N433 Care Plan # 2

Lakeview College of Nursing

Andre Cook

Demographics (3 points)

Date of Admission	Patient Initials	Age (in years & months)	Gender
7/11/2020	CS	6	Male
Code Status	**Weight (in kg)**	**BMI**	**Allergies/Sensitivities (include reactions)**
Full	**21**	**16**	**Peanuts, perfumes, and dyes.**

Medical History (5 Points)

Past Medical History:

Illnesses: NA

Hospitalizations:NA

Past Surgical History:

- No known surgical history.

Immunizations:

The client's family stated that he was on schedule with his immunizations. immunizations.

- Pneumococcal
- Diphtheria, tetanus and pertussis
- Varicella
- Haemophilus influenzae type B
- Polio
- Rotavirus MMR
- Hepatitis A and B
- Varicella
- Polio

- Influenza
- Rotavirus (Ricci et al., 2017).

Birth History: NA

Complications (if any): NA

Assistive Devices: NA

Living Situation:

- The client lives with aunt and uncle while parents are overseas in the military.

Admission Assessment

Chief Complaint (2 points):

- "difficulty breathing"

Other Co-Existing Conditions (if any): NA

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

History of present Illness (10 points):.

The onset of the symptoms started when he "accidentally ate a cookie with peanuts." The location was in the chest, and the patient noted a general "difficulty breathing." The duration and characteristic were wheezing and stridor. Also, there were no known aggravating and relieving factors. The timing and severity of the discomfort were rated a zero on the FACES scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anaphylaxis

Secondary Diagnosis (if applicable):NA

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

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This client was a 6-year-old Caucasian male. The patient was brought to the ER dyspnea tachycardia, with mild stridor. It was reported that the patient ate a cookie containing peanuts. Furthermore, the patient was having trouble breathing. Also, the patient has been put on a nasal cannula at 2L.

An anaphylactic reaction can be deadly if not treated. "Anaphylaxis is an acute IgE-mediated response to an allergen that involves many organ systems, and maybe life-threatening. Immunoglobulin E develops memory for a specific antigen, which makes it ready to attack when re-exposure occurs" (Capriotti & Frizzel, 2016, p. 1114). The pathophysiology Anaphylaxis is an allergen that involves may organ systems and may be life-threatening. "Histamines and secondary mediators are released from the mast cells and eosinophils in response to contact with an allergen" (Ricci et al., 2017, p. 1869).

There is a variety of manifestations regarding anaphylactic reactions. "These symptoms progress rapidly to bronchospasm, laryngeal edema, severe dyspnea, cyanosis, and hypotension" (Hinkle & Cheever, 2018, p. 1065). There can be other expected findings that occur with this complication. "Dysphagia, abdominal cramping, vomiting, diarrhea, and seizures can also occur" (Hinkle & Cheever, 2018, p. 1065). There are also expected findings of vital signs and laboratory values. "A weak and rapid pulse, low blood pressure, and dizziness and fainting" (Mayo Clinic, 2019, para. 5).

There were no particular labs performed on this client. The treatment used was nasal cannula 2L of oxygen, normal saline, epinephrine, diphenhydramine, ranitidine, and methylprednisolone. Anaphylactic shock is a complication, and the manifestation arrhythmias, a heartbeat that is either too fast or too slow (Healthline, 2019, para. 5). Anaphylactic shock is dangerous and can lead to death (Healthline, 2019). Asystole is the sign of death.

The nursing interventions associated with preventing these complications would be the administration of the treatment immediately. To illustrate, placing the patient in high fowlers and administering epinephrine.

