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NUR392C
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Medical Diagnosis (admitting):

- Bronchopulmonary Dysplasia
- Tracheomalacia
- thrombocytosis
- retinopathy
- reflux GERD
- respiratory failure

Diagnostic Tests and Results: No diagnostic tests available

Past Medical History:

- dysphagia(chronic)
- COVID-19(resolved)
- delayed immunizations(resolved)
- Jejunostomy tube present(resolved)
- Retinopathy of prematurity(resolved)
- sedative dependence(resolved)
- Bohring Opitz Syndrome(chronic)
- gastroesophageal reflux(chronic)
- hearing loss(chronic)
- macrocephaly(chronic)
- preterm newborn 25-26 wks(chronic)
- pulmonic stenosis(chronic)
- respiratory failure(chronic)
- Severe BPD(chronic)
- sinus venosus defect(chronic)
- tracheomalacia(chronic)
- tracheostomy in place(chronic)
- lymphatic drainage disorder(resolved)
- pulmonary hypertension(resolved)
- ventilator dependence(resolved)

Medications:

- acetaminophen (tylenol liquid) 180mg GT Q6H PRN-mild pain
- albuterol sulfate 2.5mg IH Q6H PRN for resp. Distress
- albuterol/ipratropium (atrovent) 3ml IH BID R8 SCH
- Cetirizine HCL (zyrtec) 2.5mg GT bedtime SCH
- famotidine (pepcid) 8mg GT BID SCH
- ferrous sulfate 45mg PO daily SCH
- ferrous sulfate 30mg GT daily @1730 SCH
- glycerin 1 suppository rectal PRN daily
- hydrocortisone cream TP BID SCH
- Ibuprofen(motrin) 120mg GT Q6H PRN
- Peds. Multivitamin 1ml GT daily SCH
- Simethicone (gas relief) 40mg GT Q6H SCH
- sodium chloride 21meq GT daily SCH

Assessment:

2y2mo old male with NKA. Patient is alert, but non-verbal. Vitals:97.4, 108, 23, 103/52, 97%, pain 0/10. RRR. Normal s1 and s2. Pedal pulse 2+ and equal bilaterally, capillary refill <3 seconds. Patient on room air: tracheostomy 4.5 flex uncuffed bivona. Passy muir valve is used 1 hour daily. Lung sounds equal bilaterally, equal rise and fall of chest. GT tube in place for medication administration as well as feeds that run for 5 hours followed by one hour not running, for a 5:1 ratio. Patient receives pediasure peptide 1.0. Patients abdomen is distended but non-tender. Normoactive bowel sounds in all four quadrants. Patient voids into diaper. Diaper at 0900 weighed 144ml. All skin is intact, no breakdown. Musculoskeletal development is delayed. Patient sits in a wheelchair, receiving PT/OT.

Nursing Diagnosis:Risk for impaired development related to lifelong hospital stay as evidenced by being nonverbal, inability to walk, and OT/PT.

Expected Outcome:During an 8 hour shift, patient will participate in interventions to improve development.

Interventions:

1. Talk to the patient as you are doing nursing care, this way they have exposure to vocabulary.
2. Encourage patient participation in PT/OT.
3. Educate parents on the importance of PT/OT on child's development.
4. Check patients developmental milestones to compare where they fall in comparison to other children their age.

Evaluation:Patient participated in interventions to improve development during 8 hour shift.

Nursing Diagnosis:Risk for impaired skin integrity related to long-term hospital stay as evidenced by urinary incontinence, imbalanced nutrition, and inability to self-mobilize.

Expected Outcome:During an 8 hour shift, patient will show no signs of impaired skin integrity.

Interventions:

1. Ensure the patient's skin is dry and moisturized.
2. Reassess patients skin integrity every 4 hours.
3. Use pillows to support the patient, and remove pressure off of bony prominences.
4. Ensure patients diaper is clean and dry.

Evaluation:Patient showed no signs of impaired skin integrity during the 8 hour shift.

Nursing Diagnosis:Risk for malnutrition related to dysphagia as evidenced by GT feeds, weekly weight order, and strict I's and O's.

Expected Outcome:During an 8 hour shift, patient will show no signs of malnutrition.

Interventions:

1. Administer Pediasure peptide 1.0 via GT as per providers order.
2. Strictly monitor I's & O's.
3. Weigh patient weekly as per providers order to monitor for weight loss.
4. Keep patient upright for GT medications and feeds to decrease chance of emesis.

Evaluation: Patient showed no signs of malnutrition during 8 hour shift.

Nursing Diagnosis: Risk for respiratory distress related to respiratory failure as evidenced by tracheostomy, continuous O2 monitoring, and albuterol sulfate PRN for respiratory distress.

Expected Outcome: During an 8 hour shift, patient will show no signs of respiratory distress.

Interventions:

1. Continuous O2 monitoring.
2. Administer albuterol/ipratropium as per providers orders.
3. Assess patients lung sounds every 4 hours, to assess for adventitious or decreased lung sounds.
4. Suction patient secretions PRN.

Evaluation: Patient showed no signs of respiratory distress during 8 hour shift.