

N433 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 06/26/2020	Patient Initials CS	Age (in years & months) 6 years and 1 months	Gender Male
Code Status Full Code	Weight (in kg) 21 kg	BMI 14.5	Allergies/Sensitivities (include reactions) Peanuts, perfumes and dyes

Medical History (5 Points)

Past Medical History: None

Illnesses: None

Hospitalizations: None

Past Surgical History: None

Immunizations: Up to date

Birth History: No complications

Complications (if any): None

Assistive Devices: None

Living Situation: Lives with uncle and aunt

Admission Assessment

Chief Complaint (2 points): Difficulty breathing

Other Coexisting Conditions (if any): Information unavailable due to limitations in the vSim.

Pertinent Events during this admission/hospitalization (1 points): Charlie was eating a cookie with peanuts. Charlie is allergic to peanuts.

History of present Illness (10 points):

Charlie is a 6-year-old white male who presented to the ED on 6/26 at 1500 with complaints of shortness of breath. He states, "I can't breathe." He is currently living with his aunt and uncle while his parents are serving in the military overseas. Charlie presented to the emergency department with dyspnea and tachycardia. He has mild stridor upon inspiration. Approximately thirty minutes ago, he was eating a cookie containing peanuts. Charlie has a peanut allergy. As soon as Charlie started having difficulty breathing, his aunt rushed him to the emergency department. He is currently on a nasal cannula at 2 liters. He can talk with his dyspnea. He is connected to the cardiac/apnea monitor.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anaphylaxis

Secondary Diagnosis (if applicable): Information unavailable due to limitations in the vSim.

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

Anaphylaxis occurs when an individual encounters an allergen. An allergen is a type of antigen that stimulates the body to activate the immune system and respond with the following signs and symptoms. Allergens, also known as irritants, usually trigger a harmless immune response. The main antibody responsible for allergic reactions, immunoglobulin E (IgE) causes a reaction in approximately 40% of the population (WHO, 2011). In these individuals, typically harmless irritants cause a dramatic response in the immune system. Those triggers, which are identified by doctors as “allergens” include substances such as certain foods, animal dander, mold, pollen, or irritants to the skin (Mayo Clinic, 2019). The body’s immune system releases histamine, leukotrienes, and other mediators that invoke smooth muscle contraction, i.e. bronchoconstriction as in the case of Charlie (Mayo Clinic, 2019). During anaphylaxis, the body undergoes constriction of its blood vessels. Constriction of blood vessels decreases the blood pressure. Bronchoconstriction makes it very difficult to breathe (Mayo Clinic, 2019). Causes of anaphylaxis include food allergens, medications, bee stings, and latex (Mayo Clinic, 2019). Food allergies are extremely common. Parents and their children need to be properly educated to determine if a substance causes an allergic reaction. In Charlie’s case, he is allergic to peanuts. Eating a cookie with peanuts in it, caused his allergic reaction of dyspnea and decreased oxygen.

When Charlie and his aunt arrived at the emergency department, he presented with dyspnea and tachycardia. Since Charlie consumed food with peanuts, the allergen initiated anaphylaxis, confirming his diagnosis. Charlie has had no prior hospitalizations or illnesses as confirmed by the aunt.

There are various effects that can occur due to anaphylaxis. Common signs and symptoms include skin reactions, i.e. rashes and hives, dizziness, dyspnea, wheezing, hypotension, weak and rapid pulse, vomiting, and diarrhea (Mayo Clinic, 2019). Upon assessing Charlie's vital signs, he had increased respiratory rate (thirty breaths per minute) along with increased heart rate (145 beats per minute). In addition, his oxygen saturation was low (86%). During the physical assessment, no hives or skin reactions occurred. Upon his respiratory assessment Charlie exhibited a prolonged expiratory phase with

audible wheezing. He had contractions with increased respiratory rate. Charlie's signs and symptoms indicated anaphylaxis.

Signs/Symptoms: The signs and symptoms indicating anaphylaxis include anxiousness, dyspnea, chest pain and tightness, cough, dizziness, loss of consciousness, heart palpitations, pain with inspiration (pleurisy), rapid, shallow breathing, and wheezing.

