

Case study on pediatric

[Family](#), [Parents](#)



Scenario of Paediatric Care within a Hospital Setting

INTRODUCTION

Every day, children become ill or get involved in various types of accidents that require medical attention. Whether these children are taken to a paediatrician, specialist, clinic or a hospital setting, a nurse will tend to them. Therefore, a paediatric nurse plays a crucial role which is as imperative as that of a doctor. Paediatric nurses are known to provide essential information in regard to treatment, prevention of future illnesses and injuries in children, and helping the child and the family as well all through the illness or injury. In this paper, I will develop a scenario of paediatric care within a hospital setting for a child who has been having problems with her lymphatic system. In addition, I will expound on all aspects of paediatric care methodology such as the pathophysiology, weight and height of the child, diet, Head to Toe assessment that includes neurological assessment and physiological assessment among other vital diagnostic aspects in a paediatric care scenario.

SECTION ONE: The Paediatric Scenario

This case involves an 8 year old girl known as Sherry who is suffering from Leukaemia and Alopecia. She lives at home with her both parents and two siblings. She is the second born and the only girl child in the family. For the past 3 months, Sherry has been receiving chemotherapy. In addition she has a Central Venous Device (CVAD) that is normally taken care of by her parents and herself. Due to these health complications which led to her hospitalisations, Sherry has experienced a number of absences from school.

However, her parents have hired a tutor at home to keep her updated with her studies. The nurse diagnosed Sherry of Alopecia and has been hospitalised with a line of infections, esophagitis, stomatitis and bleeding which calls for the need of platelet replacement. Sherry has totally refused to see her friends although she accepts to talk with them frequently over the phone.

SECTION TWO: Aspects of the Paediatric Care

Upon admission to the local hospital's paediatric unit, Sherry was recorded to be having a temperature of 38. 8°C (101. 8°F) that did not respond well as expected to the acetaminophen that she was taking every four hours for the last two days. The paediatric nurse conducted the Head to Toe health assessment that showed evidence of some white patches in her mouth, there was no apparent signs of distress in this child. Her lung sounds are very clear and regular, and her heartbeats are also recorded to being strong and regular. The lesions in Sherry's mouth may be representing mucositis, an extremely painful condition which is attributed to the destruction of the oral flora by Chemotherapy (Hockenberry, Wilson & Wong, 2012, p. 12). The weight and Height of Sherry is measured to being around the 50th percentile, which is the median height and weight of children of her age. She recorded a height of 3. 9' or 46. 8 inches tall and a weight of 45 lbs.

In regard to Sherry's psychological assessment, although the nurse had observed no signs of distress, she was concerned why she did not want to meet any of her friends. Her mother explained that it was largely because of the fact that she was very prone to infections, she feared to risk exposure and be hospitalized again. However, the nurse argued that, her level of

growth and development would support that she might be facing psychological difficulties trying to adjust to her alopecia. A major source of belonging for young girls who may be about to join their teenage lives are mostly obsessed with their hair, therefore, her bald head after the chemotherapy was conducted played a key role in making her avoid interactions with her peers. In regard to the symptoms and diagnosis of the diseases facing Sherry, the detected CVAD line infection is mostly caused by pathogenic development of the proximal tip of the catheter which is nurtured by the fibrin formation that occurs at the site. Although tunnelled CAVD catheter are known to be having antibacterial filters to protect the line from any form of infection from the microorganism which may travelling down the catheter, the risk of line infections is very high with CVAD. These fibrins are responsible for providing the excellent media for bacterial growth. However, this can be prevented through proper flushing of CAVD and applying the positive pressure at the tip (proximal) of the catheter. In regard to the formulation of Sherry's care plan, the nurse carried out other vital assessment procedures which includes: Urine Specific gravity, Hemocult of stools, urine culture and sensitivity, chest x-ray, assessment of the venous access device (CVAD) for swelling and redness and also the oxygen saturation through the pulse oximetry.

The approach to medication or the rationale for the treatment that the caregiver decided to undertake on Sherry is based on the laboratory findings report which includes: Hematology; Hemoglobin 10. 1g/dL, Hematocrit 25%, platelets count of 50, 000/mm³ and a whiteblood cell count of 150/mm³. The treatment for the sharp pain that Sherry was experiencing associated with

mucositis (stomatitis and esophagitis) was treated by administering morphine sulphate PCA (patient controlled analgesia) through continuous infusion. Proton pump inhibitors were also prescribed for every 4 hours for 24 hours following chemotherapy. Lorazepam was also prescribed in the quest to counter nausea in accordance with the lab findings report. The length of hospitalisation for Sherry was a total of 72 hours where intensive follow up and close monitor of her progress was being evaluated. She was later released where she was expected to continue receiving schoolwork teaching from her tutor, but the parents were requested to be making regular visits with her to the hospital facility so as the paediatric nurse would be able to check on her she is fairing.

In matters pertaining to the diet of the patient, the parents are advised to add more fruits into sherry's diet and also make her drink a lot of water. However, more they should be cautious about the lesions in Sherry's mouth since she was complaining of difficulty in eating and drinking, especially hot foods and drinks. The nurse suggested that, only cool drinks should be offered to the girl, her hydration can be maintained through intravenous fluids till her pain is controlled. In regard to the general effect of hospitalisation on Sherry and her parents, it is noted that both parents are very dedicated and supportive of their daughter. They full understand the essence of staying with their child at the hospital during low moments in her life such as these ones. She does not feel alone in the hospital and therefore, being in this hospital facility does not appear to be causing any form of distress on her.

Conclusion

In conclusion, this scenario of a paediatric care within a hospital setting comprehensively explains the case of Sherry , a young girl who is suffering from pre-existing conditions which are; Leukaemia, Alopecia and CVAD. She is receiving specialised care from a nurse who plays the role of a physician and also a psychologist due to the adverse emotional effects which accompanied this young girl after undergoing a chemotherapy. In general, this is a scenario that seeks to explain how a paediatric nurse would handle a situation of a child facing such level of difficulty in her health. This case requires a nurse to be fully knowledgeable about the process of chemotherapy, growth and development as well as be able to clearly understand a patient's personal situation, background and be able to familiarize themselves with the parent-child relationship.

References

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