

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 4yrs old Patient Weight:

Student Name: Abigail Orta	Unit: Pt. Initials:	Date: 8/19/21
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): A bone fracture occurs from osteoporosis or blunt force trauma. There are several types of fractures including comminuted, oblique, greenstick, transverse, spiral or impacted. At the injury there is a disruption of periosteum and bone. The blood begins to clot then forms a hematoma. The disruption of blood flow results in death of bone cells around the fracture. Spinal trauma can originate from internal or external sources. Injuries to the spinal cord can be classified as either concussive or compressive and contusive. The pathophysiologic events surrounding spinal cord injury include the primary injury compression, concussion, and numerous secondary injury mechanisms. This may result in SCBF, ischemia, and eventual necrosis of the gray and white matter.	2. Factors for the Development of the Disease/Acute Illness: <ul style="list-style-type: none">- Age- Low body weight- Decreased bone density- Trauma (P)- Hyperflexion (P)- Poor health	3. Signs and Symptoms: <ul style="list-style-type: none">- Swelling or bruising of limb (P)- Intense pain (P)- Inability to move limb (P)- Loss of function (P)- Broken skin with bone protruding- Inability to bear weight (P)

Student Name: Abbey Ohta

Unit: PICU Pt. initials:

Date: 8/17/21

GENERAL APPEARANCE Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Near/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	CARDIOVASCULAR 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 type="checkbox"/> + <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>2+</u> L <u>3+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	PSYCHOSOCIAL Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> Able to move all extremities <input 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	ELIMINATION Urine Appearance: <u>CLAR, YEL, W/W</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	IV ACCESS Site: <input checked="" type="checkbox"/> AC _____ <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 checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>Sodium bicarbonate</u> <u>DS KCl 20MEq 90mg/hr</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 <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input checked="" type="checkbox"/> Nasal Cannula: <u>2 L/min</u> <input type="checkbox"/> BIPAP/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____	GASTROINTESTINAL Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>OGT</u> Location _____ inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input 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 checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>Abdomen</u> Mucous Membranes: Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
WOUND/INCISION <input type="checkbox"/> None Type: <u>Lacerations</u> Location: <u>Abd Abdomen</u> Description: <u>Scalpel belt laceration</u> Dressing: <u>sterile tape</u>	NUTRITIONAL Diet/Formula: _____ Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: <u>0800</u> <u>1</u> <u>1200</u> <u>3</u> <u>1600</u>
MUSCULOSKELETAL <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input checked="" 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 checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Applicances: <input type="checkbox"/> None Type: <u>ATW RESTRAINTS</u>	MOBILITY <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" 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	TUBES/DRAINS <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																	
	07	08	09	10	11	12	13	14	15	16	17	18	Total				
PO/Enteral Intake													580mL				
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													280mL				
IV Meds/ Flush													270mL				
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total				
Urine													84mL				
# 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 0 1 2 3		
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3 0 1 2 3		
Respiratory	Circle the appropriate score for this category: 0 1 2 3 0 1 2 3		
Staff Concern	1 pt - Concerned		
Family Concern	1 pt - Concerned or absent		
CHEWS Total Score			
Total Score (points) <u>2</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: 12 yrs old Patient Weight: 44.7 kg

Student Name: Abigail Orta	Unit: Pt. Initials:	Date: 8/19/21
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Appendicitis is the inflammation of the vermiform appendix. It typically presents acutely, within 24 hours of onset, but can also present as a more chronic condition. Appendicitis presents with initial generalized or periumbilical abdominal pain that later localizes to the right lower quadrant. It comes from obstruction of the appendiceal orifice. This results in inflammation, localized ischemia, perforation, and the development of a contained abscess or perforation. This obstruction may be caused by lymphoid hyperplasia, infections or tumors. Once obstructed, the appendix fills with mucus and becomes distended. The wall of the appendix becomes ischemic and necrotic. Bacterial overgrowth then occurs in the obstructed appendix. This may lead to deadly sepsis.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - Inflammatory bowel disease - Trauma to abdomen - Family history of appendicitis - Stool, parasites, or growths clogging appendiceal lumen (P) - Age (P) - Gender 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - Sudden pain in RLQ (P) - Pain worsens when walking (P) - Nausea and vomiting (P) - Loss of appetite (P) - Constipation - Flatulence