The expected findings of anaphylaxis include: Chest tightness, dizziness, chest pain, heart palpitations, wheezing, and fatigue are expected findings.

Diagnostic testing:

Blood tests: A doctor or nurse will use a needle to take blood from a vein in the arm and send it to a lab for testing. The results can tell them whether conditions such as anemia or heart failure are making short of breath.

Oxygen test. Also known as pulse oximetry, is the measure of the oxygen saturation in the blood.

Chest X-ray. It can show the doctor signs of conditions such as pneumonia or other heart and lung problems.

Electrocardiography (EKG): An EKG can show doctor if blood flow to the heart is impaired.

Lung function test: This measures how well lungs work. It can also show how your lungs can transport and use oxygen.

Labs or tests performed on the child: No diagnostic testing was completed during the vSim. Typically, providers may perform some combination of the diagnostic tests indicated above.

Treatment: The goal of anaphylaxis treatment focuses on vasodilation by administering epinephrine which is a neurotransmitter that increases blood flow to the muscles and cardiac output. Epinephrine also

relaxes pulmonary vessels and improves air exchange by stabilizing cellular permeability (Mayo Clinic, 2019). The nurse will obtain IV access to administer appropriate medications and fluids as needed.

The treatment used with this child: The patient is on continuous cardiac/apnea monitoring along with pulse oximetry. The nurse obtained IV access and administered the medications as ordered by the physician. Charlie's orders included giving one 20 mL/kg of normal saline (420 mL) IV now over 30 minutes, 0.3 mg of epinephrine, 25 mg of diphenhydramine, Ranitidine 20 mg IV, and 10 mg of methylprednisolone. Monitoring the patient's oxygen saturation is also necessary to determine if a nasal cannula or nonrebreather is needed.

Potential complications (2): Myocardial ischemia can result from hypoxia. Prolonged hypoxia also may cause brain injury. At times, a fall or other damage may occur when anaphylaxis leads to syncope. The signs and symptoms include shortness of breath, tachycardia, lightheadedness, sweating, indigestion, nausea, pain in the chest (Mayo Clinic, 2019).

Respiratory failure and result from severe bronchospasm, which could lead to brain injury if prolonged. The signs and symptoms include fatigue, anxiety, confusion, wheezing, difficulty breathing, bluish tint to the skin, lips, or fingernails (Mayo Clinic, 2019).

Clinical data correlates to this child: The child had dyspnea, and his face was getting cyanosis because oxygen was below the normal range, so oxygen was administered as ordered. Additionally, the child was tachycardic, that was another symptom of anaphylaxis. The child's head of the bed was elevated to assist in his breathing.

Pathophysiology References (2) (APA):

Mayo Clinic (2019, September 14). *Anaphylaxis*.

<https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468>.

World Health Organization. *White Book on Allergy 2011-2012 Executive Summary*. By Prof. Ruby

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Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	Information unavailable due to limitations in the vSim.
Diet/Nutrition:	Information unavailable due to limitations in the vSim.
Frequent Assessments:	Cardiac/apnea monitor, continuous pulse ox, monitor vital signs every 5 minutes
Labs/Diagnostic Tests:	N/a, no labs or tests were completed or ordered.
Treatments:	Place on nasal cannula 2 L O ₂ /min. May switch to non-rebreather, titrating O ₂ to maintain SpO ₂ >94% Give one 20 mL/kg of normal saline (420 mL)

	<p>IV now over 30 minutes</p> <p>Give 25 mg of diphenhydramine IV stat</p> <p>Ranitidine 20 mg IV stat</p> <p>10 mg of methylprednisolone IV</p>
Other:	Obtain IV access
New Order(s) for Clinical Day	
Order(s)	Comments/Results/Completion
(*The only orders are the orders listed above*)	(* The only orders are the orders listed above*)
Information unavailable due to limitation in the vSim	Information unavailable due to limitation in the vSim
Information unavailable due to limitation in the vSim	Information unavailable due to limitation in the vSim

