IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 4 years **Patient Weight:** 19.2 kg

Student Name: Sydney Sharp		**Date:** Click here to enter a date. 5/11/21
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): An Inguinal hernia is a protrusion of the peritoneum through the abdominal wall in the inguinal canal. It occurs mostly in boys, is frequently bilateral, and may be visible as a mass in the scrotum.	**2. Factors for the Development of the Disease/Acute Illness:** Weakness in the abdominal wall that is present at birth (P), increased pressure within the abdomen, family history, parent or sibling who had a hernia as an infant, cystic fibrosis, undescended testes, problems with the urethra, babies that are born early, gender (P)	**3. Signs and Symptoms:** Pain or discomfort in groin (P), Burning or aching sensation at the bulge bulge in the area on either side of pubic bone (P), visible bulge only when child is crying, coughing, or straining during a bowel movement. full round belly, vomiting, pain or fussiness, Redness or a color that's not normal (P), fever
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Physical exam, the healthcare provider will check if the hernia can be pushed back into the abdomen (P) ultrasound CT or MRI	**5. Lab Values That May Be Affected:** CBC, BUN, UA, Lactate levels	**6. Current Treatment (Include Procedures):** Surgery - laparoscopic repair (P) Open Repair Pain control (P) Antibiotic (P)

Student Name:		Date: Click here to enter a date.
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Transitional objects 2. Active distraction by parents ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text. Acetaminophen Morphine Sulfate	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 19.2kg 10 x 100 = 1000 9.2 x 50 = 460 1,460 mL/24 = 60.83 mL/hr **Actual Pt MIVF Rate:** Patient did not have IV fluids, IV was INT **Is There a Significant Discrepancy?** Choose an item. **Why?**	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5 mL/19.2kg/hr = 9.6 mL/hr **Actual Pt Urine Output:** 300 mL
	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. Accomplishing the task of walking after surgery - self confidence 2. Patient was shy at first but began to initiate conversation with me the more I was in their room. **Piaget Stage:** Preoperational 1. Transitional object has life like qualities 2. Difficulty telling reality from fantasy - increased fear of body mutilation after surgery	

Student Name:		Date: Click here to enter a date.
11. Focused Nursing Diagnosis: Deficient Knowledge	**15. Nursing Interventions related to the Nursing Diagnosis in #11:** 1. Provide parents with clear and precise information in understandable language and teaching aids. **Evidenced Based Practice:** Promotes efficient plan of instruction to ensure compliance and understanding. 2. Teach parents and child to allow steri-strips dressing to peel off on its own **Evidenced Based Practice:** Maintains dry and clean incision site 3. Encourage parents to increase fluid intake and protein-rich diet **Evidenced Based Practice:** This promotes return to nutritional status without causing gastrointestinal strain on the incision. Return to nutritional status will also promote healing of incision.	**16. Patient/Caregiver Teaching:** 1. Instruct child to avoid engaging in vigorous activity or gym class. 2. Teach parent and child not to submerge incision in water. Maintain clean and dry incision site. 3. Teach parents and child to rinse incision site with soap and water.
12. Related to (r/t): Lack of knowledge about postoperative care		
13. As evidenced by (aeb): Seeking information about activity allowed, wound care, bathing, and medication instructions		**17. Discharge Planning/Community Resources:** 1. Schedule and maintain follow-up appointment with surgeon or doctor. 2. Teach about discharge medications and taking them as directed. 3. Teach parents and child about signs and symptoms of infection at incision site, warmth or redness at incision site. Teach parents to call the doctor if child has above symptoms or trouble urinating swelling or pain in testicles that is getting worse, lightheadedness that does not go away, difficulty breathing.
14. Desired patient outcome: Parents will obtain knowledge about postoperative care by discharge on Tuesday by end of the day.		

IM5 (Pediatrics) Critical Thinking Worksheet **Patient Age:** 6 years **Patient Weight:** kg 22.9

Student Name: Sydney Sharp		**Date:** Click here to enter a date. 5/12/21
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Multisystem inflammatory syndrome is a condition where different body body parts can become inflammed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. The syndrome results from an abnormal immune response to a virus such as COVID-19 or MAS, The exact pathophysiology of MIS-C is not well understood.	**2. Factors for the Development of the Disease/Acute Illness:** Exact cause is unknown, positive COVID-19 antibody test result (P), excessive immune response to COVID-19, Recent infection with COVID-19, CURRENT COVID-19 infection, exposure to COVID-19 (P), Race, Age (P), genetics	**3. Signs and Symptoms:** Rash (P), bloodshot eyes, feeling extra tired (P), Fever that lasts 24 hours or longer, vomiting, diarrhea, Pain in stomach, Fast heart beat, Rapid breathing, Redness or swelling of lips and tongue (P), Hands or feet (P), Headache, dizziness, lightheadedness, Enlarged lymph nodes
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: ·Blood test - CBC, blood cultures (P) ·UA (P) ·Chest X-Ray ·Heart ultrasound, echocardiogram ·Abdominal ultrasound ·Antibody testing (P) ·CT Scan	**5. Lab Values That May Be Affected:** CBC (P), Blood cultures (P), wound cultures (P), UA	**6. Current Treatment (Include Procedures):** - Antibacterial topical ointment (P) - Pain control (P) Analgesic, opioid - IV Fluids (P) D5NS + KCL - Oxygen - Blood pressure medications - Breathing machine - Prevent blood clots, asprin or heparin - ECMO - Steroids - IV Immunoglobulin - Reduce levels of cytokines