Pathophysiology References (2) (APA):

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

Healthline. (2019). *Anaphylactic Shock: What You Need to Know*. https://www.healthline.com/health/anaphylactic-shock

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. (2019, September, 14). *Anaphylaxis*. https://www.mayoclinic.org/diseases-conditions/anaphylaxis/symptoms-causes/syc-20351468

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	The client was given a stuffed animal and the snuggled toy helped make him calm. Also, the client was offered his favorite beverage.
Diet/Nutrition:	Normal diet
Frequent Assessments:	Vital signs were order every five minutes.
Labs/Diagnostic Tests:	NA
Treatments:	Nasal Cannula 2L Normal Saline Epinephrine Diphenhydramine

	Ranitidine methylprednisolone
Other:	
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**

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**	**NA**		
Hgb	**13.5-17.7**	**NA**		
Hct	**40-45%**	**NA**		
Platelets	**150-400**	**NA**		
WBC	**4-11**	**NA**		
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**	**NA**		
K+	**3.6-4.6 mEq**	**NA**		
Cl-	**101-111 mEq**	**NA**		
Glucose	**Less than 0.5 g/day(ATI)**	**NA**		
BUN	**6-23 mg/dL**	**NA**		
Creatinine	**0.6-1.5 mg/ dL**	**NA**		
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**	**NA**		
CRP	**lower than 1.0 mg/L**	**NA**		
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**	**NA**		
TSH	**0.4-5.5**	**NA**		

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/

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

There were no diagnostic tests.

Diagnostic Test Correlation (5 points):

There were no diagnostic tests that correlate.

Diagnostic Test Reference (APA):

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

Brand/ Generic	**Benadryl/ diphenhydramine hydrochloride**	**EpiPen/ epinephrine**	**Solu-Medrol/ methylprednisolone**	**Zantac/ Ranitidine hydrochloride**	**Normal Saline/ Sodium Chloride (Normal Saline (Sodium Chloride Injection) : Uses, Dosage, Side Effects, Interactions, Warning,**

					2010)
Dose	**25 mg**	**0.3 mg**	**10 mg**	**20 mg**	**25/kg mL 525 mL**
Frequency	**QD**	**QD**	**QD**	**QD**	**Hour**
Route	**IV**	**IV**	**IV**	**IV**	**IV**
Classification	**Antianphylactic adjunct**	**Antianaphylactic bronchodilator.**	**Synthetic glucocorticoid**	**Aminoalkyl-substituted furan derivative.**	**Nonpyrogenic solution for fluid and electrolyte replenishment.**
Mechanism of Action	**Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action. By blocking histamine, diphenhydramine produces antihistamine effects, inhibiting Gi, respiratory, and vascular, smooth-muscle contraction; decreasing capillary permeability, which reduces flares, itching, and wheals; and decreasing lacrimial and salivary gland secretions**	**Acts on alpha and beta receptors. This nonselective adrenergic agonist stimulates**	**Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune response by inhibiting accumulation of neutrophils and monocytes at inflammation sites, stabilizing lysosomal membranes, suppressing the antigen response of macrophages and hyper T-cells, and inhibiting the synthesis of inflammatory response mediators, such as cytokines, interleukins, and prostaglandins.**	**Inhibits basal and nocturnal secretion of the gastric acid and pepsin by competitively inhibiting the action of histamine at H2 receptors on gastric parietal cells. This action reduces total volume of gastric juices and, thus, irritation of GI mucosa.**	**Is a sterile, nonpyrogenic solution for fluid and electrolyte replenishment in single dose containers for intravenous administration. It contains no antimicrobial agents. The nominal pH is 5.5 (4.5 to 7.0). Composition, osmolarity, and ionic concentration are shown below:**
Reason	**To treat the**	**To treat**	**To treat the**	**To prevent**	**Electrolyt**

