PEDIATRIC DEVELOPMENT SHEET # 1

Client's Fictional First Name: Justin | **Student Name: D. Duck, SNDAC**
Age: 15 yrs Gender: M | **Date of Care: 2/22/16-2/23/16**
Medical Diagnosis: Cerebral Palsy, Static Encephalopathy | **Clinical Site: WARD PICU BU *SASH* CRC**
HPI: Femur Fracture (due to Osteopenia) | **Actual Data: 90% Fictional: 10 %**
PMH: Atelectasis & Respiratory Insufficiency (without ventilator), Bacterial Tracheitis, Juvenile Idiopathic Scoliosis, Epilepsy (not intractable without status).
PLAY: Play Therapy / Play Behavior / Type of Play / List of Appropriate Toys
Expected: Playing video/ computer games, watching young adult TV shows/movies, reading young adult fiction books, scheduled physical activity (sports, exercise, skateboard), spending time with peer group.

Observed: Watched children's (preschool) TV shows, grasped stuffed monkey, purposeful movements (at times) hitting balloon, assisted bowling (using ball ramp and person guiding arms), clapped hands and smiled (at points) when name was said, when others clapped, or when unprompted.

	Physical Growth	**Intellectual Development** (Piaget)	**Psychological Development** (Erikson)	**Moral Development** (Kohlberg)	**Safety Needs**
Expected Growth & Development	**Wt:** (for males) gain 7-30kg Mean 23.7 kg **Ht:** growth of 4-12" (~ 95% mature height by 15yrs. Mean growth of 11". **Milestones:** Deductive & abstract reasoning,	**Stages / Ages** **Formal Operations (11-15yrs)** Characterized by **Adaptability** & **Flexibility**. **Think** in abstract terms, **Use** abstract symbols, **Draw** logical conclusions, **Make& test** hypotheses, **Consider** abstract, theoretic, & philosophic matters. **Can** confuse ideal with practical.	**Stages / Ages** **Identity vs. Repudiation (12-18yrs)** **Preoccupied** with body image & being accepted by peers, **Egocentric, Role confusion** due to struggling with decisions regarding occupations and life purpose	**Stages / Ages** **Postconventional (11-15yrs)** Correct behavior in terms of general individual rights & standards agreed to by society. Adolescents are also skeptical of their parents' belief systems and strive to come to own conclusions.	Guidance in recognizing & avoiding risky behaviors: **Substance Abuse, Promiscuity/STDs. Safe driving/Road Safety, wearing protective gear** while riding bike/motorcycle. **Suicide prevention, Guidance in choosing** a good peer group.
Observed Growth & Development **Examples of behaviors, quotes from child/family**	**Wt:** 36.7 kg **Ht:** 60.5" **No change** in height in past year. It was hard to gauge reasoning ability due to patient being nonverbal- seemed to react to simple phrases.	Observed to be in **Sensorimotor:** *Repetitive:* clapping hands. *Imitative:* clapping hands when others clapped.	Observed to be in **Trust Vs. Mistrust:** basic needs being met (feeding, changing of briefs, oral & trach suctioning). Would often smile after these things were completed.	Observed to be in **Preconventional:** was guided through activities and daily schedule/routines. Was instructed and assisted in releasing grasped objects.	Postural Supports in WC. Side Rails up @ all times Foam Booties at all times (to prevent skin breakdown & bruising). Oral and Tracheostomy suctioning ready at bedside & at activities

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 this med:	Significant Things – Need To Know, Watch For or Teach Your Client. Include Side Effects (SE) and Nursing Implications (NI)
Valproic Acid 250 mg/ 5 ml solution, 6 ml, Q 8 hrs, GT.	Anticonvulsant	Causes increased availability of GABA to brain neurons or may enhance action of GABA -or mimic its action at postsynaptic receptor sites.	Adjunctive therapy due to history of convulsions.	**SE:** HTN, tachycardia, drowsiness, alopecia, diarrhea, constipation, urinary frequency, thrombocytopenia. **NI:** Assess for S/S's of hepatotoxicity, pancreatitis, multi-organ hypersensitivity reactions.
Levetiracetam 100mg/ml solution, 10 ml, BID, GT	Anticonvulsant	Exact mechanism is unknown, but one theory is: inhibition of voltage-dependent N-type calcium channels.	Adjunctive therapy for history of convulsions.	**SE:** Somnolence, asthenia, dizziness, facial edema, depression, bruising, vomiting, diarrhea, rhinitis. **NI:** Titrate doses based on clinical response, taper off before stopping.
Liquid Calcium Citrate, 6.25 ml, Daily, GT.	Electrolyte/ Mineral Supplement	Moderates nerve & muscle performance by action potential excitation threshold regulation.	Supplementation due to history of decreased bone mineral density	**SE:** Vasodilation, hypotension, bradycardia, arrhythmias, lethargy, hypercalcemia, constipation, erythema. **NI:** Assess for symptoms of hypocalcemia: laryngospasm, arrhythmias, Chvostek's or Trousseau's.
Zinc 25 mg tablet, 2 tablets- 50 mg, Daily, GT.	Mineral replacement/supplement	Helps maintain normal growth & tissue repair, skin hydration, sense of taste & smell.	Supplementation for deficiency in diet & openings in skin/tissues from Trach.	**SE:** hypotension, tachycardia, indigestion, nausea, vomiting, pulmonary edema, leukopenia. **NI:** Monitor for progression of zinc deficiency symptoms: delayed wound healing, growth retardation.
Famotidine 40mg/5ml suspension, 2.3ml, BID, GT.	Gastrointestinal Agent	Inhibition of histamine at H2 receptors of gastric parietal cells-resulting in inhibition of gastric acid secretion.	Treatment/control of reflux of stomach acid/contents.	**SE:** Bradycardia/Tachycardia, HTN, dizziness, seizures, urticaria, diarrhea, ototoxicity, bronchospasm. **NI:** Assess VS, respiratory rate, and BM schedule.