

Student Name: Kelsey delacruz Unit: 3N Pt. initials: KM Date: 3-2-21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input checked="" type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> <input type="checkbox"/> 4+ Bounding <input type="checkbox"/> 3+ Strong <input type="checkbox"/> 2+ Weak <input type="checkbox"/> 1+ Intermittent <input type="checkbox"/> 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 Withdrawn 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</u> Pushes: Right <u>N</u> Left <u>W</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</u> Stool Appearance: <u>brown/black</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>DAC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>peripheral</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 1/2 NS KCl 20</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <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: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> 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>finger</u> Oxygen Saturation: <u>96</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded <u>4</u> Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/> Suction Type: _____	Color: <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input checked="" 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 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: _____ Mucous Membranes: Color: _____ <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>ice chips</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>abdomen</u> Type: <u>6</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>6</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input checked="" type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" 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: _____	<input type="checkbox"/> None Type: <u>lower right abdomen</u> Location: _____ Description: <u>incision</u> Dressing: <u>clean & intact</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Kelsey dk Unit: _____ Pt. initials: KM Date: 02-03-02-21

INTAKE/OUTPUT														
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total	
PO Intake	[Wavy line]						NPO							
Intake - PO Meds	[Wavy line]						NPO							
Enteral Tube Feeding	[Wavy line]						NPO							
Enteral Flush	[Wavy line]						NPO							
Free Water	[Wavy line]						NPO							
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total	
IV Fluid	[Wavy line]						584							
IV Meds/Flush	[Wavy line]													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total	
Urine							2950							
# of immeasurable														
Stool														
Urine/Stool mix							[Wavy line]							
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</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: Kelsey de la Rosa

Unit: 3N

Pt. Initials: 87

Date: _____

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?			
Acetaminophen	analgesics	treats mild-moderate pain	500mg IVPB Qle	yes	500mg/50mL	nausea headache insomnia	1. max - 75mg/kg/24hrs. 2. pain @ site may occur 3. do not take more than 1000mg at one time. 4. do not take longer than told
Morphine	opiate agonists	treats pain	2.25mg (1.9-2.5mg) IVP PRN Q4	yes	push over 5 minutes	drowsy, dizzy, tired constipation	1. for severe pain - (7-10), 2. can cause respiratory depression 3. use exactly as prescribed 4. can change mood
D5W + KCl 20	sterile solution	F&E replacement	50mL/hr IV Q20	yes	10mL/hr	irritation @ site	1. dosage based on age & wt. 2. check for compatibility 3. perform periodic labs 4. monitor glucose
Piperacillin + Tazob	penicillin antibiotic	treats bacterial infections	200mL/hr IVPB Qle	yes	over 30min	N/D, HA, constipation, trouble sleeping	1. incompatible with LR. 2. inject slowly over 30min. 3. if frozen, let it thaw 1hr before using. 4. take same time everyday.
							1. 2. 3. 4.

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 16

Patient Weight: 44kg

<p>Student Name: Kelsey de la Rosa</p>	<p>Unit: 3N Pt. Initials: KM</p>	<p>Date: Click here to enter a date.</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Appendicitis: obstruction of the appendiceal orifice, resulting in inflammation, ischemia, perforation & abscess.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>age (15-30) (P) male family history</p>	<p>3. Signs and Symptoms:</p> <p>abdominal pain (P) N/V (P) loss of appetite (P) low-grade fever Constipation diarrhea flatulence</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>blood test urinalysis abdominal x-ray (P) CT (P) MRI</p>	<p>5. Lab Values That May Be Affected:</p> <p>WBC (P) RBC (P) Hgb (P)</p>	<p>6. Current Treatment (Include Procedures):</p> <p>draining abscess</p>

Student Name:	Unit: Pt. Initials:	Date: Click here to enter a date.
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. place ice bag on periodically 2. encourage ambulation or moderate movement <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p> <p>acetaminophen Morphine</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>44 Kg</p> $10 \text{ Kg} \times 100 \text{ ml} = 1000$ $10 \text{ Kg} \times 50 \text{ ml} = 500$ $24 \text{ Kg} \times 20 \text{ ml} = 480$ $\frac{1980}{24 \text{ hrs}}$ <p>Actual Pt MIVF Rate: 82.5 ml/hr</p> <p>Is There a Significant Discrepancy? Choose an item.</p> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>• 9 ml/44</p> <p>22 ml/hr</p> <p>Actual Pt Urine Output: 14 ml</p>
<p>10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:</p> <p>Erickson Stage: Identity v Role Confusion</p> <ol style="list-style-type: none"> 1. pt. was on her phone and quiet 2. pt acted independent & assisted with BP cuff. <p>Piaget Stage: Formal operational</p> <ol style="list-style-type: none"> 1. pt asked when she would be able to eat 2. pt said she planned on eating chick filia when she would be discharged 		

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11. Focused Nursing Diagnosis: acute pain	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. assess pain @4 using number scale. Evidenced Based Practice: pt. describing location, characteristics & level of pain constantly	16. Patient/Caregiver Teaching: 1. Limit activity 2. increase fluid intake 3. keep surgical incision clean & dry.
12. Related to (r/t): • distension of intestinal tissues by inflammation • perforation	2. will help maintain control. provide diversional activities Evidenced Based Practice: sleeping, watch tv or playing games can relax or distract	4-6 weeks after surgery
13. As evidenced by (aeb): • reports of pain upon assessment • inability to move • guarding • facial grimacing • crying	3. administer analgesics as my pt from pain Evidenced Based Practice: Scheduled relief of pain facilitates cooperation with proper use of therapeutic treatment	17. Discharge Planning/Community Resources: 1. finish entire course of antibiotic medication 2. contact provider if 3. pain reappears
14. Desired patient outcome: Pain in our patient will be relieved and controlled.		