



GOAL	INTERVENTION	RATIONALE	EXPECTED OUTCOME
<b>1. Pain related to physical injury agents</b>			
	NIC Priority Intervention: <b>Pain Management:</b> Alleviation of pain or a reduction in pain to a level of comfort that is acceptable to the patient.		NOC Suggested Outcome: <b>Comfort Level:</b> Feelings of physical and psychological ease.
The child will verbalize adequate relief from pain and will be able to perform activities of daily living (ADLs).	<ul style="list-style-type: none"> <li>■ Assess the level of pain frequently using pain scales (see Chapter 9).</li> <li>■ Cover burns as much as possible.</li> <li>■ Change the child's position frequently. Perform range-of-motion exercises.</li> <li>■ Encourage verbalization about pain.</li> <li>■ Provide diversional activities.</li> <li>■ Promote uninterrupted sleep with use of medications.</li> <li>■ Use analgesics before all dressing changes and burn care.</li> </ul>	<ul style="list-style-type: none"> <li>■ Pain scale provides objective measurement. Pain is always present, but changes location; intensity may indicate complications.</li> <li>■ Temperature changes or movement of air causes pain.</li> <li>■ Reduces joint stiffness and prevents contractures.</li> <li>■ Provides outlet for emotions and helps the child cope.</li> <li>■ Helps lessen focus on pain.</li> <li>■ Sleep deprivation can increase pain perception.</li> <li>■ Helps to reduce pain and decreases anxiety for subsequent dressing changes.</li> </ul>	The child verbalizes adequate relief from pain and is able to perform ADLs.
<b>2. Risk for Infection related to trauma and destruction of skin barrier</b>			
	NIC Priority Intervention: <b>Infection Protection:</b> Prevention and early detection of infection in a patient at risk.		NOC Suggested Outcome: <b>Risk Control:</b> Actions to eliminate or reduce actual, personal, and modifiable health threats.
The child will be free of infection during healing process.	<ul style="list-style-type: none"> <li>■ Take vital signs frequently.</li> <li>■ Use standard precautions (gown, gloves, mask) when wounds of a major burn are exposed. Limit visitors (no one with an upper respiratory infection or other contagious disease).</li> <li>■ Clip hair around burns.</li> <li>■ Keep biosynthetic burn dressing dry.</li> <li>■ Do not place the IV in any burned area.</li> <li>■ Administer oral or IV antibiotics for diagnosed infections as prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased temperature is an early sign of infection.</li> <li>■ Reduces risk of wound contamination.</li> <li>■ Hair harbors bacteria.</li> <li>■ Helps reduce the number of bacteria introduced to the burn site.</li> <li>■ Reduces risk of wound contamination.</li> <li>■ Antibiotics administered as prescribed help to clear the infection quickly.</li> </ul>	The child either stays free of secondary infection, or has infection diagnosed and treated early.
<b>3. Risk for Fluid Volume Imbalance related to loss of fluids through wounds and to subsequent excess fluid intake</b>			
	NIC Priority Intervention: To be developed.		NOC Suggested Outcome: To be developed.
The child will maintain adequate urine output.	<ul style="list-style-type: none"> <li>■ Monitor vital signs, central venous pressure, capillary refill time, pulses.</li> </ul>	<ul style="list-style-type: none"> <li>■ The child is initially at risk for hypovolemic shock and needs fluid resuscitation (see Chapter 10).</li> </ul>	The child maintains normal urine output and burn site edema is not excessive.

(continued)



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<b>3. Risk for Fluid Volume Imbalance related to loss of fluids through wounds and to subsequent excess fluid intake (continued)</b>			
	<ul style="list-style-type: none"> <li>■ Administer IV and oral fluids as ordered.</li> <li>■ Estimate insensible fluid losses.</li> <li>■ Monitor intake and output.</li> <li>■ Weigh child daily.</li> <li>■ Insert urinary catheter.</li> <li>■ Monitor for hyponatremia and hypercalcemia (see Chapter 10).</li> </ul>	<ul style="list-style-type: none"> <li>■ Careful calculation of fluid needs and ensuring proper intake help keep the child properly hydrated.</li> <li>■ Losses are increased during the first 72 hours after burn injury; may need replacement. Plasma is lost through burn site because of capillary damage.</li> <li>■ The child is at risk for fluid overload during hydration, and for edema in the tissues at the burn site.</li> <li>■ Significant weight loss or gain can help determine fluid imbalances.</li> <li>■ Helps maintain accurate output measurement during critical care stage.</li> <li>■ Sodium is lost with burn fluid and potassium is lost from damaged cells, causing electrolyte imbalances.</li> </ul>	
<b>4. Altered Peripheral Tissue Perfusion related to mechanical reduction of venous and/or arterial blood flow (edema) of circumferential burns</b>			
	<p>NIC Priority Intervention: <b>Circulatory Care:</b> Promotion of arterial and venous circulation.</p>		<p>NOC Suggested Outcome: <b>Tissue Perfusion (Peripheral):</b> Extent to which blood flows through the small vessels of the extremities and maintains tissue function.</p>
<p>The child will maintain adequate perfusion in burned extremities.</p>	<ul style="list-style-type: none"> <li>■ Elevate extremities. Perform hourly distal pulse checks. Notify the physician of decreased or absent pulses.</li> <li>■ Check eschar.</li> </ul>	<ul style="list-style-type: none"> <li>■ Elevation helps to reduce dependent edema by promoting venous return. Dependent edema can constrict peripheral circulation.</li> <li>■ Eschar can constrict peripheral circulation in edematous extremity.</li> </ul>	<p>The child has no episodes of poor perfusion in the burned extremity.</p>
<b>5. Ineffective Breathing Pattern related to respiratory muscle fatigue due to smoke inhalation and airway edema</b>			
	<p>NIC Priority Intervention: <b>Respiratory Monitoring:</b> Collection and analysis of patient data to ensure airway patency and adequate gas exchange.</p>		<p>NOC Suggested Outcome: <b>Vital Signs Status:</b> Temperature, pulse, respiration, and blood pressure within expected range for the individual.</p>
<p>The child will maintain or demonstrate improvement in breathing pattern.</p>	<ul style="list-style-type: none"> <li>■ Closely monitor quality of respirations, breath sounds, mucous secretions, pulse oximetry.</li> <li>■ Provide thorough pulmonary care.</li> <li>■ Elevate head of bed. Keep intubation tube at bedside.</li> <li>■ Administer corticosteroids, as prescribed.</li> </ul>	<ul style="list-style-type: none"> <li>■ Excess fluid replacement can cause pulmonary edema; toxins from burning products can cause airway inflammation.</li> <li>■ Pulmonary care assists in removal of secretions to prevent infection.</li> <li>■ Dyspnea, nasal flaring, air hunger (respiratory distress) may develop.</li> <li>■ Reduces airway edema.</li> </ul>	<p>The child has regular and unlabored breathing pattern.</p>
<b>6. Impaired Physical Mobility related to joint stiffness due to burns</b>			
	<p>NIC Priority Intervention: <b>Exercise Therapy, Joint Mobility:</b> Use of active or passive body movement to maintain or restore joint flexibility.</p>		<p>NOC Suggested Outcome: <b>Joint Movement (Active):</b> Range of motion of joints with self-initiated movement.</p>



