

N433 Care Plan #2

Lakeview College of Nursing

Hope Dykes

**Demographics (3 points)**

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| <b>Date of Admission</b><br>7/8/2020                                    | <b>Patient Initials</b><br>CS     | <b>Age (in years &amp; months)</b><br>6y, 10m | <b>Gender</b><br>M   |
| <b>Code Status</b><br><br><b>Unavailable due to limitations of vSim</b> | <b>Weight (in kg)</b><br><br>21kg | <b>BMI</b><br><br>14.6                        | <b>Allergies/Sensitivities (include reactions)</b><br><br>Peanuts, Anaphylaxis<br>Perfumes & Dyes,<br>Unknow Rxn |

**Medical History (5 Points)**

**Past Medical History:** Family reports no significant past medical history.

**Illnesses: information unavailable due to limitations in the vSim**

**Hospitalizations: information unavailable due to limitations in the vSim**

**Past Surgical History: information unavailable due to limitations in the vSim**

**Immunizations:** Immunizations are up to date according to schedule.

**Birth History: information unavailable due to limitations in the vSim**

**Complications (if any): information unavailable due to limitations in the vSim**

**Assistive Devices:** None noted.

**Living Situation:** Staying with his aunt and uncle while his parents are overseas in the military.

### **Admission Assessment**

**Chief Complaint (2 points):** Difficulty breathing

**Other Co-Existing Conditions (if any):** None according to family.

**Pertinent Events during this admission/hospitalization (1 points):** The patient ate a cookie with peanuts in it, which caused an anaphylactic event. The patient's heart rate went from 156bpm on admission to over 200 following the administration of epinephrine. This is an expected finding. The patient's O2 saturation improved significantly once the nurse placed a nonrebreather mask on him. He was able to titrate back down to 2L/min on a nasal cannula very quickly.

**History of present Illness (10 points):** This patient is a 6yo male who has a known peanut allergy. His aunt reported that he ate a cookie that contained peanuts in it and began having difficulty breathing. The patient stated, "Something is really wrong. I feel like my throat is swelling. I can't breathe, please help me!" The patient reports he is not in any pain. The patient has allergies to peanuts, perfumes, and dyes. He has no other prior medical conditions or concerns. No further descriptions are available due to the limitations of the vSim.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Anaphylaxis

**Secondary Diagnosis (if applicable):**None.

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

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Foods, including peanuts, fish, and milk, are the most common causes of anaphylaxis in children (Mayo Clinic, 2019). If a child eats something he is allergic to, the body responds by producing antibodies to fight perceived attacks. The body releases histamine, which is an inflammatory mediator. Histamine causes inflammatory reactions throughout the body in the forms of itching, rhinitis, and swelling in the airway. In severe cases, this inflammation causes airway obstruction. A sudden drop in blood pressure, rapid pulse, and difficulty breathing are symptoms of anaphylaxis. If this is left untreated, it can quickly progress to life-threatening shock. One lab value looks for tryptase, an enzyme that confirms an allergic reaction (Mayo Clinic, 2019).

This patient had a known peanut allergy. He ate a cookie that contained peanuts. The patient's pulse was 145 when he arrived, and he was experiencing difficulty breathing. Standard heart rates in six-year-old children are between 60-110bpm (ATI, 2019, p. 7). His oxygen saturation was at 89%, indicating improper oxygenation. Normal levels are 95-100% (Mayo Clinic, 2019). His lungs had audible wheezing, which is a sign of inflammation.

Two complications addressed in this simulation included airway inflammation and tachycardia. The nurse administered diphenhydramine and methylprednisolone to lessen the allergic response and reduce airway inflammation. This reduction in inflammation allowed more oxygen to enter the cells. She placed a nonrebreather mask on him at 12L/min. His SpO<sub>2</sub> improved up to 98%. The nurse also gave a bolus of 0.9% NS through the patient's IV line. This action improved the patient's tachycardia back down to normal sinus rhythm.

To avoid these problems in the future, the child should avoid foods that may contain peanuts. He may need to check labels or ask an adult if he has a question about whether or not a

food is safe. He should also have an allergy alert bracelet on and carry an EpiPen for fast treatment. His family should alert the school nurse to look out for allergic reactions.

**Pathophysiology References (2) (APA):**

Assessment Technologies Institute. (2019). *Content mastery series review module: RN nursing care of children* (11<sup>th</sup> ed.).

Mayo Clinic. (2019). *Anaphylaxis*. <https://www.mayoclinic.org/diseases-conditions/anaphylaxis/diagnosis-treatment/drc-20351474>

**Active Orders (2 points)**

| Order(s)                             | Comments/Results/Completion  |
|--------------------------------------|--|
| <b>Activity:</b>                     | Up ad lib.   |
| <b>Diet/Nutrition:</b>               | Diet as tolerated. Avoid any foods with peanuts.   |
| <b>Frequent Assessments:</b>         | Take assessments q5min while patient is inpatient. Focus on breathing, respirations, and heart rate. The pt will have on continuous pulse ox and cardiac/apnea monitoring.     |
| <b>Labs/Diagnostic Tests:</b>        | None ordered.  |
| <b>Treatments:</b>                   | The pt was placed on a nonrebreather to maintain SpO2 above 94%. Epinephrine, Diphenhydramine, Ranitidine, Methylprednisolone, and a 420mL of NS were all administered via IV. |
| <b>Other:</b>                        |  |
| <b>New Order(s) for Clinical Day</b> |  |

| Order(s)                              | Comments/Results/Completion  |
|---------------------------------------|--|
| Epinephrine (1:10000), 0.3mg, IV stat | Completed at 1503. Pt tolerated well. Pt's heart rate increased to over 200bpm for a short time, but it returned to sinus rhythm following NS bolus. |
| Diphenhydramine, 25mg, IV stat        | Completed at 1503. Pt tolerated well.  |
| Ranitidine, 20mg, IV stat             | Completed at 1504. Pt tolerated well.  |
| Methylprednisolone, 10mg, IV push     | Completed at 1505. Pt tolerated well.  |
| NS, 420mL, IV bolus over 30 min, now  | Still running during handoff. Pt tolerating well.  |

**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 | 4.20-5.40                                       | N/A                      | N/A           | N/A                       |
| Hgb | 13.5-17.5                                       | N/A                      | N/A           | N/A                       |
| Hct | 40-45%  | N/A                      | N/A           | N/A                       |

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|--------------------|------------------|------------|------------|------------|
|                    |                  |            |            |            |
| <b>Platelets</b>   | <b>150-400</b>   | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>WBC</b>         | <b>4-11</b>      | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Neutrophils</b> | <b>40-68</b>     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Lymphocytes</b> | <b>2.30-5.40</b> | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Monocytes</b>   | <b>3.0-13.0</b>  | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Eosinophils</b> | <b>0.0-8.0</b>   | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Basophils</b>   | <b>&lt;1</b>     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Bands</b>       | <b>&lt;1</b>     | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |

**Chemistry Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab</b>           | <b>Normal Range</b> | <b>Admission or Prior Value</b> | <b>Today's Value</b> | <b>Reason For Abnormal</b> |
|----------------------|---------------------|---------------------------------|----------------------|----------------------------|
| <b>Na+</b>           | <b>133-143</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>K+</b>            | <b>3.6-4.6</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Cl-</b>           | <b>101-111</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Glucose</b>       | <b>65-140</b>       | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>BUN</b>           | <b>8-23</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Creatinine</b>    | <b>0.8-1.4</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Albumin</b>       | <b>3.5-5.7</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Total Protein</b> | <b>6.0-8.3</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Calcium</b>       | <b>8.5-10.9</b>     | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Bilirubin</b>     | <b>&lt;1.2</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |

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|                 |               |            |            |            |
|-----------------|---------------|------------|------------|------------|
| <b>Alk Phos</b> | <b>34-104</b> | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>AST</b>      | <b>13-35</b>  | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>ALT</b>      | <b>10-25</b>  | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Amylase</b>  | <b>30-100</b> | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |
| <b>Lipase</b>   | <b>3-32</b>   | <b>N/A</b> | <b>N/A</b> | <b>N/A</b> |

