N433 Care Plan #2

Lakeview College of Nursing

Jazmin Leal

Demographics (3 points)

Date of Admission 7/12/2020	**Patient Initials** CS	**Age (in years & months)** 6 years and 2 months	**Gender** Male
Code Status Full code	**Weight (in kg)** 21 kg	**BMI** 14.6	**Allergies/Sensitivities (include reactions)** Peanuts, perfumes, and dyes

Medical History (5 Points)

Past Medical History: None

Illnesses: None reported

Hospitalizations: None reported

Past Surgical History: None

Immunizations: Up-to-date

Birth History: N/A

Complications (if any): N/A

Assistive Devices: N/A

Living Situation: The client currently lives with his aunt and uncle while his parents are overseas for the military.

Admission Assessment

Chief Complaint (2 points): Dyspnea

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

Pertinent Events during this admission/hospitalization (1 points): The client presented to the emergency department for shortness of breath. While admitted, the client received epinephrine,

diphenhydramine, ranitidine, methylprednisolone, and normal saline. The client was also placed on a nonrebreather mask to maintain his oxygen saturation level above 94%.

History of present Illness (10 points): The client presents to the emergency department after a sudden onset of difficulty breathing. The client states he feels short of breath. The client is experiencing dyspnea and tachycardia in the emergency department. The client says it feels like his throat is swelling up. The client ate a cookie that they did not know contained peanuts – the client is allergic to peanuts. Mild stridor auscultated upon initial assessment. At this time, the client can speak and denied any pain on the FACES scale. No alleviated factors reported.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anaphylaxis

Secondary Diagnosis (if applicable): N/A

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

An acute IgE-mediated response occurs in anaphylaxis in response to an allergen that enters the body. The allergic reaction begins within 5-10 minutes of arriving in touch with the allergen. The mast cells and eosinophils secrete histamines and secondary mediators in response to the antigen exposure. The spasms of the smooth muscle, bronchospasms, inflammation, mucosal edema, and capillary permeability increase result from the histamine and leukotrienes release (Hinkle, 2018). The symptoms accompanying anaphylaxis occur rapidly and worsen the longer they go untreated. Causes of nonallergenic anaphylaxis are medications, cytotoxic antibody transfusion, exercise, or food. The nonallergenic anaphylaxis can be systemic or local. Local reactions include hives and angioedema at the site that came in contact with the antigen.

Systemic reactions can demonstrate manifestations within 30 minutes of exposure and include gastrointestinal, cardiopulmonary, cutaneous, and neurologic symptoms. The risk of circulatory collapse increases when the blood vessels dilate as a result of a rapid decrease in plasma volume during a systemic reaction (Ricci et al., 2017). Radiocontrast agents and antibiotics result in the most severe anaphylaxis reactions.

Mild reactions demonstrate symptoms such as peripheral tingling and a sensation of warmth, a sense of fullness in the mouth could accompany it as well. Other symptoms of mild reactions include pruritis, sneezing, nasal congestion, tears, and periorbital swelling. Mild systemic reactions begin within two hours of exposure to the antigen. Moderate systemic reactions include itching, flushing, warmth, and anxiety. Symptoms of moderate systemic reactions start within two hours of exposure as well. Severe systemic reactions, also known as anaphylactic shock, have the same manifestations as moderate and mild reactions, but the onset is abrupt. The signs quickly progress into laryngeal edema, bronchospasms, severe dyspnea, hypotension, and cyanosis. Difficulty swallowing, vomiting, diarrhea, abdominal cramping, and even seizures can develop. Coma and cardiac arrest could follow the previous manifestations (Hinkle & Cheever, 2018). The client from today presented with shortness of breath, appeared anxious, and with abrupt onset of symptoms. Vital signs that accompany anaphylaxis is tachypnea, hypotension, and tachycardia (Capriotti & Frizzell, 2016). The client from today presented with tachypnea and tachycardia that correlated with anaphylaxis.

