

Student Name: Madeline Naylor

Unit: P3

Pt. Initials: CS⁸⁰

Date: 6/1

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

Allergies: eggs

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5W + NS + 20mEq K ⁺ /L 35ml/hr	Isotonic/ Hypotonic/ Hypertonic	replenish fluids	K ⁺ , Na ⁺	- fluid overload

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?			
							1. 2. 3. 4.
Piphenhydramine (Benadryl)	Antihistamine	allergy/itch	12 50mg IVP Q6 PRN	yes	NS 50ml (syringe) 15min (on pump)	anaphylaxis, hemolytic anemia, thrombocytopenia, arrhythmia, seizure	1. Contra: pt LT V/O 2. Monitor Cr e baseline 3. teach it can cause drowsiness 4. teach to call before getting up
Acetaminophen (Ofirmev)	Analgesic	pain/fever	130mg in 13ml IVPB Q6	yes	130mg in 13ml = 10mg/ml over 30min.	anaphylaxis, skin rxn, hepatotoxicity, renal tubular necrosis, anemia	1. Black Box: possible overdose, use wt. based scale 2. Contra: hepatic impairment (severe) 3. Monitor Cr e baseline 4. Monitor pt after first dose
							1. 2. 3. 4.
							1. 2. 3. 4.

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Allergies: NKDA

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Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic			

NEURONUCIAL

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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?			
Prednisone (Deltasone)	Corticosteroid	MS	5mg PO BID	yes	/	anaphylaxis, HTN, ICPA, CHF, POD, steroid psychosis, DM, infection, seizure	<ol style="list-style-type: none"> 1. Monitor electrolytes/glucose 2. Monitor BP, wt 3. if prolonged: CXR r eye exam. 4. Contra: fungal inf/cerebral malaria
Famotidine (Pepcid)	H ₂ block	ulcer/GI/GERD	5mg PO BID	yes	/	angioedema, SJS, leukopenia, toxic epidermal necrolysis, AV block, seizure, hepatitis	<ol style="list-style-type: none"> 1. Contra: renal impairment 2. Monitor ev @ baseline 3. give near back of throat 4. Teach may not taste good
Benedryl Diphenhydramine (Benedryl)	Antihistamine	allergy/itch	9mg IVP Q6H PRN	yes	NS 50ml 15min (spring/ on pump)	anaphylaxis, hemolytic anemia, thrombocytopenia, renal tubular necrosis	<ol style="list-style-type: none"> 1. Contra: <2y/o 2. Monitor Cr @ baseline 3. teach it can cause drowsiness 4. teach to call before getting up
							<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: 7M/5D Patient Weight: 8.44 kg

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1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):

Hand, Foot, & Mouth Disease:
 spread through an enterovirus by oral ingestions from GU/Resp tract of infected host. it is very common in children 10/10. Once the infection develops there is an invasion of skin and mucous membranes which causes apoptosis resulting in lesions

2. Factors for the Development of the Disease/Acute Illness:

- enterovirus ingested (person-to-person, breathing air, oral-fecal, touching object/surface)

3. Signs and Symptoms:

- fever/flo symptoms
 - fever
 - ↓ appetite (P)
 - sore throat (P)
 - mouth sores (P)
 - skin rash (P)

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

- culture of lesions (P)
 - serologic testing
 - stool sample
 - CSF (Lumbar Puncture) (P)

5. Lab Values That May Be Affected:

- CSF WBC
 - WBC (P)
 - glucose (P)

6. Current Treatment (Include Procedures):

- relieve fever/pain
 - prevent dehydration
 - anti-histamines (↓ itching)

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7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Transitional Item
 2. Being held by mother during vital signs/assessment
- *List All Pain/Discomfort Medication on the Medication Worksheet ✓

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

$$\frac{9.58 \times 100}{8.44} = \frac{958 \text{ ml/day}}{35.2 \text{ ml/hr}}$$

~~40 ml/hr~~ 35.2 ml/hr

Actual Pt MIVF Rate: 35 mL/hr

Is There a Significant Discrepancy? No

Why? - pt is at 35ml/hr because he has not been eating well but is drinking

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

$$8.44 \times 1.0 = 8.44 \text{ ml/day}$$

Actual Pt Urine Output:

350 ml in 1 day

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: Trust vs Mistrust

1. Child would cry when we entered room b/c anticipation of pain/treatment
2. Because child trusted mother he continuously reached for her and wanted to sit w/ her

Piaget Stage: Sensorimotor

1. I was able to play peek-a-boo w/ the patient due to his understanding of object permanence
2. The patient was actively ~~with~~ trying to roll and keep eye contact with the father.

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11. Focused Nursing Diagnosis: Impaired eating due to pain Impaired nutrition	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Get daily wt. Evidenced Based Practice: - ensures pt is not losing too much	16. Patient/Caregiver Teaching: 1. Wash w/ soap + H ₂ O as much as often 2. Do not give citrus/spicy food 3. give cool drink/frozen treats to help sooth
12. Related to (r/t): pain	2. provide good env. to enjoy meal Evidenced Based Practice: - remove lid outside room to make more appetizing	
13. As evidenced by (aeb): sores/lesions in mouth + throat	3. ↑ fluid intake ~2000-3000ml/day Evidenced Based Practice: - prevents dehydration from ↓ eating/drinking	
14. Desired patient outcome: Pt. will meet ^{normal} caloric intake requirements by the end of shift		17. Discharge Planning/Community Resources: 1. Follow soft food diet 2. Do not allow child to share cups/utensils 3. Can return to school when fever subsides

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input 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 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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 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 type="checkbox"/> Place <input 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 checked="" type="checkbox"/> Soft <input checked="" 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>Not observed</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 checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>24g</u> Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input checked="" type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DSW + NS + 20mEq K</u> <u>c 35mL/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 <u>N/A</u> Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site _____ Oxygen Saturation: <u>100%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input 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 checked="" type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>HFM D</u> Mucous Membranes: Color: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Ulceration
MUSCULOSKELETAL	NUTRITIONAL	PAIN
<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: _____	Diet/Formula: <u>Regular, Formula</u> Amount/Schedule: <u>?</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: <u>Mouth, Hand, Feet</u> Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>2</u> 1600 <u>1</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input type="checkbox"/> Ambulatory <input checked="" 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 Type: _____ Location: _____ Description: _____ Dressing: _____	<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		50ml											50ml
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	35ml	35ml	35ml	35ml	35ml	35ml							210ml
IV Meds/Flush		8ml	13ml	50ml									71ml
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) <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