<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - UA - CT - X ray (P) - Physical exam (P) - Blood tests (P) - Ultrasound 	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - CBC (P) - WBC (P) - UA (P) - CMP 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Surgical removal of appendix. - Antibiotics
	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>44.7kg</p> <p>$10 \times 100 = 1,000$</p> <p>$10 \times 50 = 500$</p> <p>$24.7 \times 20 = 494$</p> <p>$1,994 / 24 = 83.08$</p> <p>Actual Pt MIVF Rate: 125mL/hr</p> <p>Is There a Significant Discrepancy? Yes</p> <p>Why? The actual MIVF rate exceeds the fluid requirement, but the patient was dehydrated from lack of fluid consumption due to nausea/vomiting.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>12yrs old = 0.5/kg/hr</p> <p>$0.5 \times 44.7 \text{ x hr} = 22.35$</p> <p>Actual Pt Urine Output: 500mL/8hr = 62.5mL</p>

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

- Relaxation
- Music therapy

***List All Pain/Discomfort Medication on the Medication Worksheet**

Ibuprofen
Acetaminophen
Ketorolac

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:

1. New body. The patient was experiencing emotional and physical changes in her body.
2. New sense of identity. The patient was shy, but had a bond with her mom. She interacted with the instructor as well.

Piaget Stage:

1. Imaginary audience. The patient had an accident in bed and felt that she was being judged for it.
2. Ability to consider the future. She mentioned she was just starting her first year of middle school.

<p>11. Focused Nursing Diagnosis: Acute pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Place pt on one side with knees flexed, sitting up and leaning forward</p> <p>Evidenced Based Practice: placing the patient in this position reduces abdominal pressure and tension while providing pain relief.</p>	<p>16. Patient/Caregiver Teaching: 1. Teach the pt to increase fluids and activity while taking opioids to prevent constipation 2. Teach the pt to avoid foods that trigger abdominal bloating or cramping such as milk or spicy foods 3. Teach the pt not to make sudden movements or strain abdominal muscles because this can cause muscle spasms and increase pain</p>
<p>12. Related to (r/t): Inflammation and surgical removal of appendix</p>	<p>2. Encourage the pt to use guided imagery</p> <p>Evidenced Based Practice: guided imagery involves mental pictures to help the pt imagine an event to distract from the pain they are in.</p>	
<p>13. As evidenced by (aeb): Patient reported abdominal pain upon assessment Pt was guarding her abdomen with a pain rate of 3 Surgical incisions present upon assessment Pt states her abdomen hurts when she moves</p>	<p>3. Apply heat and cold applications</p> <p>Evidenced Based Practice: cold application helps by reducing pain, inflammation and muscle spasticity because it decreases the release of pain inducing chemicals and slows the conduction of pain impulses.</p>	<p>17. Discharge Planning/Community Resources: 1. Consult with dietary to help the pt with a bland diet 2. Consult with case management for financial help with medications 3. Consult with PT to help patient perform ADLs</p>
<p>14. Desired patient outcome: Pt will state a pain rate below a 3 on a scale from 0-10 by 8/18/21 12:30pm</p>		