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	4.40-5.80	n/a	n/a	
Hgb	12-17.5	n/a	n/a	
Hct	37.0-51.0%	n/a	n/a	
Platelets	140-440	n/a	n/a	
WBC	4.00-12.00	n/a	n/a	
Neutrophils	40-68	n/a	n/a	
Lymphocytes	18-49	n/a	n/a	
Monocytes	3.0-13.0	n/a	n/a	

Eosinophils	0.0-8.0	n/a	n/a	
Basophils	<1	n/a	n/a	
Bands	<1	n/a	n/a	

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	145	n/a	
K+	3.6 - 4.6	4.7	n/a	
Cl-	101-111	110	n/a	
Glucose	65-100	65	n/a	

BUN	8-25	20	n/a	
Creatinine	0.6-1.3	0.9	n/a	
Albumin	3.5-5.7	n/a	n/a	
Total Protein	6.0-8.3	n/a	n/a	
Calcium	8.6-10	n/a	n/a	
Bilirubin	0.2-0.8	n/a	n/a	
Alk Phos	34-104	n/a	n/a	
AST	10-30	n/a	n/a	
ALT	10-40	n/a	n/a	
Amylase	23-85	n/a	n/a	
Lipase	0-160	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	0-10	n/a	n/a	
CRP	<3.0	n/a	n/a	
Hgb A1c	4-5.6	n/a	n/a	
TSH	0.4-4.0	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	Yellow Clear	n/a	n/a	
pH	5.0-8.0	n/a	n/a	
Specific Gravity	1.005- 1.034	n/a	n/a	
Glucose	Negative	n/a	n/a	

Protein	Negative	n/a	n/a	
Ketones	Negative	n/a	n/a	
WBC	Negative N	n/a	n/a	
RBC	Negative	n/a	n/a	
Leukoesterase	Negative	n/a	n/a	

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	
Blood Culture	Negative	n/a	n/a	
Sputum Culture	Negative	n/a	n/a	
Stool Culture	Negative	n/a	n/a	

Respiratory ID Panel	Negative	n/a	n/a	
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Lab Correlations Reference (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's diagnostic and laboratory test reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Information unavailable due to limitation in the vSim

Diagnostic Test Correlation (5 points): Information unavailable due to limitation in the vSim

Diagnostic Test Reference (APA): Information unavailable due to limitation in the vSim

Current Medications (8 points)

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

Brand/Generic	Epinephrine (Adrenaline)	Diphenhydramine (Benadryl)	Ranitidine (Zantac)	Methylprednisolone (Medrol)	Normal saline bolus/sodium chloride injection
Dose	0.3 mg	25 mg	20 mg	10 mg	420 mL

Frequency	Stat	Stat	Stat	Once	Infuse over 30 minutes
Route	IV	IV	IV	IV	IV
Classification	Anti-anaphylactic	Anti-Phylactic	Antiulcer agent	Anti-inflammatory	Fluid and electrolyte replenishment-isotonic
Mechanism of Action	Acts on alpha and beta receptors. Alpha receptors constrict arteries, inhibits release of norepinephrine. Beta receptors induce inotropic responses, and dilates arteries.	Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action.	Inhibits basal and nocturnal secretion of gastric acid and pepsin by competitively inhibiting the action of histamine at H2 receptors on gastric parietal cells.	Binds to intracellular glucocorticoid receptors and suppress inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils	Used to provide hydration and help electrolyte disturbances

				at inflammation sites.	
Reason Client Taking	To treat Anaphylaxis	To treat hypersensitivity reactions	Heartburn Indigestion (Anaphylaxis)	Immune and inflammatory disorders (Anaphylaxis)	To maintain electrolyte balance
Concentration Available	0.3 mg	25 mg	20 mg	10 mg	500 mL
Safe Dose Range Calculation	0.3 mg	25 mg	20 mg	10 mg	0.9% and 0.45%
Maximum 24-hour Dose	0.3 mg	25 mg	20 mg	10 mg	420 mL over 30 minutes
Contraindications (2)	Cerebral arteriosclerosis Coronary insufficiency Dilated cardiomyopathy	Bladder neck obstructions Narrow-angle glaucoma	Acute porphyria Hypersensitivity to ranitidine or its component	Fungal infection Idiopathic thrombocytopenic purpura	None