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab Test</b> | <b>Normal Range</b> | <b>Admission or Prior Value</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|-----------------|---------------------|---------------------------------|----------------------|----------------------------|
| <b>ESR</b>      | <b>0-10</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>CRP</b>      | <b>&lt;3.0</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Hgb A1c</b>  | <b>4-5.6</b>        | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>TSH</b>      | <b>0.4-4.0</b>      | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |

**Urinalysis Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab Test</b>            | <b>Normal Range</b>     | <b>Admission or Prior Value</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|----------------------------|-------------------------|---------------------------------|----------------------|----------------------------|
| <b>Color &amp; Clarity</b> | <b>Yellow<br/>Clear</b> | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>pH</b>                  | <b>5.0-8.0</b>          | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Specific Gravity</b>    | <b>1.005-<br/>1.034</b> | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Glucose</b>             | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Protein</b>             | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Ketones</b>             | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>WBC</b>                 | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>RBC</b>                 | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |
| <b>Leukoesterase</b>       | <b>Negative</b>         | <b>N/A</b>                      | <b>N/A</b>           | <b>N/A</b>                 |

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           | N/A                     |
| Blood Culture        | Negative     | N/A                      | N/A           | N/A                     |
| Sputum Culture       | Negative     | N/A                      | N/A           | N/A                     |
| Stool Culture        | Negative     | N/A                      | N/A           | N/A                     |
| Respiratory ID Panel | Negative     | N/A                      | N/A           | N/A                     |

**Lab Correlations Reference (APA):**

Assessment Technologies Institute. (2019). *Content mastery series review module: RN nursing care of children* (11<sup>th</sup> ed.).

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

Soghier, L. (2014). *Reference range values for pediatric care*. American Academy of Pediatrics.

**Diagnostic Imaging**

**information unavailable due to limitations in the vSim**

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (APA): N/A

**Current Medications (8 points)**

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

|                                    |   |   |   |  |   |
|------------------------------------|---|---|---|--|---|
| <b>Brand/Generic</b>               | <b>EpiPen/<br/>epinephrine</b>  | <b>Zantac/<br/>ranitidine</b>   | <b>Benadryl/<br/>diphenhydramine</b>  | <b>Solu-Medrol/<br/>methylprednisolone</b>                         | <b>0.9NS<br/>(Normal<br/>Saline)</b>  |
| <b>Dose</b>                        | <b>0.3mg</b>  | <b>20mg</b>   | <b>25mg</b>   | <b>10mg</b>  | <b>420mL bolus<br/>given over 30<br/>min</b>  |
| <b>Frequency</b>                   | <b>STAT (one<br/>time)</b>  | <b>STAT (one<br/>time)</b>  | <b>STAT (one time)</b>  | <b>One Time</b>  | <b>One Time</b>   |
| <b>Route</b>                       | <b>IV</b>   | <b>IV</b>   | <b>IV</b>   | <b>IV</b>  | <b>IV</b>   |
| <b>Classification</b>              | <b>Adrenergic<br/>agent/<br/>vasoconstrictor</b>  | <b>Antihistamine<br/>/ Antacid</b>  | <b>Antihistamine</b>  | <b>Glucocorticoid</b>  | <b>Fluid<br/>Replacement</b>  |
| <b>Mechanism of<br/>Action</b>     | <b>Adrenaline that<br/>raises heart<br/>rate, bp, and<br/>metabolism to<br/>improve the<br/>body's "fight or<br/>flight response"</b> | <b>Blocks<br/>histamine,<br/>which is<br/>elevated in an<br/>allergic<br/>response and<br/>increases<br/>inflammation</b> | <b>Blocks<br/>histamine, which<br/>is elevated in an<br/>allergic response<br/>and increases<br/>inflammation</b> | <b>Reduces<br/>inflammation in<br/>the airway</b>                  | <b>Treats fluid<br/>shifts by<br/>increasing<br/>extracellular<br/>fluid's saline<br/>content. This<br/>prevents<br/>hypotension.</b> |
| <b>Reason Client<br/>Taking</b>    | <b>Anaphylaxis<br/>treatment-<br/>Increases the<br/>body's ability to<br/>fight an allergic<br/>reaction</b>                          | <b>Anaphylaxis<br/>treatment- To<br/>reduce<br/>inflammation<br/>and increase<br/>oxygenation</b>                         | <b>Anaphylaxis<br/>treatment- To<br/>reduce<br/>inflammation<br/>and increase<br/>oxygenation</b>                 | <b>To reduce<br/>inflammation and<br/>increase<br/>oxygenation</b> | <b>To prevent<br/>hypotension<br/>following the<br/>other<br/>medications<br/>given</b>   |
| <b>Concentration<br/>Available</b> | <b>1mg/mL<br/>(1:1000),<br/>1mg/10mL<br/>(1:10000)</b>  | <b>15 mg/mL, 25<br/>mg/mL, 1 mg/<br/>mL</b>   | <b>50 mg/mL, 12.5<br/>mg/5 mL, 25mg/<br/>mL, 10 mg/mL,<br/>6.25 mg/5 mL,<br/>5mg/mL,<br/>6mg/mL, 6.25</b>         | <b>40mg/mL, 125mg/<br/>mL, 500mg/mL,<br/>1g/mL, 2g/mL</b>          | <b>0.9%</b>   |

