

Student Name: Sarah Kearney Unit: _____ Pt. initials: _____ Date: 3/9/21

| GENERAL APPEARANCE | CARDIOVASCULAR | PSYCHOSOCIAL |
|---|---|---|
| Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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 checked="" 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 type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>3+</u> <u>13+</u> Lower R <u>3+</u> <u>13+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None | Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" 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 checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <i>mom & dad present</i> |
| 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 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>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>pale yellow</u> Stool Appearance: <u>Not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy | Site: <u>R, AC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5 1/2 NS @ 60ml/hr</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 _____ Oxygen Saturation: _____ | Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input checked="" 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 type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>NG</u> Location <u>left nare</u> Inserted to _____ cm <input checked="" type="checkbox"/> Suction Type: <u>Low</u> | Color: <input 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 checked="" 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: _____ Mucous Membranes: Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration |
| | NUTRITIONAL | PAIN |
| | Diet/Formula: <u>NPO</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>"very hungry"</u> | Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Abdomen</u> Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 <u>2</u> |
| | MUSCULOSKELETAL | WOUND/INCISION |
| | <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 type="checkbox"/> None Type: _____ | <input type="checkbox"/> None Type: <u>surgical incision</u> Location: <u>RLQ</u> Description: <u>Open Appendectomy</u> Dressing: <u>steri strip</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 type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>RJQ</u> Type: <u>JR</u> Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____ |

1600 VS:
 HR: 90
 RR: 30
 Temp: 97.0°
 BP: 105/53
 O2: 97%
 Pain: None

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| INTAKE/OUTPUT | | | | | | | | | | | | | | |
|----------------------|----|----|----|----|----|----|----|----|----|-----|-----|----|--------|--------------------|
| PO/Enteral Intake | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total | |
| PO Intake | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | (NPO) |
| 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 | | | | | | | | 60 | 60 | 60 | 60 | | 240ml | 290 ml in |
| IV Meds/Flush | | | | | | | | | | | | 50 | 50 | |
| OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total | |
| Urine | | | | | | | | | | 125 | | | 125ml | |
| # of immeasurable | | | | | | | | | | | | | | 225 ml out |
| Stool | | | | | | | | | | | | | | |
| Urine/Stool mix | | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | 105 | | 105 ml | (65 ml difference) |

100-NG SJP since 10am

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 |

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

Allergies: No known Allergies

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---------------------------------|-------------------------------------|---|---|
| D ₅ 1/2 NS, 60ml/hr | Isotonic/ Hypotonic/ Hypertonic | Fluid and Electrolyte Replenishment | Serum Sodiums, Serum Calcium, Blood Glucose | Hypotension, Fluid and electrolyte imbalances |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---------------------|------------------------------|--------------------------------------|------------------------|------------------------------|---|--|--|
| | | | | Is med in therapeutic range? | | | |
| | | | | If not, why? | | | |
| Piperacillin + TAZO | Antibiotic | Treat or Prevent bacterial infection | 2.25 grams IVPB Q8hr | | 2.25g in 50mL NS Rate: 60ml/hr | Dyspepsia, Constipation, Nausea, Elevated LFTs, Diarrhea, Oral candidiasis | <ol style="list-style-type: none"> 1. Caution in seizure disorders, risk of seizure may increase 2. Verify patient has no penicillin or cephalosporin allergies. 3. Risk of bleeding complication, Monitor platelets closely 4. Educate parents that child must finish antibiotic. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 5

