Nursing Care of a Pediatric Patient with Acute Suppurative Tonsillitis Clinical Data The patient was an 8-year-old male admitted to the hospital due to "sore throat and fever for 2 days." Physical examination: T 39.2°C, P 110 beats/min, R 24 breaths/min, BP 100/60 mmHg. The pharynx showed marked···

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Abstract

Objective To summarize the nursing process of one case of pediatric acute suppurative tonsillitis. Based on characteristic nursing methods of Traditional Chinese Medicine, nursing intervention was implemented for acute suppurative tonsillitis, administering Chinese herbal acupoint plastering therapy to strengthen the spleen and harmonize the stomach 1, and auricular acupressure therapy to stimulate auricular reaction points, unblock meridians, regulate the viscera, and relieve throat 2 symptoms, thereby regulating the viscera, effectively reducing patient body temperature, and promoting inflammation resolution.

Full Text

Nursing Care of a Child with Acute Suppurative Tonsillitis

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Abstract

Objective: To summarize the nursing process for a pediatric case of acute suppurative tonsillitis. Traditional Chinese medicine (TCM) characteristic nursing interventions were implemented, including herbal acupoint plastering to strengthen the spleen and stomach [1], and auricular acupressure to stimulate

auricular reaction points, unblock meridians, regulate visceral function, and alleviate throat symptoms, thereby effectively reducing body temperature and promoting resolution of inflammation.

Keywords: Pediatric acute suppurative tonsillitis; Traditional Chinese medicine nursing; Auricular acupuncture therapy; Acupoint plastering

Acute suppurative tonsillitis is a common clinical condition that frequently occurs during autumn and winter months, with the highest incidence in early childhood. The disease has an acute onset and can be severe; if not treated promptly, it may lead to systemic inflammation and pose a serious threat to the child' s health. In treating such pediatric conditions, traditional Chinese medicine nursing techniques play an indispensable role with their unique methods and concepts. This article presents the nursing process for a child with acute suppurative tonsillitis, highlighting the distinctive value of TCM nursing techniques in clinical practice.

Our department admitted a patient with acute suppurative tonsillitis on February 18, 2024. After effective treatment and meticulous nursing care, the patient showed improvement and was discharged on February 25, 2024. The nursing care is reported as follows.

1.1 Patient Data

The patient was a 12-year-old male admitted on February 18, 2024, with chief complaints of "sore throat for 8 days and fever for 5 days."Eight days prior, he developed sore throat without obvious precipitating factors and self-administered cefixime orally for 3 days without relief. Five days before admission, fever developed with temperature fluctuating between 37-38°C. After 2 days of oral roxithromycin, his fever worsened, reaching a maximum of approximately 39°C with 2-3 fever peaks daily. Intravenous cephalosporins were continued, yet fever and sore throat persisted. He presented to our hospital and was diagnosed with acute suppurative tonsillitis, and was admitted for further treatment. Current symptoms: normal temperature, sore throat, no cough, poor appetite, normal sleep, loose stools once daily, normal urination. Past medical history: healthy, vaccinated on schedule; denied history of food or drug allergies.

1.2 Physical Examination

Admission examination: Temperature 36.8°C, pulse 90 beats/min, respiration 20 breaths/min, blood pressure 110/76 mmHg; conscious, normal development, good nutrition, pharyngeal congestion, bilateral tonsillar hypertrophy grade II with purulent secretions. TCM four examinations: clear consciousness, slightly pale complexion, bright eyes; red throat; no cough sounds heard, no abnormal odors detected; red tongue with thin yellow coating, floating and rapid pulse. Blood routine on February 17, 2024 showed white blood cells $18.98\$\times 10^{\{9\}/L, neutrophils 14.51\times 10}\{9\}/L, monocytes 1.81\times 10\hat{}\{9\}\$/L$, C-reactive protein 123.66 mg/L. Urinalysis showed ketone bodies 2+ 4.0 mmol/L,

indicating insufficient intake.

1.3 Diagnosis

TCM diagnosis: Pediatric tonsillitis (乳娥); Pattern differentiation: Wind-heat syndrome.
Western diagnosis: 1. Acute suppurative tonsillitis; 2. Gastrointestinal dysfunction.

1.4 Treatment Intervention

After admission, the patient received pediatric fever nursing routine, first-level nursing care, regular diet, parental accompaniment, and oxygen saturation monitoring. TCM treatment focused on dispersing wind-heat, clearing heat, and detoxifying to benefit the throat, with oral herbal decoction supplemented by acupoint plastering, auricular acupressure, and warm moxibustion to diffuse the lung and strengthen the spleen. Western medicine included intravenous amoxicillin-clavulanate for anti-infection, vitamin C injection + adenosine disodium triphosphate injection for symptomatic support, and *Bifidobacterium* + *Lactobacillus* + *Streptococcus thermophilus* triple viable tablets to regulate intestinal flora. Following these interventions, the patient became afebrile on day 4 post-admission, with pharyngeal redness, bilateral tonsillar hypertrophy grade I, and no visible secretions. He was discharged with improved condition on February 25, 2024.

