ibuprofen oral suspension may contain sucrose, which may affect blood glucose level in diabetic patients.**	**use of docusate to cause dependence on laxatives for bowel movements. 2.Assess for laxative abuse syndrome, especially in women with anorexia nervosa. 3.Assess for depression or personality disorders.**	**persistent sedation. 2.Know that morphine may have a prolonged duration and cumulative effect in patients with impared hepatic or renal function. 3.Keep in mind that if tolerance to morphine develops, expert prescriber to increase dosage.**	**ry depth, effort, and rate. 2.Evaluate patient for therapeutic response including decreased pain, cough, and facial grimacing. 3.Assess urine output to detect retention.**
Client Teaching needs (2)	**1.Tell patient that tablets may be crushed or swallowed**	**1.Inform a patient the full therapeutic effect for arthritis**	**1.Tell the patient not to use docusate when she has**	**1.Instruct patients to take morphine exactly as prescribed**	**1.Caution patient to get up slowly from a sitting or**

	whole. 2.Teach patient to recognize signs of hepatotoxicity.	**may take 2 weeks or longer. 2.Urge patient to avoid taking two different NSAIDS at the same time, unless directed and to alert prescriber before taking ibuprofen if he has ever had an allergic reaction to any other analgesic or fever reducing drug or has a history of asthma.**	**abdominal pain, nausea, or vomiting.**	**and not to change dose without consulting the prescriber. 2.Tell patient to chant positions slowly to minimize the orthostatic hypotension.**	**lying position. 2.Suggest that the patient take with food minimize nausea.**

Medication Reference (APA):

2017 Nurse's Drug Handbook (6th ed.). (2017). Jones & Bartlett Learning.

Shields, K. M., Fox, K. L., & Liebrecht, C. (2018). *Pearson nurses drug guide*. Pearson.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient exhibits no signs of impaired memory and is oriented to person, place, time, and situation. A & O x 4. Patient is awake and alert.** **Patient is responsive to stimuli. The Patient's speech is clear and regular.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**The skin was normal brown and warm — no noted edema. Pulses were felt and were strong at 3+ each. The extremity pulses were all detected at 3+. No abnormal dermal sensations detected. No rashes, bruises, wounds or drainage noticed during the inspection of the skin. The skin was dry and intact— Braden scale on 22. The skin had good turgor with some tenting.** **No drains or ports were present on this patient.**

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	**Pupils are 3 mm equal, round, and reactive to light with a 2 step method bilaterally. Accommodation with convergence and constriction bilaterally. EOMs are intact bilaterally. Patient eyes had normal conjunctiva, no scleral icterus bilaterally. Ears: Soft and no cerumen noticeable in both ears bilaterally. Nose: No deviations present. The mucosa is pink and moist. The patient reports no nose bleeds. Mouth: Lips are symmetrical and dry. Oral mucosa is moist and pink. All teeth were visible. Neck: Trachea appears midline. Thyroid was not palpable along with tonsillar, submandibular, and submental lymph nodes. No pulsations present bilaterally.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	**Heart sounds were heard while auscultating in the aortic, mitral, tricuspid, Erb's point, and pulmonic. Heart sounds were heard clearly as Lub Dub. There wasn't a murmur or gallop detected. Capillary refill is less than 3 seconds on all extremities bilaterally. Radial, Brachial, carotid, popliteal, dorsal pedal, and tibialis posterior pulses were all felt and strong bilateral at 3+. No abnormal neck distention. No edema on all extremities bilaterally.**

RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Breathing is regular, with normal expansion seen bilaterally. Posterior and anterior lung sounds were clear bilaterally. No accessory muscles were used.**
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 ☐ N ☐ None** **Nasogastric: Y ☐ N ☐ None** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐ None** **Type:**	**The patient is on a regular diet.** **No incisions, scars or wounds were visible.** **No ostomy or drains were present.** **No feeding or nasogastric tubes were implemented. No known BM. No masses or pain detected upon palpation with flat distention.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	**Urine color is unknown. No pain when urinating. No Dialysis. No catheter was implemented.**

Type: **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Her hand grip was normal bilateral. Foot flex was normal bilateral. She is mobile with no assistance needed and has a good ROM. The patient is independent. The patient does not need assistance or equipment. No support needed to stand or walk. The patient was not a fall risk. The patient scored a 20 on the fall risk scale due to the IV site.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Patient exhibits no signs of impaired memory and is oriented to person, place, time, and situation. A & O x 4. Patient is awake and alert.** **Patient is responsive to stimuli. The Patient's speech is clear and regular.** **Pupils are 3 mm equal, round, and reactive to light with a 2-step method bilaterally. Accommodation with convergence and constriction bilaterally. EOMs are intact bilaterally. Patient eyes had normal conjunctiva, no scleral icterus.** **Arms and legs were equal strength bilaterally.** **Speech was normal. Mental status was normal.**

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 patient coping methods were healthy. She used the stuffed animal to help her cope. The mother was very supportive.**

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**80**	**88/46**	**18**	**38**	**95% room air**

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

Pulse Rate	**60 to 110 depending on activity**
Blood Pressure	**110/65**
Respiratory Rate	**20-25**
Temperature	**37.0**
Oxygen Saturation	**95-100%**

Normal Vital Sign Range Reference (APA):

Assessment Technologies Institute, LLC. (2017). *RN nursing care of children: content mastery series review module*.

