



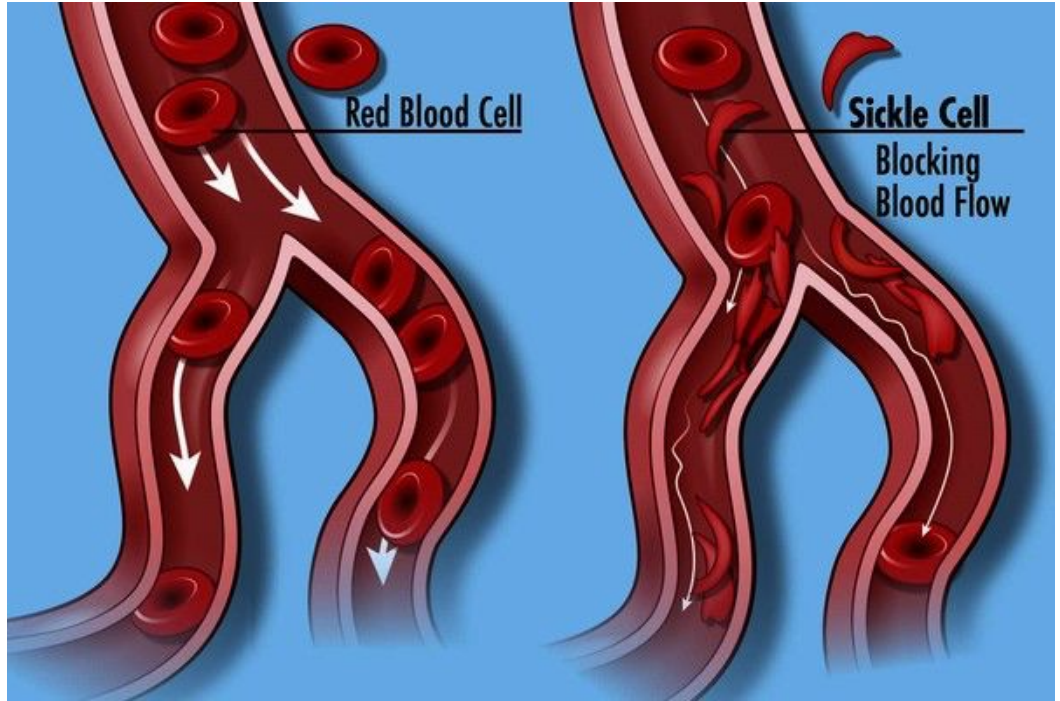
# Nursing Grand Rounds

Michelle Ross

# Patient History and Assessment

# Past Medical History

- Sickle Cell Disease
- Splenectomy
- Cholecystectomy



# Cultural Considerations

## Family Dynamics

- Parents are together
- Parents work
  - Unable to stay with patient during entire stay

## School Culture

- Middle school

# Medical Diagnoses

- Acute Chest Syndrome
- Pneumonia
- Transfusion Reaction
- Avascular Necrosis of Hip



# Developmental Stages

## Cognitive, Piaget

- Beginnings of abstract thought during early adolescence

## Psychosocial, Erikson

- Beginning to establish sense of self

## Physical

- Puberty with hormone changes, maturation, and growth

# Physical Assessment

- Respiratory rate of 26
- 96% O2 sat
- Crackles in base of lungs
- Downward trend of H&H
  - 5.5 & 18.5% most recent labs
- Hypoactive bowel sounds and constipation
  - Last BM: Friday (seen on Wednesday)
- R knee more swollen than L, both legs have edema
- 3/10 pain in legs; 5/10 pain over ribs with guarding

# Nursing Plan of Care

1. Ineffective Tissue Perfusion
  2. Impaired Gas Exchange
  3. Acute Pain
  4. Dysfunctional GI Motility
  5. Risk for Loneliness
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# Ineffective Tissue Perfusion

## Evidence:

- Edema of legs, pain, warm to touch

## Contributing Factors:

- Compromised blood flow (SCD), worsened by lack of ambulation

## Planned Outcome:

- Improved tissue perfusion and reduction of occlusions

# Ineffective Airway Clearance

## Evidence:

- RR of 26 rpm, fatigue, crackles in bases

## Contributing Factors:

- Fluid in lungs (pneumonia)
- Pulmonary occlusion (acute chest syndrome)

## Planned Outcomes:

- Improved coughing and deep breathing within 6 hours; decreased fluid in lungs via coughing and antibiotics



# Acute Pain

Wong-Baker FACES® Pain Rating Scale



## Evidence:

- Guarding over ribs, trying to avoid walking
- 3/10 pain bilateral thighs; 5/10 over ribs

## Contributing Factors:

- Occlusions in legs and lung vasculature

## Planned Outcomes:

- Pt will report 2/10 or less within 24 hours

# Dysfunctional GI Motility

## Evidence:

- Constipation, last BM 5 days ago
- Hypoactive bowel sounds

## Contributing Factors:

- Morphine use, lack of movement

## Planned Outcomes:

- Bowel movement within 12 hours with normoactive bowel sounds



EVEN WITH THE AID OF PERFORMANCE-ENHANCING LAXATIVES, CARL WAS UNABLE TO PASS HIS STOOL.

# Risk for Loneliness

## Contributing Factors:

- No one at bedside during my shift, father expected later in shift
- No known contact with friends during stay

## Planned Outcomes:

- Patient will not report/show signs of loneliness during hospitalization



# Care Provided

Meds: Dulcolax, Miralax, Docusate, Azithromycin, Clindamycin, Penicillin Potassium, Morphine, Epoetin alfa, Ferrous Sulfate

Interventions:

- Incentive spirometer
- Patient ambulation
- Oxygen at bedside if needed
- Compression stockings

# Teaching Needs and Discharge Planning

- Continue incentive spirometry
- Education:
  - Importance of deep breathing
  - When to return to physician (S&S of crisis)
  - Importance of laxative use for prophylaxis
- Possible use of pain meds after discharge

Research



# Overview

- Teachings of breathing exercises to SCD patients
  - Some participants had learned on their own
  - Study seems to need other studies due to design of this participant population
- They found teaching breathing exercises that do not need equipment can help to relax person and promote deep breathing

# Work Cited

Matthie, N., Brewer, C. A., Moura, V. L., & Jenerette, C. M. (2015). Breathing Exercises for Inpatients with Sickle Cell Disease. *MEDSURG Nursing*, 24(1), 35–38.  
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Questions?