2. Nursing Process

2.1 Nursing Assessment

The assessment included: (1) **Daily living ability** evaluated using the Barthel Index, covering feeding, bathing, grooming, dressing, bowel and bladder control, toileting, bed-to-chair transfer, ambulation, and stair climbing. Each category was scored as completely independent, partially dependent, heavily dependent, or completely dependent. The scale ranges from 0-100, with higher scores indicating better quality of life. This patient scored 55, indicating moderate dependence. (2) **Physiological assessment:** The patient had hyperthermia with prolonged fever, pharyngeal redness, and bilateral tonsillar hypertrophy grade II. (3) **Psychological assessment:** Due to environmental changes and prolonged disease course, the patient experienced anxiety and fear regarding prognosis and potential impact on academic performance. (4) **Social assessment:** Family members had basic understanding of disease-related knowledge, good economic conditions, and family support.

2.2 Nursing Diagnoses

Based on the patient's condition, the following nursing diagnoses were identified: (1) Hyperthermia related to respiratory tract infection; (2) Pain related to pha-

ryngeal swelling; (3) Imbalanced nutrition: less than body requirements related to insufficient intake and increased consumption; (4) Risk for complications including otitis media, tracheitis, pneumonia, acute glomerulonephritis, and encephalitis; (5) Anxiety and fear related to health changes affecting academic performance and concerns about disease prognosis; (6) Deficient knowledge regarding respiratory disease treatment and nursing.

2.3 Nursing Goals

Corresponding goals were established: (1) Patient will maintain normal body temperature without fever; (2) Pharyngeal swelling will resolve with no secretions; (3) Patient will meet daily nutritional requirements and maintain normal levels; (4) No complications or other infections will occur; (5) Patient' s anxiety will decrease with active cooperation from patient and family; (6) Patient and family will understand respiratory disease treatment and nursing knowledge to correctly implement post-discharge care.

2.4 Nursing Interventions

2.4.1 Basic Nursing Care Maintain a quiet, clean, well-lit ward with appropriate temperature and humidity. Perform morning and evening care on schedule to maintain clean, tidy bedding. Conduct daily ultraviolet disinfection and ventilation. Disinfect surfaces and floors with chlorine-containing agents 2-3 times daily as prescribed.

2.4.2 Dietary Nursing The patient, a school-age child with acute onset and short disease course, presented with sore throat and fever. Blood tests showed significantly elevated white blood cells, neutrophil percentage, and CRP. The patient had loose stools and gastrointestinal dysfunction. A dietary plan was formulated: (1) During high fever, small frequent meals were recommended, with soft, glutinous foods to minimize pharyngeal irritation. (2) Fresh fruits rich in vitamin C were encouraged to promote resolution of pharyngeal swelling. (3) Cold, greasy, and spicy foods were prohibited to avoid gastrointestinal stimulation. (4) Due to elevated urinary ketones, increased fluid intake was advised. (5) The patient and family were instructed to avoid excessive hunger or fullness to prevent damaging spleen-stomach qi.

2.4.3 Temperature Management Nursing staff closely monitored temperature changes. On day 2 post-admission, the maximum temperature reached 39.6°C. Ibuprofen suspension 10 ml was administered orally. Without chills, the temperature decreased to 37°C after half an hour with sweating. During hyperthermia, temperature was measured every 4 hours with accurate documentation; after normalization, twice daily. Specific measures included: (1) Observing temperature changes after antipyretic administration, encouraging hot water intake to promote sweating. (2) Promptly changing sweat-soaked clothing and bedding

to maintain dry skin and prevent re-infection. (3) Physical cooling with external cooling patches for temperatures between 37.9-38.5°C. (4) Herbal decoction administered once daily, utilizing heat-clearing and detoxifying herbs for medicinal bathing. (5) Nursing staff prepared emergency equipment in anticipation of febrile seizures. No febrile seizures occurred during hospitalization.

2.4.4 Pain Management Based on pharyngeal swelling and secretions, interventions included: (1) Saline mouth rinses according to sore throat severity to prevent oral bacterial infection. (2) Sodium chloride solution nebulization to deliver medication directly to the tonsils [3], promoting inflammation resolution. (3) Auricular acupuncture therapy to clear the throat and benefit swallowing. (4) Minimizing speech and avoiding loud talking to prevent hoarseness.

