

Nursing Diagnosis: Ineffective Breathing Pattern r/t bronchiolitis a.e.b tachypnea, ineffective sputum elimination, and expiratory wheeze

Expected Outcome: Patient demonstrates effective breathing pattern a.e.b relaxed breathing at a normal rate and depth and the absence of dyspnea by discharge.

Intervention

1. Position the patient in semi-fowler's
2. Suction the secretions and administer humidified air, as prescribed
3. Educate the parents about signs and symptoms of respiratory distress
4. Reassess the patient's respiratory status, rate, and rhythm

Evaluation: Goal not met. Patient did not demonstrate effective breathing pattern a.e.b relaxed breathing at a normal rate and depth and the absence of dyspnea by discharge.

Nursing Diagnosis: Risk for Fluid Volume Deficit r/t inability to meet body requirements and increased metabolic demand a.e.b fever, tachypnea, and decreased urine output

Expected Outcome: Patient maintains fluid volume a.e.b oral mucosa moist and pink, skin turgor elastic, urine output at least 1 to 2 mL/kg/hr by the end of shift

Intervention

1. Encourage oral intake of fluids
2. Monitor intake and output
3. Reassess vital signs every hour
4. Educate parent on prevention and treatment of dehydration

Evaluation: Goal met. Patient maintained fluid volume a.e.b oral mucosa moist and pink, skin turgor elastic, urine output at least 1 to 2 mL/kg/hr by end of shift

Medication

- Prednisolone 15mg/5mL solution PO QID
- Albuterol nebulizer 2.5mg q2h
- D5 NaCl 0.9% with KCl mEq/L continuous
- Acetaminohen suppository 120 mg q6h PRN

Diagnostic Tests

- N/A

Medical Diagnosis
Bronchiolitis

Medical History

- N/A

Assessment

- BP: 86/55
- Hr: 121
- SpO2: 98%
- Rectal Temp: 99.7
- Labored breathing
- Expiratory wheeze bilaterally
- Bowel sounds hyperactive, round, soft
- Pedal pulse 2+

Nursing Diagnosis: Ineffective airway clearance r/t increased secretions a.e.b productive cough, tachypnea, and increased work of breathing

Expected Outcome: Patient maintains patent airway, free from secretions, easy work of breathing, respiratory rate within 20-30 bpm by discharge.

Intervention

1. Perform chest PT as needed
2. Reassess respiratory rate and vital signs q1h
3. Administer humidified room air or oxygen as prescribed
4. Educate the parent the signs of ineffective airway clearance and prevention

Evaluation: Goal not met. Patient did not have a patent airway, was not free from secretions, and labored breathing by discharge.

Nursing Diagnosis: Risk for Imbalanced Nutrition: Less than Body Requirements r/t a.e.b low BMI, parent feeding patient diluted pediasure, and parent knowledge deficit on proper nutrition

Expected Outcome: Patient's parent verbalizes the importance of proper nutritional intake by discharge.

Intervention

1. Educate patient and parents about healthy nutritional intake and well-balanced diets
2. Offer patient nutritional food options
3. Provide resources for proper nutrition and refer to dietician or nutrition specialist
4. Reassess height and weight daily

Evaluation: Goal not met. Patient did not verbalize the importance of proper nutritional intake a.e.b disregard of nutritional education, refusal to restate the importance of proper nutrition, and feeding child only water and diluted pediasure by discharge.