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|   |  |   | mg/mL   |   |   |
|---|--|---|---|---|---|
| <b>Safe Dose Range Calculation</b>        | <b>0.21mL q3-5min for up to 2.5mg</b>  | <b>105-210mg/day</b>  | <b>105mg-300mg/day (1.25mg/kg QID)</b>  | <b>21mg-42mg/day (1-2mg/kg/day)</b>   | <b>Safe dose dependent on pt age, weight, and clinical evaluation</b><br><br><b>(1,520mL max daily dose)</b>  |
| <b>Maximum 24-hour Dose</b>               | <b>2.5mg</b>   | <b>210mg/day</b>  | <b>300mg</b>  | <b>42mg</b>   | <b>1,520mL</b>  |
| <b>Contraindications (2)</b>              | <b>Do not use in patients with severe renal insufficiency.</b><br><br><b>Do not give to patients with hypokalemia.</b>   | <b>Do not take with Tylenol or Ibuprofen.</b><br><br><b>Do not give to patients with liver failure.</b>   | <b>Do not give to children under two-years-old.</b><br><br><b>Do not give with other sedatives or antihistamines except under medical supervision.</b>                    | <b>Do not give if the patient is showing signs of infection.</b><br><br><b>Do not give to premature infants.</b>  | <b>Patients with congestive heart failure.</b><br><br><b>Patients with severe renal insufficiency.</b>  |
| <b>Side Effects/Adverse Reactions (2)</b> | <b>Tachycardia, Shakiness</b>  | <b>Fatigue, Headache</b>  | <b>Constipation, Dry Mouth</b>  | <b>Irritability, Nausea</b>   | <b>Fever,</b><br><br><b>Hypervolemia</b>  |
| <b>Nursing Considerations (3)</b>         | <b>Do not give to premature infants who weigh less than 5kg.</b><br><br><b>Monitor heart rate closely for supraventricular tachycardia.</b><br><br><b>Monitor electrolytes for hypernatremia, hypercalcemia, and</b> | <b>Administer with food if stomach upset occurs.</b><br><br><b>Consider reduced dosage for those with kidney dysfunction.</b><br><br><b>Monitor B-12 vitamin levels, as this medication</b> | <b>Administer with food if stomach upset occurs.</b><br><br><b>Monitor patient and give lowest effective dose.</b><br><br><b>Monitor I&amp;O's for urinary retention.</b> | <b>Administer with food if stomach upset occurs.</b><br><br><b>This medication must be tapered down if taken for more than 2 days.</b><br><br><b>Once a patient improves, this medication should be stopped as quickly and safely as possible. Long term use leads to</b> | <b>Watch for signs of pulmonary edema.</b><br><br><b>Monitor electrolyte values to ensure pt is not overly diluted with fluid.</b><br><br><b>May cause sodium</b> |