The diagnosis of anaphylaxis consists of presenting symptoms. A client that suspects having an allergy can have skin testing and blood tests to determine what substances they have an allergic reaction to. An anaphylactic reaction requires the testing under an allergy specialist guidance to ensure proper diagnosing occurs (Cleveland Clinic, 2016). The client today did not

have testing performed as he already knew about a peanut allergy, and accidentally eating a cookie with peanuts is what caused the reaction.

The severity of the reaction determines the treatment needed. Assessment of the cardiovascular and respiratory functions is first, and if the client is in cardiac arrest, CPR will begin. Administration of supplemental oxygen treatment is for the clients that have difficulty breathing, wheezing, cyanotic, or require CPR. The client from today presented with trouble breathing and wheezing; therefore, he was initially placed on 2L/min via nasal cannula but then moved to a non-rebreather mask at 10 L/min. Next, the administration of dilution of 1:1000 of epinephrine through an IV is required. The client from today received a STAT order for epinephrine of 1:1000. Antihistamines and corticosteroids are given adjunctly with epinephrine usually follow. The client from today received adjuvant therapy of methylprednisolone and ranitidine with epinephrine. Normal saline administration manages the blood pressure and maintains a normal hemodynamic status. The client from today had an order of normal saline to help support his blood pressure and hemodynamic status. If an individual administers epinephrine outside of the hospital setting, they require observation in the hospital to ensure a delayed reaction does not occur (Hinkle & Cheever, 2018).

A potential complication of anaphylaxis is anaphylactic shock. Symptoms of anaphylactic shock include the previously listed symptoms – bronchospasms, hypotension, cyanosis, laryngeal edema, and severe difficulty breathing. A preventative nursing measure for anaphylactic shock is to assess the client frequently for respiratory distress and increasing edema – if either is present immediately, notify the provider. Another preventative nursing measure is to educate the client on avoiding the causing antigen, and how to administer the emergency epi-pen. Another potential complication is experiencing an adverse effect of epinephrine 1:1000 applied

too quickly. Adrenaline is the symptom of experiencing an adverse event related to the quick administration of epinephrine. A preventative nursing measure would be to administer the IV epinephrine at the recommended rate and dilute the solute before administration (Hinkle & Cheever, 2018). It is imperative to treat anaphylaxis to prevent further complications that are potentially life-threatening promptly.

Pathophysiology References (2) (APA):

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

Cleveland Clinic. (2016, March 16). *Anaphylaxis: Diagnosis and tests.* https://my.clevelandclinic.org/health/diseases/8619-anaphylaxis/diagnosis-and-tests

Hinkle, J.L., Cheever, K.H. (2018*). Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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

Active Orders (2 points)

Order(s)	Comments/Results/Completion
Activity:	N/A
Diet/Nutrition:	N/A
Frequent Assessments:	Cardiac/apnea monitor and continuous pulse oximeter. Cardiac monitor and a constant pulse oximeter placed on the client. The provider ordered an IV to put in the client – he client already had an IV place in his left

	antecubital.
Labs/Diagnostic Tests:	N/A
Treatments:	The provider ordered a nasal cannula to be placed for the client to receive 2L of oxygen per minute. The provider ordered the nasal cannula to be switched to a non-rebreather mask as needed to maintain oxygen saturation greater than 94% through titration. The non-rebreather mask is to deliver oxygen at 10L/min. The non-rebreather mask was placed on the client to provide oxygen at 10 L/min, and oxygen saturation maintained at 99%.
Other:	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Give epinephrine 0.3 mg IV STAT	Epinephrine 0.3 mg IV STAT completed. The client report shortness of breath relief.
Give diphenhydramine 25 mg IV STAT	Diphenhydramine 25 mg IV STAT completed. The client tolerated the medication well and alleviated the allergic reaction symptoms.
Give ranitidine 20 mg IV STAT	Ranitidine 20 mg IV STAT completed. The client tolerated the medication well.
Give methylprednisolone 10 mg IV now	Methylprednisolone 10 mg IV given. The client tolerated the medication well, and throat inflammation relieved.
Take the clients vital signs every five	Vital signs obtained and assessed every five

minutes	minutes completed. The vital signs improved following the administration of medication. The initial vital sign immediately following the provider's order was BP 98/65 mmHg, pulse 156 bpm, respiration 31 breaths/min, spO2 92%, and temp of 37.1 C. The last set of vital signs was BP 115/88 mmHg, a pulse of 102 bpm, respirations 14 breaths/min, SpO2 of 99%, and temp of 37.1 C.
Give 20 mL/kg of normal saline (420 mg) **IV now to run over 30 minutes**	Normal saline of 20mL/kg IV was initiation with an infusion of 30 minutes. The client's blood pressure and pulse lowered after initiating the normal saline.

