N433 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 7/11/2020	**Patient Initials** C.S.	**Age (in years & months)** 6 years & 2 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: Information unavailable due to limitations in the vSim.

Illnesses: The patient has no illness history.

Hospitalizations: The patient does not have hospitalization history.

Past Surgical History: The patient does not have any previous surgical history.

Immunizations: The patient's vaccinations are up to date.

Birth History: Information unavailable due to limitations in the vSim.

Complications (if any): The patient did not have any problems.

Assistive Devices: The patient does not need assistive devices.

Living Situation: The patient is currently staying with his aunt and uncle while his parents are overseas serving in the military.

Admission Assessment

Chief Complaint (2 points): Throat is swelling and cannot breathe.

Other Co-Existing Conditions (if any): N/A

Pertinent Events during this admission/hospitalization (1 point): Charlie accidentally ate a cookie containing peanuts, and he has peanut allergies. Charlie started to have difficulty breathing.

History of present Illness (10 points):

Charlie is a 6-year-old male presented to the emergency department on 7/11/2020. His aunt and uncle complained that Charlie accidentally ate a cookie containing peanuts, and he is allergic to peanuts. Charlie has tachycardia and dyspnea with mild stridor and does not have any pain. He states, “I feel like my throat is swelling. I can’t breathe.” Charlie is currently on a nasal cannula at 2 liters and has a saline lock on his left arm. He is also connected to a cardiac/apnea monitor with a SpO2 probe in place.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anaphylaxis

Secondary Diagnosis (if applicable): N/A

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

Anaphylaxis

Anaphylaxis is an amplified allergic reaction that is a medical emergency. It takes place within seconds or minutes of exposure to something one is allergic to, such as peanuts. Anaphylaxis affects the immune system that can trigger one to go into shock that blocks the airway (Mayo Clinic, 2019).

Signs and symptoms include itchy hives, low blood pressure, stridor, coughing, wheezing, and difficulty breathing, weak rapid pulse, and dizziness or fainting (Capriotti & Frizzell, 2016). C.S. presents in the emergency department with tachycardia, dyspnea, with mild stridor. He also coughs and has wheezing due to breathing difficulty.

Expected findings include urticaria, edema of the tongue, bronchospasm, facial edema, and hypotension (Captiotti & Frizzell, 2016). C.S. has bronchospasms that cause him to have breathing difficulties that cause wheezing. C.S. does not have hypotension, signs of itchiness, or edema.

Diagnostic testing includes elevated IgE level, eosinophils in the nasal and bronchial secretion, and severe hypotension. There are no orders for diagnostic testing for C.S.

Testing includes 5-minute monitoring of his vital signs. His pulse is 144; B.P. is 140/70; respiration is 31, and oxygen at 85%.

Treatment includes epinephrine, oxygen, IV antihistamines and corticosteroids, and a beta-agonist that C.S. received (Capriotti & Frizzell, 2016). He is also on normal saline.

Two potential complications associated with anaphylaxis are kidney failure and arrhythmias (Gotter, 2019). Anaphylaxis can slow the blood flow to the kidneys and cause kidney injury (Mayo Clinic, 2018). Anaphylaxis can also cause the heartbeat to increase or decrease (Gotter, 2019). Being careful and aware of what you eat can reduce the chances of potential complications associated with anaphylaxis.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspective* (1st ed.). F. A. Davis Company.

Gotter, A. (2019). *Anaphylactic shock: what you need to know*. https://www.healthline.com/health/anaphylactic-shock

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

Mayo Clinic. (2018). *Acute kidney failure*.

https://www.mayoclinic.org/diseases-conditions/kidney-failure/symptoms-causes/syc-20369048

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 monitoring Continuous pulse ox.
Labs/Diagnostic Tests:	Information unavailable due to limitations in the vSim.
Treatments:	Information unavailable due to limitations in the vSim.
Other:	Obtain IV access Place on nasal cannula 2L O2/min. May switch to nonrebreather, titrating O2 to maintain SpO2 >94%.
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Monitor vitals every 5 minutes	Completed
Give one 20 mL/kg of NS (420 mL) IV now over 30 minutes	Completed
Give 0.3 mg epinephrine (1:10,000) IV stat	Completed
Give 25 mg of diphenhydramine IV stat	Completed
Ranitidine 20 mg IV stat	Completed
Give 10 mg methylprednisolone IV	Completed

