

Concept Map 3

Medical Dx	Arteriovenous Malformation Tracheostomy
Dx Tests & Results	• 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: 52.9 ○ Plt: 258
Assessment	• 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

PMH	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
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Ineffective tissue perfusion: cerebral related to shunting of blood from cerebral tissue, as evidenced by malformation in the upper right side of the face due to lack of blood flow, speech and language delay, and catatonia.

Expected Outcome	Patient will maintain maximum tissue perfusion to vital organs, patent airway due to the AVM being close to the airway, vitals within the patient's normal range, normal and alert LOC at the end of shift.
Interventions	• VS checked every 4 hours. • Frequently assess and monitor neurological status. • Assess the airway every hour. • Administer medications per HCP.
Evaluations	Goal was partially met. Patient's vitals were in the patient's normal range. Airway was also patent. LOC was x2 due to the pt's recovering catatonic state at the end of the shift.

Risk for risk for impaired gas exchange as evidenced by AVM, sleep apnea, and secretions.

Expected Outcome	The client will be free of symptoms of respiratory distress and will demonstrate improved ventilation and adequate
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	oxygenation of tissues by end of shift.
Interventions	● Assess respiratory rate, depth, and auscultate lungs. ● Monitor ABG levels and oxygen saturation. ● Monitor the effectiveness of the tracheostomy cuff, and assess for signs of cuff leak, and ventilator. ● Maintain an adequate airway. If an obstruction is suspected, troubleshoot as appropriate.
Evaluations	Goal was met by the end of the shift. Patient did not have any respiratory distress and showed adequate oxygenation of tissues.

Risk for infection related to tracheostomy as evidence by increased secretions, unprotected open airway, and surgical incision of tracheostomy.

Expected Outcomes	The patient will remain free of signs and symptoms of infection for the duration of the shift.
Interventions	● Adhere to facility infection control, sterilization, and aseptic policies and procedures. ● Examine skin for breaks or irritation, signs of infection. ● Provide tracheostomy care when needed using sterile technique. ● Always wash hands before handling the patient.
Evaluations	Goal was met, patient remained infection free for the duration of the shift.

Imbalanced nutrition, less than body requirements as evidenced by GI tube, decreased muscle mass due to CP, underweight BMI.

Expected Outcome	The patient will achieve an adequate nutritional status by the end of shift.
Interventions	• Measure intake and output accurately; Monitor weight daily. • Monitor calorie counts, including calories provided by TPN. • Administer the prescribed rate of TPN solution via an infusion pump. • Assess skin integrity as a sign of adequate hydration and nutritional status.
Evaluations	Goal was not met by the end of shift. Goal will be met by the end of the week when the pt is not NPO and able to have TPN.