

Nursing Diagnosis: imbalanced Nutrition: Less Than Body Requirements related to Inadequate calcium and vitamin D as evidenced by tibial fracture.

Expected Outcomes: The patient will maintain hydration status throughout my shift.

Intervention:

1. Instruct the parent on the importance of adequate exposure to sunlight to prevent vitamin D deficiency.
2. Administer Ergocalciferol 2000-unit NG Daily as ordered.
3. Administer Calcium Carbonate as ordered.
4. Administer enteral feeding as ordered.

Evaluation: Goal met. The patient showed no signs of dehydration.

Nursing Diagnosis: Risk for anaphylactic shock related to multiple allergies.

Expected Outcomes: The patient will not be exposed to allergens throughout my 8 hours.

Intervention:

1. Avoid all allergens.
2. Keep Epi Pen close by in case needed.
3. Educate parents on the proper way to administer Epi-Pen if there is ever a need outside of the hospital.
4. Alert school teachers about allergens to avoid.

Evaluation: Goal met. The patient was not exposed to her allergens and parent was able to explain the proper administration of the Epi-Pen.

Reason for seeking healthcare: Ricketts, Malnutrition, Food allergies, oral aversion.

Medical Diagnosis/Surgical Procedure: Ricketts, eczema, failure to thrive, tibial fracture, eosinophilic esophagitis, autism spectrum disorder, multiple food allergies, feeding difficulties.

Assessment:

- A&O, Temp 97.0, BP 93/57, HR 118, RR 24.
- Nonverbal
- NG tube feed & PO feed
- Medication NG
- Allergies (mango, oats, wheat, fish, milk, peanut, strawberry)
- Incontinent (diaper)
- Skin intact
- Feeding therapy
- Physical therapy
- Occupational therapy

Medications:

- Acetaminophen 150mg NG Q4H PRN
- Calcium Carbonate 250mg NG BID
- Cetirizine HCl 2.5mg NG BID
- Epinephrine HCl 0.15mg IM PRN
- Ergocalciferol 2000 unit NG Daily
- Ferrous Sulfate 15mg NG
- Ferrous Sulfate 30mg NG
- Hydrocortisone 0gm TP TID PRN
- Multivitamins 1ml NG Daily
- Omeprazole 10mg NG BIDAF
- Polyethylene Glycol 8.5gm NG Daily
- Sodium Chloride 0ml both nares Q3H PRN

Labs: Xray.

Nursing Diagnosis: Risk for impaired skin integrity related to malnourishment.

Expected Outcomes: Maintain skin integrity throughout my 8-hour shift.

Intervention:

1. Change wet diapers.
2. Monitor intake and output.
3. Assess skin for any redness, swelling, or irritation.
4. Maintain adequate nutrition and fluid intake.

Evaluation: Goal met. The patient had no signs of impaired skin integrity at the end of my 8-hour shift.

Nursing Diagnosis: Delayed growth and development related to chronic illness or disability as evidenced by the inability to perform gross and fine motor tasks appropriate to age.

Expected Outcomes: The patient will show improvement in fine motor skills in the therapy session today.

Intervention:

1. Reassess developmental levels at intervals appropriate for a child with ASD.
2. Provide visual, auditory, and tactile stimulation such as books, television.
3. Encourage socialization (i.e., in the playroom, with peers)
4. Promotes trust and progress in development.

Evaluation: Goal met. The patient met with an occupational therapist who advised that the patient has made improvements. She was able to do voluntary Alease exercises and throw objects.