

J. Everett Light Career Center
School of Practical Nursing
CARE PLAN-Pediatrics

Student Name _____ Course _____ Date _____

ASSESSMENT

I. Client Data Base: _____ **Notes** _____

Initials: _____ Age: _____ (include years & months) Gender: _____

Religion: _____ Grade _____

Cultural/Ethnic Background: _____

Language(s) Spoken: _____

II. Medical Data:

Reason for Hospitalization: _____

Child's reason for hospitalization _____

Medical Diagnosis (define/explain): _____

Other Existing Medical Problems: _____

Events Leading to Hospitalization: _____

Summary of Present Hospitalization: _____

Past Medical/Surgical History: _____

Surgical Procedures: _____

Diagnostic tests/procedures done during this hospitalization and the results: _____

Fluid intake in 24 hours (amount):

P.O. _____

Parenteral: IV (_____).

specify kind of IV fluid

Rate of administration (CC's/hr.) _____

Signs of fluid volume deficit/excess (specify below):

skin turgor _____

mucous membranes _____

edema _____

urine characteristics _____

Feeding Tube Used:

_____ none

_____ gastrostomy T.

_____ jejunostomy T.

Drainage Tube: _____ N.G. _____ Cecostomy _____ Ileostomy _____ Colostomy

NURSING DIAGNOSIS

Joints:

contour and appearance:

_____ normal
_____ swollen, tender, deformed _____
(specify deformity)

joint function: _____ smooth movement of all joints
_____ pain on joint movement _____
(specify joint involved)

range of motion:

_____ full range of motion of all joints on active/passive movement
_____ limited range of motion _____
(specify joint involved)

muscle strength and tone:

_____ all muscles strong
_____ muscle weakness _____
(specify muscles involved)
_____ rigidity
_____ spasticity
_____ tremors

NURSING DIAGNOSIS

_____ decreased sensation _____
(specify area)

_____ hypersensitivity _____
(specify area)

Smell:

_____ intact

_____ impaired _____
(specify area)

Self Evaluation of care given: _____

Discuss Communication with Client: _____

Discharge Plans (include any resources available to client and family): _____

List ALL relevant nursing diagnoses. _____

Prioritize BEFORE & AFTER giving care-can use colored pens or numbers to denote the ranking.

NURSING CARE PLAN

| Prioritized Nursing Diagnosis | Goal/Expected Client Outcome (Short Term Goal) (By End of Shift) Objective, Measurable Criteria (include date/time) | Nursing Interventions & Rationale (Nursing actions and frequency done during your care) Reasons for your actions. | Evaluation/Recommendation Did patient reach goal? How do you know? What do you recommend for the next nursing shift? |
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NURSING CARE PLAN

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Student Name _____

CLINICAL SKILLS EXPECTATION SUMMARY

Adult Health Nursing Five

| Comments | Instructor Signature | Date Observed |
|--|-----------------------------|----------------------|
| Careplan (1) COMPLETE. Medications as Assigned. One/two clients for patient care per clinical day. | | |
| Assessing Neurological System | | |
| Special Needs of Neurologically Impaired | | |
| Communication/Patient Teaching | | |
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| Comments: | | |
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