|                                  |  |  |   |  |  |
|----------------------------------|--|--|---|--|--|
|                                  | <b>hyperkalemia.</b>   | <b>may lower them.</b>   |   | <b>side effects including hyperglycemia, weight gain, and severe mood swings.</b>  | <b>retention in renal failure patients.</b>  |
| <b>Client Teaching needs (2)</b> | <p><b>This medicine might make you feel shaky and make your heart beat really fast. This is normal.</b></p> <p><b>Let someone know if you start to get itchy or your throat starts to get tight again like it was today.</b></p> | <p><b>Let someone know if you start to get itchy or your throat starts to get tight again like it was today.</b></p> <p><b>Let someone know if you get really tired or dizzy, and don't get up without help if you are feeling this way.</b></p> | <p><b>This medicine might make you feel sleepy or make you really thirsty.</b></p> <p><b>Let someone know if you start to get itchy or your throat starts to get tight again like it was today.</b></p> | <p><b>Let someone know if you start to get itchy or your throat starts to get tight again like it was today.</b></p> <p><b>If your tummy starts to feel sick, you can eat some crackers, and that should help.</b></p> | <p><b>Let someone know if your arm starts to hurt around that tube or if it starts to look red.</b></p> <p><b>Let someone know if it gets hard to breathe again.</b></p> |

**Medication Reference (APA):**

2019 Nurse's Drug Handbook (18<sup>th</sup> ed.). (2019). Jones & Bartlett Learning.

Hospira. (2014). *0.9% sodium chloride injection, USP*. Food and Drug Administration (FDA).

[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/016366s214lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/016366s214lbl.pdf)

**Assessment**

**Physical Exam (18 points)**

|                           |  |
|---------------------------|--|
| <b>GENERAL (1 point):</b> |  |
|---------------------------|--|

|   |  |
|---|--|
| <p><b>Alertness:</b></p> <p><b>Orientation:</b></p> <p><b>Distress:</b></p> <p><b>Overall appearance:</b></p>   | <p>A&amp;O x3. Pt knows name &amp; birthday, location, and names of parents.</p> <p>Pt is complaining of difficulty breathing. He states, "I can't breathe, please help me!"</p> |
| <p><b>INTEGUMENTARY (2 points):</b></p> <p><b>Skin color:</b></p> <p><b>Character:</b></p> <p><b>Temperature:</b></p> <p><b>Turgor:</b></p> <p><b>Rashes:</b></p> <p><b>Bruises:</b></p> <p><b>Wounds: .</b></p> <p><b>Braden Score:</b></p> <p><b>Drains present: Y <input type="checkbox"/> N</b></p> <p><b>Type:</b></p> | <p>Slightly blue</p> <p>WNL</p> <p>WNL</p> <p>Normal elasticity</p> <p>None</p> <p>None</p> <p>None</p> <p>Braden Score=21 → No Risk for pressure injury</p> <p>None</p>         |
| <p><b>HEENT (1 point):</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p> <p><b>Thyroid:</b></p>   | <p><b>Some information unavailable due to limitations in the vSim</b></p>  |

|  |   |
|--|---|
|  |   |
| <p><b>CARDIOVASCULAR (2 points):</b></p> <p><b>Heart sounds:</b><br/>S1, S2, S3, S4, murmur etc.</p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Location of Edema:</b></p> | <p>The rhythm and heart sounds are regular with no murmurs. The heart rate is fast (145bpm at time of assessment).</p> <p>Some information unavailable due to limitations in the vSim</p> |
| <p><b>RESPIRATORY (2 points):</b></p> <p><b>Accessory muscle use:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>  | <p>The pt has retractions, prolonged expiration phase, and audible wheezing. Increased respiratory effort present.</p>  |
| <p><b>GASTROINTESTINAL (2 points):</b></p> <p><b>Diet at home:</b></p> <p><b>Current diet:</b></p>   | <p>Normal diet</p> <p>Normal diet as tolerated</p>  |

|   |   |
|---|---|
| <p><b>Height (in cm):</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p style="padding-left: 40px;"><b>Distention:</b></p> <p style="padding-left: 40px;"><b>Incisions:</b></p> <p style="padding-left: 40px;"><b>Scars:</b></p> <p style="padding-left: 40px;"><b>Drains:</b></p> <p style="padding-left: 40px;"><b>Wounds:</b></p> <p><b>Ostomy:</b>     Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b>   Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;"><b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b>   Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;"><b>Type:</b></p> | <p>120 cm</p> <p>Bowel sounds are hyperactive on auscultation.</p> <p>Some information unavailable due to limitations of vSim.</p> <p>Abdomen is not distended, no incisions, scars, drains, or wounds present.</p> |
| <p><b>GENITOURINARY (2 Points):</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b>   Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p> <p><b>Dialysis:</b>   Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b>   Y <input type="checkbox"/>    N <input checked="" type="checkbox"/></p>   | <p>This information not available due to limitations of vSim.</p> <p>No catheterization.</p> <p>No pain with urination.</p>   |

|   |  |
|---|--|
| <p><b>Type:</b></p> <p><b>Size:</b></p>   |  |
| <p><b>MUSCULOSKELETAL (2 points):</b></p> <p><b>Neurovascular status:</b></p> <p><b>ROM:</b></p> <p><b>Supportive devices:</b></p> <p><b>Strength:</b></p> <p><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Fall Score:</b></p> <p><b>Activity/Mobility Status:</b></p> <p><b>Independent (up ad lib)</b></p> <p><b>Needs assistance with equipment</b></p> <p><b>Needs support to stand and walk</b></p> | <p>.</p> <p><b>Pt alert and responsive</b></p> <p><b>Normal ROM</b></p> <p><b>None</b></p> <p><b>FALL RISK=20 (Morse Fall Risk Scale)</b></p> <p><b>--Due to pt's IV tubing. This is a low risk.</b></p> <p><b>None</b></p> <p><b>Pt ad lib as tolerated</b></p> <p><b>Yes</b></p> <p><b>No</b></p> <p><b>No</b></p> |
| <p><b>NEUROLOGICAL (2 points):</b></p> <p><b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/><br/>Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p><b>Orientation:</b></p> <p><b>Mental Status:</b></p> <p><b>Speech:</b></p>  | <p>.</p> <p><b>Yes</b></p> <p><b>Pupils 4mm bilaterally and reactive to light.</b></p> <p><b>DTR's are normal. No signs of clonus.</b></p> <p><b>A&amp;O x3.</b></p> <p><b>No deficits noted.</b></p> <p><b>No deficits noted.</b></p>   |

|   |   |
|---|---|
| <p><b>Sensory:</b></p> <p><b>LOC:</b></p>   | <p><b>No deficits noted.</b></p> <p><b>No deficits noted.</b></p>   |
| <p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b></p> <p><b>Coping method(s) of caregiver(s):</b></p> <p><b>Social needs (transportation, food, medication assistance, home equipment/care):</b></p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p> | <p><b>information unavailable due to limitations in the vSim</b></p> <p>Pt is currently staying with his aunt and uncle while his parents are overseas in the military.</p> |

**Vital Signs, 1 set (2.5 points)**

| <b>Time</b> | <b>Pulse</b> | <b>B/P</b> | <b>Resp Rate</b> | <b>Temp</b> | <b>Oxygen</b> |
|-------------|--------------|------------|------------------|-------------|---------------|
| 1503        | 145          | 110/73     | 28/min           | 99F (ear)   | 90%           |

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

|                         |   |
|-------------------------|---|
| <b>Pulse Rate</b>       | 60-110  |
| <b>Blood Pressure</b>   | <p>Systolic=91-125</p> <p>Diastolic=53-84</p> |
| <b>Respiratory Rate</b> | 21-25/min                                     |

|                          |                 |
|--------------------------|-----------------|
| <b>Temperature</b>       | <b>98.6 F</b>   |
| <b>Oxygen Saturation</b> | <b>91-100 %</b> |

**Normal Vital Sign Range Reference (APA):**

Assessment Technologies Institute. (2019). *Content mastery series review module: RN nursing care of children* (11<sup>th</sup> ed.).

Soghier, L. (2014). *Reference range values for pediatric care*. American Academy of Pediatrics.

