

Name:

Date:

Pt initials:

Age: 5 years

NUR250 PEDIATRIC CONCEPT MAP

Assessment data

- PERRLA
- EOM appropriate
- MAE
- Equal strength in upper and lower extremities
- Unable to pucker fully
- Unable to smile fully but is symmetrical
- Oriented to self, place and situation
- Fatigue
- Steady Gait
- Continent
- Speech clear
- HR 150 reg., BP 109/55, SpO₂ 99%, Temp 38.6C, PP 2+ equal, Pedal pulse right
- 1+ left 2+, RR28 clear
- no edema
- Projectile vomiting? H/A?

Medical
Diagnosis:
Obstructive hydrocephalus

Pathophysiology:
Obstructive Hydrocephalus is the excess CSF in the ventricles of the brain from partial obstruction of the normal flow of CSF between ventricles or from the ventricles out to the rest of the brain. In this case the obstructive hydrocephalus was being caused by a recurrent cystic craniopharyngioma that is blocking the pathways of the ventricles and rest of brain for CSF to flow resulting in increase in ICP. The CSF is unable to be reabsorbed by circulating blood flow. The ICP increase causes signs and symptoms such as projectile vomiting w/o nausea, headaches, blurry vision, it effects the pituitary gland and subsequent hormones (in this case ADH leading to DI), it can effect CN function which is why neuro function checks are so important, increase temp, irritability, fatigue.

Nursing Diagnosis:
Decreased Intracranial adaptive capacity r/t obstructive hydrocephalus with recurrent cystic craniopharyngioma AEB need for ventriculoperitoneal shunt and Ommaya Shunt

Nursing Interventions

- Pain assessed regularly and acetaminophen given q6h
- Head of bed raised to 30 degrees to decrease pressure
- Medications given as prescribed
- Neurological checks and vitals taken q2h to catch status changes quickly
- Check site and route of ventriculoperitoneal shunt for swelling or signs of malfunction or infection that could hinder capability to drain CSF properly
- Give information about S&S of infection, VCP and care plan and follow up apt and explain with appropriate translation with teach-back before discharge (FOR FUTURE..NOT DONE DURING MY TIME WITH PATIENT)

Labwork (r/t diagnosis)

Head CT

Medications (r/t diagnosis)

- IV Hydrocortisone 9.6mg q6h
- Oral Levitracetam 250mg q12h
- IV Acetaminophen 220g q6h
- IV Zofran 2.7mg q6h

Expected Outcomes

- ICP will remain stable and not cause negative neurological effects for the remainder of shift
- Pain will be controlled to patient comfort level during shift.
- Follow up visits will be attended upon discharge
- Treatment plan will be understood and adhered to upon discharge

Developmental Considerations

- Incorporate playing games
- Participate in group crafts if able to leave room
- Muscle development from lack of ambulation and physical activity
- Need to explain things before doing to reduce fear and establish trust

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