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 x 10^9/ L	N/A	N/A	

Hgb	13.5-17.5 g/dL	N/A	N/A	
Hct	40-45%	N/A	N/A	
Platelets	150-400 x10^9/L	N/A	N/A	
WBC	4-11 x 10^9/L	N/A	N/A	
Neutrophils	1.6-7.8 x 10^9/L	N/A	N/A	
Lymphocytes	1.6-5.3 x 10^9/L	N/A	N/A	
Monocytes	0.3-0.9 x 10^9/L	N/A	N/A	
Eosinophils	<0.5 x 10^9/L	N/A	N/A	
Basophils	<0.1 x 10^9/L	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 mEq/L	N/A	N/A	
K+	3.6-4.6 mEq/L	N/A	N/A	
Cl-	101-111 mEq/L	N/A	N/A	
Glucose	65-140 mg/dL	N/A	N/A	
BUN	8-23 mg/dL	N/A	N/A	
Creatinine	0.8-1.4 mg/dL	N/A	N/A	
Albumin	3.6-5.2	N/A	N/A	
Total Protein	6-8	N/A	N/A	

Calcium	8.5-10.9 mg/dL	N/A	N/A	
Bilirubin	<1.2	N/A	N/A	
Alk Phos	100-320 U/L	N/A	N/A	
AST	13-35 U/L	N/A	N/A	
ALT	10-25 U/L	N/A	N/A	
Amylase	25-101 U/L	N/A	N/A	
Lipase	<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 mm/hr	N/A	N/A	
CRP	0	N/A	N/A	
Hgb A1c	<5.7	N/A	N/A	
TSH	0.5-3	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 (light/pale-amber) & clear	N/A	N/A	
pH	1.005-1.025	N/A	N/A	
Specific Gravity	Negative	N/A	N/A	

Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	≤ 2-5	N/A	N/A	
RBC	≤ 2	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	

Lab Correlations Reference (APA):

Wolters Kluwer Health. (2020). *Pediatric case 5: Charlie Snow*. thePoint. Wolter Kluwer. Website.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): N/A

Diagnostic Test Reference (APA): N/A

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

Brand/Generic	Zantac/ ranitidine	Adrenalin/ epinephrine	Benadryl/ diphenhydramine	Medrol/ methylprednisolone	
Dose	20 mg	0.3 mg	25 mg	10 mg	
Frequency	STAT, Once	STAT, Once	STAT, Once	Once	
Route	IV	IV	IV	IV	
Classification	Antihistamine, Antiulcer	Anti-anaphylaxis	Antihistamine, Anti-anaphylactic adjunct	Corticosteroid	
Mechanism of Action	The secretion of pepsin and gastric acid is blocked (Jones & Bartlett, 2019).	The action on the alpha and beta receptors causes the arteries to constrict. Through this, norepinephrine secretion is blocked and causes the bronchial smooth muscles to contract (Jones & Bartlett, 2019).	It competes with histamines for the central and peripheral H1 receptor sites, which causes it from not reaching the action site (Jones & Bartlett, 2019).	The binding of methylprednisolone accomplishes inflammatory and immune response suppression to the intracellular glucocorticoid receptors. This action stops monocytes and neutrophils from gathering at the inflammation sites (Jones & Bartlett, 2019).	
Reason Client Taking	To treat anaphylaxis through adjunct therapy	To treat anaphylaxis	To treat anaphylaxis through adjunct therapy	To treat anaphylaxis through adjunct therapy	
Concentration	20 mg	0.3 mg	25 mg	10 mg	

