

Student Name: Sarah Kearney Unit: _____ Pt. initials: _____ Date: 3/23/21

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> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" 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 Withdrawn 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 <u>Father at Bedside</u>
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 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: <u>Watery</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>AC 22g</u> <input checked="" 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 + 20 KCL @ 64</u> mL/hr
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>Right Pointer finger</u> Oxygen Saturation: <u>98%</u>	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 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 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 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 checked="" 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: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Regular</u> Amount/Schedule: <u>TID</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
	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>3x Trochar Incisions</u> Location: <u>Abdomen</u> Description: <u>Well Approx, No Redness,</u> <i>Erising at umbilical incision</i> Dressing: <u>None, Dermabond</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: _____

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
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	64	64	32	32	32	32							256
IV Meds/Flush			5			1							6
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable	1		1			1							3
Stool	1			1									2
Urine/Stool mix													
Emesis													
Other													

PO intake not closely monitored, just percentages of meals eaten.

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 DRUG ALLERGIES

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS + 20 mEq KCL 32ml/hr	Isotonic/ Hypotonic/ <u>Hypertonic</u>	Fluid and Electrolyte Replacement	Serum Potassium, Sodium, Blood Glucose	Fluid overload symptoms, Assess blood pressure and HR frequently

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?			
Ketorolac Inj (Toradol)	NSAIDs	Moderate to Severe pain relief	10 mg (0.667 mL) IVP Q6hr	Yes	15mg/1mL vial Rate: Minimum of 15 seconds (1 gave over 1min)	Injection site pain, Dizziness, Drowsiness, Headache, Upset Stomach	1. Do not administer with aspirin or other NSAIDs 2. Bleeding risk, assess patient for signs of abnormal bleeding. 3. Contraindicated for over 5 days of use. 4. Only use as long as needed, withdraw use when pt no longer has moderate
Famotidine Inj (Pepcid)	Histamine H2 Antagonist	Reduce stomach acid, Prevent peptic ulcers	10 mg (1 mL) IVP BID	Yes	20mg/2mL vial Rate: 10mg/min; 1 gave over 1 min.	Headache, Constipation, Diarrhea, Pain/redness at injection site	1. Perform neurological assessments to ensure no CNS adverse effects occur. 2. Caution - may affect absorption of other drugs that depend on gastric pH. 3. Do not take concomitant with other acid reducers. 4. Educate parent that it may cause mild confusion for child.
				Yes			1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 4Y 5M Patient Weight: 24.4 kg

Student Name: _____

<p>Student Name:</p>	<p>Date: Click here to enter a date.</p> <p>3/23/21</p>	
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Appendicitis, an inflammation of the appendix, is often caused by a blockage in the lining of the appendix that fosters an environment for bacteria to form and multiply. As a result, the appendix becomes infected, and will become red, swollen, and may fill with pus. If the infection progresses without treatment, the appendix may rupture, resulting in a spread of bacteria throughout the abdomen, causing peritonitis and potentially sepsis. Abscesses may also form.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>Age (most common in 10-30 years old) Sex (more common in male) - P Family History Low fiber diet</p>	<p>3. Signs and Symptoms:</p> <p>Sudden pain in RLQ (P) Pain around umbilicus Pain that worsens with coughing or ambulating Nausea (P) Vomiting Loss of appetite (P) Low grade fever Constipation or diarrhea (P) Abdominal bloating Flatulence</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>Physical Exam and pain assessment (P) CBC Urinalysis (P) Abdominal X-ray Abdominal Ultrasound (P) CT (P) MRI</p>	<p>5. Lab Values That May Be Affected:</p> <p>WBC ↑ - Leukocyte Count - Neutrophil Percentage (P) - C-Reactive Protein</p>	<p>6. Current Treatment (Include Procedures):</p> <p>Appendectomy (P) ↳ Open or laparoscopic based on severity or if ruptured. Drainage of abscess if present Cleanout of abdomen if ruptured Antibiotics (P) Pain Management (P)</p>

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction 2. Guided Imagery *List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text. • Ketorolac	8. Calculate the Maintenance Fluid Requirement (Show Your Work): 24.4 kg $10 \times 100 = 1000$ $10 \times 50 = 500$ $4.4 \times 20 = 88$ / 1588 mL/day Actual Pt MIVF Rate: 66 mL/hr Is There a Significant Discrepancy? Choose an item. Yes Why? Intake of IV fluids was 44 mL/hr. Oral intake was not measured, but oral fluids were encouraged throughout day.	9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $24.4 \text{ kg} \times 0.5 \text{ mL} = 12.2 \text{ mL/hr}$ Actual Pt Urine Output: Not measured, patient voids on his own
	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: Initiative vs. Guilt 1. Child chooses and vocalizes what he wants to eat and refuses anything he does not like. 2. Child wants to go to the bathroom "all by himself," but struggles since he is having diarrhea. Piaget Stage: Pre-operational 1. Child imagines his egg shakers from music therapy are cars, making crashing noises by shaking them together. 2. Child does not want to eat because his stomach hurts, but does not understand how eating his probiotic yogurt will help ease the pain.	

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11. Focused Nursing Diagnosis: Risk for imbalanced nutrition: less than body requirements	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Consider factors for decreased food intake and alleviate these if possible. Evidenced Based Practice: considering the primary cause can help to make the child more comfortable with eating. 2. Foster an environment focused on making the meal accessible. Evidenced Based Practice: cutting the food into bite-sized pieces and eliminating distractions will make it easier for the child to eat. 3. Offer 6 small meals/snacks rather than 3 big meals. Evidenced Based Practice: smaller portions will seem less daunting to the child and encourage greater food intake, as well as decreasing the stimulus to vomit.	16. Patient/Caregiver Teaching: 1. Educate on good, nutritional foods appropriate for age. 2. Reinforce with the child the importance of eating to feel better. 3. Teach parent that bringing food from home may appeal more to the child's preferences due to cultural differences.
12. Related to (r/t): Abdominal discomfort following appendectomy.		17. Discharge Planning/Community Resources: 1. Nutritionist - to identify nutrient-rich foods the child will eat. 2. Before discharge, plan for family to have a scale at home to monitor daily weight. 3. Dentist - since pt just had caps put on teeth, ensure dentition does not impair eating.
13. As evidenced by (aeb): Patient refuses to eat appropriate portions of food for age and body requirements.		
14. Desired patient outcome: By dinner today, patient will verbalize foods that he enjoys and eat 50% or more of his meal.		