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Blythedale Clinical
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Patient Initials: RB 3yM

Medical Diagnosis: Failure to thrive related to bronchopulmonary dysplasia
Tests: no tests ordered at this time
Assessment findings: muscular weakness ROM 3+. Use of Passy Muir valve. Ventilator used 14hrs a day.

PMH: Short gut, bronchopulmonary dysplasia, chronic respiratory failure, pulmonary hypertension.

Medications:
Acetaminophen 192mg PRN
Albuterol sulfate 2.5mg PRN
Bosentan 16mg BID
Cetrizine Hcl 5mg
Docusate Sodium 30mg
Furosemide 10mg BID
Melatonin 0.5mg
Olopatidine 1 drop both eyes daily
Omeprazole 8mg
Polyethylene Glycol 8.5g
Sildenafil Citrate 10mg
Simethicone 40mg
Sodium Chloride 3mL
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Nursing Dx: Risk for falls related to muscular weakness

Expected outcome: Patient will remain fall free by the end of the clinical shift

Interventions:
Put crib side rails up everytime nurse needs to leave or turn her back
Put wheelchair in the locked position before attempting to move patient
Move toys out of walkway before attempting to move patient
Fully strap the patient into wheelchair before moving it.

Evaluation: Goal met, patient remained fall free by the end of the clinical shift.
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Nursing Dx: Risk for ineffective airway clearance related to neuromuscular impairment

Expected outcome: Patient will maintain effective respiratory pattern by the end of clinical shift

Interventions:
Reassess vitals every 4 hours
Educate parent about tracheostomy and maintaining clearance of airway
Assess tracheostomy for any plugs
Maintain lying position for patient
Loosen clothing from neck area

Evaluation: Goal met, patient maintained effective respiratory pattern by the end of the clinical shift.

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Nursing Dx: Risk for impaired cardiac function related to increased vascular resistance

Expected outcome: Patient will demonstrate stable cardiac rhythm by the end of the clinical shift

Interventions:
Monitor and record BP every
Review any factors that could potentially stress the heart
Note the presence and quality of peripheral pulses
Auscultate the heart every 4 hours
Observe capillary refill every 4 hours
Observe for any decrease in regular activity
Minimize loud sounds and environmental activity

Evaluation: Goal met, patient demonstrated stable cardiac rhythm by the end of the clinical shift.

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Nursing Dx: Risk for infection related to invasive intubation

Expected outcome: Patient will show no signs of infection by the end of the clinical shift.

Interventions:
Educate parent about signs of infection
Assess vitals every 4 hours
Auscultate breath sounds every 4 hours for any crackles
Assess temperature every 4 hours
Assess if white blood cells are elevated as per doctor’s orders

Evaluation: Goal met, patient showed no signs of infection by the end of the clinical shift.