Student Name: Kaitlyn Patrick Unit: PF2 Pt. initials: AiVt Date: 1/19/21

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													N/A
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	10	10	80	80	80	80	80	80	80	80	80	80	820
IV Meds/Flush													

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable	3												3
Stool	0												0
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) (0)
	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

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

Student Name: Kaitlyn Patrick Unit: R-2 Pt. initials: AH Date: 1/19/21

GENERAL APPEARANCE
Appearance: ☐Healthy/Well Nourished
☑Neat/Clean ☐Emaciated ☐Unkept
Developmental age:
☑Normal ☐Delayed

NEUROLOGICAL
LOC: ☑Alert ☐Confused ☐Restless
☐Sedated ☐Unresponsive
Oriented to:
☑Person ☐Place ☐Time/Event
☑Appropriate for Age
Pupil Response: ☑Equal ☐Unequal
☑Reactive to Light ☐Size 2mm
Fontanel: (Pt < 2 years) ☐Soft ☐Flat
☐Bulging ☐Sunken ☐Closed
Extremities:
☑Able to move all extremities
☑Symmetrically ☐Asymmetrically
Grips: Right S Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: ☐Yes ☑No Level ____
Seizure Precautions: ☐Yes ☑No

RESPIRATORY
Respirations: ☑Regular ☐Irregular
☐Retractions (type) ____
☐Labored
Breath Sounds:
Clear   ☑Right ☐Left
Crackles   ☐Right ☐Left
Wheezes   ☐Right ☐Left
Diminished ☐Right ☐Left
Absent   ☐Right ☐Left
☑Room Air ☐Oxygen
Oxygen Delivery:
☐Nasal Cannula: ____L/min
☐BiPap/CPAP: ____
☐Vent: ETT size____@____cm
☐Other: ____
Trach: ☐Yes ☑No
Size ____ Type ____
Obturator at Bedside ☐Yes ☐No
Cough: ☐Yes ☑No
☐Productive ☐Nonproductive
Secretions: Color____
Consistency____
Suction: ☐Yes ☑No Type ____
Pulse Ox Site right finger
Oxygen Saturation: ____

CARDIOVASCULAR
Pulse: ☑Regular ☐Irregular
☑Strong ☐Weak ☐Thready
☐Murmur ☐Other ____
Edema: ☐Yes ☑No Location ____
☐1+ ☐2+ ☐3+ ☐4+
Capillary Refill: ☐< 2 sec ☑> 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION
Urine Appearance: yellow
Stool Appearance: brown / formed / soft
☐Diarrhea ☐Constipation
☐Bloody ☐Colostomy

GASTROINTESTINAL
Abdomen: ☑Soft ☐Firm ☐Flat
☐Distended ☐Guarded
Bowel Sounds: ☑Present X 4 quads
☑Active ☐Hypo ☐Hyper ☐Absent
Nausea: ☐Yes ☑No
Vomiting: ☐Yes ☑No
Passing Flatus: ☐Yes ☐No
Tube: ☑Yes ☐No Type NG
Location ☑nose Inserted to ____ cm
☐Suction Type: ____

NUTRITIONAL
Diet/Formula: Boost NG
Amount/Schedule: con. 85 mL/hr
Chewing/Swallowing difficulties:
☐Yes ☑No

MUSCULOSKELETAL
☐Pain ☐Joint Stiffness ☐Swelling
☐Contracted ☐Weakness ☐Cramping
☐Spasms ☐Tremors
Movement:
☐RA ☐LA ☐RL ☐LL ☑All
Brace/Appliances: ☑None
Type: ____

MOBILITY
☑Ambulatory ☐Crawl ☐In Arms
☐Ambulatory with assist ____
Assistive Device: ☐Crutch ☐Walker
☐Brace ☐Wheelchair ☐Bedridden

PSYCHOSOCIAL
Social Status: ☑Calm/Relaxed ☑Quiet
☑Friendly ☐Cooperative ☐Crying
☐Uncooperative ☐Restless
☐Withdrawn ☐Hostile/Anxious
Social/emotional bonding with family:
☑Present ☐Absent

IV ACCESS
Site: left PortA cath ☐INT ☐None
☐Central Line
Type/Location ① PortA upper chest
Appearance: ☐No Redness/Swelling
☐Red ☐Swollen
☑Patent ☐Blood return
Dressing Intact: ☑Yes ☐No
Fluids: ____

SKIN
Color: ☐Pink ☐Flushed ☐Jaundiced
☐Cyanotic ☐Pale ☑Natural for Pt
Condition: ☑Warm ☐Cool ☐Dry
☐Diaphoretic
Turgor: ☐< 5 seconds ☑> 5 seconds
Skin: ☑Intact ☐Bruises ☐Lacerations
☐Tears ☐Rash ☐Skin Breakdown
Location/Description: ____
Mucous Membranes: Color: pink
☐Moist ☐Dry ☑Ulceration

PAIN
Scale Used: ☑Numeric ☐FLACC ☐Faces
Location: W19
Type: None
Pain Score: 0
0800 ____ 1200 ____ 1600 0

WOUND/INCISION
☑None
Type: ____
Location: ____
Description: ____
Dressing: ____

TUBES/DRAINS
☐None
☑Drain/Tube
Site: nose
Type: NG
Dressing: N/A
Suction: none
Drainage amount: none
Drainage color: none

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool