

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type Isotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> Hypotonic <input type="checkbox"/>	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Student Name: Natalie Martinez				
Unit: Pediatric Floor		Patient Initials: YR		
Generic Name Acetaminophen (Tylenol Chew)		Therapeutic Reason Temperature >100.5 or discomfort		Date: 6/10/2021
Pharmacologic Classification -Analgesic -Antipyretic		Dose, Route & Schedule 160 mg PO Q4HR-PRN		IVP – List diluent solution, volume, and rate of administration N/A
Is med in therapeutic range? If not, why? Yes, therapeutic range		Adverse Effects Pruritus, Constipation, Nausea, Vomiting		Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) 1. Not to exceed 4000 mg/24hrs 2. Teach many OTC meds contain acetaminophen 3. Instruct the parent to only use the dosing device provided with medicine 4. Encourage to drink with a cup of water
Temperature 10-15 mg/kg 157-235.5mg		IVPB – List concentration and rate of administration 		
ibuprofen (Motrin Susp) -Analgesic -NSAID		Temperature >100.5 or discomfort		Allergies: Amoxicillin
Dose, Route & Schedule 140 mg PO Q6HR – PRN		Is med in therapeutic range? If not, why? Yes, therapeutic range		Adverse Effects Hypotension, Hypernatremia, Nausea, Vomiting
Temperature 5-10 mg/kg 78.5 – 157 mg		IVPB – List concentration and rate of administration 		Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) 1. Advise patient to avoid use of additional NSAIDs 2. Teach parent symptoms of hepatotoxicity 3. Take with food to minimize GI irritation 4. Safety – drug may cause dizziness

Work Cited: IBM Corporation. (2018). IBM Micromedex Drug Info (2.0.1b3011) [Mobile appl. App Store. <https://itunes.apple.com/us/app/IBMMicromedexDrugInfo>

Adopted: August 2016

IMS (Pediatrics) Critical Thinking Worksheet

Patient Age: 4 yr 4 mo Patient Weight: 15.7 kg

Student Name: Natalie Martinez

Unit: Pediatric FI Pt. Initials: YR

Date: 06/09/2021

<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Gastroenteritis – the stomach and intestines are irritated and inflamed marked by diarrhea, cramps, nausea, vomiting and fever. Adequate fluid balance depends on the secretion and reabsorption of fluid and electrolytes in the intestinal tract; diarrhea occurs when intestinal fluid output overwhelms the absorptive capacity of the gastrointestinal tract. The 2 primary mechanisms responsible for acute gastroenteritis are (1) damage to the villous brush border of the intestine, causing malabsorption of intestinal contents and leading to an osmotic diarrhea, and (2) the release of toxins that bind to specific enterocyte receptors and cause the release of chloride ions into the intestinal lumen, leading to secretory diarrhea.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - Infectious agent - Contaminated food - Unsanitary water and environment - Antibiotic therapy 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - Diarrhea - Vomiting - Dysuria - Abdominal pain - Infection: fever, chills, rhinorrhea, sore throat, cough
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - Physical exam - Stool culture - Fecal leukocytes <p>Samy A Azer, M. D. (2020, July 24). <i>Intestinal Perforation</i>. Background, Anatomy, Pathophysiology. https://emedicine.medscape.com/article/195537-overview#a11.</p>	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - CBC - WBC - CRP - Electrolytes <ul style="list-style-type: none"> - Potassium - Sodium 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Regular diet - Encourage oral rehydration - Tylenol & Motrin for pain/fever PRN

<p>Student Name: Natalie Martinez</p>	<p>Unit: Pediatric Fl Pt. Initials: YR</p>	<p>Date: 06/09/2021</p>
<p>11. Focused Nursing Diagnosis: Deficient fluid volume</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. I will encourage patient to drink fluids in a creative way. Evidenced Based Practice: Oral fluid replacement is indicated for mild dehydration.</p>	<p>16. Patient/Caregiver Teaching: 1 Teach the parent about appropriate diet and fluid intake. 2. Teach how to prevent or treat fluid volume loss 3. Teach parent about signs of deficient fluid volume that indicate they should contact health care provider.</p>
<p>12. Related to (r/t): Related to diarrheal stool</p>	<p>2. I will provide oral hygiene. Evidenced Based Practice: Fluid deficit can cause a dry, sticky, mouth. Oral care promotes interest in drinking and reduces discomfort of dry mucous membranes. 3. I will plan care and daily activities in way to save patient's energy. Evidenced Based Practice: Planning conserves patient's energy.</p>	<p>17. Discharge Planning/Community Resources: 1. Refer to dietary 2. Recommend disinfectant for toys and personal items 3. Refer to doctor for butt paste for skin irritation due to diarrhea.</p>
<p>13. As evidenced by (aeb): As evidenced by decreased urine</p>	<p>Ackley, B. J., Ladwig, G. B., Flynn, M. M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020). In <i>Nursing diagnosis handbook: an evidence-based guide to planning care</i> (pp. 406–411). essay, Elsevier.</p>	
<p>14. Desired patient outcome: Patient will drink 8 oz of fluid by 1700 on 6/9/2021.</p>		

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

- 1. Distraction
- 2. Relaxation exercises

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

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

$$100 \times 10 = 1000$$
$$50 \times 5.7 = \frac{285}{1285/24 = 54 \text{ mL/hr}}$$

Actual Pt MIVF Rate: None

Is There a Significant Discrepancy? No

Why? Patient does not have maintenance IVF

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

$$15.7 \text{ kg} \times 0.5 \text{ mL} = 8 \text{ mL/hr}$$

Actual Pt Urine Output: 0

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 picked character for herself and mom.
- 2. Patient wanted to pick where I took her oxygen saturation.

Piaget Stage: Preoperational stage

- 1. Patient only wanted to drink out of her unicorn bottle because she loves the horse.
- 2. Patient pretended to drive wagon

Student Name: Natalie Martinez Unit: Peds Pt. initials: YR Date: 6/9/2021
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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 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 checked="" type="checkbox"/> Calm/Relaxed <input 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 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 checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ 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 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 type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELIMINATION Urine Appearance: <u>Did not see</u> Stool Appearance: <u>Did not see</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>Mon stated it was diarrhea</u>	IV ACCESS Site: <input checked="" type="checkbox"/> <u>RA</u> <input 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: <u>none</u>
RESPIRATORY 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 <input checked="" type="checkbox"/> <u>Right heel</u> Oxygen Saturation: <u>100%</u>	GASTROINTESTINAL 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: _____	SKIN 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: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MUSCULOSKELETAL <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/Appiances: <input checked="" type="checkbox"/> None Type: _____	NUTRITIONAL Diet/Formula: <u>Regular Diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 <u>0</u>
	MOBILITY <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	WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ TUBES/DRAINS <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													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water										480ml			480 mL
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
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>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