

IMS (Pediatrics) Critical Thinking Worksheet

Patient Age: 1 yr

Patient Weight: 10.1 kg

Student Name:

Jamie Mills

Unit: Pt. Initials:

PLU JM

Date: Click here to enter a date.

11/2/2021

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):

Craniosynostosis
 - a birth defect in which one or more of the cranial sutures fuse, before the brain is fully formed. Brain growth continues, giving the head a misshapen appearance

2. Factors for the Development of the Disease/Acute Illness:

Nonsyndromic → cause unknown, thought to be a combination of genes & environment
 syndromic → caused by certain genetic syndromes, such as Apert syndrome, Pfeiffer syndrome, or Crouzon syndrome

3. Signs and Symptoms:

A misshapen skull - P
 An abnormal feeling or disappearing fontanel on the skull - P
 Development of a raised, hard ridge along affected sutures - P
 Slow or no growth of the head as your baby grows - P

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

Physical Exam
 Imaging studies - CT, MRI, Cranial US
 Genetic Testing

5. Lab Values That May Be Affected:

was not able to find any lab values that may be affected
 If complications arise there will be affected lab values.
 With this pt, they were monitoring the H&H to watch for bleeding.

6. Current Treatment (Include Procedures):

Mild cases → molded helmet
 Surgery → Endoscopic Open - P
 Helmet Therapy

Student Name: Jamie Mills Unit: P104 Pt. initials: JM Date: 1/13/2021

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Near/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>legs</u> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>yellow, clear</u> Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location: _____ Inserted to _____ cm Suction Type: _____	Site: <u>peripheral</u> <input type="checkbox"/> INT <input type="checkbox"/> None Type/Location: <u>R foot 20g</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS 1000 20g or venline</u>
RESPIRATORY	NUTRITIONAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: Oxygen Cannula: _____ L/min <input type="checkbox"/> BIPAP/CPAP: _____ Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>1001</u> Oxygen Saturation: <u>98%</u>	Diet/Formula: <u>Advance as tolerated</u> Amount/Schedule: _____ Chewing/swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MUSCULOSKELETAL <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>pink</u> Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration PAIN Location: _____ Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Type: _____ Pain Score: <u>1</u> 1200 1600 <u>0800</u>
WOUND/INCISION	TUBES/DRAINS	WOUND/INCISION
<input type="checkbox"/> None Type: <u>craniotomy incision</u> Location: <u>scalp behind hairline</u> Description: _____ Dressing: <u>Tubin</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____	Type: _____ Location: _____ Description: _____ Dressing: _____

Student Name: Jamie Unit: PICU Pt. initials: JM Date: 1/13/2021

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			X										
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid		DS 1/2 NS	+ 20 K		4/2 m	/hr							11,000
IV Meds/Flush			x1										
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		320			103								483
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0 Green</u>
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Student Name: Jamie Mills

Unit: PCU

Pr. Initials: JM

Date: 1/13/2021

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Clindamycin	Antibiotic	prevent infection	81mg IVP Q8H	Yes		81mg in NS 0.9% 7ml IVPB	Black Box Drug reaction w/ esophagitis & systemic symptoms - Clostridium difficile colitis - Agranulocytosis	1. Concomitant use of erythromycin is not recommended 2. Use with caution in pts with a history of gastrointestinal disease 3. Use caution in pts with severe renal disease 4. Severe & potentially fatal hypersensitivity reactions
Famotidine	Gastric acid secretion inhibitor	Acid reducer	5mg IVPB Q12H	Yes		5mg in NS 2.5ml IVPB	-necrotizing enterocolitis - Anaphylaxis - Rhabdo myolysis - Hospital Acquired Pneumonia	1. Systemic rest. does NOT rule out gastric malignancy 2. CNS reactions include confusion, delirium, hallucinations, & lethargy 3. Caution in pts with moderate to severe renal insufficiency. 4. Caution in very low birth wt neonates
Dexamethasone	Corticosteroid	treat stridor	5mg IVP once	0.5mg/kg/day - 10mg/day Yes		5mg / 0.5ml	-acute MI with rupture of ventric -hypoglycemia -pancreatitis -infectious disease	1. Contraindicated in pt with active or suspected ocular infections 2. Contraindicated with concomitant use of more than single dose with rifampin 3. Contraindicated in pts with posterior lens capsule torn or ruptured 4. Contraindicated in pts with systemic fungal infection
Acetaminophen Soln	Analgesic	Treat mild pain (1-3)	150mg PO q4hr	80mg q 4hrs 400mg/day max Yes			Black Box Generalized exanthematous pustulosis - Liver failure - Pneumonitis	1. Contraindicated in pt with active & severe hepatic disease 2. Contraindicated in pt with hypersensitivity to acetaminophen 3. Contraindicated in pt with severe hepatic impairment 4. Chronic malnutrition increases risk
Morphine	Analgesic	Treat pain severe (7-10)	0.7mg IVP Q2HR	0.1 - 0.2mg/kg/dose Yes		0.7mg / 0.35ml	BLACK BOX Respiratory Depression cardiac arrest adrenal insufficiency	1. Contraindicated in pt with significant respiratory depression 2. Contraindicated in pt with acute or severe bronchial asthma 3. Contraindicated in pt with suspected GI obstruction 4. Avoid in pts with circulatory shock

Reference: IBM microdex Drug Info