**Pain Assessment, 2 sets (2 points)**

| <b>Time</b>   | <b>Scale</b>                   | <b>Location</b> | <b>Severity</b> | <b>Characteristics</b> | <b>Interventions</b> |
|---|--------------------------------|-----------------|-----------------|------------------------|----------------------|
| <b>1505</b>   | <b>0-5<br/>FACES<br/>scale</b> | <b>N/A</b>      | <b>0</b>        | <b>N/A</b>             | <b>N/A</b>           |
| <b>Evaluation<br/>of pain<br/>status <i>after</i><br/>intervention</b>                                  | <b>N/A</b>                     | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>             | <b>N/A</b>           |
| <b>Precipitating factors: Pt reports no pain during assessment.<br/>Physiological/behavioral signs:</b> |                                |                 |                 |                        |                      |

**Intake and Output (1 points)**

|                                |   |
|--------------------------------|---|
| <b>Intake (in mL)</b>          | <b>Output (in mL)</b>                       |
| <b>420mL bolus of 0.9NS IV</b> | <b>Unavailable due to vSim limitations.</b> |

**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. Pt knows and verbalizes the names of his parents on request.
2. Pt knows and verbalizes he is in the hospital.
3. Pt asks clearly for help by stating, "I can't breathe, please help me!" These words are all easily understood.

### **Age Appropriate Diversional Activities**

1. Give the patient a book to look through while his treatments are being completed.
2. Allow the patient to keep a favorite stuffed animal or toy with him for comfort.
3. Give the patient some play-dough to mold with his hands.

### **Psychosocial Development:**

**Which of Erikson's stages does this child fit?** Industry vs. Inferiority (6-11)

**What behaviors would you expect?** The child is building relationships, building his own self esteem based on learning and accomplishments.

**What did you observe?** Pt expressed himself well in asking for help. He did not try to get out of the hospital bed or remove his IV tubing. Some information limited due to limitations of vSim.

### **Cognitive Development:**

**Which stage does this child fit, using Piaget as a reference?** Pre-operational

**What behaviors would you expect?** Pretending, egocentric thinking.

**What did you observe?** The patient interrupted the nurse to tell her he needed help at the beginning of this simulation. While this would be appropriate at any age, information is difficult to come up with given the limitations of the vSim. 😊

**Vocalization/Vocabulary:**

**Development expected for child’s age and any concerns?** No concerns noted. Pt seemed to have normal development.

**Any concerns regarding growth and development?** No concerns noted. Pt seemed to have normal growth and development.

**Nursing Diagnosis (15 points)**

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

| <p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul> | <p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul> | <p><b>Intervention (2 per dx)</b></p>   | <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> |
|---|---|---|--|
| <p><b>1.</b> Impaired gas exchange due to airway inflammation from allergic reaction as</p>   | <p>Oxygen delivery is essential for all processes in the body. Proper oxygenation keeps tissue alive</p>                | <p>1. Monitor SpO2 continuously and adjust oxygenation as necessary.<br/>2. Administer O2 via</p> | <p>The nurse started the pt on a nonrebreather mask at 12L/min.<br/><br/>When the patient’s SpO2 improved to 99%, the</p>  |

N433 Care Plan

|  |   |  |   |
|--|---|--|---|
| <p>evidenced by SpO2 (89%), tachycardia (145bpm), and dyspnea on admission.</p>  | <p>and provides energy that fuels all metabolic, hormonal, and muscular processes.</p>  | <p>nonrebreather mask and titrate to maintain SpO2 &gt;94%.</p>  | <p>patient was placed on a nasal cannula at 3L/min and able to maintain adequate oxygenation.</p>   |
| <p>2. Ineffective breathing pattern due to airway inflammation as evidenced by audible wheezing that took increased effort and SpO2 at 89%.</p>                        | <p>Patient’s primary complaint was stated, “I can’t breathe, please help me!”</p>   | <p>1. Administer ordered diphenhydramine to reduce inflammatory response caused by histamine.<br/><br/>2. Monitor oxygen saturation and changes in level of consciousness (LOC).</p>   | <p>Pt tolerated diphenhydramine well.<br/><br/>Oxygenation improved to 98%, and dyspnea subsided by the end of the simulation.<br/><br/>The patient showed no changes in LOC.</p>   |
| <p>3. Deficient knowledge related to dangers of ingesting allergens as evidenced by patient eating a peanut butter cookie while knowing he is allergic to peanuts.</p> | <p>If the cause is not identified and addressed, the patient will be back in the same situation in the future.</p>                              | <p>1. Teach patient the importance of avoiding foods with the words “peanut” or “peanut butter” in the ingredients.<br/><br/>2. Show patient how to read labels and where to look for “allergy warnings” at the bottom of most ingredient lists. Avoid foods that “may contain peanuts”.</p> | <p>Pt understands that peanut butter contains the same peanuts he is allergic to and knows to avoid these ingredients in the future.<br/>He was able to identify an allergy warning on his milk carton during dinner at the hospital.</p> |
| <p>4. Deficient knowledge about allergy identification bands and home management medications as evidenced by</p>   | <p>Promoting awareness of the patient’s allergy with the use of a bracelet or necklace will help others recognize what is going on if he is</p> | <p>1. Give the patient/ his family a brochure about how to order an allergy alert bracelet. Show him there are some “cool styles” he can wear.</p>   | <p>The patient picked a design he liked, and his aunt helped him fill out the form to order one online. He agreed to wear the bracelet and verbalized understanding of the reasons it would help him be safe.</p>                         |