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	$4.2\text{-}5.4*10^9$	Lab not ordered.	Lab not ordered.	
Hgb	13.5-17.5 g/dL	Lab not ordered.	Lab not ordered.	
Hct	40-50%	Lab not ordered.	Lab not ordered.	
Platelets	$150\text{-}400*10^9$	Lab not ordered.	Lab not ordered.	
WBC	$4\text{-}11*10^9$	Lab not ordered.	Lab not ordered.	
Neutrophils	40-60%	Lab not ordered.	Lab not ordered.	
Lymphocytes	20-40%	Lab not ordered.	Lab not ordered.	
Monocytes	2-8%	Lab not ordered.	Lab not ordered.	
Eosinophils	1-4%	Lab not ordered.	Lab not ordered.	
Basophils	0.5-1%	Lab not ordered.	Lab not ordered.	
Bands	0-3%	Lab not ordered.	Lab not ordered.	

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/L	Lab not ordered.	Lab not ordered.	
K+	3.6-4.6 mEq/L	Lab not ordered.	Lab not ordered.	
Cl-	101-111 mEq/L	Lab not ordered.	Lab not ordered.	

Glucose	65-140 mg/ dL	Lab not ordered.	Lab not ordered.	
BUN	8-23 mg/dL	Lab not ordered.	Lab not ordered.	
Creatinine	0.8-1.4 mg/ dL	Lab not ordered.	Lab not ordered.	
Albumin	3.4-5.4 g/dL	Lab not ordered.	Lab not ordered.	
Total Protein	6.0-8.3 gm/ dL	Lab not ordered.	Lab not ordered.	
Calcium	8.8-10 mg/dL	Lab not ordered.	Lab not ordered.	
Bilirubin	<0.3 mg/dL	Lab not ordered.	Lab not ordered.	
Alk Phos	100-320 U/ L	Lab not ordered.	Lab not ordered.	
AST	13-35 U/L	Lab not ordered.	Lab not ordered.	
ALT	10-25 U/L	Lab not ordered.	Lab not ordered.	
Amylase	23-85 U/L	Lab not ordered.	Lab not ordered.	
Lipase	0-160 U/L	Lab not ordered.	Lab not ordered.	

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		Lab not ordered.	Lab not ordered.	
CRP		Lab not ordered.	Lab not ordered.	
Hgb A1c		Lab not ordered.	Lab not ordered.	
TSH		Lab not ordered.	Lab not ordered.	

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	Amber yellow clear	Lab not ordered.	Lab not ordered.	
pH	5.0-9.0	Lab not ordered.	Lab not ordered.	
Specific Gravity	1.005-1.030	Lab not ordered.	Lab not ordered.	
Glucose	Negative	Lab not ordered.	Lab not ordered.	
Protein	Negative	Lab not ordered.	Lab not ordered.	
Ketones	Negative	Lab not ordered.	Lab not ordered.	
WBC	Negative	Lab not ordered.	Lab not ordered.	
RBC	Negative	Lab not ordered.	Lab not ordered.	
Leukoesterase	Negative	Lab not ordered.	Lab not ordered.	

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	(+)<10,000mL (-)>100,000 mL	Lab not ordered.	Lab not ordered.	
Blood Culture	Negative	Lab not ordered.	Lab not ordered.	
Sputum Culture	Normal upper respiratory tract	Lab not ordered.	Lab not ordered.	
Stool Culture	Normal intestinal flora	Lab not ordered.	Lab not ordered.	
Respiratory ID Panel	Negative	Lab not ordered.	Lab not ordered.	

Lab Correlations Reference (APA): N/A due to information unavailable due to limitations in the vSim.

Diagnostic Imaging

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

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

Diagnostic Test Reference (APA): N/A due to information unavailable due to limitations in the vSim.

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

Brand/Generic	Epinephrine (Adrenalin)	Diphenhydramine (Benadryl)	Ranitidine (Zantac)	Methylprednisolone (Medrol)	Normal Saline (sodium chloride)
Dose	0.3 mg	25 mg	20 mg	10 mg	420 mL
Frequency	Stat	Stat	Stat	Stat	Over 30 min
Route	IV	IV	IV	IV	IV
Classification	Alpha-and-beta-adrenergic agonists (*2019 Nurse's Drug Handbook*, 2019).	Antihistamine (*2019 Nurse's Drug Handbook*, 2019).	Histamine-2 blockers (*2019 Nurse's Drug Handbook*, 2019).	Corticosteroid (*2019 Nurse's Drug Handbook*, 2019).	Mineral and electrolyte replacements (*2019 Nurse's Drug Handbook*, 2019).
Mechanism of Action	Produces bronchodilation (*2019 Nurse's Drug Handbook*, 2019).	Antagonizes the effects of antihistamine at H1-receptor sites (*2019 Nurse's Drug*	Inhibition of gastric acid secretion (*2019 Nurse's Drug Handbook*, 2019).	Suppresses inflammation and the normal immune response (*2019 Nurse's Drug Handbook*,	Maintain water distribution, fluid, and electrolyte balance (*2019*

