

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3 yrs.

Patient Weight: 12.5 kg

Student Name:

ASHLEE GUZMAN

Unit:

PICU

Pt. Initials: Q.T

Date: Click here to enter a date.

8/24/21

<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>ASTHMATICUS: Inflammation contributes to heightened airway reactivity. Bronchospasm & airflow obstruction occur. Mechanisms are responsible for the obstructive symptoms. Airflow is determined by the size of the airway lumen, degree of bronchial wall edema, mucous prod. & smooth muscle contraction.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - allergens (P) - cold air - irritants - foods - medications - animals - strong emotions (P) - exercise - environmental change (P) 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - cough (P) - SOB (P) - wheeze (P) - restlessness - coarse, loud breath (P) - sounds - barrel chest - elevated shoulders - use of accessory muscle (P)
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - history & physical (P) - labs - pulmonary function test - peak expiratory flow rate - peak expiratory flow meter 	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - ABG (P) - elevated eosinophil count - elevated serum IGE 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - nonpharmacologic (P) therapy - long term control meds. - quick relief meds. - metered dose inhaler - corticosteroids - B-adrenergic agonist (P) - breathing exercise (P)

References: (BOOK) essentials of pediatric nursing 10th edition

Student Name: Ashlee Guzman Unit: PICU Pt. initials: Q.J Date: 8/24/21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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 checked="" 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 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 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 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>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Right Arm</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>peripheral</u> 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>N/A</u>
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 type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left 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>2L/min</u> <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>white</u> Consistency <u>2x</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>right hand</u> Oxygen Saturation: <u>97</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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ 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 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
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>Regular</u> Amount/Schedule: <u>Q4 hrs.</u> 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 type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: <u>n/a</u> Type: <u>n/a</u> Pain Score: 0800 <input checked="" type="checkbox"/> 1200 <input type="checkbox"/> 1600 <input type="checkbox"/>
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: Ashlee Guzman Unit: PICU Pt. initials: Q. J Date: 11/17/17

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	/	/	/	/	/	802	802	802	0	0	0	/	3202
Intake – PO Meds	/	/	/	/	/	/	/	/	/	/	/	/	0
Enteral Tube Feeding	/	/	/	/	/	0	0	0	0	0	0	0	0
Enteral Flush	/	/	/	/	/	0	0	0	0	0	0	0	0
Free Water	/	/	/	/	/	/	/	/	/	/	/	/	0
IV INTAKE													
IV Fluid	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	/	/	/	/	/	/	/	/	/	/	/	/	0
IV Meds/Flush	/	/	/	/	/	/	/	/	/	/	/	/	0
OUTPUT													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	/	/	/	/	/	/	/	/	/	/	/	/	3 X
# of immeasurable	/	/	/	/	/	/	/	/	/	/	/	/	3
Stool	/	/	/	/	/	/	/	/	/	/	/	/	1
Urine/Stool mix	/	/	/	/	/	/	/	/	/	/	/	/	1
Emesis	/	/	/	/	/	/	/	/	/	/	/	/	0
Other	/	/	/	/	/	/	/	/	/	/	/	/	0

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. <u>Concerned</u>
Family Concern	1 pt. <u>Concerned</u> or absent
CHEWS Total Score	
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: 10 yrs. Patient Weight: 38 kg

<p>Student Name: ASHLEE GUZMAN</p>	<p>Date: Click here to enter a date. 8/25/21</p>	<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Acute Appendicitis: The obstruction of the appendiceal lumen. Acute obstruction, the outflow of mucous secretions is blocked, & pressure builds within the lumen, resulting in compression of blood vessels. The obstruction causes distention, bacterial overgrowth ischemia, & inflammation, IT'S inflammation of the vermiform Appendix.</p>
<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - infections - bacteria - tumors - inflammation (P) - trauma to abd - stool can clog lumen 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - Abdomen pain (P) - RLQ - vomit - rigid Abd (P) - fever (P) - diarrhea (P) - tachycardia - tenderness (P) 	<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - CT SCAN (P) - LAPAROSCOPY - X-RAY (P) - history & physical (P) - EXAM
<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - WBC (P) - CBC (P) - CRP (P) 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Antibiotics (P) - IV fluids (P) - draining (P) - Appendectomy - LAPAROTOMY 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Antibiotics (P) - IV fluids (P) - draining (P) - Appendectomy - LAPAROTOMY