Available					
Safe Dose Range Calculation	2-4 mg/kg	10 mcg/kg	1-1.5 mg/kg	0.14-0.48 mg/kg every 12-24 hours	
Maximum 24-hour Dose	50 mg per dose	0.5 mg per dose	300 mg	48 mg	
Contraindications (2)	Hypersensitivity; Acute porphyria	Cerebral arteriosclerosis; Dilated cardiomyopathy	Hypersensitivity; Bladder neck obstruction	Premature infants; Fungal infection	
Side Effects/Adverse Reactions (2)	Fever; drowsiness	Chills; Dry mouth	Palpitations; nausea	Growth suppression in children; Vertigo	
Nursing Considerations (3)	Give IV injection no faster than 4 mL/min. Do not add any additives if the solution is premixed. Dilute IV administration.	Dilute the 1:1000 solution for IV use. Thoroughly shake the suspension before administration. Auvi-Q and Symjepi brands are for emergency therapy only when there is not another substitute for care.	Parenteral form administered when the oral route is not possible. Protect and store away from light. Discontinue the drug 72 hours before an allergy test to prevent a false positive.	Do not use benzyl alcohol in preparations to treat pediatric clients to reduce the risk of gasping syndrome. Monitor the client closely for any signs of infection. Discard of parenteral products if any discoloration or particles are present.	
Client Teaching needs (2)	Advise the client to take the medication with food. Advise the client to take an antacid 2 hour before or after the	Educate the client on reporting worsening symptoms. Educate the client to store the medication at room	Advise the client to take the medication with food to prevent GI distress. Educate the client on using sunscreen to	Educate the client that restlessness and insomnia will resolve after 1-3 weeks usually. Educate the client to report any dizziness, fainting, muscle	

	administration of ranitidine.	temperature.	avoid photosensitivity reactions.	weakness, or nausea.	

Medication Reference (APA):

Drugs.com. (2020, February 14). *Epinephrine dosage*. Drugs.com.

https://www.drugs.com/dosage/epinephrine.html

Drugs.com. (2020, May 14). *Ranitidine dosage.* Drugs.com.

https://www.drugs.com/dosage/ranitidine.html

Jones & Bartlett. (2019). *Nurse's drug handbook* (18th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert & Oriented x4. Client is in respiratory distress, and is demonstrating with shortness of breath. Client is well groomed, in the hospital gown, and in bed.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present:** **Y☒** **N ☐** **Type:**	 Appropriate for ethnicity. Warm, pink, dry, and intact. Rapid turgor response of < 3 seconds. No rashes, bruises, or wounds noted. The client has a peripheral IV inserted in left arm. Braden score: 23
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	 Normocephalic Ears are equal, no drainage or trauma noted PERRLA Eyes equal and symmetric with intact extraocular movement. No drainage, tears, blurred vision, or trauma to the eyes. Pupils are 7 mm. Nose is intact, no drainage or deviated septum

	noted. Moist, pink membranes. Trachea is midline. Teeth are white and intact, with a couple deciduous teeth missing.
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:**	S1 and S2 auscultated clearly. No murmurs or gallops heard. Regular rate and rhythm Peripheral pulses 3+ bilaterally in upper and lower extremities Capillary refill < 3 seconds in all four extremities
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Client is short of breath and experiencing difficulty breathing. Retractions and prolonged expiration noted. Wheezes auscultated in all lobes bilaterally.
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:**	Current and at home diet are not applicable at this time. 120 cm Hyperactive bowel sounds in all four quadrants. Unknown date of last BM. No pain or mass upon palpation noted. No distention, incisions, scares, drains, or wounds noted upon assessment.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	Unable to determine color, character and quantity of urine at this time. The client did not void during the clinical time.

