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During this week of clinical, I was assigned a 7-year-old with facial cellulitis. My patient's vitals were BP 98/67, P 115, Temp 100.9, and O2 100%. On the nurse's note sheet, they made note of the patient's temperature throughout the shift. The patient had a temperature that started to go down but later went back up to 100.9. Facial cellulitis is a bacterial infection of the skin. It can occur around the cheeks, eyes, ears, and neck. Cellulitis causes the skin to be red, warm, and swollen.

Our patient was given Tylenol for the fever and ampicillin 200 mg/kg Q6 for the infection. For assessment of a patient with facial cellulitis, you want to palpate the affected area. You are feeling to see if the area is warm, swollen, and or tender to touch. You would also inspect to see if the swelling has gone to any other areas. Patient education is very important. If the affected area is draining, we can cover the wound with a clean bandage. The patient should not share or reuse equipment with other patients. The patient should also be instructed to complete the entire course of the antibiotic medication. Often, patients start to feel better, or the swelling has decreased and they stop taking the medication, they should always continue until the medication is finished.

Growth charts are an essential part of pediatric nursing. As a group, we went over growth charts specifically focusing on height, weight, and BMI. I would say this was the greatest challenge of the week. Pediatrics is a new environment for me, and the concept of growth charts was a bit hard to grasp. Thanks to the help of our clinical instructor and practice on my own I am starting to feel more comfortable working with them. It is interesting to follow the trend and to

see if the child has significantly dropped in percentile ranking. This can be caused by various reasons.

The greatest accomplishment of the week was when our patient was getting ready to go down for oral surgery. She was upset and started crying. When we asked her why she stated, she is scared and does not want any more medication. We began speaking to her about her toys, cousins, school, and her favorite tv shows. Even if it was momentarily, it took her mind off of what was going on and made her smile.

I can improve by automatically knowing how to intervene when a pediatric patient is upset and or crying. While this method might have worked for this child, it might not for another. There are so many different techniques that can be used to diffuse a situation and calm a child down. I am constantly reminding myself that this is an ongoing learning experience and that pediatrics requires a different approach, language, and no two patients are the same. I demonstrated effective communication with the patient, family members, staff members, and members of my clinical group to promote optimal health for our patient.

The scripture reference this week is, “And we know that God causes everything to work together for the good of those who love God and are called according to his purpose for them.” (Romans 8:28) This bible verse has been very motivating because even when we are not sure of how we will pull through certain situations God always does. God had a purpose for us long before we knew it even existed and I pray each day that God continues to shine his light on me.