2.4.5 Medication Nursing The patient received intravenous amoxicillin-clavulanate for anti-infection and energy mixture for symptomatic support. Oral *Bifidobacterium* triple viable tablets regulated intestinal flora. TCM treatment focused on dispersing wind-heat, clearing heat, and detoxifying to benefit the throat, with oral herbal decoction and acupoint plastering at Shenque (CV8) and Zhongwan (CV12) to strengthen the spleen.

2.4.6 Traditional Chinese Medicine Nursing 2.4.6.1 Herbal Decoction: To disperse wind-heat, clear heat, detoxify, and benefit the throat [4], the prescription included: Mint [5] 6g, fried Arctium fruit 10g, Belamcanda rhizome 10g, Reed root 15g, Licorice slice 6g, Lophatherum herb 10g, Schizonepeta spike 10g, Honeysuckle flower 10g, Fermented soybean 10g, Prunella spike 10g, Forsythia fruit 10g, Platycodon root 10g, Soybean sprout 10g, and Stevia leaf 1g. One decoction daily, taken orally once daily (half hour after meals), 200 ml each dose.

2.4.6.2 Acupoint Plastering: Spleen-stomach plaster [6] applied to Shenque (CV8) and Zhongwan (CV12) to strengthen the middle and fortify the spleen. Application time: 2 hours per acupoint, once daily. The external preparation consisted of dried ginger, Sichuan pepper, katsumada seed, bitter orange, costusroot, patchouli, charred three immortals (charred barley sprout, charred hawthorn, charred medicated leaven), chicken gizzard lining, and corydalis rhizome, each 20g. The herbs were ground into fine powder and mixed with honey and vinegar to form a paste. The prepared medicine was applied as a 2 cm × 2 cm cake on a specialized plaster for use. During treatment, skin condition at the application site was closely monitored; any redness or itching required immediate management. No such reactions occurred in this patient.

2.4.6.3 Auricular Acupressure [7]: Selected points including throat, sympathetic, and large intestine [8-9] for auricular acupressure once daily to clear the throat and benefit swallowing. Points were pressed 3-5 times daily, 30-40 seconds per point each time, alternating ears on subsequent days. During treatment, auricular cleanliness and dryness were maintained to prevent infection.

2.4.7 Psychological Nursing As a school-age child with incomplete disease knowledge, the patient experienced increasing anxiety and fear when threatened by illness, especially with significant pain, worrying about academic impact and prognosis. Additionally, pain from nursing procedures created psychological burden. Timely communication with family members during nursing procedures helped them understand relevant precautions, gain their cooperation, facilitate recovery, and promote harmonious nurse-patient relationships.

2.4.8 Health Education Regarding disease-related symptoms, patient and family education covered fever, sore throat, and dietary care knowledge. Daily life instructions included: covering mouth and nose when coughing or sneezing to reduce bacterial transmission; adjusting clothing according to climate changes to prevent catching cold; maintaining clean home environments with regular ventilation; consuming light diets rich in vitamins while avoiding raw, cold, and spicy foods; ensuring adequate sleep and regular physical exercise. Family members were instructed in proper herbal decoction and storage methods to achieve therapeutic effects and prevent errors.

2.5 Nursing Evaluation

The integrated Chinese-Western nursing approach improved patient compliance [10], with good cooperation from patient and family, regulating the child' s constitution and promoting recovery. Comprehensive nursing measures achieved significant results. Through auricular acupressure, stimulation of corresponding auricular points cleared the throat and benefited swallowing, markedly relieving throat discomfort. Additionally, auricular stimulation improved sleep quality, facilitating recovery. Herbal acupoint plastering applied medicinals with specific effects to acupoints, allowing combined medicinal and acupoint actions to focus on regulating gastrointestinal dysfunction. This method integrating TCM theory and modern medical technology achieved excellent nursing outcomes.

3. Results and Follow-up

Following nursing interventions, the child was conscious with good mental response, afebrile, without sore throat or wheezing, and with normal appetite, bowel movements, and urination. Examination revealed slight pharyngeal redness, bilateral tonsillar hypertrophy grade I, no secretions, stable respiration, and no abnormal breath sounds. After 7 days of hospitalization, the patient achieved clinical cure and was discharged on February 25, 2024. **Discharge diagnosis:** TCM: Pediatric tonsillitis, wind-heat syndrome pattern; Western medicine: Acute suppurative tonsillitis and gastrointestinal dysfunction. **Discharge medications:** Throat-clearing tea 4g as beverage, three times daily; herbal decoction (3 doses) to be decocted and taken orally once daily in divided doses. Respiratory management was emphasized with outpatient follow-up as needed. TCM lifestyle guidance included avoiding wind-cold, regulating diet, and ensuring adequate rest.

The patient did not return for follow-up visits; telephone follow-up was conducted. On March 1, 2024, the family reported the child was in good mental condition, had taken herbal decoction as prescribed (now completed), with normal appetite, sleep, bowel movements, and complete recovery without symptoms.

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