Adopted: August 2016 Revised: 10/2019

References: (Book) essentials of pediatric nursing 10th edition
 (BOOK) Nursing Diagnosis handbook 12th edition
 (APP) Medscape

<p>Student Name: Ashlee Guzman</p>	<p>Date: Click here to enter a date. 8/25/21</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> Parents being with her at all times. Turning on tv to show her favorite tv show/movie. <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $10 \times 50 = 500$ $18 \times 20 = 360$ $1,000 \times 100 = 1,000$ $1,860 \div 24 = 77.5 \rightarrow 78 \text{ mL}$ <p>Actual Pt MIVF Rate: 90 mL/hr</p> <p>Is There a Significant Discrepancy? Choose an item. NO</p> <p>Why?</p>
<p>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:</p> <p>Erickson Stage: industry vs. inferiority</p> <ol style="list-style-type: none"> She tells us her pain & expresses how she feels towards vs. better. She desires achievement & gets up to walk to feel better. <p>Piaget Stage: Concrete operations</p> <ol style="list-style-type: none"> She interprets for her parents who don't speak english & helps them out. She told her dad goodbye & thanked him for everything. She is starting to see everyone's point of view of how their helping her. 	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $38 \text{ kg} \times 0.5 = 19 \text{ mL}$ <p>Actual Pt Urine Output: 5 mL</p>

<p>Student Name: ASHLEE CRUZMAN</p>	<p>11. Focused Nursing Diagnosis: ACUTE PAIN</p>	<p>Date: Click here to enter a date. 8/25/21</p>
<p>12. Related to (r/t): inflammation</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. USE nonpharmacological analgesic interventions. Evidenced Based Practice: Infants who underwent upper limb massage prior to venipuncture had less pain. 2. Position the child to a high Fowler's position. Evidenced Based Practice: This will reduce tension on the incision & abd organs. 3. Patient to avoid heavy lifting & help with ambulating. Evidenced Based Practice: This should be avoided AFTER post-op or walking to help her drain the site since it ruptured.</p>	<p>16. Patient/Caregiver Teaching: 1. NEVER apply any heat on the site. 2. TEACH caregiver signs of infection. 3. TEACH caregiver how to do incision care & keep taking antibiotics.</p>
<p>13. As evidenced by (aeb): Pt rating her pain at a 6/10 & X-ray shows fluid in abdomen.</p>		<p>17. Discharge Planning/Community Resources: 1. Stay updated with hcp to not miss any appointments. 2. We can get a home care nurse to assist with wound healing. Teach the patient to use self-report pain tool to rate the intensity of pain.</p>
<p>14. Desired patient outcome: My patient will have reduced pain and be able to ambulate by August 26th, 2021 at 11 am.</p>		

Student Name: Ashlee Guzman Unit: Pedi Pt. initials: J.M Date: 8/25/21

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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 checked="" 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 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 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> Pushes: Right <u>W</u> Left <u>W</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	Urine Appearance: <u>yellow & clear</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>Right Arm</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>Peripheral</u> 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>D5 1/2 NS + 20 KCl</u>
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 <input checked="" 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"/> 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 type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>left hand</u> Oxygen Saturation: <u>98</u>	Abdomen: <input type="checkbox"/> Soft <input checked="" type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ 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 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>N/A</u> <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>NPO</u> Amount/Schedule: <u>N/A</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>ABD/Tummy</u> Type: <u>Sharp pain</u> Pain Score: 0800 / 1200 / 1600 <u>3</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 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: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input checked="" type="checkbox"/> Ambulatory with assist <u>mom & dad</u> 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 <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Ashlee Guzman Unit: Pedi Pt. initials: J.M Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	0	0	0	0	0	0	0	0	0	0	0	0	0
Intake – PO Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteral Tube Feeding	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteral Flush	0	0	0	0	0	0	0	0	0	0	0	0	0
Free Water	0	0	0	0	0	0	0	0	0	0	0	0	0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	0	0	0	0	0	0	0	0	1	1	1	1	4x
IV Meds/Flush	0	0	0	0	0	0	0	0	0	0	0	0	0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	0	0	0	0	0	0	0	0	1	0	0	1	2x
# of immeasurable	0	0	0	0	0	0	0	0	1	0	0	1	2
Stool	0	0	0	0	0	0	0	0	0	0	0	0	0
Urine/Stool mix	0	0	0	0	0	0	0	0	0	0	0	0	0
Emesis	0	0	0	0	0	0	0	0	0	0	0	0	0
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

