

Concept Map 2

PT	<p>Initials: RC Age: 9 yr old Gender: M</p>
Medical Dx	<p>MVA Injury (L3 vertebral fracture & T-7-T12 spinal injury)</p>
Dx Tests & Results	<ul style="list-style-type: none"> ● Labs: <ul style="list-style-type: none"> ○ Na: 1238 ○ K: 4.5 ○ Bun: 8 ○ Creat: 0.4 ○ Ca: 9.5 ○ Ph: 5.8 ○ Mg: 1.8 ○ Iron: 64 ○ Glu: 90 ○ WBC: 5.0 ○ RBC: 4.40 ○ Hbg: 11.0 ○ Hct: 34.0% ○ Plt: 290
Assessment	<ul style="list-style-type: none"> ● NSR, RRR, S1&S2 ● Lung sounds clear bilaterally ● 96% on room air; no trach ● L3 fracture, no movement and feeling in the lower extremities ● Contact precaution ● Temp: 98.6 ● HR: 71 ● BP: 98/55 ● RR: 18 ● Pain was reported 0 out 10 from ● NG tube present → 14 Fr, patent, flushed, auscultated, and positive placement ● Ostomy ● Diet: tube, real food blend; impaired feeding ● Last bowel movement was during the assessment (04/11/23) ● Abdomen is flat, soft non tender <ul style="list-style-type: none"> ○ BS heard; active ● I&Os: Total was 749 <ul style="list-style-type: none"> ○ Output was 425

	<ul style="list-style-type: none"> ○ Balance was 324 ● Skin was dry and intact
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PMH	<ul style="list-style-type: none"> ● L3 vertebral fracture ● T-7-T12 spinal injury ● Anemia ● SIBO (acute) ● C-diff ● Osteopenia ● ADHD ● Anxiety ● NKA drug allergies ● Food allergies <ul style="list-style-type: none"> ○ Shellfish ● H/O hemicolectomy ● Blunt trauma to abdomen ● NG tube present ● Neurogenic bladder ● Cleft Lip (resolved) ● Ileostomy in place
Medications	<ul style="list-style-type: none"> ● Acetaminophen 500 mg PO Q4H PRN ● Aspirin 81 mg NG DAILY ● Ergocalciferol 8000 units NG DAILY ● Ferrous Sulfate 300 mg NG BID ● Loperamide HCl 2 mg NG TID ● Melation 3 mg PO Bedtime ● Methylphenidate 18 mg PO ● Multivitamins 1 each NG daily ● Ondansetron HCl 4 mg PO Q8 PRN ● Oxybutynin Chloride 15 mg PO DAILY ● Potassium Citrate 15 meq PO BID ● Vancomycin 125 mg NG Q6RX

Risk for impaired skin integrity RT to spinal injury as evidenced by patient unable to take care of his own stoma, impaired mobility, and skin around stoma is irritated.

Expected Outcome	Patient will maintain skin integrity around the stoma by the end of the shift.
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Interventions	<ul style="list-style-type: none"> ● Inspect the stoma and peristomal skin area with each pouch change. Note any irregularities. ● Clean with warm water and pat dry. Use soap only if the area is covered with a sticky stool. If the paste has collected on the skin, let it dry, then peel it off. ● Apply appropriate skin barriers. ● Empty, irrigate, and cleanse the ostomy pouch on a routine basis, using appropriate equipment.
Evaluations	Goal was met by the end of the shift, and the patient maintained skin integrity.

Impaired urinary elimination RT neurogenic bladder as evidenced by spinal cord injury, renal dysfunction, and recurrent UTIs.

Expected Outcome	The patient will void by the end of the shift with clear and no foul-smelling urine.
Interventions	<ul style="list-style-type: none"> ● Bladder scan the patient ● Palpate for bladder distension. ● Catheterize the patient. ● Cleanse the perineal area and keep it dry. ● Provide catheter care as appropriate.
Evaluations	Patient voided by the end of shift, goal was met.

Altered thought process related to ADHD diagnosis, as evidenced by inability to focus, poor social interaction, and anxiety.

Expected Outcomes	The patient will maintain reality orientation and communicate clearly with others.
Interventions	<ul style="list-style-type: none"> ● Assess attention span/distractibility and ability to make decisions or problem-solving.

	<ul style="list-style-type: none"> ● Provide OT, Speech services, and tutoring services. ● Allow patient to socialize with other children. ● Limit screen time for patient.
Evaluations	Goal was not met, by the end of shift. Patient refused social interaction, wanted to nap and play video games all day.

Deficient knowledge of impaired mobility diagnosis RT to spinal cord injury as evidenced by inappropriate or exaggerated behaviors, lack of understanding, and inadequate follow-through of instruction.

Expected Outcome	Patient will learn how to function with their impaired mobility by the end of week and life long care.
Interventions	<ul style="list-style-type: none"> ● Educate the pt and caregiver on newly impaired mobility. Discuss the injury process, current prognosis, and future expectations. ● Continually assess motor function. ● OT and PT services. ● Have SO and caregivers participate in patient care and demonstrate proper procedures such as applications of splints, braces, suctioning, positioning, skin care, transfers, bowel and bladder program, and checking the temperature of bath water and food.
Evaluations	Goal was met by the end of week, patient understands their impaired mobility. Long-term care goal is still on going.