

Student Name: Brynn Barker Unit: 3N Pt. initials: _____ Date: 6/1/21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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 checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>feet</u> <input checked="" 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> <input checked="" type="checkbox"/> 4+ Bounding <input type="checkbox"/> 3+ Strong <input type="checkbox"/> 2+ Weak <input type="checkbox"/> 1+ Intermittent <input type="checkbox"/> 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" 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 Withdrawn 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 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 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 <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 _____ Left _____ Pushes: Right _____ Left _____ 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>clear yellow</u> Stool Appearance: <u>firm, brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>right AC</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 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 checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>toe</u> Oxygen Saturation: <u>91.1</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 checked="" type="checkbox"/> 4 quads <input type="checkbox"/> Active <input checked="" 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 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	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>pediatric diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 checked="" type="checkbox"/> None Type: _____	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 _____
MOBILITY	WOUND/INCISION	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 Type: _____ Location: _____ Description: _____ Dressing: _____	<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			240 ml										240 ml
Intake – PO Meds			34										4
Enteral Tube Feeding													n/a
Enteral Flush													n/a
Free Water													n/a
IV INTAKE													
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													
Output	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable			1										1
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

IM5 (Pediatrics) Critical Thinking Worksheet

Student Name: **Dygnne Barker**

Patient Age: **4 y**

Patient Weight: **21.4 kg**

<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): NEPHROTIC SYNDROME</p> <p>- refers to the symptoms caused by renal injury in which large amounts of protein are lost in the urine. - proteinuria occurs because of changes to capillary endothelial cells, the glomerular basement membrane (GBM), or podocytes, which normally filter serum protein selectively by size + charge.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <p>- hx of bacterial peritonitis (P) - focal segmental glomerulosclerosis (FSGS) - membranous nephropathy - minimal change disease - renal vein thrombosis - diabetes - lupus - HIV - hepatitis B/C - malaria</p>	<p>3. Signs and Symptoms:</p> <p>- abd pain + distention (P) - fatigue (P) - feeling bloated / constipated (P) - proteinuria - edema (P) - hypalbuminemia - hyperlipidemia</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>- abd x-ray (P) - urine test - blood test - ultrasound - kidney biopsy</p>	<p>5. Lab Values That May Be Affected:</p> <p>- protein (P) - albumin levels (P) - ↑ in blood cholesterol - ↑ in blood triglycerides</p>	<p>6. Current Treatment (Include Procedures):</p> <p>- prednisone (P) - furosemide (P) - lasix (P)</p>

Student Name:

Unit: Pt. Initials:

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. teddy bear | doll
- 2. DISTRACTION

*List All Pain/Discomfort Medication on the Medication Worksheet
Click here to enter text.

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

$$\begin{aligned} 24 \times 100 &= 1,000 & 1,588 \text{ mL/day} \\ 10 \times 50 &= 500 & \\ 4.4 \times 20 &= 88 & 66.2 \text{ mL/hr} \end{aligned}$$

Actual Pt MIVF Rate:

0

Is There a Significant Discrepancy?
Choose an Item.

Why? PATIENT'S IN INT

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. PATIENT WAS ENERGETIC AND EAGER TO LEARN

2. PATIENT TOOK INITIATIVE WHEN I WAS TAKING VITAL SIGNS

Playet Stage: PREOPERATIONAL

1. PATIENT HAD "REAL" SHUFFED ANIMALS

2. PATIENT FOCUSED ON ONE THING AT A TIME

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
24.4 RQ $\times 1 =$ 24.4 mL

Actual Pt Urine Output:

24

1 - # OF IMMEDIATELY

Student Name:

Unit:

Pt. Initials:

Date: Click here to enter a date.

11. Focused Nursing Diagnosis:

EXCESS FLUID VOLUME

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Weigh child daily

Evidenced Based Practice: "daily body weight of a good indicator of hydration status". More than 0.5 kg/day suggests fluid retention.

2. Strict I+O

Evidenced Based Practice: "accurate measurement determines fluid balance."

3. Administer corticosteroid as prescribed

Evidenced Based Practice: "corticosteroid therapy continued until the urine is protein free + continued to be normal for 10 days to 2 weeks."

16. Patient/Caregiver Teaching:

1. Continue daily weights to monitor fluid retention.

2. Teach how to rest urine protein.

3. Reduce salt in the diet.

12. Related to (r/t):

fluid accumulation in the feet

13. As evidenced by (aeb):

- Swelling in feet

- decreased urine output

17. Discharge Planning/Community Resources:

1. Follow up appointment.

2. Support groups for parents.

3. Nephrotic Syndrome Foundation.org for educational resources

14. Desired patient outcome:

Reduce fluid retention with the use of Lasix by end of shift.

(nurseslabs.com)

Student Name: WYDENE BARKER

Unit: PPA-3N

Pt. Initials: _____

Date: 10/1/21

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 IVB – 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	adreno-corticoid	anti-inflammatory immunosuppressant	10 mg PO daily	5-10 mg PO daily	YES	N/A	HTN, weight gain, increased appetite, hyperglycemia, hypokalemia	1. Avoid exposure to chicken pox or measles 2. Monitor growth, weight, appetite, and fluid balance 3. Take with food/milk to minimize GI upset 4. Do not suddenly discontinue!
VADPOEC (enalapril)	ACE inhibitor	anti-hypertensive	2.5mg PO daily	0-08 mg/kg qd	YES	N/A	hypokalemia, dizziness, serum potassium raised, hypotension	1. Report signs of hypotension (dizziness) 2. Report jaundice - could indicate liver failure 3. Monitor and report fluid retention and weight gain 4. Report signs of infection (sore throat, fever)