Student Name: ASHLEE GUZMAN

Unit: Pedi

Pt. Initials: J.M

Date: 8/25/21

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

Allergies: NHDA

Primary IV Fluid and Infusion Rate (ml/hr)		Circle IVF Type		Rationale for IVF		Lab Values to Assess Related to IVF		Contraindications/Complications	
Dextrose 5.0% sodium 0.45% + hCL 20 meq/mL		Isotonic/ Hypotonic/ Hypertonic		monitor IV site		check hrly / K+ levels		overhydration, edema, infiltration	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)	
				Is med in therapeutic range?	If not, why?				
Morphine Sulfate	opiate agonists	Pain, severe (7-10) Opioid Analgesic	2.5 mg Q 3hr PRN IVP	yes		IVP = dilute w/ 5 mL of sterile 0.5-5 mg/mL rate = 5 min	dysphoria, sedation, N/V urinary retention, hypotension, bradycardia	1. Explain E teach pt. family how to admin. morphine. 2. Change pt. to diff. position to prevent orthostatic hypo. 3. Teach pt they can get dizzy. 4. Teach pt to call for help. when they need to get up.	
Acetaminophen	NON opioid	Analgesic & anti-pyretics	500 mg Q 6hr IVP	yes		IVPB = infuse over 15 min. 10 mg/mL D5W	hepatotoxicity abdominal discomfort vomit, diarrhea NAUSEA	1. Avoid alcohol since he is a older child. 2. Teach to not exceed 4g per DAY. 3. Teach pt to report N/V. 4. Teach pt to report abd. pain.	
Piperacillin Sodium / Tazobactam Sodium	Penicillins	death of susceptible bacteria	200 mL per hr Q 8hr IVP	yes		IVPB = D5W 50-100 mL infuse over 30 min	C-Diff. seizure, renal failure, urticaria, bleeding, Steven Johnson syndrome	1. TEACH pt to observe signs of anaphylaxis. 2. TEACH pt to let us know if diarrhea occurs. 3. TEACH pt to advise if fever occurs. 4. ADVISE not to treat diarrhea w/o approval.	
Famotidine	histamine H2 Antagonist	ANTI-ULCER Agent	20 mg Q 12hr IVP	yes		IVP = 0.9% NaCl 10mg/mL admin over 2 min	confusion, arrhythmia, erectile dys, hypersensitivity	1. TEACH pt to avoid alcohol, since he is 18 yrs. 2. TEACH pt to call for help to get up. 3. TEACH pt this causes dizziness. 4. TEACH pt to increase fiber & fluid intake.	
								1. 2. 3. 4.	

References: Medscape APP.

Student Name: Ashlee Guzman

Unit: Pedi.

Pt. Initials: M.L

Date: 8/25/21

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

Allergies: NADA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				is med in therapeutic range?	If not, why?			
Prednisone	Corticosteroid	Adrenal Anti-inflammatory	45 mg Q12hr PO	no b/c the max dose is 80 mg/day unless adult			euphoria, peptic ulceration, hyperglycemia, adrenal suppression, syncope	1. Patient should eat a high protein, calcium diet. 2. Instruct pt to report any severe abd. pain. 3. Check pt's daily weight. 4. Advise pt to avoid alcohol since it is a liver med.
ferrous sulfate	iron preparation	prevention of iron deficiency anemia	325 mg Daily PO	no b/c for child it's 4-6 mg/day unless an adult then more			dizzy, head ache, syncope, nausea, constip, bleed, dark stools	1. Explain the purpose of iron therapy to pt. 2. Teach pt that stools will be dark. 3. Discuss risks of overdosing on iron. 4. Instruct pt to follow a high protein diet in iron.
Pantoprazole sodium	proton pump inhibitors	anti-ulcer agent	40 mg Daily PO	yes			Severe hepatic impairment, flatulence, generalized edema, pruritis, N/V	1. TEACH pt to report onset of black, tarry stool. 2. TEACH pt to report Abd. cramping. 3. Advise pt this will increase GI irritation. 4. Teach pt to take med as instructed. Do not reverse therapy.
Dornase Alfa	enzymes	improved pulmonary function	2.5 mg resp. Q pm	yes			sore throat, cough, dyspnea, chest pain, rash, fever, conjunctivitis	1. TEACH pt to wash hands before assembling. 2. TEACH pt to clean it after. 4. TEACH pt to take ASAP if dose is missed.
								1. (patient's condition/medication) 2. (patient's history/medication) 3. 4.

References: Medscape App