

Nursing Dx:

P: Ineffective airway clearance

E: r/t excessive secretions as evidenced by tracheostomy

S: Copious secretions, and irregular breathing pattern.

Expected Outcome:

The Patient will maintain an oxygen sat of 95-100% throughout the entire shift.

Interventions:

1. Suction secretions as needed.
2. Auscultate for breath sounds every 3-4 hrs.
3. Perform tracheostomy care as prescribed.
4. Maintain sterility in tracheostomy care.

Goal was met; Patient maintained an oxygen saturation rate of 98% by the end of the shift.

Nursing Dx:

P: Risk for Injury

E: r/t to catatonic episodes

S:

The patient will remain free of injuries throughout the remainder of the shift.

Nursing Interventions:

1. Monitor vital signs every frequently
2. Monitor mental status
3. Provide a safe environment
4. Assess patient's current mobility level

Goal Met; patient showed no signs of injury for the remainder of the shift.

Past medical History: Cerebral Palsy, Gastromstomy, Developmental delay, Catatonia, No NKA

Medications:

Albuterol Sulfate 2.5mg IH Q3H PRN
Artificial Tears 2 drops both eyes Q4WA
SCH

Baclofen 20 mg PO

Benzoyl Peroxide 0 gm

Chlorhexidine Gluconate 0ml MM BID SCH

Enoxaparin Sodium (Lovenox) 30 mg SUBQ daily

Erythromycin (2% Pads) 1 each TP DAILY
SCH

Famotidine 20 mg PO BID SCH

Fluticasone Propionate (110 Mcg Hfa Inhaler)
0mg IH BIDR8 SCH

Levetiracetam 2000 mg PO BID SCH

Lorazepam 0.5mg GT TID

Senna 5 ml GT BEDTIME SCH

Melatonin 6 mg PO BEDTIME PRN

Medical diagnosis:

Arteriovenous Malformation & Tracheostomy

Assessments:

NSR, RRR, S1&S2

Lung sounds clear bilaterally

96% on room air, trach (6.5), inner cannula

Temp: 98.3

HR: 114

BP 115/55

RR: 17

No pain was reported

Patient has an arteriovenous malformation on the right side of his face.

Oral hygiene was performed.

Developmental assessment was also performed.

Voids to diaper.

GT tube Mic-Key 14Fr x 2.3cm

Abdomen is soft and nontender

DX tests

CBC

CMP

Labs:

Na: 142

Cl: 102

Bun: 10

K: 4.2

Creat: 0.7

Glu: 81

Ca: 9.9

BUN: 8

WBC: 5.5

Hbg: 17.4

Hct: 52.3

Plt: 258

Nursing Dx:

P: Risk for impaired skin integrity

E: r/t to impaired mobility

S:

Expected Outcome:

Patient will maintain intact skin integrity for the remainder of the shift.

Interventions:

1. Apply nystatin powder to areas of bony prominences as ordered.
2. Turn and reposition patient every 2-3 hrs.
3. Frequent diaper change
4. Maintain adequate hydration

Goal met; Patient's skin remained intact for the rest of the remainder of the shift no signs of skin break down were shown.

Nursing Dx:

P: Risk for aspiration

E: r/t presence of tracheostomy

S:

The patient will not experience aspiration as observed by lung sounds, unlabored breathing, and oxygen saturation within normal limits.

Nursing Interventions:

1. Monitor signs and symptoms of aspiration after oral intake.
2. Provide oral care
3. Keep the head elevated after each feeding
4. Follow diet modifications.

Goal met; Patient did not show any signs or symptoms of aspiration throughout the shift worked.