The Islamic University of Gaza
Faculty of Nursing
Pediatric Nursing Care plan

Student name : ---------------  Date : ---------------  
Clinical area : ---------------  Evaluator : ---------------

Nursing Admission Data Base :-

Child's Name : ---------------  Sex : ---------------  Birth date : ---------------

Adress : -----------------------------  Admission date : ---------------

Condition on arrival :-  Wheel chair  ---------------  walking ---------------
   
   stretcher  ---------------

Chief complaint (reason for hospitalization) -----------------------------

Confirmed Diagnosis  -----------------------------------------------

treatment given prior to admission : -----------------------------

Medication : a- Prescribed : No ---------------  Yes (specify) ---------------

b- Non prescribed : No ---------------  Yes (specify) ---------------

Treatment : -----------------------------------------------

Past medical history (including communicable diseases, operation accidents, etc (give
details) -----------------------------------------------

Previous hospitalization : No ---------------  Yes ---------------
when ---------------  where ---------------  why ---------------  

-2-
Reaction during hospitalization

Dental health status

Immunization Record (give dates) HPV

1- __________________  2- __________________  3- __________________

TOPV 1- __________________  2-______________________ 3- ______________

Booster 1- __________________  2-______________________

Measels __________________ Mumps __________________ Rubella ______

Family history - (including family members inhome and heridatay illnesses)

Assessment :- (Subjective Date)

1- Health maintenance

Allergies (food , drug, dyes, others) No __________________ yes __________

(specific) __________________________________________________________

2- Activity :

Care by another : - Dressing ------ Brushteeh ------Bathing ------- Toleting :

Self care : Dressing ------- Brushteeh ------- Bathing ------- Toleting ------

Need presonal assistance Yes ------- No ------------- if yes "explain" __________

Problems relating to personal hygine ---------------------------------------

If yes "explain" -----------------------------------------

3- Nutrition / eating behavior

Bottle __________________ Breastfed __________ cup ___________

spoon ________________

-3-
If cup or spoon is being introduced, how is this being done?

- Age of weaning

- Type of formula amount and frequency

- Appetite, Good Fair Poor Comments

- Diet restrictions, Yes No if yes describe

- Special likes Dislikes

- Feeding or eating problem (like vomiting, nausea, stomatitis, etc) Yes No if yes how handled

4- Elimination pattern

- Number of bowel movements daily description

- Toilet trained: day night

- Times taken to bath

- Problems regarding elimination Yes No

- Diarrhea constipation incontinent, urine feces

- Urinary stream: frequency of voiding

Discomfort when voiding
**5- Sleeping / Rest pattern**

- Naps --------------------------------- Time and lengths ----------------------------------

- Usual bed time ------------------------ others -------------------------------

- Problems related to sleep yes ------------ no -----------------------------

Night mares ------------------- sleep walking -----------------------------

Bed wetting ------------------------- If yes, how handled? -----------------

**6- Cognitive / Conceptual pattern.**

- How does parent describe behavior?

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How does child react to distress (crying, temper tantrum, withdraw, runaway)

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- How is child comforted when distressed?

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Disciplinary measures yes ----------------- No ------------------------

Method of discipline -----------------------------------------------

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- Level of motor activity (i.e. rolls over, sits alone, walks unassisted, etc)

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- Plays usually: alone -------- parallel play ---------- with others ---------
- Does child go to school / kindergarten No ------------------ yes ------------------
  (specify) --------------------------------------------------------------
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- Grades Good --------------------- Fair ---------------------- Poor -------

Problems in school No ---------------------- yes "explain" ---------------------
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- Handicaps:
  Vision --------------------- Glasses ---------------------
  Hearing --------------------- Hearing device ---------------------
  Speech --------------------- Dental ---------------------
  Gait --------------------- Others ---------------------
  Supportive devices:----------------------------------------

  
  

  7- Communication / socialization:

Problems with communication verbal: No ---------------------- yes ----------------------
  nonverbal: No ---------------------- yes ----------------------
  if yes explain ----------------------
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- People who are significant to child: ----------------------------------------
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- Reaction to unfamiliar adults (i.e. friendly, etc) ----------------------------------------
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Has child been away from home before? Yes ---------------------- No ----------------------
If yes, explain, reactions: ----------------------------------------

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-6-

  8) Response of parents and child to illness / relationship pattern:
A- Parents :
- Parental concept of the diagnosis

- How have you cared for your child at home?

Child :
- Child understanding of diagnosis and reason for hospitalization?

- Fears regarding treatment during illness (i.e. "needles" restriction of activity, etc)

- What self-care is child capable of doing (diabetic-gives own insulin etc)

Concerns verbalized by parent or child

Observation made by nurse of parent/child interaction during interview:-