Student Name: Sydney Sharp Unit: _____ Pt. Initials: _____ Date: 5/11/21

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 + 0.9% NS KCL @90 mL/hr	Isotonic/ Hypotonic/ (Hypertonic)	Electrolyte, Fluid Replace Expand extra cellular fluid	Electrolytes, BUN, Ketones	Intravascular volume overload, pulmonary edema, DKA, impaired heart OR kidney function

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration	Adverse Effects Black box:	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Acetaminophen	Analgesic Antipyretic	mild pain, (1-3), Temperature >100.5	300 mg IVPB 6 Qh'	192mg - 288mg OR 1440mg max dose Dose does not exceed max dose	IVPB - 300mg/50mL of NS = 6 mg/mL 300mg@50mL/hr	Accidental overdose Acute hepatic failure Steven Johnsons, Constipation, Pruritus, N/V/HA, Pneumonitis	1. Instruct patient to avoid non-prescription combination products for pain management 2. Only take as much is prescribed for as long as it is prescribed 3. Report any skin rash that may occur 4. Report signs or symptoms of dark urine, clay stools, yellowing of skin or eyes, abdominal pain
Ondansetron HCl (Zofran)	Antiemetic 5-HT3 Receptor Antagonist	Nausea, Vomiting	2mg IVP PRN Nausea Vomiting	0.1mg/kg = 1.92mg Not in Range, Rounded dose up to 2mg	Administer undiluted OVER 2 to 5 minutes	Constipation, Fever, A fib, Oculogyric crisis, diarrhea, Headache, increased liver enzymes, Prolonged QT interval	1. Teach patient to report changes in mental status, dizziness OR fatigue 2. Report fast heartbeat, tightness in chest 3. Report abdominal distention OR changes in bowel habits 4. Use caution following abdominal surgery, may mask progressive ileus
Morphine Sulfate	Opioid	Severe pain (7-10)	1.5mg Q 3 h PRN	100 - 200 mcg/kg = 1.92mg - 3.84mg No, it is lower than therapeutic Range	IVP - dilute with 5mL of NS, push slowly over 5min	Black Box: Severe Respiratory depression Pruritus, Constipation, Dizziness, Somnolence, Urinary Retention, Cardiac arrest Drug dependence	1. Teach patient to only take as prescribed for as long as prescribed 2. Advise patient against sudden discontinuation of drug 3. Use call light for help Readjusting in bed OR getting up, may alter coordination, cause dizziness 4. Teach patient to report signs/symptoms of severe constipation
Clindamycin Phosphate	Antibiotic Prophylaxis	Prevent OR treat infection	192 mg Q 6h IVPB	10mg/kg = 192mg Yes, med in Range	IVPB - D5W OR NS 192 diluted in 50mL = 3.84mg/mL 192mg@50mL/hr	Diarrhea, nausea, Steven Johnson, C-diff, Jaundice Agranulocytosis, Erythema multiforme	1. Teach patient that diarrhea can occur several weeks after discontinuing therapy 2. Report dark urine, Yellowing of skin OR eyes, Abdominal pain 3. Teach patient about the importance of taking full course of antibiotic therapy 4.
							1. 2. 3. 4.

Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

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

Allergies: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	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.)
Cefepime Hydrochloride (Maxipime)	Antibiotic	Prevent OR Treat infection	2000mg Q8h IVP	2,355 mg Yes, dose does not exceed	10mL of NS, OR D5W, Push slowly over 2-5 minutes	Rash, Steven Johnson, Clostridium difficile colitis, Aphasia, Neurotoxicity, Seizures.	1. Report signs/symptoms of confusion, hallucinations 2. Teach patient about importance of taking full course of antibiotic therapy 3. Advise patient not to take OTC drugs OR herbal drugs in combonation with Maxipime 4. Advise patient to report severe diarrhea, consult HCP PRIOR to taking anti-diarrhea medicine
Sertraline Hydrochloride (Zoloft)	SSRI	Antidepressant	25mg PO Daily	25mg/day In Range	N/A	Black box: increased risk of suicidal thinking and behavior, constipation, insomia, Steven Johnsons, seizure, fatigue serotonin syndrome	1. Report mental status changes, dizziness, OR fatigue 2. Teach patient that symptomatic improvement may not be seen for a few weeks 3. Teach patient to report worsening depression suicidal ideation, unusual behavior changes 4. Advise patient against sudden discontinuation of medication
							1. 2. 3. 4.
Mupirocin Bactroban	Antibiotic Topical ointment	Prevent OR Treat infection	1 apply TID	Apply topically TID for 3-5 days Dose in Range	N/A	Application site pain, Burning sensation, pruritis, Stinging of skin, Clostridium difficile diarrhea	1. Teach patient about importance of taking full course of antibiotic therapy 2. Contact HCP if condition has not improved after 3 to 5 days 3. Report severe itching, irritation, OR rash 4. Avoid contact with eyes. Rinse thoroughly with water if accidental contact occurs
MORphine Sulfate	Opioid	Severe pain (7-10)	1mg Q4h	100mcg - 200mcg = 1.92mg - 3.84mg Below therapeutic Range	IVP- 1mg diluted in 5mL of NS, push slowly over 5 minutes	Black box: Severe Respiratory depression, pruritis, constipation dizziness, somnolence, urinary retention, cardial arrest drug dependence	1. Teach patient to only take as prescribed for as long as prescribed 2. Advise patient against sudden discontinuation of drug 3. May cause dizziness, use call light for help getting up or readjusting in bed 4. Report signs and symptoms of severe constipation

