

Pediatric Concept Map

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Nursing Dx: Risk for fluid volume deficit

Expected Outcome: Pt will have urine output more than 30 ml per hour and normal skin turgor

Interventions

1. Encourage increase in fluid intake
2. Monitor weight of pt daily
3. Administer iv hydration via orders
4. Educate caregivers on signs and how to prevent dehydration

Evaluation- After 8 hours of nursing intervention pt

Met goal for urine output greater than 30 ml per hour

Nursing Dx Imbalanced Nutrition: Less than body requirements

Expected Outcome: Pt will have increased nutritional intake and absence of vomiting

Interventions

1. Provide diverse diet according to child's needs
2. Provide parenteral fluids as ordered
3. Provide inviting environment and offer opportunities to socialize
4. Refer pt to dietitian if needed

Evaluation- After 8 hours of nursing intervention pt had decrease in vomiting and increase in nutritional intake. Goal met

Past Medical History

-None noted

Medical Diagnosis

Gastroenteritis

BP:97/162

Pulse:133

Res:27

Temp: 98.8

02: 98

Medications

-Dextrose + D5W

-Sodium Chloride

Nursing Dx: Diarrhea

Expected Outcome: Pt will pass soft, formed stool no more than 3 times per day

Interventions

1. Encourage pt to eat foods high in potassium
2. Educate caregivers and pt on perineal care after bowel movement
3. Teach client importance of proper handwashing
4. Encourage fluid intake

Evaluation- After 8 hours pt has two bm, soft and formed

Nursing Dx: Deficient Knowledge

Expected Outcome: Caregivers and pt will verbalize understanding of the causes of gastroenteritis, mode of transmission, and management of symptoms.

Interventions

1. Teach symptoms and when to report to provider
2. Educate on the importance of proper hand washing to prevent bacteria spread
3. Educate on food preparation and proper storage
4. Educate on the cause and treatment of gastroenteritis

Evaluation: Family verbalized understanding of gastroenteritis and preventative measures