Ricci, S. S., Carman, S., & Kyle, T. (2017). Maternity and pediatric nursing. Wolters Kluwer.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0700					
Evaluation of pain status *after* intervention	**5 on a 1-5 FACES Scale**	**Right lower extremity**	**5 on a 1-5**	**No known characteristics.**	**Acetaminophen, Ibuprofen, Morphine sulfate, and Codeine were administered.**
Precipitating factors: **Physiological/behavioral signs:**					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
26 mL for the 30 minutes of care.	NA

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. Stands on one foot 10 seconds or longer

2. Swings and climbs well
3. May skip (Ricci et al., 2017).

Age Appropriate Diversional Activities

1. Playing with puppets
2. Stacking blocks
3. Demonstrating on dolls (Ricci et al., 2017)

Psychosocial Development:

Which of Erikson's stages does this child fit?

- Initiative vs. Guilt (Ricci et al., 2017)

What behaviors would you expect?

- Likes to please parents.
- Initiates activities with clothes.
- Begins to plan activities (Ricci et al., 2017).

What did you observe?

- I observed the child playing with a stuffed animal.

Cognitive Development:

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

- Preoperational substage: Intuitive phase (Ricci et al., 2017).

What behaviors would you expect?

- Has a short attention span.
- Displays animism.
- Learns through observing and imitating (Ricci et al., 2017).

What did you observe?

- The child was able to determine that there was something wrong with her leg.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- The child should be able to do somersaults (Ricci et al., 2017). There were no concerns in development detected.

Any concerns regarding growth and development?

- The child was underweight at 35.2 lbs, and the normal weight is 41 lbs. Also, she was a little taller at 116 cm and the normal being 110. 13.8-16.8 is the normal BMI for a five-year-old. This child was calculated at 12, which is lower than the normal range (Livestrong, n.d.).

References

Livestrong. (n.d.). *What is a normal bmi for children*? https://www.livestrong.com/article/88045-normal-bmi-children/

Ricci, S. S., Carman, S., & Kyle, T. (2017). Maternity and pediatric nursing. Wolters Kluwer.

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

Nursing Diagnosis	**Rational**	**Intervention (2 per dx)**	**Evaluation**
● Include full nursing diagnosis with "related to" and "as evidenced by" components	● Explain why the nursing diagnosis was chosen		● How did the patient/family respond to the nurse's actions? ● Client response, status

			of goals and outcomes, modifications to plan.
1. Acute pain and fatigue related to tissue hypoxia due to agglutination of sickle cells with blood vessels as evidenced by sickle cell anemia.	The client was administered to the hospital with pain rated at a five on the FACES scale from 1 to 5.	**1.** Plan a schedule of pain medication around the clock. **2.** Carefully apply warmth to the affected area.	The patient states or demonstrates that pain has decreased within 1-1 1/2 hours of receiving pain medication. The patient will score the pain level at a 1 on the FACES scale from 1 to 5.
2. Risk for ineffective cerebral tissue perfusion related to anemia as evidenced by sickle cell anemia.	The patient had low hmg and hct.	**1.** Monitor pulse oximetry continuously. 2. Elevate the head of bed to a comfortable level for the child.	Within 2 hr following treatment, the child's oxygen saturation will be maintained greater than 95%. There is no evidence of long-term complications from hypoxia.
3. Risk for infection related to poor nutrition as evidenced by not being able to eat for 24 hrs.	Not being able to eat for 24 hrs.	**1**. Monitor the CBC for elevation in WBC. **2**.Monitor temperature.	The patient will be temperature free within 2 hours of administering medication. The patient will be infection free for the duration of the hospital stay.

4. Deficient knowledge related to unfamiliarity with the precautions and side effects of prescribed medications as evidenced by new pain medications prescribed.	The patient had several pain medications administered.	1.Teach parents about the prescribed medication. 2. Assess the child for LOC, pain relief obtained, respiratory and cardiac status.	Within 48 hr following teaching, the family verbalized accurate information about the prescribed medications. The parent will understand all the side effects.

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.

Swearingen, P. L. (2015). *All-In-One Care Planning Resource*. Mosby.

Concept Map (20 Points):

Subjective Data

The patient rated her pain at a 5 on the FACES scale from 1 to 5.
The patient stated that her right lower leg hurt.

Nursing Diagnosis/Outcomes

Acute Pain
Plan a schedule of pain medication around the clock.
Carefully apply warmth to the affected area.
Risk for ineffective cerebral tissue perfusion
Monitor pulse oximetry continuously.
Elevate the head of bed to a comfortable level for the child.
At risk for infection
Monitor the CBC for elevation in WBC.
Monitor temperature.
Deficient knowledge.
Teach parents about the prescribed medication.
Assess the child for LOC, pain relief obtained, respiratory and cardiac status.

Objective Data

Hmb was at 9.8 which is low.
Hct was at 29 which is low.
Creatinine was at 0.4 which was low.
Pulse 80
BP at 88/46
Respirations at 18
Temperature at 38.

Patient Information

The onset of the symptoms started when she "was watching TV a few days ago." The location wasn't specific, and the patient noted a general "my right leg hurts." The duration and character of the pain have been for the past couple days. Also, there were no aggravating and relieving factors. The timing and severity of the discomfort were rated a five on the FACES scale.

Nursing Interventions

Acute
The patient states pain intensity has decreased within 1-1 1/2 hours of receiving pain medication.
The patient will score the pain level at a 1 on the FACES scale from 1 to 5.
RIsk for ineffective cerebral tissue perfusion.
Within 2 hr following treatment, the child's oxygen saturation will be maintained greater than 95%.
There is no evidence of long-term complications from hypoxia.
At risk for infection
The patient will be temperature free within 2 hours of administering medication.
The patient will be infection free for the duration of the hospital stay.
Deficient knowledge
Within 48 hr following teaching, the family verbalized accurate information about the prescribed medications.
The parent will understand all the side effects.