Client Taking	**anaphylaxis reaction.**	**anaphylaxis**	**inflammatory response from the allergic reaction.**	**acid indigestion and heartburn**	**e replenishment.**
Concentration Available	**1 to 1.5 mg/kg**	**100 to 500 mcg of 1:1000 solution r**	**0.14 to 0.84 mg/kg every 12 to 24 hr**	**2 to 4 mg/kg daily**	**NA**
Safe Dose Range Calculation	**21 to 31.5 mg per dose**	**2100 to 10,500 mcg per day**	**2.9 to 17.6 mg per dose**	**42 mg to 84 mg per day**	**NA**
Maximum 24-hour Dose	**300 mg per day**	**900 mcg/dose**	**370.4 mcg per day**	**84 per day**	**NA**
Contraindications (2)	**1.bladder neck obstruction 2. hypersensitivity of diphenhydramine**	**1.Cerebral arteriosclerosis 2.Diated cardiomyopathy.**	**1.Fungal infection 2.Idiopathic thrombocytopenic purpura.**	**1. acute porphyria 2.Hypersensitivity to ranitidine's**	**1.Diuresis 2.Corticosteroids**
Side Effects/Adverse Reactions (2)	**1.Confusion 2.Blurred vision**	**1.Anxiety 2. Arrhythmias**	**1.Ataxia 2.Arrhythmias.**	**1.Dizziness 2.Bronchospasm.**	**1.Fibrile 2.Hypervolimia**
Nursing Considerations (3)	**1.Expect to give parenteral form of diphenhydramine only when oral ingestion isn't possible. 2.Keep elixir container tightly closed 3.Expect to discontinue drug at least 72 hours before skin tests for allergies because drug may inhibit cutaneous**	**1.Inspect epinephrine solution or suspension before use. 2.Use drug cautiously I elderly patients and those with cardiovascular disease. 3.Give last dose a few hours before bedtime to minimize insomnia.**	**1.Administer methylprednisolone with extreme caution in patients with recent myocardial infarction because corticosteroid use may increase risk of lest ventricular free wall rupture. 2.Arrange from a low-sodium diet with added potassium, as**	**1.Don't add additives to premixed solution 2.Stop primary IV solution infusing during piggyback administration. 3. Be aware that ranitidine must be**	**1.Assess fluid balance. 2.Assess symptoms of hyponatremia.**

	histamine response, thus producing false negative results.		**prescribed. 3.Assess for possible depression of psychotic episodes during therapy.**	**diluted for IV use if not using premixed solution.**	
Client Teaching needs (2)	**1.Instruct patient to take diphenhydramine at least 30 minutes before exposure to situation that may cause motion sickness. 2.Advise her to take drug with food to minimize GI distress.**	**1.Warn patient not to exceed recommended dosage or to shorten interval because of the risk of adverse reactions and tolerance. 2.Teach patient how or family how to administer epinephrine subcutaneously in an emergency. Tell them to inject drug into anterolateral aspect of the thigh, through the clothing if necessary.**	**1. Caution patient to avoid people with contagious diseases. 2.Explain the need for regular exercise or physical therapy to maintain muscle mass.**	**1. Tell patient that they may take drug with food. 2.If needed, advise patient to take antacids 2 hours before or after ranitidine's**	**1.Explain to the client why they are taking the intravenous solution. 2. Explain the signs & symptoms of hypervolemia.**

Medication Reference (APA):

Normal Saline (Sodium Chloride Injection): Uses, Dosage, Side Effects, Interactions, Warning. (2010, December 2). https://www.rxlist.com/normal-saline-drug.htm#description

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

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 4 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 ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **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:**	**Urine color is unknown. No pain when urinating. No Dialysis. No catheter was implemented.**

Pain with urination: Y ☐ N ☐ **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **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** ☐	**His hand grip was normal bilateral. Foot flex was normal bilateral. He 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 4 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):**	**The patient coping methods were healthy. He used the stuffed animal. The family was very supportive.**

Personal/Family Data (Think about home environment, family structure, and available family support):	

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:05	**145**	**109/72**	**30**	**38**	**87**

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
Evaluation of pain status *after* intervention	**0 on a 1-5 FACES Scale**	**NA**	**NA**	**NA**	**NA**
Precipitating factors: **Physiological/behavioral signs:**					

Intake and Output (1 points)

Intake (in mL)	Output (in mL)
262.5 mL	**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. Two-wheel bike
2. Jump rope
3. Dance (Ricci et al., 2017).

