

Student Name: Bryenne Barker Unit: 3N Pt. initials: _____ Date: 5/25/21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input checked="" 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 checked="" 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 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> 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 Withdrawn 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
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 type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> 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>W</u> Left <u>W</u> Pushes: Right <u>W</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>not measurable</u> Stool Appearance: <u>not measurable</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>Pt could not remember.</u>	Site: <u>Right arm</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>PICC</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: _____
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 type="checkbox"/> No Type _____ Pulse Ox Site: <u>Finger</u> Oxygen Saturation: <u>99.1</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 <input type="checkbox"/> <u>4</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input checked="" 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 type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pale <input 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>Regular Diet</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>na</u> Type: <u>na</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>x0</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input 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>5 in</u> Location: <u>back of head</u> Description: _____ Dressing: <u>none</u>
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input checked="" type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input checked="" 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: _____ Unit: _____ Pt. initials: _____ Date: _____

INTAKE/OUTPUT														
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total	
PO Intake													+	+
Intake - PO Meds														n/a
Enteral Tube Feeding														n/a
Enteral Flush														n/a
Free Water														not observed
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total	
IV Fluid														IV INT
IV Meds/Flush														IV INT
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total	
Urine														/
# of immeasurable														
Stool														
Urine/Stool mix														
Emesis														
Other														

Patient not on strict I/Os

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

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 13

Patient Weight: 45.4 kg

Student Name:

BYUNNE PARKER

Unit:

Pt. Initials:

Date: Click here to enter a date.

5/25/21

<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Hydrocephalus: is a chronic neurological condition caused by an abnormal accumulation of CSF within cavities of the brain called ventricles, resulting in pressure on the brain. Hydrocephalus occurs when there is an imbalance between the amount of CSF that is produced & the rate at which it is absorbed.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - genetics (P) - result of brain tumor - head injuries - hemorrhage 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - nausea, vomiting - headaches - vision problems (P) - changes in personality - poor appetite (P)
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - brain MRI (P) - abdomen x-ray (P) - chest x-ray (P) - head CT (P) - cervical spine CT (P) - brain MRI with MRA (P) - head MRA (P) 	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - CSF levels (P) 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - occipital craniectomy (P) - chelation therapy (P)

<p>Student Name:</p>	<p>Unit: Pt. Initials:</p>	<p>Date: Click here to enter a date.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. <u>SENO FRIENDS WOULD DISTRACT + PROMOTE COMFORT</u></p> <p>2. <u>TECHNOLOGY DEVICES</u></p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p> <p><u>-TYLENOL 300 (pain 3 40 60)</u></p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p><u>45.4 kg</u></p> $10 \times 100 = 1,000$ $10 \times 50 = 500$ $45.4 \times \frac{100}{20} = 508$ <p>Actual Pt MIVF Rate: <u>PICC INT</u></p> <p>Is There a Significant Discrepancy? Choose an item.</p> <p><u>Why? Taking everything by mouth</u></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: <u>IDENTITY VS ROLE CONFUSION</u></p> <p>1. <u>MISSING FRIENDS (LENGTHY HOSPITAL STAY RELATIONSHIPS)</u></p> <p>2. <u>EXPERIENCING mood changes</u></p> <p>Piaget Stage: <u>FORMAL OPERATIONS</u></p> <p>1. <u>IMAGINARY audience</u></p> <p>2. <u>PERSONAL FABLE</u></p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $45.4 \times 1 = 45.4$ <p>Actual Pt Urine Output:</p> <p><u>45.4 mL/hr</u></p> <p><u>UNMEASURABLE</u></p>

<p>Student Name:</p>	<p>Unit: Pt. Initials:</p>	<p>Date: Click here to enter a date.</p>
<p>11. Focused Nursing Diagnosis: RISK FOR INFECTION</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: <ol style="list-style-type: none"> 1. APPROX temperature every 4 hours. <p>Evidenced Based Practice: "ELEVATION OF TEMPERATURE INDICATES INFECTION."</p> </p>	<p>16. Patient/Caregiver Teaching: <ol style="list-style-type: none"> 1. TEACH HOW TO CLEAN INCISION SITE. 2. TEACH SIG OF INFECTION I.E. FEVER, OR RED PURULENT DRAINAGE. 3. TEACH IMPORTANCE OF WEARING HELMET. </p>
<p>12. Related to (r/t): 5 inch incision on posterior head (post surgery)</p>	<p>2. APPROX SITE FOR INFLAMMATORY PROCESS: temp elevation, ↑ WBC's Evidenced Based Practice: characteristic of drainage on drainage. * "PROVIDED DATA SUPPORTING PRESENCE OF POST-OP INFECTION." Evidenced Based Practice:</p>	<p>17. Discharge Planning/Community Resources: <ol style="list-style-type: none"> 1. HEALTH DEPARTMENT FOR LEAD DETECTION. 2. CONSULT PHYSICAL THERAPY. 3. SUPPORT GROUP FOR THE FAMILY + THE PATIENT. </p>
<p>13. As evidenced by (a/e/b): - 5 inch incision - lead levels elevated (wt)</p>	<p>3. emphasize asepsis when touching/cleaning incision site. "PREVENTS TRANSMISSION OF MICROORGANISMS."</p>	
<p>14. Desired patient outcome: LOWER PATIENT'S LEAD LEVELS + PROMOTE PATIENT COMFORT by end of shift</p>	<p>(nursesand.com)</p>	

Student Name: RYNNE BARKER

Unit: _____

Pt. Initials: _____

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Allergies: NKA

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

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?			
<u>TYLENOL</u> <u>(acetaminophen)</u>	<u>analgesic</u> <u>antipyretic</u>	<u>analgesic</u> <u>(pain 3-6)</u> <u>(temp > 101.4)</u> <u>antipyretic</u>	<u>100 mg</u> <u>(15.45g)</u> <u>PO</u> <u>Q6 PRN</u>	<u>4-10</u> <u>4-10</u> <u>4-10</u> <u>4-10</u>	<u>4-10</u> <u>4-10</u> <u>4-10</u> <u>4-10</u>	<u>N/A</u>	<u>GI hemorrhage</u> <u>headache</u> <u>constipation</u> <u>HA, N/V,</u> <u>PRURITID</u>	<u>1. TAKE WITH FOOD OR MILK</u> <u>2. RAVIDE PARENTS TO READ LABELS</u> <u>3. PARENTS NOT TO EXCEED DOSE</u> <u>4. ONLY USE DOSE DEVICE PROVIDED</u>