Student Name: Abby Ohta Unit: Pedi floor Pt. initials: _____ Date: 8/18/21

<p>GENERAL APPEARANCE</p> <p>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</p>	<p>CARDIOVASCULAR</p> <p>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 checked="" type="checkbox"/> Yes <input 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</p>	<p>PSYCHOSOCIAL</p> <p>Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Resistant <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p>NEUROLOGICAL</p> <p>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 checked="" type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3</u> <input checked="" type="checkbox"/> <u>3</u> <input checked="" type="checkbox"/> <u>3</u> Fontanelle: (P1 < 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 <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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</p>	<p>ELIMINATION</p> <p>Urine Appearance: <u>clear</u> <u>white</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p>IV ACCESS</p> <p>Site: <u>LAC</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"/> Patient <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS 1/2 NS + KCl</u> <u>175 mL/hx</u> SKIN</p>
<p>RESPIRATORY</p> <p>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 <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> 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"/> BPap/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 checked="" type="checkbox"/> No Type _____ Pulse Ox Site _____ Oxygen Saturation: _____</p>	<p>GASTROINTESTINAL</p> <p>Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 _____</p>	<p>PAIN</p> <p>Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>Abdomen</u> Type: <u>aching</u> Pain Score: 0800 <u>1</u> 1200 <u>3</u> 1600 WOUND/INCISION</p>
<p>MUSCULOSKELETAL</p> <p><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: _____</p>	<p>NUTRITIONAL</p> <p>Diet/Formula: <u>N/A</u> Amount/Schedule: <u>N/A</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MUCOUS MEMBRANES: Color: <u>PINK</u></p> <p><input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
<p>MOBILITY</p> <p><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</p>	<p>TUBES/DRAINS</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____</p>	<p>WOUND/INCISION</p> <p><input type="checkbox"/> None Type: <u>Appendectomy</u> Location: <u>RLO</u> Description: <u>laparoscopic incisions</u> Dressing: _____</p>

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			135	225	330								690ml
Intake - PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water					50ml								50ml
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	125ml	.		225ml	280								630ml
IV Meds/ Flush		125	125	125	250								625ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine					500								500ml
# 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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS Kcl 20 mEq/1000L @ 125mL/hr	isotonic	hydration	sodium and potassium	Fluid overload

Student Name: Abigail Orta		Unit: PEDI FLOOR		Patient Initials: Click here to enter text.		Date: 8/19/21		Allergies: azithromycin, cefdinir, penicillin	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)		
Clindamycin	Antibiotic	used to treat bacterial infections	420mg in NS 3mL IVPB Q8HR	Y	NS 12mg/mL over 30min	joint pain, white patches in mouth, confusion, blurred vision, hypotension BBW: fatal colitis may occur. Monitor pt closely.	<ol style="list-style-type: none"> 1 Caution with exercise because of hypotension 2. Monitor LFTs and renal function tests 3. Report severe diarrhea or abd pain 4. Caution with pts who have a hx of enteritis or ulcerative colitis. 		
Acetaminophen	antipyretic	treats mild to moderate pain, reduces fever	500mg PO Q6H PRN	Y	N/A	fatigue, pyrexia, tachycardia, hypotension, oliguria, edema	<ol style="list-style-type: none"> 1. Precautions with s/s of hepatotoxicity 2. Teach pt not to take more than the recommended dosage because it can cause liver damage 3. Caution with pts who have severe renal impairment 4. Teach pt to report any s/s of jaundice or clay colored stools. 		
Ketorolac	NSAID	treats pain	15mg IVP Q6H	Y	15mg Push for 3-5min	ulcers, fainting, tachycardia, blurred vision, edema, depression, decreased LOC	<ol style="list-style-type: none"> 1. This medication should not be used longer than 5 days to treat pain 2. Pts who take this medication have a higher risk of having a heart attack or stroke 		