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The child will maintain maximum range of motion.	<ul style="list-style-type: none"> <li>■ Arrange physical and occupational therapy twice daily for stretching and range-of-motion exercises. Splint as ordered. Encourage independent ADLs.</li> </ul>	<ul style="list-style-type: none"> <li>■ Good positioning, range-of-motion exercises, and alignment prevent contractures.</li> </ul>	The child maintains maximum range of motion without contractures.

**7. Altered Nutrition: Less than Body Requirements related to high metabolic needs**

	NIC Priority Intervention: <b>Nutrition Management:</b> Assistance with or provision of balance dietary intake of foods and fluids.		NOC Suggested Outcome: <b>Nutritional Status:</b> Extent to which nutrients are available to meet metabolic needs.
The child will maintain weight and demonstrate adequate serum albumin and hydration.	<ul style="list-style-type: none"> <li>■ Provide an opportunity to choose meals. Offer a variety of foods. Provide snacks.</li> <li>■ Encourage the child to have meals with other children.</li> <li>■ Provide a multivitamin supplement.</li> <li>■ Substitute milk and juices for water.</li> <li>■ Provide nasogastric feedings as needed.</li> <li>■ Weigh the child daily.</li> </ul>	<ul style="list-style-type: none"> <li>■ Encourages intake. General malaise and anorexia lead to poor healing.</li> <li>■ Socialization improves intake.</li> <li>■ Vitamin C aids zinc absorption; zinc aids in healing.</li> <li>■ A child with a burn greater than 10% of BSA cannot usually meet nutrition requirements without assistance.</li> <li>■ Provides objective evaluation.</li> </ul>	The child maintains weight, adequate hydration, normal serum albumin.

**8. Anxiety (Child) related to threat to or change in health status**

	NIC Priority Intervention: <b>Anxiety Reduction:</b> Minimizing apprehension, dread, foreboding, or uneasiness related to an unidentified source of anticipated danger.		NOC Suggested Outcome: <b>Coping:</b> Actions to manage stressors that tax an individual's resources.
The child will verbalize reduced anxiety.	<ul style="list-style-type: none"> <li>■ Provide continuity of care providers.</li> <li>■ Encourage parents to stay with the child; calls from home; pictures from classmates.</li> <li>■ Group tasks and activities.</li> </ul>	<ul style="list-style-type: none"> <li>■ Helps to build a trusting relationship.</li> <li>■ Familiar surroundings, people, and items encourage relaxation.</li> <li>■ Reduces overstimulation and encourages rest.</li> </ul>	The child expresses and shows signs of reduced anxiety.

**9. Anxiety (Parent) related to situational crisis**

	NIC Priority Intervention: <b>Anxiety Reduction:</b> Minimizing apprehension, dread, foreboding, or uneasiness related to an unidentified source of anticipated danger.		NOC Suggested Outcome: <b>Anxiety Control:</b> Ability to eliminate or reduce feelings of apprehension and tension from an unidentified source.
Parents will verbalize decreased anxiety.	<ul style="list-style-type: none"> <li>■ Provide educational materials about healing, grafting, dressing changes, and course of action.</li> <li>■ Be flexible when teaching parents about wound care.</li> <li>■ Provide referral to social services or parent support group</li> </ul>	<ul style="list-style-type: none"> <li>■ Knowledge reduces anxiety.</li> <li>■ Adults learn in many different ways.</li> <li>■ Allows for venting of fears and guilt feelings, and provides exchange of ideas on dealing with hospitalization and long-term care.</li> </ul>	Parents state decreased anxiety.