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|   |  |   |   |
|---|--|---|---|
| patient not wearing a bracelet or necklace identifying peanut allergy and no mention of EpiPen administration prior to admission. | in danger.<br><br>If the patient carries an EpiPen, his body can fight the allergic reaction more strongly while he is on his way to the hospital. This may make the difference between life and death in an anaphylactic situation. | 2. Teach the client and his family about how to administer an EpiPen if he starts to feel short of breath or like his throat is closing in. Educate them that it might make his heart race, and that he might get shaky. It is better to get this shot if he <i>might</i> be having an allergic reaction than to put treatment off. | The patient and his aunt demonstrated proper use of an EpiPen. The patient's aunt said she would make sure the school nurse and his teacher were informed the patient would have one in his backpack. |
|---|--|---|---|

**Other References (APA):**

Gulanick, M. & Myers, J. L. (2017). *Nursing care plans: Diagnoses, interventions, & outcomes* (9<sup>th</sup> ed.). Elsevier.

Mayo Clinic. (2019). *Anaphylaxis*. <https://www.mayoclinic.org/diseases-conditions/anaphylaxis/diagnosis-treatment/drc-20351474>

**Concept Map (20 Points):**

**Subjective Data**

Pt states, "I can't breathe, please help me!"

Impaired gas exchange due to airway inflammation from allergic reaction as evidenced by SpO2 (89%), tachycardia (145bpm), and dyspnea on admission.==> The nurse started the pt on a nonrebreather mask at 12L/min. When the patient's SpO2 improved to 99%, the patient was placed on a nasal cannula at 3L/min and able to maintain adequate oxygenation.

**Nursing Diagnosis/Outcomes**

Ineffective breathing pattern due to airway inflammation as evidenced by audible wheezing that took increased effort and SpO2 at 89%.==> Pt tolerated diphenhydramine well. Oxygenation improved to 98%, and dyspnea subsided by the end of the simulation. The patient showed no changes in LOC.

Deficient knowledge related to dangers of ingesting allergens as evidenced by patient eating a peanut butter cookie while knowing he is allergic to peanuts.==> Pt understands that peanut butter contains the same peanuts he is allergic to and knows to avoid these ingredients in the future. He was able to identify an allergy warning on his milk carton during dinner at the hospital.

Deficient knowledge about allergy identification bands and home management medications as evidenced by patient not wearing a bracelet or necklace identifying peanut allergy and no mention of EpiPen administration prior to admission.==> The patient picked a design he liked, and his aunt helped him fill out the form to order one online. He agreed to wear the bracelet and verbalized understanding of the reasons it would help him be safe.

The patient and his aunt demonstrated proper use of an EpiPen. The patient's aunt said she would make sure the school nurse and his teacher were informed the patient would have one in his backpack.

**Objective Data**

Pulse 145bpm  
BP 110/73  
Resp Rate 28/min  
Temp 99F  
SpO2 90%  
Pain 0

Audible wheezing  
Some cyanosis

**Patient Information**

6y.o.  
Male  
Caucasian  
Admitted for anaphylaxis  
due to peanut allergy  
after he ate a peanut  
butter cookie.

**Nursing Interventions**

