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On 3/28 I was assigned to a 3y 10m old Male who was admitted to the hospital for Respiratory Failure with unspecified hypoxia. These were the complications that he was presenting along with his respiratory failure: (hypokalemia, tracheostomy, chromosome 8p23.1 deletion syndrome, dysplastic pulmonary valve, esotropia of both eyes, GERD w/o esophagitis, GT and JT tubes in place, generalized intestinal dysmotility, Pulmonary HTN, and a atrioventricular canal repair. He is on Contact Precaution for MRSA(so we had to wear a gown and gloves) and is at Fall Risk. Chromosome 8p23.1 deletion involves a partial deletion of the short arm of chromosome 8 characterized by low birth weight, postnatal growth deficiency, mild intellectual deficit, hyperactivity, craniofacial abnormalities, and congenital heart defects. For my assessment it was tricky to complete because he was hyperactive with his legs moving in all directions. So the nurse helped me hold him down so I could do my head to toe. Upon assessment he was AxO (non-verbal), hyperactive, didn't express any signs of pain, his ventilator was set at a rate of 14 & o2 sat 28%, lungs were clear to auscultation, Vitals (BP:100/74, HR 87, RR 16, Temp 97.4), no edema, does have a scar down his sternum due to the AV canal repair, GT/JT tube placement combined, recurring enteral feedings, normoactive bowel sounds, diapered and incontinent, full ROM of all extremities, able to move side to side on his own. I was able to give a variety of medications to my patient. Since he was NPO due to his tracheostomy, we had to prepare his meds in liquid form within syringes to be given through this

GT tube. It was interesting because after each administration, we had to lock it until we are ready to give the next one and the process repeats.

During his wound care it was very difficult to hold him down. We had to take off the wrap and bandage, clean the infected area, let it air dry a little then apply the collagenase ointment, and lastly apply the new bandage and wrap. Based on what the nurse said, the eschar around the wound is getting worse but the center of the wound is getting better. Another thing I was able to do on that clinical day was being able to change another patient's trach cannula. I'd say it was a great day. Communication was great between the nurses and that one parent that allowed us to change their child's inner trach cannula. We gained her trust and she also guided us and notified how her child reacts during each inner cannula change. The biblical scripture I chose for that day would be "The Lord sustains them on their sickbed and restores them from their bed of illness" (Psalm 41:3). In regards to my patient's condition, I do pray and hope that he is able to be weaned off the ventilator in the future and breathe on his own, and I hope that the wound on his right foot heals.