

Nursing Diagnosis:

P: Knowledge Deficit

E: r/t Misunderstanding of information

S: As evidenced by verbalizes poor understanding

Expected Outcome:

Patient will identify risk factors of their disease process and how to prevent worsening of symptoms within 3hrs of education.

Nursing Interventions:

1. Assess readiness to learn
2. Assess how the patient learns best.
3. Educate the parents on the importance of understanding treatment and disease.
4. Offer a calm and clean environment for better understanding.

Goal met; patient will identify three risk factors and how to prevent symptoms within 3hrs of education.

Nursing Diagnosis:

P: Deficient Fluid Volume

E: r/t vomiting

S: As evidenced by pale skin, dry mucous membrane fatigue

Expected Outcomes:

Patient's vital signs will remain stable/ or return to patient's baseline after 8hrs.

Nursing Interventions:

1. Administer electrolyte Replacements as needed/
2. Educate patient and family on possible causes of dehydration.
3. Assess laboratory values
4. Assess urine color and concentration.

Goal met; Patients vital signs remained stable and returned to baseline after 8hrs.

Medical Diagnosis:

Dehydration

Past medical history:

No PMH

Medications:

Dextrose

Assessment:

Vitals: RR: 30 breaths/min.

SP02: 96% on room air

HR:10bpm BP:82/65 mmHg

Temp: 99F. Increased HR

Dry, pale skin/mucous membrane, decrease BP, Inc cap refill

Dx tests:

CBC, CMP, Electrolytes

Nursing Dx:

P: Ineffective Tissue Perfusion

E: R/t Hypovolemia/ Hypervolemia

S: As evidenced by decrease blood pressure

Expected Outcomes:

Patient will maintain an adequate tissue perfusion as evidenced by BP within normal limits and normal HR within the hours worked.

1. Monitor HGB levels
2. Assess capillary refill
3. Educate parent signs and symptoms of disease and how to prevent and seek help.
4. Asses for sudden changes

Goal met; patient maintained normal BP and HR throughout the shift worked.

Nursing Diagnosis:

P: Anxiety

E: R/t Lack of knowledge regarding symptoms, progression, and treatment regimen

S: As evidenced by, restlessness, hyperactivity, feelings of discomfort.

Outcomes: The client will respond to relaxation techniques, and have a decreased anxiety level within a few hours.

1. Assess the patients anxiety triggers
2. Educate the parents on ways to decrease anxiety levels
3. Support the patient and give reassurance
4. Encourage patient deep breathing techniques.

Goal met; Patient did not show any signs of anxiety and demonstrated ways to cope with anxiety within the hours worked.