

QUINSIGAMOND COMMUNITY COLLEGE

NURSE EDUCATION PROGRAM

NURSING CARE PLAN

PEDIATRIC CARE

**Please use this format on other sheets of paper.*

Student name: _____ Date(s) of care: _____

1. **GENERAL INFORMATION/NURSING DATA BASE**

1.1 Age: _____ Gender: _____

1.2 Admitted from: Home Other (specify) _____

1.3 Admitting Diagnosis: _____ Date of Admission _____

1.4 Surgery this admission: _____ Date of surgery _____

1.5 WT: _____ kg _____ lbs HT: _____ cm _____ inches HC: _____ cm

1.6 Allergies: (meds, environment, latex, food) _____

1.7 Health history given by (state relationship to patient): _____

2. **OUTLINE OF HEALTH HISTORY** -**These questions must be answered completely and thoroughly.*

2.1 History of the present illness/What brought patient to seek medical attention.

2.2 Define the admitting diagnosis using the **course textbook**.

2.3 Explain the pathophysiology of the disease process, including the signs and symptoms. (Cite source)

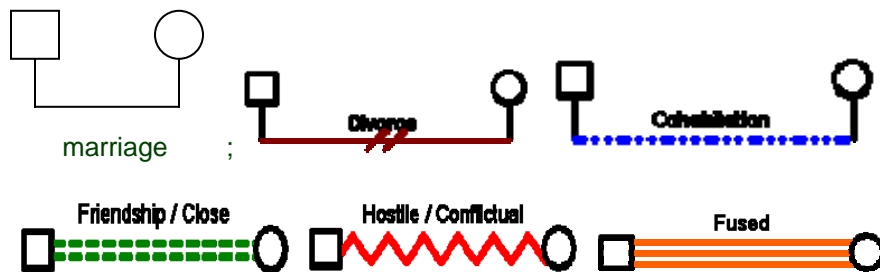
2.4 **Compare and contrast** the client's signs and symptoms to the **textbook** description.

2.5 **List and explain** the immunizations specific for the age and completed to date:

H. 2.6 Outline of the family history of the **patient's parents, grandparents and siblings**. Construct a genogram, utilizing the following information. Identify the family history of illness and social conditions that may affect the client and family's health. Specifically ask for any family history of heart disease, high blood pressure, stroke, diabetes, blood disorders, cancer, sickle cell anemia, arthritis, alcoholism, mental illness, seizure disorder, kidney disease and tuberculosis.

KEY:

Male = □ ; Female = ○ ; patient = □ or ○ ; ⊠ = Death (male)



3. ASSESSMENT/UNIVERSAL REQUISITES/ DATA COLLECTION

3.1 <u>VITAL SIGNS</u> Time: _____	3.1 <u>VITAL SIGNS</u> Time: _____	3.1 <u>VITAL SIGNS</u> Normal range for age
T: _____ PO PR AX TM	T: _____ PO PR AX TM	T: _____
P: _____ Radial Apical Regular Irregular	P: _____ Radial Apical Regular Irregular	P: _____
R: _____	R: _____	R: _____
B.P: _____ Left Right	B.P: _____ Left Right	B.P: _____
POX _____ O2 _____	POX _____ O2 _____	POX _____

3.2 Diet: _____

3.3 Fluid Intake

PO intake _____ Output _____ cc's SG _____

IV _____ Rate: _____ cc/hour

Calculate 24 hour fluid requirement: _____ Hourly intake: _____ cc/hour

3.4 Treatments/Dx Procedures:

3.5 Safety:

3.6 ASSESSMENT NOTE/DATA

**This is your assessment note you wrote on the day you cared for your patient.*

4. DEVELOPMENTAL ASSESSMENT

4.1 Eriksons Tasks:

4.2 Denver Developmental II Screening (Describe what this tool is used for regardless if your child meets the age requirement):

4.3 Anticipatory Guidance/Age Specific/Health Promotion/Safety:

4.4 Growth/Development/Play:

4.5 DIAGNOSTIC ASSESSMENT/ANALYSIS

4.6 Medication Sheet

Medication (Identify Generic, Trade Names & Dose Ordered)	Dose Range, Show your math. Safe Dose? Y N 	Classification	Action (How does it work)	Purpose (Why receiving it)	Pediatric Nursing Considerations & Major Side Effects
Generic Name: <hr/> Trade Name: <hr/> Dose:	Safe Dose? Y N 				
Generic Name: <hr/> Trade Name: <hr/> Dose:	Safe Dose? Y N 				
Generic Name: <hr/> Trade Name: <hr/> Dose:	Safe Dose? Y N 				
Generic Name: <hr/> Trade Name: <hr/> Dose:	Safe Dose? Y N 				
Generic Name: <hr/> Trade Name: <hr/> Dose:	Safe Dose? Y N 				

5.0 Pediatric Care Plan

UNIVERSAL REQUISITE: (State the universal requisite according to OREM) _____

NURSING DIAGNOSIS PRIORITY #:

• NURSING DIAGNOSIS	NURSING INTERVENTIONS	RATIONALE	EVALUATION
<p>• OUTCOME CRITERIA</p> <p>Assessment data:</p> <p> Subjective data</p> <p> Objective data</p> <p>Nursing Diagnosis:</p> <p>Outcome criteria (<i>expected patient outcome-short and long term goal</i>)</p>			

6.0 Universal Requisites

- **PREVENTION OF HAZARDS TO LIFE FUNCTION AND WELL BEING**
- **MAINTENANCE OF SUFFICIENT INTAKE OF AIR, WATER AND FOOD**
- **PROVISION OF CARE ASSOCIATED WITH BOWEL/BLADDER ELIMINATION AND ISSUES RELATED TO SKIN INTEGRITY**
- **MAINTENANCE OF A BALANCE BETWEEN ACTIVITY AND REST**
- **MAINTENANCE OF A BALANCE BETWEEN ACTIVITY AND REST**
- **PREVENTION OF HAZARDS TO LIFE FUNCTION AND WELL BEING**
- **PROMOTION OF NORMALCY**
- **MAINTENANCE OF A BALANCE BETWEEN SOLITUDE AND SOCIAL INTERACTION**

7.0 Self Evaluation Journal R/T clinical experience: Identify clinical objectives met for the clinical day (discuss ethical, legal, professional roles issues, allocation of resources, what worked and did not work for you today).