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

							<p>3. Caution with using this medication because it can cause ulcers or holes in the stomach and intestines</p> <p>4. This medication may cause kidney or liver failure.</p>
Ondansetron	antiemetic	relieves nausea and vomiting	4mg IVP Q6H	Y	4mg IVP 2-3min	fatigue, arrhythmias, constipation, bradycardia, fainting, Steven Johnson's syndrome	<p>1. Assess heart rate and quality of respirations</p> <p>2. Monitor bowel and bladder habits for any constipation or urinary difficulty</p> <p>3. Teach pt to call for help before getting out of bed due to decreased LOC</p> <p>4. Avoid administering this medication if the pt has liver disease</p>
Gentamicin sulfate	antibiotic	treats bacterial infections	200mL/hr NS IVPB Q8H	Y	200mL/hr NS	<p>BBW: administer within 30min dose time</p> <p>Joint pain, fatigue, rash, dyspnea, swelling</p>	<p>1. Report any muscle weakness or paralysis</p> <p>2. Monitor signs of ataxia and vertigo</p> <p>3. Monitor for ototoxicity including hearing loss or tinnitus</p> <p>4. Advise pt to report blood or pus in urine and decrease during output.</p>
Ibuprofen	NSAID	used for pain 1-3 or fever.	400mg PO Q6HR PRN	Y	N/A	<p>stomach or intestinal bleeding, SOB, dizziness, ringing of the ears, heartburn</p>	<p>1 Monitor for s/s of GI bleeding</p> <p>2. Monitor symptoms of acute toxicity in children such as apnea and cyanosis</p> <p>3. Avoid giving to children under the age of 3M</p> <p>4. Do not take aspirin concurrently with this medication</p>
Famotidine	antihistamine/antacid	treats ulcers, GERD, heartburn	20mg IVP Q12H	Y	20mg IVP NS 2-3min	<p>peeling of skin, hematuria, dyspnea, tachycardia, dizziness, constipation</p>	<p>1. Caution with pts who have renal impairment</p> <p>2. Report sore throat, fever, unusual bruising or bleeding</p> <p>3. Assess HR prior to administering</p> <p>4. Monitor CNS symptoms such as confusion or hallucinations.</p>

Pf #2 PEDI

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

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	N/A	N/A	N/A	N/A

Student Name: Abigail Orta		Unit: PEDI FLOOR	Patient Initials: Click here to enter text.		Date: 8/19/21	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Acetaminophen	antipyretic	treats mild to moderate pain, reduces fever	90mg PO Q4H PRN	Y	N/A	fatigue, pyrexia, tachycardia, hypotension, oliguria, edema	<ol style="list-style-type: none"> 1. Precautions with s/s of hepatotoxicity 2. Teach pt not to take more than the recommended dosage because it can cause liver damage 3. Caution with pts who have severe renal impairment 4. Teach pt to report any s/s of jaundice or clay colored stools.
Lorazepam	benzodiazepines	treats seizure disorders and relieves anxiety	0.5mg Feed Q24H	Y	N/A	blurred vision, insomnia, loss of balance, skin rash, amnesia	<ol style="list-style-type: none"> 1. Caution with pts who have sleep apnea 2. Do not abruptly stop taking this medication 3. Report dizziness, weakness, or edema. 4. Assess HR and IOC

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

Clonidine Hcl	central alpha agonist	treats hypertension	0.0025mg PO Q24H	Y	N/A	bradycardia, hypotension, hepatitis, fainting, hallucinations, weight gain	<ol style="list-style-type: none"> 1. Monitor HR and BP frequently 2. Do not D/C medication abruptly 3. Report urinary retention, changes in vision or blanching of fingers. 4. Avoid PT interventions that cause systemic vasoconstriction.
Lactobacillus drops Biogaia protectis with vitamin D3	GI drugs	used to keep the normal balance of GI tract	5 drops PO Q24H	Y	N/A	Muscle pain, weight loss, dizziness, fatigue, vomiting, headache.	<ol style="list-style-type: none"> 1. Report diarrhea lasting for more than 2 days. 2. Caution with pts who have diabetes 3. Report reoccurring urinary tract infections 4. Report s/s of dyspepsia.
Ibuprofen	NSAID	used for pain 1-3 or fever.	60mg PO PRN	Y	N/A	stomach or intestinal bleeding, SOB, dizziness, ringing of the ears, heartburn	<ol style="list-style-type: none"> 1 Monitor for s/s of GI bleeding 2. Monitor symptoms of acute toxicity in children such as apnea and cyanosis 3. Avoid giving to children under the age of 3M 4. Do not take aspirin concurrently with this medication
Famotidine	antihistamine/antacid	treats ulcers, GERD, heartburn	7mg PO BID	Y	N/A	peeling of skin, hematuria, dyspnea, tachycardia, dizziness, constipation	<ol style="list-style-type: none"> 1. Caution with pts who have renal impairment 2. Report sore throat, fever, unusual bruising or bleeding 3. Assess HR prior to administering 4. Monitor CNS symptoms such as confusion or hallucinations.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

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