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NUR392: Nursing Care of Children and Adolescents

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Week 3 of our clinical journey consisted of taking care of a 3 month old boy whose chief complaint was audible wheezing and irregular breathing. The official medical diagnosis was bronchiolitis, which is primarily caused by a viral infection. This patient was on both contact and droplet precautions due to the nature of this disease being able to spread through skin to skin contact, coughing and sneezing. After donning the appropriate PPE, I spoke to the mother to get a gist of the situation of her child. She revealed to us that the day prior, her child's appetite had steadily declined and had difficulty sleeping. It was through the consistent treatment of albuterol that he was able to breathe easier and regained his appetite as he was able to consume about 3 bottles of similac that morning. I handled the focus assessment of the child, I listened to his lung sounds which revealed audible wheezing in both lobes. Respirations were high at 42 breaths per min, oxygen saturation 98 on room air, skin is elastic warm and pink throughout the body. The baby was very active and did not showcase any worsening signs and symptoms. After assessment, the respiratory therapist arrived and administered albuterol via nebulizer for about 15 minutes then nasal suction to remove secretions.

After treatment, I assessed the lungs and noted that the wheezing had subsided and the baby's respirations improved considerably. We did hourly checks and the vital signs were consistent throughout. I personally did not face much of a challenge this week as I felt everything was clicking for me. I was able to take the lead in speaking with the parent and assessing the child. It felt as though the cumulation of my learning bore fruit as I began to understand what to do with minimal assistance from my group. This speaks volumes to my personal growth and professional development. My spiritual growth remained consistent since last week, as I made it a point to continue to refer to God for guidance.

My greatest accomplishment would be the ability to assess my patient without causing them any distress. We were taught a specific order to assess pediatric patients in order to obtain reliable results and lower chances of distress. Being able to follow this flowchart allowed me to accurately interpret the effectiveness of the treatment in my patient. Reviewing the technical skills I displayed with this patient, I can definitely say that I provided effective nursing actions for this patient. My communication skills were a big highlight as I was able to discuss with the

mother what is currently happening and education on what to look out for. A scripture reference for this week Proverbs 16:23 “The hearts of the wise make their mouths prudent, and their lips promote instruction.” As I stated earlier, communication with the mother was vital to understanding the condition of her child as this patient is an infant and cannot speak. It was the combination of this and my own assessment that I was able to provide instruction on how to care for her child at home.