

Student Name: Sydney Shapp Unit: Pedi Pt. initials: \_\_\_\_\_ Date: 6/8/21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <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 _____ <b>Edema:</b> <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+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> Upper R <u>3'</u> L <u>3'</u> Lower R <u>2'</u> L <u>3'</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input checked="" 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 Withdrawn 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 <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <u>soft-op - sleeping</u> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</u> <u>due</u> Pushes: Right <u>N/A</u> Left <u>N/A</u> <u>to</u> S=Strong W=Weak N=None <u>postop</u> <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>Clear, yellow</u> <b>Stool Appearance:</b> <u>Thick, yellow</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>Presence</u> <input checked="" type="checkbox"/> Bloody <input checked="" type="checkbox"/> Colostomy <u>of blood in</u> <u>ostomy bag</u> <u>prior to removal</u>	<b>Site:</b> <input checked="" type="checkbox"/> Forearm <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>R jugular</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>Potassium chloride</u> <u>DS + 0.45% NS KCl @ 36ml</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> 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 <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>N/A</u> Consistency <u>N/A</u> <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>R Foot</u> <b>Oxygen Saturation:</b> <u>98%</u>	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input type="checkbox"/> Present X <u>4</u> quads <input type="checkbox"/> Active <input checked="" type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>NG</u> Location <u>Nares</u> Inserted to <u>28</u> cm <input type="checkbox"/> Suction Type: _____	<b>Color:</b> <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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input 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: <u>incision/stoma closure LLQ</u> <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	<b>Diet/Formula:</b> <u>NPD unbi bowel sounds</u> <b>Amount/Schedule:</b> <u>RETURN</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> 0800 _____ 1200 <u>0</u> 1600 <u>0</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <b>Type:</b> <u>stoma closure</u> <b>Location:</b> <u>lower quadrant</u> <b>Description:</b> <u>clean and dry</u> <b>Dressing:</b> <u>Tegaderm packing 4x4</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <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 <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													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	36	36	36	36	36	36	36	36	36	36	36	36	432mL
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	Not measured			0									
# 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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>1</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: 1 year Patient Weight: 8.88 kg

Student Name:

Sydney Sharp

Date: Click here to enter a date.

6/8/21

<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b>                  Imperforate anus, also called anorectal malformation, is a congenital defect that occurs early in pregnancy. The baby's anal opening, the Rectum, and nerves do not develop properly, preventing the child from being able to have normal bowel movements.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b>                  Gender (P), environmental factors OR drug use during pregnancy.</p>	<p><b>3. Signs and Symptoms:</b>                  Abdominal distention, vomiting, absence of meconium passage (P) presence of meconium in urine, flat perineum, absence of a midline intergluteal groove inability to visualize rectal opening (P)</p>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b>                  Physical assessment (P)                  X-Ray                  Abdominal ultrasound                  spinal ultrasound to look at the spine for a tethered cord (P)                  Echocardiogram</p>	<p><b>5. Lab Values That May Be Affected:</b>                  CBC                  serum electrolytes                  urinalysis</p>	<p><b>6. Current Treatment (Include Procedures):</b>                  NPO (P), IV fluids to maintain glucose and fluid and electrolyte balance (P). Colostomy (P) - 5/17/20                  Patient had colostomy removed and stoma reversal on 6/8/21                  NG tube (P).</p>

Rectal atresia - complete obstruction, inability to pass stool, requires immediate surgical intervention

Rectal stenosis - history of difficult stooling, abdominal distention, ribbonlike stools

Persistent cloaca - complex anorectal malformation in which the rectum, vagina, and urethra drain into a common channel opening into the perineum

<p><b>Student Name:</b></p>	<p><b>Unit:</b></p> <p><b>Pt. Initials:</b></p>	<p><b>Date:</b> Click here to enter a date.</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. Transitional object blanket</p> <p>2. Parents holding/rocking patient</p> <p><b>* List All Pain/Discomfort Medication on the Medication Worksheet</b></p> <p>Click here to enter text.</p> <p>Ketorolol</p> <p>Famotidine</p>	<p><b>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</b></p> $8.88 \text{ kg} \times 100 = 888 \text{ mL} / 24 \text{ hr}$ $= 37 \text{ mL/hr}$ <p><b>Actual Pt MIVF Rate:</b> 36 mL/hr</p> <p><b>Is There a Significant Discrepancy? Choose an item.</b></p> <p>NO, MIVF Rate is just 1 less mL</p> <p><b>Why? Man Requirement</b></p>	<p><b>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</b></p> $1 \text{ mL} \times 8.88 \text{ kg/hr} = 8.88 \text{ mL/hr}$ <p><b>Actual Pt Urine Output:</b></p> <p>Not calculated or measured in patient chart</p>
	<p><b>10. Growth &amp; 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:</b></p> <p><b>Erickson Stage:</b> TRUST VS. MISTRUST</p> <p>1. Comfort and affection from parents, holding patient close to help child know their needs will be met by providing contact through physical contact</p> <p>2. Believing in caregivers, trusting them that they will keep them safe from harm. Not as shy when caregivers enter room</p> <p><b>Piaget Stage:</b> Sensorimotor Period</p> <p>1. Object Permanence - understanding flush syringe still existed when I put it in my pocket</p> <p>2. Associating symbols and events - bye bye when we left the room</p>	

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<p><b>11. Focused Nursing Diagnosis:</b> Impaired tissue integrity</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b> 1. Ensure adequate nutrition and hydration <b>Evidenced Based Practice:</b> High protein diet and proper hydration promote healing</p>	<p><b>16. Patient/Caregiver Teaching:</b> 1. Teach patients to clean site with warm water and mild soap 2. Teach parents not to submerge incision site in water. maintain a clean and dry site. 3. Teach parents about signs and symptoms of infection such as redness or warmth at the site, any drainage or discharge, and what symptoms to report as these are signs of infection</p>
<p><b>12. Related to (r/t):</b> Stoma Reversal procedure</p>	<p><b>2. Prevent rubbing or scratching by providing gloves or trimming fingernails</b> <b>Evidenced Based Practice:</b> Rubbing or scratching can cause further injury or secondary infection 3. Monitor patient's continence and minimize skin exposure to urine or stool <b>Evidenced Based Practice:</b> Exposure to urine and or stool can cause skin irritation and further delay healing/cause further impaired tissue integrity</p>	<p><b>17. Discharge Planning/Community Resources:</b> 1. Schedule and maintain follow-up appointments with surgeon or doctor 2. Teach parents about discharge medications and importance of taking antibiotics as directed 3. Teach parents how to perform a proper skin assessment and encourage parents to keep patients fingernails short. Scratching can cause further injury, delay healing, and increase risk of infection.</p>
<p><b>13. As evidenced by (aeb):</b> Stitches, tegaderm dressing in left lower quadrant.</p>		
<p><b>14. Desired patient outcome:</b> Family and patient demonstrate understanding of skin care routine to promote healing and prevent infection. by discharge</p>		