		Handbook, 2019).		2019).	*Nurse's Drug Handbook*, 2019).
Reason Client Taking	Bronchodilation. Maintenance of heart rate & BP (*2019 Nurse's Drug Handbook*, 2019).	To relieve cough caused by minor throat or airway irritation (*2019 Nurse's Drug Handbook*, 2019).	To relieve and prevent heartburn (*2019 Nurse's Drug Handbook*, 2019).	To suppress inflammation and modify the normal immune response (*2019 Nurse's Drug Handbook*, 2019).	For hydration (*2019 Nurse's Drug Handbook*, 2019).
Concentration Available	0.3 mg	25 mg	20 mg	10 mg	0.9% and 0.45%
Safe Dose Range Calculation	0.3 mg	25 mg	20 mg	10 mg	420 mL/hr
Maximum 24-hour Dose	0.3 mg	25 mg	20 mg	10 mg	420mL/ 30min
Contraindications (2)	1.Hypersensitivity 2.Contraindicated in patients with known intolerance of bisulfites or fluorocarbons (*2019 Nurse's Drug Handbook*, 2019).	1. Acute attacks of asthma 2.Hypersensitivity (*2019 Nurse's Drug Handbook*, 2019).	1.Hypersensitivity 2. Contraindicated in syrup containing alcohol (*2019 Nurse's Drug Handbook*, 2019).	1.Active untreated infections 2.Decrease growth (*2019 Nurse's Drug Handbook*, 2019).	1.Contraidicated with pt.'s with renal impairment. 2. Contraindicated in pt.'s with sodium retention (*2019 Nurse's Drug Handbook*, 2019).
Side Effects/Adverse Reactions (2)	1.Restlessness 2.Tachycardia (*2019 Nurse's Drug Handbook*, 2019).	1.Drowsiness 2.Dysuria (*2019 Nurse's Drug Handbook*, 2019).	1.Nausea 2.Anemia (*2019 Nurse's Drug Handbook*, 2019).	1.Depression 2.Decrease wound healing (*2019 Nurse's Drug Handbook*, 2019).	1. Edema 2.Hypercolemia (*2019 Nurse's Drug Handbook*, 2019).
Nursing Considerations (3)	1.Prior to administration, have second practitioner independently check original order, dose calculations, concentration, route of administration, and infusion pump settings.	1.Infuse at a rate not to exceed 25mg/min. 2.Assess for urticaria and for patency of airways. 3.Monitor carefully, assess for confusion,	1.CBC with differential should be monitored periodically during drug therapy. 2.Assess pt. for epigastric or abdominal pain and frank occult blood in the	1. Assess pt. for signs of adrenal insufficiency before and after periodically during therapy. 2.Monitor I&O ratios and daily weight. Observe pt. for peripheral edema, steady weight gain,	1. Assess fluid balance throughout therapy. 2. Assess for hyponatremia. 3. Monitor sodium, potassium, bicarbonate, and chloride

	2.Medication should be administered promptly at the onset of bronchospasm. 3.Observe for wheezing. If condition occurs, withhold medication and notify healthcare provider immediately (*2019 Nurse's Drug Handbook*, 2019).	delirium, other anticholinergic side effects and fall risks (*2019 Nurse's Drug Handbook*, 2019).	stool, emesis, or gastric aspirate. 3. Don't confuse Zantac with Xanax or Zyrtec (*2019 Nurse's Drug Handbook*, 2019).	rales/crackles, or dyspnea. 3. Children should have periodic evaluations of growth (*2019 Nurse's Drug Handbook*, 2019).	concentration (*2019 Nurse's Drug Handbook*, 2019).
Client Teaching needs (2)	1.Instruct pt. to contact healthcare provider immediately if SOB is not relieved by medication or is accompanied by diaphoresis, dizziness, palpitations, or chest pain. 2.Caution pt. not to exceed recommended dose; may cause adverse effects, paradoxical bronchospasm, or loss of effectiveness of medication (*2019 Nurse's Drug Handbook*, 2019).	1.Advise pt. to use sunscreen and protective clothing to prevent photosensitivity reactions. 2.Can cause excitation. Caution parents or caregivers about proper dose calculation; overdose can cause hallucinations, seizures, or death (*2019 Nurse's Drug Handbook*, 2019).	1.Instruct pt. to take medication as directed for the full course of therapy, even if feeling better. 2.Advise pt. to report onset of black, tarry stools; fever; sore throat; diarrhea; dizziness; rash; confusion; or hallucinations to healthcare provider promptly (*2019 Nurse's Drug Handbook*, 2019).	1.Stopping the medication suddenly may result in adrenal insufficiency. If signs appear, notify healthcare provider immediately. 2.Caution pt. to avoid vaccinations without first consulting healthcare provider (*2019 Nurse's Drug Handbook*, 2019).	1. Report signs of pain at I.V. site. 2. Report signs of infection at I.V. site (*2019 Nurse's Drug Handbook*, 2019).