Side Effects/Adverse Reactions (2)	Anxiety Arrhythmias	Blurred vision Nausea	Vasculitis Myalgia	Ataxia Exophthalmos	None known
Nursing Considerations (3)	<p>Use epinephrine with extreme caution in patients with angina, arrhythmias, asthma or emphysema.</p> <p>Be aware some preparations contain sulfites, which may cause allergic type reactions.</p> <p>Shake suspension thoroughly before withdrawing dose; refrigerate in between uses.</p>	<p>Expect to give parenteral form only when oral ingestion isn't possible</p> <p>Expect to discontinue the drug at least 72 hours before skin tests for allergies.</p> <p>Keep the elixir container tightly closed. Protect elixir and parenteral forms from light.</p>	<p>Don't add additives to the premixed solution.</p> <p>Stop primary IV solution during piggyback administration.</p> <p>Be aware that ranitidine must be diluted for IV use if not using premixed solution.</p>	<p>Assess for possible depression or psychotic episodes during therapy.</p> <p>Protect patient from falling risk for fractures</p> <p>Closely monitor patient for signs of infection because drug may mask them or may worsen systemic fungal infections or active latent disease.</p>	<p>Monitor changes in: -fluid balance, -electrolyte concentrations, and</p> <p>--acid balance during prolonged parenteral therapy</p>
Client Teaching needs	Advise	Caution	Tell the	Inform	Side

(2)	<p>patient to notify prescriber if symptoms don't improve or if they improve but then worsen.</p> <p>Warn patient not to exceed recommended dosage or to shorten interval because of the risk of adverse reactions and tolerance.</p>	<p>patient to avoid hazardous activities until drug's CNS effects are known</p> <p>Instruct patient to use sunscreen to prevent photosensitivity reactions.</p>	<p>patient to stop taking ranitidine and contact prescriber if she passes black or bloody stools, has trouble swallowing or vomits blood.</p> <p>Inform patient that healing of an ulcer may require 4 to 8 weeks of therapy.</p>	<p>patient that insomnia and restlessness usually resolve after 1 to 3 weeks</p> <p>Caution patient to avoid people with contagious diseases</p>	<p>effects include injection site swelling,</p> <p>Contact your doctor if you experience serious side effects such as fast heartbeat, fever, or rash</p>
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Medication Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook* (18th ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point):	
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<p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p>	<p>Alert and oriented to time, place, and person</p> <p>A & O x3</p> <p>Pt is in distress</p> <p>Pt appears uncomfortable and having difficulty breathing</p>
<p>INTEGUMENTARY (2 points):</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score:</p> <p>Drains present: Y<input type="checkbox"/> N<input checked="" type="checkbox"/></p> <p>Type:</p>	<p>Pale to normal looking</p> <p>Dry</p> <p>Warm to touch</p> <p>Normal elasticity of skin</p> <p>None</p> <p>None</p> <p>None</p> <p>23</p> <p>None</p> <p>N/a</p>
<p>HEENT (1 point):</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>Head and neck symmetrical, normal cephalic</p> <p>Patient's ears are free of discharge, negative hearing loss.</p> <p>Eyes symmetrical EOM</p> <p>Nose symmetry, no deviation, no bleeding, or polyps</p>

<p>Thyroid:</p>	<p>Teeth well-groomed in good condition</p> <p>Thyroid aligned</p>
<p>CARDIOVASCULAR (2 points):</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	<p>.</p> <p>Heart sounds normal S1 and S2, no murmurs, gallops, or rubs detected in S3 and S4.</p> <p>Peripheral pulses 2+ symmetric.</p> <p>Capillary refill is more than 8 seconds.</p> <p>No neck vein distention</p> <p>No edema</p>
<p>RESPIRATORY (2 points):</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>The chest is moving equally</p> <p>Breath sounds are clear and equal bilaterally</p>

