

Risk for injury(CNS)

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Risk for injury(CNS)</b>  <b>Related factors:</b>                      Bilirubin deposits in the basal ganglia                      Cerebral irritation                      Focal edema                      Premature                      Tissue hypoxia, altered clotting factors, metabolic imbalance                      Ventriculitis  <b>Symptoms / Risk factors:</b>                      Asphyxia, hypoproteinemia hypoglycemia                      Behavior change, lethargy                      Muscle tone abnormalities                      Poor sucking                      Seizures  <b>Outcome / Goal:</b>                      Be free of signs of CNS impairment                      Maintain homeostasis                      Patient does not experience seizure activity</p>		<p><b>Seizure Precautions</b>                      Administer anticonvulsants as ordered                      During a seizure secure patient's open airway                      Explore with client the various stimuli that may precipitate seizure activity.                      Monitor drug levels (anticonvulsants)                      Monitor for seizure activity                      Monitor level (increased) white blood cell                      Monitor level of consciousness  <b>Surveillance</b>                      Administer medications, as indicated                      Assess respiratory effort. Note presence of pallor and cyanosis                      Assist parents to remain calm during seizure activity of child                      Check neurological signs periodically                      Do not put any object into child's mouth - use your fingers only if needed                      Keep client flat on back for several hours, per protocol                      Lay the child on his or her side to prevent choking                      Monitor Dextrostix levels                      Monitor laboratory studies, as indicated                      Monitor vital signs. Note skin color, warmth, and capillary refill                      Observe infant for alterations in CNS function                      Stay with child during seizure                      Teach about information to record about seizure activity should it occur                      Teach parents about care of the child during seizure and precautions to take</p>	