Medication Reference (APA):

2019 Nurse's Drug Handbook (2019). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented. Patient is in distress due to having difficulty with breathing. Patient is lethargic. Patient looks his age.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Patient's skin is a bit blue. Patient has normal skin elasticity. Temperature is within the patient's norm. Turgor shows recoil. No rashes, bruises, wounds, or scars; No peripheral edema is noted. There are no drains present. **Braden Score**: Information unavailable due to limitations in the vSim.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	Head and neck are symmetrical. Mucous membranes are cyanotic, but no signs of dehydration. No abnormalities are noted. Ears have no lesions. Extraocular movement is intact. The pupils are 4mm and react to light bilaterally. Septum is midline. Dentition is good. Thyroid: Information unavailable due to limitations in the vSim.
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 normal. S1 and S2 without murmurs, gallops, or rubs. The heart rate and rhythm are regular. Heart rate is fast. Peripheral pulses are 2+ symmetric. The capillary refill time is less than 2 seconds.
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Patient is breathing at 31 breaths per minute. Patient has retractions, prolonged expiration phase, and a lot of wheezing. There is increased respiratory effort.
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:**	Eats a regular balanced diet at home. Current – Information unavailable due to limitations in the vSim. Height: 120cm Bowel sounds are hyperactive. Last BM: Information unavailable due to limitations in the vSim. No pain; No masses. No distention, incisions, scars, drains, or wounds.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Color & Character: Information unavailable due to limitations in the vSim. Quantity & Inspection of genitals: Information unavailable due to limitations in the vSim.
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 ☐**	The muscle strength, sensation, and deep tendon reflexes are normal. There are no signs of clonus. Coordination: Normal finger to nose bilaterally. No pain, paralysis. No paresthesia. No swelling or increased pressure. Do not need supportive devices and is active and mobile. **Fall Score:** Information unavailable due to limitations in the vSim.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:**	Alert and oriented to person and place. Speech is articulate. Normal sensation. No LOC. Judgement and thought content normal.

Mental Status: **Speech:** **Sensory:** **LOC:**	
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):**	He has a stuffed toy with him. He is currently staying with his aunt and uncle while his parents are serving overseas in the military. His family is Catholic.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	144	140/70	31	99°F	85%

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

Pulse Rate	75-118 (Novak, 2018).
Blood Pressure	90-130/60-80 (Novak, 2018).
Respiratory Rate	18-25 (Novak, 2018).
Temperature	96.4 – 100.4°F (Novak, 2018).
Oxygen Saturation	92-100% (Novak, 2018).

Normal Vital Sign Range Reference (APA):

Novak, C. (2018). *Pediatric vital signs reference chart*. https://www.pedscases.com/pediatric-vital-signs-reference-chart

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	FACES 0-5	N/A	0	N/A	N/A
Evaluation of pain	FACES 0-5	N/A	0	N/A	N/A

status *after* intervention					
Precipitating factors: N/A; patient did not have any pain. **Physiological/behavioral signs:** N/A; patient did not have any pain					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
Normal saline 420mL/ 30min	Information unavailable due to limitations in the vSim.

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. Child can speak four to five sentences.
2. Child does not show stranger anxiety.
3. Better understanding of the concept of time and the order of daily activities.

Age Appropriate Diversional Activities

1. Having stuffed toys.
2. Playing pretend.
3. A simple jigsaw puzzle.

Psychosocial Development:

Which of Erikson's stages does this child fit? C.S. fits in Erickson's initiative vs. guilt.

What behaviors would you expect? During this stage, children start to have control over their surroundings through social interaction and play. Children can face challenges, accomplish tasks, and experience fear and guilt when mistakes occur (Ricci et al., 2017).

