

Daniel Cedeno

Dr. Ibiezugbe

Alliance University

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On April 18th, I was assigned to a 15 year old Male who was admitted for a Fracture of Lumbosacral spine & pelvis, displaced fracture of tuberosity of Right calcaneus, Displaced fracture of Right Talus. Other complications included (anemia, BPPV, compression fracture of L1-L3, constipation, impaired ADL, Pain, pubic bone fracture, and Sacral Fracture). The story behind this was bizarre. The patient's story was that he was trying to get out of a "simulation" so he took a couple shots of Vodka and took Percocet, then proceeded to jump from a fire escape that was 3 stories high. The patient did deny that it was an attempt of suicide. He was on MRSA precaution, since one of the wounds was harboring the organism. It was a very resistant strain, so he was prescribed Rifampin. Normally, that medication is used to treat Tuberculosis, but we made sure he wasn't active in TB. The patient did indicate that he was urinating red, but it wasn't hematuria. He was aware that it was a side-effect to taking Rifampin. He did have a normal head-to-toe focused assessment. I noticed that he did have a PICC line on his left arm and I had the opportunity to administer Cubicin (an antibiotic used to treat serious bacterial infections. It works by stopping the growth of bacteria). My assumption was that it was to help treat the MRSA infection. Specific lab values were low (Hgb 12.8, Creatinine 0.7, Total Bilirubin 0.2) and his ESR was high with a value of 31. These were the set of medications that was able to give him (Rifampin, Gabapentin, Methylphenidate, Ferrous sulfate, Docusate sodium, Cholecalciferol, ascorbic acid, and Cubicin). My patient was improving when it came to

ambulation. He was using a wheelchair, now he can use his crutches to get around. After my patient, I had the opportunity to help the nurse do her rounds in providing medication to other patients, provide wound care, and replace the inner cannula of the Tracheostomy. It was a very productive day, I learned a lot from the nurse and my professor. One thing I need to work on is preparation of medications. I feel like I am slow with opening the ones with pills, and think that I will get the medications mixed up. One bible verse I would use for that clinical day would be “The end of all things is near. Therefore be alert and of sober mind so that you may pray” (1 Peter 4:7). The reason for that is because I pray for my patient to have a more clear mind in the future so he doesn't get himself in dangerous situations like that again.