Student Name: [redacted] Unit: PCU Pt. initials: _____ Date: [redacted]

GENERAL APPEARANCE

Appearance: ☐Healthy/Well Nourished
☒Neat/Clean ☐Emaciated ☐ Unkept
Developmental age:
☐ Normal ☒Delayed

NEUROLOGICAL

LOC: ☐ Alert ☐ Confused ☐ Restless
☒Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☐ Appropriate for Age
Pupil Response: ☒Equal ☐ Unequal
☒Reactive to Light ☐ Size [redacted]
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☒Closed
Extremities:
☐ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right [redacted] Left [redacted]
Pushes: Right [redacted] Left [redacted]
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☒No Level _____
Seizure Precautions: ☐ Yes ☒No

RESPIRATORY

Respirations: ☐ Regular ☐ Irregular
☐ Retractions (type) _____
☒Labored
Breath Sounds:
Clear ☐ Right ☒Left
Crackles ☒Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☒Right ☐ Left
Absent ☐ Right ☐ Left
☐ Room Air ☒Oxygen
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☒Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes ☒No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes ☒No
☐ Productive ☐ Nonproductive
Secretions: Color_____
Consistency_____
Suction: ☒Yes ☐ No Type _____
Pulse Ox Site [redacted]
Oxygen Saturation: [redacted]

CARDIOVASCULAR

Pulse: ☒Regular ☐ Irregular
☒Strong ☐ Weak ☐ Thready
☒Murmur ☐ Other _____
Edema: ☒Yes ☐ No Location [redacted]
☒1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☒< 2 sec ☐ > 2 sec
Pulses:
Upper R [redacted] L [redacted]
Lower R [redacted] L [redacted]
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: [redacted]
Stool Appearance: [redacted]
☐ Diarrhea ☒Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☒Soft ☐ Firm ☐ Flat
☒Distended ☐ Guarded
Bowel Sounds: ☒Present X [redacted] quads
☐ Active ☒Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes ☒No
Vomiting: ☐ Yes ☒No
Passing Flatus: ☐ Yes ☒No
Tube: ☒ Yes ☐ No Type [redacted]
Location [redacted] Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: [redacted]
Amount/Schedule: [redacted]
Chewing/Swallowing difficulties:
☒Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐Spasms ☐ Tremors
Movement: [redacted]
☐ RA ☐ LA ☐ RL ☐ LL ☐ All
Brace/Appliances: ☒None
Type: _____

MOBILITY

☐ Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☒Bedridden

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet
☐ Friendly ☐ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
☒Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☐ None
☒Central Line
Type/Location: [redacted]
Appearance: ☒No Redness/Swelling
☐ Red ☐ Swollen
☒Patent ☒Blood return
Dressing Intact: ☒Yes ☐ No
Fluids: _____

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☒Pale ☒Natural for Pt
Condition: ☒Warm ☐ Cool ☒Dry
☐ Diaphoretic
Turgor: ☒< 5 seconds ☐ > 5 seconds
Skin: ☐ Intact ☐ Bruises ☒Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: [redacted]
Mucous Membranes: Color: [redacted]
☒Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐FLACC ☐ Faces
Location: [redacted]
Type: [redacted]
Pain Score: [redacted]
0800_____ 1200_____ 1600 _____

WOUND/INCISION

☐ None
Type: [redacted]
Location: [redacted]
Description: [redacted]
Dressing: [redacted]

TUBES/DRAINS

☐ None
☒Drain/Tube
Site: [redacted]
Type: [redacted]
Dressing: [redacted]
Suction: [redacted]
Drainage amount: [redacted]
Drainage color: [redacted]

Student Name: [illegible] Unit: [illegible] Pt. initials: _____ Date: 08/11/21

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													060
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													600
# 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) 2
	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