

Nyack College SON- Concept Map

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Nursing Dx: risk of fall evidence by age less than 2 years of age

Expected Outcome: Patient parent will relate the intent to use safety measures to prevent falls.

Interventions

- 1 Place beds at the lowest possible position.**
- 2.Ensure side rails are up if no one is attending to patient
- 3 . provide signs for patient at risk for f To remind healthcare providers to Liters implement fall precaution
- 4.Educate parent about the danger of using high chairs and walkers

EVALUTION:

The patient's parent verbalizes strategies to increase safety and fall prevention during the 8 hour period.

Past Medical History

Covid in January

UTI Infections

Medical Diagnosis

Acute gastroenteritis with Dehydration

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Assessment

Assess the client's knowledge of gastroenteritis, its mode of transmission, and its treatment.

**Potassium acetate iv 20meq
45ml/hr**

Tylenol 160mg every 6hrs

Nursing Dx: Diarrhea evidence by frequent loose stools

Expected Outcome: patient will pass soft stool no more than 3 times.

Interventions

- 1.Teach the client about the importance. of hand washing after each bowel movement 2
2. Encourage increase fluid intake of 1.5 to 2.5L unless contraindicated to prevent dehydration
3. Give antidiarrheal medication if prescribed
4. Educate the patient's family about the causes and Treatment for gastroenteritis
5. Encourage the client to restrict the intake of Milk and diary products

EVALUTION:

Goal was met patient had 1 soft bowel.

Movement during the 8hour shift.