Student Name: Tracy Miller Unit: Pedi Pt. initials: JG Date: 3-31-21

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept

Developmental age: X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive

Oriented to: X Person X Place X Time/Event X Appropriate for Age

Pupil Response: X Equal ☐ Unequal X Reactive to Light X Size 3mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: X Able to move all extremities X Symmetrically ☐ Asymmetrically

Grips: Right S Left S

Pushes: Right W Left W

S=Strong W=Weak N=None

EVD Drain: ☐ Yes X No Level _____

Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored

Breath Sounds:

Clear	X Right	X Left
Crackles	☐ Right	☐ Left
Wheezes	☐ Right	☐ Left
Diminished	☐ Right	☐ Left
Absent	☐ Right	☐ Left

X **Room Air** ☐ **Oxygen**

Oxygen Delivery: ☐ Nasal Cannula: ____L/min ☐ BiPap/CPAP: _____ ☐ Vent: ETT size____@____cm ☐ Other: _____

Trach: ☐ Yes X No Size _____ Type _____ Obturator at Bedside ☐ Yes ☐ No

Cough: ☐ Yes X No ☐ Productive ☐ Nonproductive

Secretions: Color_____ Consistency_____

Suction: ☐ Yes X No Type _____

Pulse Ox Site Left Pointer Finger

Oxygen Saturation: 98%

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular X Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☐ Yes X No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+

Capillary Refill: X < 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: NA

Stool Appearance: NA ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: X Present X 4 quads X Active ☐ Hypo ☐ Hyper ☐ Absent

Nausea: ☐ Yes X No

Vomiting: ☐ Yes X No

Passing Flatus: ☐ Yes X No

Tube: X Yes ☐ No Type G tube Location LLQ Inserted to _____cm ☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Boost

Amount/Schedule: 240mL / q4hrs

Chewing/Swallowing difficulties: X Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

Movement: ☐ RA ☐ LA ☐ RL ☐ LL X All

Brace/Appliances: X None Type: _____

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms X Ambulatory with assist _____

Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed X Quiet ☐ Friendly X Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family: X Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☐ None

X Central Line

Type/Location: Port Rt Chest

Appearance: X No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: X Yes ☐ No

Fluids: NA

SKIN

Color: X Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X Natural for Pt

Condition: X Warm ☐ Cool ☐ Dry ☐ Diaphoretic

Turgor: X < 5 seconds ☐ > 5 seconds

Skin: X Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown

Location/Description: _____

Mucous Membranes: Color: Pink X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC X Faces

Location: _____

Type: _____

Pain Score: 0800____ 1200____ 1600 0

WOUND/INCISION

X None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

X None

☐ Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

Student Name: Tracy Miller Unit: Pedi Pt. initials: SG Date: 3-31-21

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								240					
Enteral Flush								160					
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# 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) 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