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 ☐**	Neurovascular status intact. Full range of motion. Client does not have any supportive devices. Strength 5+ and equal in all four extremities. Client is independent with ADLs. Client is up ad lib. Low fall risk Fall score: 30
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client moves all four extremities well. PERRLA. Pupils are 7 mm. Equal strength bilaterally in all four extremities. A&O x4. Mental status is appropriate to age. Speech is clear. Sensory and LOC are intact and at client's baseline.
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 client's aunt and uncle are knowledgeable and well educated regarding the client's allergic reaction to peanuts, and its preventative measures. The client's aunt is the client's main support system. Additional education regarding preventative measure regarding allergic reactions needed. The client and aunt are Catholic, which provides assistance with coping strategies to lower caregiver stress.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
2019	156 bpm	108/75 mmHg	30 breaths/min	37.2 C	91%

Normal Vital Sign Ranges (2.5 points)

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

Pulse Rate	60-110/min
Blood Pressure	91-125/53-84
Respiratory Rate	19-21 breaths/min
Temperature	37.0 C
Oxygen Saturation	95-100%

Normal Vital Sign Range Reference (APA):

Holman, H., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., McMichael, M.(2019). *RN nursing care of children* (11th ed.). Assessment Technologies Institute.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
2019	FACES	N/A	0/5	N/A	None
Evaluation of pain status *after* intervention	FACES	N/A	0/5	N/A	None
Precipitating factors: The client did not report any pain during the clinical, as he came in with complaints of shortness of breath and difficulty breathing. **Physiological/behavioral signs:** N/A					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
240 ml – oral 20 mL/kg of NS (240 mL)/ 30 minutes – IV 0.3 mg of epinephrine – IV 25 mg of diphenhydramine – IV 20 mg of ranitidine – IV 10 mg of methylprednisolone – IV	The client had no output during the clinical time.

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. Should gain about 2-3 kg per year
2. Should grow about 5 cm per year
3. Prepubescence typically occurs

Age Appropriate Diversional Activities

1. Play number games
2. Build simple models
3. Play hopscotch

Psychosocial Development:

Which of Erikson's stages does this child fit?

This child fits in the industry vs inferiority stage.

What behaviors would you expect?

Expected behaviors include the development of skills and knowledge, a sense of accomplishment by cooperation and competitiveness with others. The client will be challenged to complete a task, create systems that will reward their success in mastering a skill, and to understand that not all master every talent.

What did you observe?

The client was able to carry a conversation and answered questions appropriately. The client seemed content with the nurse directing the questions to him. The client received a stuffed animal, which he seemed thrilled to receive. The stuffed animal to the client is a reward for his cooperation and contribution.

Cognitive Development:

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

The client is in the concrete operations stage.

What behaviors would you expect?

Expected behaviors include transitioning from perceptual to conceptual thinking, learns to tell time, able to see others' perspectives and solve problems, can classify more complex information, and master the concept of conservation of mass first and then weight followed by volume.

What did you observe?

The client was talkative and seemed to understand what the nurse was saying. The client was able to see the nurse's perspectives when providing education. The engagement of communication between the client and nurse demonstrated the client was able to solve problems as well.

Vocalization/Vocabulary:

Development expected for child's age and any concerns?

The client is in the age group of learning how to read and use complex grammar, which will lead to better communication skills. Imitation occurs with children of this age group, where they see what their elders are doing and repeat it.

Any concerns regarding growth and development?

There are no growth or developmental concerns regarding this client.

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. Potential for insufficient airway clearance related to anaphylaxis as evidenced by retractions and	There is evidence of increased respirations and difficulty breathing due to the client's anaphylactic shock.	**1.** Administer supplemental oxygen as prescribed to keep levels above 94%. **2.** Apply a continuous pulse	The client was compliant and responded well to the interventions. The client maintained an oxygen saturation level above 94% through the duration of clinical.