Age Appropriate Diversional Activities

1. Computer programs
2. Musical toys
3. Electronic games **(**Assessment Technologies Institute, 2017)

Psychosocial Development:

Which of Erikson's stages does this child fit?

- Industry vs. inferiority

What behaviors would you expect?

- Interested in how things are made and run
- Success in personal and social tasks
- Increased interest in knowledge (Ricci et al., 2017).

What did you observe?

- The child hugged a stuffed animal.

Cognitive Development:

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

- Concrete operational

What behaviors would you expect?

- Learns by manipulating concrete objects
- Understands concepts of time
- Starts collections of items (Ricci et al., 2017).

What did you observe?

- The child was able to explain how he was feeling.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

- There were no development concerns.

Any concerns regarding growth and development?

- There were no known development concerns.

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. Ineffective airway clearance related to inflammation in the airway as evidenced by anaphylactic reaction.	There was difficulty breathing.	1.Position in high fowlers. 2.Encourage deep breathing and effective cough and expectoration q2h while awake.	Within 3 hours after interventions adventitious breath sounds and cough will be decreased. Within 48 hours breathing will be back to normal.
2. Risk for ineffective cerebral tissue perfusion related to cyanosis as evidenced by anaphylactic reaction.	The patient was cyanotic.	**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. Activity intolerance related to joint pain related to dyspnea as evidenced by inability to	There was difficulty breathing.	1.Cluster care to decrease disturbances and allow for longer uninterrupted rest periods.	The patient will demonstrate easy work of breathing Participated in daily routine and play

maintain usual routine.		2.Pace activities and encourage regular rest periods to conserve energy	
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):

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

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

Concept Map (20 Points):

Concept Map (20 Points):

Subjective Data

The patient reported difficulty breathing.

Objective Data

Cyanotic
Respirations of 30
Temperature of 38
Pulse 148
HR 109/72

Patient Information

The onset of the symptoms started when he "accidentally ate a cookie with peanuts." The location was in the chest, and the patient noted a general "difficulty breathing." The duration and characteristic were wheezing and stridor. Also, there were no known aggravating and relieving factors. The timing and severity of the discomfort were rated a zero on the FACES

Nursing Diagnosis/Outcomes

1. Ineffective airway clearance related to inflammation in the airway as evidenced by anaphylactic reaction.
Within 3 hours after interventions adventitious breath sounds and cough will be decreased.

Within 48 hours breathing will be back to normal.

2. Risk for ineffective cerebral tissue perfusion related to cyanosis as evidenced by anaphylactic reaction. Monitor pulse oximetry continuously./ Pace activities and encourage regular rest periods to conserve energy
Within 2 hr following treatment, the child's oxygen saturation will be maintained greater than 95%.

3. Activity intolerance related to joint pain related to dyspnea as evidenced by inability to maintain usual routine.
The patient will demonstrate easy work of breathing
Participated in daily routine and play

4. Deficient knowledge related to unfamiliarity with the precautions and side effects of prescribed medications as evidenced by new pain medications prescribed.

Within 48 hr following teaching, the family verbalized accurate information about the prescribed medications.

The parent will understand all the side effects.

Nursing Interventions

1. Ineffective airway clearance related to inflammation in the airway as evidenced by anaphylactic reaction.
.Position in high fowlers. / Elevate the head of bed to a comfortable level for the child.

2. Risk for ineffective cerebral tissue perfusion related to cyanosis as evidenced by anaphylactic reaction. Monitor pulse oximetry continuously./ Pace activities and encourage regular rest periods to conserve energy

. Activity intolerance related to joint pain related to dyspnea as evidenced by inability to maintain usual routine.

Cluster care to decrease disturbances and allow for longer uninterrupted rest periods. / Pace activities and encourage regular rest periods to conserve energy

4. Deficient knowledge related to unfamiliarity with the precautions and side effects of prescribed medications as evidenced by new pain medications prescribed.

Teach parents about the prescribed medication. /. Assess the child for LOC, pain relief obtained, respiratory and cardiac status.