

**Client's First Name:** Bambi  
**Age:** 2 years old **Gender:** Female  
**Medical Diagnosis:** Severe Dehydration

**HPI:** Persistent emesis / dehydrated, dark colored emesis, ↓ appetite, HR 170's

**PMH:** 36 weeker, 18q deletion, VSD, Atrial septic defect, Heart murmur, Hypotonia, Failure to thrive, Hypothyroidism, developmentally delayed, G-Tube dependent (G Tube placed one month ago), Respiratory distress, Dehydration

**PLAY: Play Therapy / Play Behavior / Type of Play / List of Appropriate Toys**

**Expected:** Play alongside other children (parallel play). Play with balls, building towers with Legos, and draw scribbles on papers. They like to imitate others, dress up in character outfits and play with dolls. They enjoy water play and TV.

**Observed:** Watched cartoons while in crib. SN placed child in wagon in lying position and took her for a stroll. Later placed in bassinet and went into playroom. No interaction with other children in playroom. Later placed at nurses station with nurse to observe other child there playing on the computer.

**Student Name:** C. Jones, SNDAC  
**Date of Care:** 05/26/15  
**Clinical Site:** W PICU BU SASH SS CRC  
**Actual Data:** 90% **Fictional:** 10%

Physical Growth		Intellectual Development (Piaget)	Psychological Development (Erikson)	Moral Development (Kohlberg)	Safety Needs
<b>Expected Growth &amp; Development</b>	-Weight- 12kg, avg. weight gain is 1.8 to 2.7kg per year -Height- 34 inches -All senses are used to explore environment <b>Gross and fine motor skills</b> -Jump using both feet, and stand on one foot for 1 to 2 seconds -Use hands to build towers <b>Developmental Milestones</b> -2 yo walks up and down stairs -myelination complete at 2 yo -Control of anal / urethral sphincter -AF closes at 18 months	<b>Stages / Ages</b> <b>0-2 years old - Sensorimotor</b> -Repetition -Imitation -Egocentricity -Concerned with why and how -Aware of casual relationships like flipping light switch on and off. -Inability to transfer knowledge to new situations -Identification with parent of same gender becomes apparent -Understand "Just a minute", but that minutes seems like forever	<b>Stages / Ages</b> <b>1-3 years old – Autonomy vs Doubt</b> -Must do things for self to gain autonomy -control issues -Parallel play -Negativism-word like "no or me do" -Rapid mood swings -Ritualism provides sense of comfort	<b>Stages / Ages</b> <b>2-6 years old – Preconventional Stage</b> -Good/bad and right/wrong determined in terms of consequences of rewards or punishments -Avoid punishment without questioning those who enforce rules	-Constant supervision d/t being very mobile -Car seat / booster until 8yo or 4 ft 9 inches in the back seat of car -Check water temp -Strap into all equipment -Minimal restraints No small objects in crib or bedside -Poison Control 1-800-8-POISON
	<b>Observed Growth &amp; Development</b>  <b>Examples of behaviors, quotes from child/family</b>	-Weight- 7.1kg -Height- 30 in -Sat up when placed in a sitting position but did not sit up on her own -Did not grab any toys next to her but did take sticker when placed in her hand -Does not crawl -Does not stand up -Does not walk -Not potty trained -Closed AF	-Looks toward caregiver when enters room and her name is called -Looks at caregiver when receiving bed bath -Follows caregiver by turning head -No language acquisition -No vocalizing except for when crying because of fear of unknown faces	-When father was present, she was less fearful of unknown faces -Does not play with toys -Does not interact with other children -Watches television quietly -Mostly expressionless except for when she sees new faces and then begins to cry -Fears new faces approaching her, but becomes less fearful after a while with the same person surrounding her	-Moral development not apparent due to developmental delay

### Client Meds (in order of importance)

Medication / Dosage / Frequency / Route	Specific Type of Medication (Including Drug Classification)	Action (How Does Drug Work)	Why is THIS client taking taking	Significant Things – Need To Know, Watch For or Teach Your Client. Include Side Effects (SE) and Nursing Implications (NI)
Levothyroxine 25mcg G tube daily	Hormones / Thyroid preparations	Replacement of or supplementation to endogenous thyroid hormones. ↑ metabolic rate, promote gluconeogenesis, promote cell growth, aid in development of the brain and CNS, stimulate protein synthesis	To replace or provide more thyroid hormones r/t hypothyroidism	<p><b>S/E</b> – HA, insomnia, irritability. Arrhythmias and tachycardia. Abdominal cramps, diarrhea, and vomiting. Hyperthyroidism. Heat intolerance and weight loss. Accelerated bone maturation in children.</p> <p><b>NI</b> – Assess apical pulse and BP prior to and periodically during therapy. Assess for tachy arrhythmias and chest pain. For children monitor height and weight and psychomotor development</p>
Zofran 1mg IV Q8H PRN N/V	Antiemetics / 5-HT <sub>3</sub> Antagonist	Blocks the effects of serotonin at 5-HT <sub>3</sub> - receptor sites located in vagal nerve terminals and the chemoreceptor trigger zone in the CNS.	↓ emesis (N/V)	<p><b>S/E</b> – HA, dizziness, drowsiness, and fatigue. Constipation, diarrhea, abdominal pain and dry mouth. Torsade De Pointes and extra pyramidal reactions.</p> <p><b>NI</b> – Assess for N/V, abdominal distension, and bowel sounds prior to administration. Assess for extra pyramidal effects such as involuntary movements, facial grimacing, rigidity and trembling of hands.</p>
Acetaminophen 100mg G tube Q6H PRN fever	Antipyretic / Nonopioid analgesic	Inhibits the synthesis of prostaglandins that may serve as mediators of pain and fever, primarily in the CNS	↓ fever r/t unknown cause (Febrile once during hospital stay)	<p><b>S/E</b> – Agitation, anxiety, insomnia. Atelectasis and hepatotoxicity, constipation. Renal failure and Stevens-Johnson Syndrome.</p> <p><b>NI</b> – Assess for fever and for associated signs. Assess for other meds taken including OTC meds.</p>
Multivitamin 5ml G tube daily	Vitamins	Serve as components of enzyme systems that catalyze numerous varied metabolic reactions.	↓ vitamin deficiency d/t poor nutrition prior to continuous G-tube feeds in hospital	<p><b>S/E</b> – Rash, pruritis. HA, dizziness, agitation, anxiety, diplopia. Allergic reactions may cause urticaria and periorbital edema.</p> <p><b>NI</b> – Assess patient for vitamin deficiency before therapy and periodically. Teach patients not to exceed RDAs.</p>
EMLA 2.5% cream topical UD PRN painful procedures	Anesthetics	Produces local anesthesia by inhibiting transport of ions across neuronal membranes, thereby preventing initiation and conduction of normal nerve impulses.	↓ pain during painful procedures such as starting an IV	<p><b>S/E</b> - Blanching, redness, itching, rash, and hyperpigmentation.</p> <p><b>NI</b> – Assess application site for wounds. Only apply on intact skin. Assess application site for anesthesia following removal of system and prior to procedure</p>