What did you observe? C.S. is able to verbalize his problems and answered questions during the assessments.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? C.S. fits in Piaget's preoperational phase.

What behaviors would you expect? During this phase, preschoolers use symbolic thinking; language becomes more developed and develops imagination and memory (Ricci et al., 2017).

What did you observe? C.S. is aware of his environment and use the FACES pain scale to express his pain intensity. He also has a stuffed dog for comfort.

Vocalization/Vocabulary: C.S. communicates well for her age. She can speak in sentences of four to five words and verbalizes his breathing difficulties.

Development expected for child's age and any concerns? The expectation of C.S.'s growth is standard, and there are no concerns.

Any concerns regarding growth and development? There are no concerns regarding C.S.'s growth and development.

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	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions?

by" components			• Client response, status of goals and outcomes, modifications to plan.
1. Ineffective breathing pattern related to bronchoconstriction as evidenced by cyanosis, using of accessory muscles, and wheezing.	The patient's skin appears a bit blue, increased respiratory effort, prolonged expiration phase, and a lot of wheezing.	1. Auscultate breath sounds. 2. Position the client upright.	The patient maintains an effective breathing pattern, as evidenced by relaxed breathing at normal rate and depth and absence of adventitious breath sounds.
2. Impaired gas exchange related to ventilation-perfusion imbalance as evidenced by shortness of breath and tachycardia.	The patient is breathing 31 bpm, has increased respiratory effort and a pulse rate of 144.	1. Monitor oxygen saturation and arterial blood gasses. 2. Note respiratory rate, frequency, and depth of breathing.	The patient demonstrates improved ventilation as evidenced by an absence of shortness of breath and respiratory distress.
3. Decreased cardiac output related to fluid shifts as evidenced by cyanosis and tachycardia.	The patient's skin appears to be a bit blue and has a pulse rate of 144.	1. Assess the patient's HR and BP, including peripheral pulses. 2. Assess the skin temperature and signs of any cyanosis.	The patient's skin color is within his norm and heart rate within the normal range.
4. Deficient knowledge related to lack of recall as evidenced by inability to identify allergens.	The patient started eating a new brand of cookies and did not know there were peanuts in them.	1. Instruct the patient and family members about factors that can precipitate a recurrence of shock and ways to prevent or avoid these factors. 2. Provide instruction to the patient and family members on self-care measures to be	The patient and family members verbalized understanding of allergic reaction, its prevention, and management.

		performed at home during the initial attack.	

Other References (APA):

Ricci, S. S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed.). Wolters Kluwer.

Swearingen, P., & Wright, J. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier.

Concept Map (20 Points):

N433 Care Plan

Subjective Data

"Something is wrong! I feel like my throat is swelling, I can't breathe!"

Nursing Diagnosis/Outcomes

Diagnosis #1 Ineffective breathing pattern related to bronchoconstriction as evidenced by cyanosis, using of accessory muscles, and wheezing.
Outcome The patient maintains an effective breathing pattern, as evidenced by breathing at a normal rate and depth and absence of adventitious breath sounds.
Diagnosis #2 Impaired gas exchange related to ventilation-perfusion imbalance as evidenced by shortness of breath and tachycardia.
Outcome The patient demonstrates improved ventilation as evidenced by an absence of shortness of breath and respiratory distress.
Diagnosis #3 Decreased cardiac output related to fluid shifts as evidenced by cyanosis and tachycardia.
Outcome The patient's skin color is within his norm and heart rate within the normal range.
Diagnosis #4 Deficient knowledge related to lack of recall as evidenced by inability to identify allergens.
The patient and family members verbalized understanding of allergic reactions, its prevention, and management.

Objective Data

Pulse – 144
BP – 140/70
Resp Rate – 31
Temp - 99°F
Oxygen – 85%
Wheezing

Patient Information

C.S.
Admitted 7/11/2020 for anaphylaxis
6 years old & 2 months
Male, Caucasian
Weight: 21 kg
BMI: 14.5
Allergies: Peanuts, perfumes & dyes
Code: FULL

Nursing Interventions

Interventions 1:
Auscultate breath sounds.
Position the client upright.
Interventions 2:
Monitor oxygen saturation and arterial blood gasses
Note respiratory rate, frequency, and depth of breathing
Interventions 3:
Assess the patient's HR and BP, including peripheral pulses.
Assess the skin temperature and signs of cyanosis.
Interventions 4:
Instruct the pt. and family about factors that precipitate a recurrence of shock & prevention.
Provide instructions during initial attack.