Christie Benoit

Concept Map

NURSING DIAGNOSIS
Disturbed Sleep Pattern
Etiology: Fear of leakage of pouch and injury to stoma.
S/S- irritability, lethargic ,insomnia
Expected Outcome
The patient will sleep throughout the night and report feeling rested in 8 hours throughout hospitalization

Nursing Interventions
1. Education patient about the stoma
2.Adminster analgesics as ordered.
3.instruct parents to follow a consistent daily sleeping dairy
4.Encourage patient. Parents to empty pouch.
Evaluation: Goal met,
Patient states he feels well rested and parents sleeping diary show a consistent 8 hour of sleep.

Medical Diagnosis: Ileostomy & Colostomy
Assessment: 9-year-old, Male.
Temperature: 96.8 F
Pulse 75BPM, RR 18, BP: 96/74, Pulse Ox: 99%, High speed MVA, Ileostomy fistula, blunt force trauma to diaphragm, Tabia fraction,
Medication: Aspirin 81 MG
Loperamide hCI- 2MG
Methylphenidate hci-78mg
Multivitamins
Potassium Citrate 15meq
Diagnostic test:
Colonoscopy
Xray

Nursing diagnosis
Risk for deficient fluid volume
Etiology: dehydration
s/s: N/A (not applicable on Risk diagnosis)
Expected outcome
The patient will maintain adequate hydration by appropriate urinary output in 8 hours

Nursing intervention
1.maintain strict I&O
2.Monitor vitals every 4 hours
3.monitor electrolytes lab values
4. Assess skin turgor and capillary refill.
Evaluation Goal met,
The patient maintains urinary output of 240 ml within 8 hours.

Nursing Diagnosis
Risk for impaired skin integrity
Etiology: absence of sphincter at the stoma
S/S- N/A (not applicable on Risk diagnosis)
Expected outcome
The patient will maintain skin integrity around stoma in 2 hours of hospitalization.

Nursing Interventions
1Assess stoma for any irritation, color changes and rashes.
2. Educate and demonstrate patient and parents to clean with warm water and pat dry.
3.apply appropriates skin barrier
4.Educate parents/patient how to empty, irrigate and cleanse ostomy pouch, as needed.
Evaluation
Goal met,
Patient shows no signs of irritation, drainage, blisters around stoma within 2 hours throughout hospitalization

Nursing Diagnosis
Acute Pain
Etiology: Incisions
S/S: As Evidence by Restlessness, Vital sign changes, Guarding

Expected outcome
The patient will verbalize pain level of 3 out of 10 in 1 hour after medication.

Nursing intervention
1. Assess pain, location, characteristic and intensity
2.Encourage patient to verbalize discomfort.
3.Administer medication as ordered.
4.Encourage frequent repositioning.
Evaluation
Goal met,
Patient states a pain level of 2 out of 10 and appeared calm and relaxed within 1 hour of medication administration.

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