Patient Weight: 20.4 kg

Student Name:

| | | |
|--|--|--|
| <p>Student Name: Sarah Kearney</p> | | <p>Date: Click here to enter a date. 3/9/21</p> |
| <p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Acute appendicitis is an inflammation of the appendix. A blockage can form in the lining of the appendix, allowing bacteria in the area to multiply. This causes infection in the appendix, and it can get red, swollen, and may fill with pus. Without quick intervention, the appendix can rupture. This allows the bacteria that had built up in the appendix to spread through the abdomen, causing peritonitis.</p> | <p>2. Factors for the Development of the Disease/Acute Illness: Age - 10-30 years old Sex - Male more common (P) Family History Low Fiber diets</p> | <p>3. Signs and Symptoms: Sudden Pain in right lower quadrant Sudden Pain around naval Pain that worsens with coughing or walking Nausea and Vomiting (P) Loss of Appetite Low Grade Fever Constipation or diarrhea Abdominal Bloating Flatulence</p> |
| <p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Physical Exam Assessing Pain CBC Urinalysis Abdominal X-ray Abdominal Ultrasound Computerized Tomography Magnetic Resonance Imaging</p> | <p>5. Lab Values That May Be Affected: CBC - White Blood Cells Increase (P) Leukocyte count Neutrophil Percentage C-Reactive Protein</p> | <p>6. Current Treatment (Include Procedures): Appendectomy (P) ↳ Open or laparoscopic Drainage of abscess - if present Cleanout of abdomen - if ruptured (P) Antibiotics (P) Pain Management (P)</p> |

| | | |
|---|---|--|
| Student Name: Sarah Kearney | Date: Click here to enter a date. 3/9/21 | |
| 7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction - movie or legos 2. Relaxation - deep breathing exercise *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text. • None administered while I was present. Child had morphine sulfate and acetaminophen ordered PRN. | 8. Calculate the Maintenance Fluid Requirement (Show Your Work): 20.4 kg $1508 \div 24 = 63 \text{ mL/hr}$ $10 \times 100 = 1000$ $10 \times 50 = 500 = 1508 \text{ mL/day}$ $0.4 \times 20 = 8$ Actual Pt MIVF Rate: 60 mL/hr Is There a Significant Discrepancy? Choose an item. NO Why? 60 mL and 63 mL/hr are very close; The child showed no signs of a fluid deficit | 9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $(20.4 \text{ kg}) (0.5 \text{ mL}) = 10.2 \text{ mL/hr}$ Actual Pt Urine Output: $125 \text{ mL} \div 5 \text{ hours} = 25 \text{ mL/hr}$ ✓ acceptable |
| | 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: Erickson Stage: Industry vs. Inferiority 1. Skill of building, putting together lego set 2. Competing in racing video game with mom, proud of his "driving" Piaget Stage: Pre-operational 1. Does not understand that walking will help him get better because it can hurt. 2. Pretend play - His captain America motorcycle is driving over "mountains" when he drives it over the folds of the blankets | |

| | | |
|--|--|---|
| Student Name: Sarah Kearney | | Date: Click here to enter a date. 3/9/21 |
| 11. Focused Nursing Diagnosis: Acute Pain | 15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Work with parent and child to identify effective distractions. Evidenced Based Practice: Non-pharmacologic interventions are an effective complement to medications to alleviate pain. | 16. Patient/Caregiver Teaching: 1. Teach patient/parents deep breathing exercises to help with relaxation and promote tissue perfusion - blowing bubbles. 2. Teach patient to splint with pillow to help prevent further pain. 3. Educate parents on importance of finishing complete antibiotic as well as any pain medication education as prescribed. |
| 12. Related to (r/t): Incision from open appendectomy | 2. Maintain semi-fowlers position when at rest. Evidenced Based Practice: This position promotes comfort by relieving abdominal tension. 3. Encourage early ambulation with fun, manageable goals - ex: walk to play room, | |
| 13. As evidenced by (aeb): Patient unwilling to ambulate and guards abdomen during physical assessment. | Evidenced Based Practice: ride wagon back. Ambulation will help to stimulate peristalsis and aid in reducing discomfort as it promotes organ function. | 17. Discharge Planning/Community Resources: 1. Pediatric surgeon for follow-up on health of surgical incision. 2. Dietician to help parents identify high fiber foods for son that he will eat. 3. Ensure parents have necessary medical supplies to keep surgical site clean and dry at home. |
| 14. Desired patient outcome: Patient will exhibit a decrease in pain by willing to ambulate before the end of the shift today. | | |