<p>GASTROINTESTINAL (2 points):</p> <p>Diet at home:</p> <p>Current diet:</p> <p>Height (in cm):</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p style="padding-left: 40px;">Distention:</p> <p style="padding-left: 40px;">Incisions:</p> <p style="padding-left: 40px;">Scars:</p> <p style="padding-left: 40px;">Drains:</p> <p style="padding-left: 40px;">Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Type:</p>	<p>.</p> <p>Normal diet</p> <p>Normal diet as tolerated</p> <p>120 cm</p> <p>Hyperactive bowel sounds heard in all four quadrants</p> <p>(Information on BM not available)</p> <p>Pt states "I can't breathe. Please help."</p> <p>No CVA tenderness</p> <p>No abnormalities found upon inspection for distention, incision, or drains.</p>
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<p>GENITOURINARY (2 Points):</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Type:</p> <p style="padding-left: 40px;">Size:</p>	<p>n/a</p> <p>n/a</p> <p>No pain with urination</p> <p>No dialysis</p> <p>No Catheter</p>
<p>MUSCULOSKELETAL (2 points):</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>.</p> <p>Pt alert and responsive</p> <p>Normal ROM</p> <p>None</p> <p>Strength in upper and lower extremities bilaterally</p> <p>None</p> <p>Pt is active and mobile</p> <p>Yes</p> <p>No</p> <p>No</p>

<p>NEUROLOGICAL (2 points):</p> <p>MAEW: <input checked="" type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: <input checked="" type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>.</p> <p>Yes</p> <p>Yes</p> <p>Cognitive of space, time, and location,</p> <p>Articulative speech</p> <p>Mature and cognitive</p> <p>Alert</p> <p>No gross focal neurological deficits</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points):</p> <p>Coping method(s) of caregiver(s):</p> <p>Social needs (transportation, food, medication assistance, home equipment/care):</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>.</p> <p>Information unavailable due to limitation in the vSim</p> <p>None</p> <p>Aunt and uncle are caring for Charlie while his parents are serving in the military overseas. .</p>

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1520	145	122/78	30	99 F	88% before O2 intervention, 100% after

Normal Vital Sign Ranges (2.5 points)

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

Pulse Rate	80-120
Blood Pressure	89-112/46-72
Respiratory Rate	20-28
Temperature	98.6 F
Oxygen Saturation	92-100 %

Normal Vital Sign Range Reference (APA):

Nall, R. (2017, March 20). *A mom's guide to pediatric vital signs*.

<https://www.healthline.com/health/pediatric-vital-signs>

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1050	Faces scale 0-5	n/a	0	n/a	n/a
Evaluation of pain status <i>after</i> intervention	Faces scale 0-5	n/a	0	n/a	n/a

Precipitating factors: coughing and audible wheezing
Physiological/behavioral signs: Patient wincing and face grimace

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
IV normal saline 420 mL	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. Moving in strong, coordinated manner
2. Using complex sentences
3. Focusing attention for longer periods of time

Age Appropriate Diversional Activities

1. Playing video games
2. Watching tv
3. Drawing and coloring

Psychosocial Development:

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

What behaviors would you expect? -- Children learn the pleasure of applying themselves to tasks, or they feel inferior.

What did you observe? -- Patient's aunt was there with the patient and she was taking care.

Cognitive Development:

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

What behaviors would you expect? -- Symbolic thinking, use of proper syntax and grammar to express concepts. Imagination and intuition are strong, but complex abstract thoughts are still difficult. Conservation is developed.

What did you observe? -- I observed Charlie stating, “something is really wrong. I can’t breathe. I feel like my throat is swelling! Please help.” He was able to answer simple questions. His aunt answered most questions about what happened.

Vocalization/Vocabulary: -- Patient was able to vocalize that he had pain and where the pain was. He could answer simple questions. His vocabulary was normal for his age.

Development expected for child’s age and any concerns? – Yes, child’s development is appropriate for age. No concerns noted.

Any concerns regarding growth and development? – No concerns regarding growth and development. Charlie’s development is appropriate for his age.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> · Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> · Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> · How did the patient/family respond to the nurse’s actions? · Client response, status of goals and outcomes, modifications to plan.
<p>1. Deficient knowledge related to anaphylaxis as identified by inability of patient to identify the allergen in his food</p>	<p>Charlie consumed a cookie made with peanuts when he is allergic to peanuts. Charlie and his caregivers should be educated on how reading food labels and how to properly identify foods that contain an allergen.</p>	<p>Provide Charlie and his family with a handout on foods the client should avoid.</p> <p>Inform the client of how to properly care for the client if they are having an allergic reaction – use epi pen and call 911.</p>	<p>Pt responded well. Her pain level was decreased from level 9 to 0.</p> <p>Mother seemed to appear more content after the daughter is feeling well.</p> <p>Goal met, no modifications to plan.</p>
<p>2. Ineffective breathing pattern related to anaphylaxis as evidenced by tachycardia</p>	<p>Tachycardia and dyspnea are manifestations of anaphylaxis and relate to the ineffective breathing pattern of the patient.</p>	<p>1. Access vital signs every 15 minutes</p> <p>2. Administer Epinephrine as prescribed to reverse anaphylaxis.</p>	<p>The vital signs begins to stabilize after administering medication patient’s heart rate went down</p> <p>Goal met, no modifications to plan.</p> <p>Goal met, no</p>

			modifications to plan.
3. Impaired gas exchange related to anaphylaxis as evidenced by Dyspnea	Patient was having difficulty in breathing (shortness of breath)	1. Apply oxygen and monitor oxygen saturation continuously, using pulse oximeter 2. Position the patient with the head of the bed elevated, in a semi-fowler's position	After repositioning, the client started to feel better and he started breathing much better. Goal met, no modifications to plan.
4. Decreased cardiac output related to vasoconstriction during anaphylaxis as evidenced by tachycardia and cyanosis.	Child's heart rate was increasing and his skin was blue	1. Observation of skin color and oxygen saturation. 2. For bronchodilation administration epinephrine	Patient's skin started turning pink and heart rate went down after administering medication. Goal met, no modifications to plan.

Other References (APA):

Swearingen, P. (2016). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health* (4th ed.). Elsevier

Concept Map (20 Points):

Subjective Data

Patient admitted with SOB and tachycardia and he states, "I can't breathe." Patient states no pain on 0 to 10 Pain scale.

Nursing Diagnosis/Outcomes

1. Deficient knowledge related to anaphylaxis as identified by inability of patient to identify the allergen in his food
Outcome: Patient and his aunt understood the teaching and were able to use the teach back method well.
2. Ineffective breathing pattern related to anaphylaxis as evidenced by tachycardia
Outcome: The vital signs begin to stabilize after administering medication patient's heart rate went down
3. Impaired gas exchange related to anaphylaxis as evidenced by Dyspnea
Outcome: After repositioning, the client started to feel better and he started breathing much better.
4. Decreased cardiac output related to vasoconstriction during anaphylaxis as evidenced by tachycardia and cyanosis.
Outcome: Patient's skin started turning normal color and heart rate went down after administering medication.

Objective Data

Patient admitted to ED with Tachycardia, Pulse was 145/min with SOB. His oxygen was 88% before O2 intervention, 100% after. Blood pressure was 122/78, respiration was 30. Temperature was 99 degree F.

Patient Information

Charlie is a 6-year-old white male who presented to the ED on 6/26 at 1500 with complaints of shortness of breath. He states, "I can't breathe." He is currently living with his aunt and uncle while his parents are serving in the military overseas. Charlie presented to the emergency department with dyspnea and tachycardia. He has mild stridor upon inspiration. About thirty minutes ago, he was eating a cookie containing peanuts. Charlie has a peanut allergy. As soon as Charlie started having difficulty breathing, his aunt rushed him to the emergency department. He is currently on a nasal cannula at 2 liters. He can talk with his

Nursing Interventions

1. Provide Charlie and his family with a handout on foods the client should avoid.
 2. Inform the client of how to properly care for the client if they are having an allergic reaction – use epi pen and call 911.
1. Access vital signs every 15 minutes
 2. Administer Epinephrine as prescribed to reverse anaphylaxis
- 1 Apply oxygen and monitor oxygen saturation continuously, using pulse oximeter
 2. Position the patient with the head of the bed elevated, in a semi-fowler's position
1. Observation of skin color and oxygen saturation.
 2. For bronchodilation administration epinephrine

