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Raised temperature increasing discomfort and fluid needs Childhood pneumonia

Child Health Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Caregiver reports cough, fever, poor feeding and faster breathing.

Objective findings and required checks: Increased respiratory effort and reduced intake; use age-appropriate observations and equipment.

Physical examination and investigations: Assess age-specific respiratory signs, SpO2, hydration and investigations ordered for severity.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Childhood pneumonia: Lower respiratory infection causes inflammation and can impair gas exchange and feeding.

Medical / surgical management

Follow the pediatric pneumonia pathway, support breathing and safe hydration, and provide prescribed treatment.

Illustrative drug and treatment study

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Medicine / treatment	Purpose	Nursing checks
Prescribed pediatric antibiotic	Treat indicated bacterial pneumonia	Verify weight-based prescription, allergy and response
prescribed oxygen	Support the individualized oxygenation target	Use correct pediatric equipment and monitoring.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

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Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about chills, headache, intake and illness onset. Assess: Record temperature site, trend, hydration and other observations.	Raised temperature increasing discomfort and fluid needs. Possible factors: an inflammatory or infectious process. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Temperature-related discomfort improves and clinical deterioration is detected promptly. Longer-term: Before the clinically approved transition or agreed follow-up: Explains monitoring, hydration instructions and warning signs for review.	1. Trend temperature together with circulation, breathing and mental state. Rationale: Temperature alone does not describe illness severity. 2. Provide comfortable clothing and fluids when permitted; avoid extreme cooling. Rationale: Supportive care reduces discomfort without provoking unnecessary stress. 3. Administer prescribed treatment and obtain ordered specimens using correct technique. Rationale: Cause-directed management and reliable samples support recovery. 4. Follow the pediatric pneumonia pathway, support breathing and safe hydration, and provide prescribed treatment. Rationale: Lower respiratory infection causes inflammation and can impair gas exchange and feeding. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

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Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

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Health education and continuing care

Teach feeding support, medicine measurement, smoke avoidance and signs requiring immediate reassessment.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Apnea, cyanosis, severe chest indrawing, inability to drink or reduced responsiveness requires urgent help.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Lower respiratory infection causes inflammation and can impair gas exchange and feeding.
- Priority concerns: Raised temperature increasing discomfort and fluid needs.
- Apnea, cyanosis, severe chest indrawing, inability to drink or reduced responsiveness requires urgent help.
- Teach feeding support, medicine measurement, smoke avoidance and signs requiring immediate reassessment.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Health conditions A to Z: external further reading - NHS
https://www.nhs.uk/conditions/

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Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

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