



GOAL	INTERVENTION	RATIONALE	EXPECTED OUTCOME
<b>1. Severe abdominal pain related to surgery and injury</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 report reduced pain.	<ul style="list-style-type: none"> <li>■ Give analgesic by a pain-free method.</li> <li>■ Have the child select a pain scale and rate the amount of pain perceived before and 30–60 minutes after analgesia is given to ensure pain relief.</li> <li>■ Reposition the child every 2 hr to maintain good body alignment. Provide therapeutic touch or massage.</li> </ul>	<ul style="list-style-type: none"> <li>■ The child may deny pain to avoid analgesia by painful route.</li> <li>■ The child's pain rating is the best indicator of pain. Maintenance of pain control requires less analgesia than treating each acute pain episode.</li> <li>■ Anxiety increases perception of pain. New positions decrease muscle cramping and skin pressure.</li> </ul>	The child reports reduced pain after administration of analgesia.
<b>2. Sleep pattern disturbance related to inadequate pain control</b>			
	NIC Priority Intervention: <b>Sleep Enhancement:</b> Facilitation of regular sleep/wake cycles.		NOC Suggested Outcome: <b>Sleep:</b> Extent and pattern of sleep for mental and physical rejuvenation.
The child will experience fewer disruptions of sleep by pain.	<ul style="list-style-type: none"> <li>■ Give analgesia by continuous infusion or every 3–4 hr around the clock.</li> </ul>	<ul style="list-style-type: none"> <li>■ Pain breakthrough occurs even during sleep.</li> </ul>	The child's sleep is undisturbed by pain. Child sleeps for age-appropriate number of hours per day.
<b>3. Ineffective individual management of therapeutic regimen related to self-management of pain control and use of nondrug pain control measures</b>			
	NIC Priority Intervention: <b>Self-Modification Assistance:</b> Reinforcement of self-directed change initiated by the patient to achieve personally important goals.		NOC Suggested Outcome: <b>Treatment Behavior Pain Control:</b> Personal actions to palliate or eliminate pain.
The child and family will effectively use patient-controlled analgesia (PCA) and nondrug pain control measures.	<ul style="list-style-type: none"> <li>■ Teach the child how the PCA works and when to push the button.</li> <li>■ Teach the family and the child how to use age-appropriate imagery, distraction, relaxation techniques, and other nondrug pain relief measures.</li> </ul>	<ul style="list-style-type: none"> <li>■ The child must know that pushing the PCA button will keep pain under control.</li> <li>■ Nondrug pain control measures reduce amount of analgesia needed.</li> </ul>	<p>The child's pain rating stays low.</p> <p>The child and family independently use nondrug pain control measures.</p>

(continued)



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<p><b>3. Ineffective individual management of therapeutic regimen related to self-management of pain control and use of nondrug pain control measures (continued)</b></p>			
<p>The child and family will use appropriate analgesia after discharge.</p>	<ul style="list-style-type: none"> <li>■ Discuss appropriate pain control to use at home after discharge.</li> </ul>	<ul style="list-style-type: none"> <li>■ The family and child may be anxious about pain management at home.</li> </ul>	<p>The family understands pain relief measures for use at home and knows where to call if help is needed.</p>
<p><b>4. Risk for ineffective breathing pattern related to opioid overdose</b></p>			
	<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, respirations, and blood pressure within expected range for the individual.</p>
<p>The child will maintain adequate ventilations.</p>	<ul style="list-style-type: none"> <li>■ Verify that correct dose of opioid analgesia is given.</li> <li>■ Monitor vital signs and depth of inspirations before analgesic is administered and at time of peak drug action.</li> <li>■ Calculate agonist dose ordered by physician to be sure it will reverse respiratory depression, not counteract effect of analgesia.</li> </ul>	<ul style="list-style-type: none"> <li>■ Respiratory depression is a significant complication of opioid analgesia.</li> <li>■ Respiratory depression episode must not progress to respiratory arrest. All opioids act on brainstem center which decreases responsiveness to CO<sub>2</sub> tension.</li> <li>■ Valuable time will be saved if agonist is needed for episode of respiratory depression.</li> </ul>	<p>There is no episode of respiratory depression associated with analgesia.</p>
<p><b>5. Constipation related to opioid administration and decreased motility of gastrointestinal tract.</b></p>			
	<p>NIC Priority Intervention: <b>Constipation Management:</b> Prevention and alleviation of constipation.</p>		<p>NOC Suggested Outcome: <b>Bowel Elimination:</b> Ability of gastrointestinal tract to form and evacuate stool effectively.</p>
<p>The child will have minimal constipation.</p>	<ul style="list-style-type: none"> <li>■ Palpate the abdomen, and assess bowel sounds and abdominal distention.</li> <li>■ Request physician order for stimulating laxative and stool softener.</li> <li>■ Provide fluids of choice to increase fluid intake when IV fluids are decreased.</li> <li>■ Inform family and child of possible medication induced constipation.</li> </ul>	<ul style="list-style-type: none"> <li>■ Signs of constipation must be anticipated and identified.</li> <li>■ Opioids increase the transit time of feces and interfere with bile enzymes needed for evacuation.</li> <li>■ Extra fluids will counteract opioid action of increasing the absorption of water from the large intestine.</li> <li>■ Parents can become partners in managing fluid intake and monitoring bowel movements.</li> </ul>	<p>The child has bowel movements at least every 2 days while on opioid pain control.</p>