

After your morning report, you visit Paul, start your assessment, and note the following: Paul is an alert and oriented 14-year-old Caucasian boy. The right sclera has a hemorrhage, and multiple petechiae and bruises are on the arms and legs. Petechiae are noted on the buccal mucosa and palate. Further observation of the patient and his surroundings reveals (1) a sign over his bed that reads “no needle punctures”; (2) he is currently getting 6 liters of oxygen via nasal cannula; (3) the Port-A-Cath is accessed with intravenous (IV) fluids infusing, and the dressing is clean and dry; and (4) a tympanic thermometer is in the room.

1. What evidence should you consider regarding this condition?
2. What additional information is required at this time?
3. List the nursing intervention(s) that have the highest priority.
4. Identify important patient-centered outcomes with reference to your nursing interventions.

Children at home who have low platelet counts (usually  $<100,000/\text{mm}^3$ ) should avoid activities that might cause injury or bleeding, such as riding bicycles or skateboards, roller skating or in-line skating, climbing trees or playground equipment, and contact sports such as football or soccer. Once the platelet count rises, these restrictions are not necessary. In addition, aspirin and aspirin-containing products are not used; for mild pain or significantly elevated temperature, acetaminophen is substituted.

## **Anemia**

Initially anemia may be profound from complete replacement of the bone marrow by cancer cells. During induction therapy, blood transfusions with packed red blood cells may be necessary to raise the hemoglobin to levels approaching 10 g/dl. The usual precautions in caring for the child are instituted (see [Chapter 24](#)).

Anemia is also a consequence of drug-induced myelosuppression. Although not as severely affected as the white blood cells, erythrocyte production may be delayed. Because children have an amazing capacity to withstand low hemoglobin