Adopted: August 2016

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Student Name: Sydney Sharp Unit: Ped 3 Pt. initials: _____ Date: 5/11/21

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 S
Pushes: Right S Left S
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 N/A
Consistency N/A
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site L hand
Oxygen Saturation: 96%

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 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear, Yellow
Stool Appearance: Brown, formed
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☑ Present X 4 quads ☐ Active ☑ Hypo ☐ Hyper ☐ Absent
Nausea: ☑ Yes ☐ No - post op
Vomiting: ☐ Yes ☑ No
Passing Flatus: ☑ Yes ☐ No
Tube: ☐ Yes ☑ No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular diet
Amount/Schedule: _____
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: Peripheral ☑ INT ☐ None ☐ Central Line
Type/Location: L hand
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: N/A

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: _____
Type: _____
Pain Score:
0800 0 1200 0 1600 _____

WOUND/INCISION

☐ **None**
Type: Steri Strips
Location: R lower quadrant
Description: Dry, Without Redness
Dressing: _____

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: _____ Unit: _____ Pt. initials: _____ Date: _____

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	N/A												
Enteral Tube Feeding	N/A												
Enteral Flush	N/A												
Free Water	N/A												
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	N/A												
IV Meds/Flush	N/A												
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	N/A												300mL
# of immeasurable	N/A												
Stool	N/A												
Urine/Stool mix	N/A												
Emesis	N/A												
Other	N/A												

Urine output over last 24 hours was documented at 300mL. I did not witness patient eat, drink, or use the restroom while on the floor

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

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Student Name: Sydney Sharp Unit: 3 Pt. initials: _____ Date: 5/11/21

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 4mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right 5 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 N/A
Consistency N/A
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site L hand
Oxygen Saturation: 98%

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 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear, Yellow
Stool Appearance: Brown, Semi-formed
☐ 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 _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular diet
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors None
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: Subclavian ☐ INT ☐ None ☐ Central Line
Type/Location: (L) PORT
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5NS + 20KCL @ 90mL/HR

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: N/A ☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 0 1200 0 1600 ____

WOUND/INCISION

☑ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: _____ Unit: _____ Pt. initials: _____ Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	N/A	N/A	N/A	N/A	N/A	N/A							
Intake – PO Meds	N/A	N/A	N/A	25mg	N/A	N/A							25mg
Enteral Tube Feeding	N/A	N/A	N/A	N/A	N/A	N/A							
Enteral Flush	N/A	N/A	N/A	N/A	N/A	N/A							
Free Water	N/A	N/A	N/A	N/A	N/A	N/A							
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	90	90	90	90	90	90							540mL
IV Meds/Flush	N/A	N/A	N/A	N/A	N/A	N/A							
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

I/O was not documented, did not see patient eat, drink, or use the restroom while on the floor

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) 1
	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: Sydney Sharp Unit: PICU Pt. initials: _____ Date: 5/12/21

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 5 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 clear with blood
Consistency _____
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site Left hand
Oxygen Saturation: 97% _____

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 2+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: light brown hard ☐ 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 _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: CLEAR
Amount/Schedule: Did not eat breakfast OR lunch
Chewing/Swallowing difficulties: ☑ Yes ☐ No due to lesions

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors N/A
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: L FOREARM ☑ INT ☐ None ☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5NS+ KCL @ 103mL/HR

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: Mouth, Lips, hands, feet, back, abdomen
Mucous Membranes: Color: Red
☐ Moist ☑ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: Throat, mouth, lips
Type: _____
Pain Score:
0800 7 1200 1 1600 ____

WOUND/INCISION

☐ **None**
Type: Bullous lesions
Location: Mouth, Throat, Hands, feet, abdomen, back
Description: Fluid filled, Red, inflammed
Dressing: DRESS TO DAR

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: Sydney Unit: _____ Pt. initials: _____ Date: _____

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	N/A												
Enteral Tube Feeding	N/A												
Enteral Flush	N/A												
Free Water	N/A												
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	63mL	63mL	63mL	63mL	393	63mL							708
IV Meds/Flush			1mg										1mg
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	Urine output was not recorded, I did not see the child use Restroom												
# of immeasurable	N/A												
Stool	N/A												
Urine/Stool mix	N/A												
Emesis	N/A												
Other	N/A												

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 Pale skin
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) 2
	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