mild stridor when breathing and wheezing noted.	Insufficient oxygen leads to hypoxia and causes other life-threatening complications.	oximeter to monitor the client's oxygen saturation.	
2. Impaired gas exchange related to throat swelling as evidenced by dyspnea and shortness of breath.	Impaired gas exchange leads to hypoxia from abnormal oxygen perfusion to the tissues. The life-threatening complications associated with reduced gas exchange lead to this chosen diagnosis.	**1.** Administer medications such as corticosteroids, antihistamines, bronchodilators, and oxygen as ordered. **2.** Assess for any mental status changes and level of consciousness frequently.	The client responded well to treatment. Shortly after the administration of supplemental oxygen and medications, the respirations stayed within normal limits, and there were no reports of any difficulty breathing. The client and aunt voiced an understanding of reporting any shortness of breath or difficulty breathing immediately. The client and aunt expressed understanding the need for supplemental oxygen.
3. Knowledge deficit related to emergency epinephrine administration as evidenced by anaphylaxis shock symptoms.	Anaphylactic shock is life-threatening without prompt treatment. The swelling of the throat causes difficulty breathing, and possibly death if the swelling is not controlled promptly.	**1.** Demonstrate proper administration of an epi-pen. **2.** Educate the client and family on recognizing symptoms of an anaphylactic shock early.	The client and family responded well to the interventions. The client and family voiced an understanding of the importance of early-onset detection of an anaphylactic shock. The client and family demonstrated the proper technique of administering an epi-pen after teaching.
4. Knowledge deficit related to proper identification of prohibited foods, as evidenced by consuming a peanut-	Proper identification of non-recommended foods can prevent life-threatening complications, such as an anaphylactic	**1.** Assess the client and family member's knowledge regarding exposure to allergens and allergic reactions. **2.** Advise the client	The client and family members responded well and appeared eager to learn. Several questions asked by the client and family throughout the teaching process. The client and family members voiced accurate

containing cookie.	shock. An allergic reaction has the potential to become fatal if not treated properly.	to wear a medical alert bracelet.	information regarding an allergic reaction, the management, and prevention upon completion of teaching.

Other References (APA):

Concept Map (20 Points):

N433 Care Plan

Subjective Data

The client states he is short of breath and has difficulty breathing. The client states he accidently consumed a cookie that contained peanuts right before coming to the emergency department. An allergy to peanuts was reported. Pain was denied with it rated a 0/5 on the FACES scale.

Nursing Diagnosis/Outcomes

Potential for insufficient airway clearance related to anaphylaxis as evidenced by retractions and mild stridor when breathing and wheezing noted.
The client was compliant and responded well to the interventions. The client maintained an oxygen saturation level above 94% through the duration of clinical.
Impaired gas exchange related to throat swelling as evidenced by dyspnea and shortness of breath.
The client responded well to treatment. Shortly after the administration of supplemental oxygen and medications, the respirations stayed within normal limits, and there were no reports of any difficulty breathing. The client and aunt voiced an understanding of reporting any shortness of breath or difficulty breathing immediately. The client and aunt expressed understanding the need for supplemental oxygen.
Need for health teaching related to epinephrine administration as evidenced by anaphylaxis shock symptoms.
The client and family responded well to the interventions. The client and family voiced an understanding of the importance of early-onset detection of an anaphylactic shock. The client and family demonstrated the proper technique of administering an epi-pen after teaching.
Knowledge deficit related to proper identification of prohibited foods, as evidenced by consuming a peanut-containing cookie.
The client and family members responded well and appeared eager to learn. Several questions asked by the client and family throughout the teaching process. The client and family members voiced accurate information regarding an allergic reaction, the management, and prevention upon completion of teaching.

Objective Data

The client's oxygen saturation was at 91% on nasal cannula; therefore, a nonrebreather mask was applied to maintain an oxygen saturation of 99% on 10 L/min. The client's vitals included BP 108/75 mmHg, pulse 156 bpm, temperature of 37.2 C, and respirations of 30 breaths/min. The client presented with retractions, a mild stridor and audible wheezing upon auscultation.

Patient Information

6-year-old male child with no significant past medical history is admitted for anaphylaxis. The client has an allergy to peanuts. Peanuts were eaten by accident.

Nursing Interventions

1. Administer supplemental oxygen as prescribed to keep levels above 94%.
2. Apply a continuous pulse oximeter to monitor the client's oxygen saturation.

1. Administer medications such as corticosteroids, antihistamines, bronchodilators, and oxygen as ordered.
2. Assess for any mental status changes and level of consciousness frequently.

1. Demonstrate proper administration of an epi-pen.
2. Educate the client and family on recognizing symptoms of an anaphylactic shock early.

1. Assess the client and family member's knowledge regarding exposure to allergens and allergic reactions.
2. Advise the client to wear a medical alert bracelet.