

References

Norma, P., & Irene. (2021, August 8). Acute pain: Nursing interventions and care plan. Nurselabs. <https://nurselabs.com/acute-pain/>.

Cherry, K. (2021, July 18). Understanding Erikson's stages of psychosocial development. Verywell Mind. <https://www.verywellmind.com/erik-erikson's-stages-of-psychosocial-development-2795740>.

Jean Piaget's theory and stages of cognitive development. swppc.org. (1969, December 29). <https://swppc.org/jean-piaget's-theory-and-stages-of-cognitive-development/>.

Mayo Foundation For Medical Education and research. (2020, March 5). Pancreatitis. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/pancreatitis/symptoms-causes/syc-20360227>

Student Name: Stephanie Gracza	Unit: Pt. Initials: ped1	Date: Click here to enter a date. 8/26/21
11. Focused Nursing Diagnosis: Acute pain	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. pain assessment Evidenced Based Practice: pain responses are unique from person to person, some may not voice it until asked about it.	16. Patient/Caregiver Teaching: 1. teach pt. to stay ahead of the pain with scheduled dosing 2. teach pt. importance of sleep which helps w/ pain toleration and the healing process 3. teach per to become active slowly to allow your body to adapt and not overexert.
12. Related to (r/t): pancreatitis	2. Immobilization Evidenced Based Practice: Restriction of movement in painful body movement can help prevent pain. 3. heating pad under back Evidenced Based Practice: heat can improve blood flow to affected area and through reduction of pain reflexes	
13. As evidenced by (aeb): abd pain / distention / guarding N/V		17. Discharge Planning/Community Resources: 1. call to set up Dietitian consultation appt. 2. community resource for exercise/activities offered 3. food bank info. for financial help w/ food.
14. Desired patient outcome: Pt. shows comfort and pain level below 5 until surgery.		

Stephanie Garza

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

1. distraction - TV, phone
2. positioning - 45° angle

*List All Pain/Discomfort Medication on the Medication Worksheet

Click here to enter text.

Acetaminophen
Ketorolac
Morphine

Unit:

Pt. Initials:

ped 1

Date: Click here to enter a date.

8/26/21

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

$$\begin{array}{r} 10 \times 100 \\ 10 \times 50 \\ 41.7 \times 20 \\ \hline 2,334 \div 24 = 97.25 / \text{hr} \end{array}$$

Actual Pt MIVF Rate: 100 mL/hr

Is There a Significant Discrepancy?

Choose an Item.

no

Why?

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

$$1.5 \text{ mL/kg/hr}$$
$$61.7 \times 1.5 = 30.85 \div 24 = 1.29 \text{ mL/hr}$$

Actual Pt Urine Output:

2 unmeasured

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: Industry vs inferiority

1. She was in a lot of pain according to the pain assessment but she controlled her response with calm, quiet, independent, mature, expression
2. She was on the phone with her friend while her parents were there with her showing more interest in her peers.

Piaget Stage:

1. She asked the Dr. questions about her condition to better understand, not just her parents.
2. If asked if she was allergic to anything and her dad replied "just boys" she rolled her eyes and said "No I'm not" and laughed but with a rebellious expression.

1113 (Pediatrics) Critical Thinking Worksheet

Student Name:

Stephanie Garza

Patient Age:

11 yrs.

Patient Weight:

kg 61.7 kg

Date: [Click here to enter a date.](#)

8/26/21

Unit:

Ped 1

Pt. Initials:

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):

Pancreatitis is a loss of intracellular and extracellular compartmentation by an obstruction of pancreatic secretory transport and by an activation of pancreatic enzymes.

2. Factors for the Development of the Disease/Acute Illness:

abd surgery
 Alcoholism-excessive cigarette smoking
 certain meds. family history of pancreatitis (P)
 cystic fibrosis
 gallstones (P)
 hypercalcemia maybe due to —
 hyperthyroidism
 hypertriglyceridemia
 Infection
 injury to abd, obesity, pancreatic cancer

3. Signs and Symptoms:

upper abd pain (P)
 abd pain that radiates to back
 abd pain worse after eating (P)
 Fever, rapid pulse, N/V, (P)
 tenderness when touching abd. (P)
 losing wt. without trying
 oil, smelly stools
 abd distention

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

stool test - fat levels
 abd ultrasound
 endoscopic ultrasound
 MRI

5. Lab Values That May Be Affected:

Serum amylase (P)
 Lipase (P)

6. Current Treatment (Include Procedures):

Surgery to remove pancreas
 pain meds. (Acetaminophen & morphine)
 NPO (fasting)
 IV fluids for hydration
 teaching of diet change

Student Name: Stephanie Garza

Unit: PED 1

Pt. Initials: _____

Date: 8-24-21

Allergies: NKA

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

Kt, Na, & Dextrose Replacement

DS NS 20k⁺ IV Q10H 100ml/HR - maintenance

Room 350

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List solution to dilute and rate to push.	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Acetaminophen	Analgesic	Fever Reducer	500 MG Q6H IVPB	15mg/kg IV Q6H 11.7kg x 15mg = 175.5 yes	IV over 15min	Pruritus HA Constipation Atelectasis	1. assess hepatic Lab 2. monitor abd activity/bowel 3. monitor for itching 4. monitor fever
Ketorolac Tromethamine	NSAIDs	Pain Reliever	15mg Q6H IVP	IV: 30mg q6h yes	IV Rate over ≥15min.	HA Dyspepsia GI pain dizziness edema	1. monitor edema 2. monitor indigestion 3. assess abd for pain 4. caution-falls
ondansetron	Antiemetic	Reduce N/V Prophylaxis	4mg Q8HR PRN IVP	2.15mg/kg TID yes	5ml NS over 2-5min.	HA Fever Fatigue Constipation Drowsiness hypoxia	1. monitor respiratory 2. monitor BM's 3. assess abd activity 4. assess temp.
Morphine Sulfate	Opioid	Pain Reliever	3mg Q3HR PRN (7-10) IVP	10mg/dose every 2-3 hr yes	over at least 5min. 5ml NS	Constipation renal-urinary retention cardiac arrest	1. monitor respiratory 2. assess/monitor cardiac 3. monitor BM, abd sounds 4. monitor output
Keppra Soln	SVZA Ligands	treat or onset of seizures	125mg 1-25ml PO BID	250 mg yes		Infection HA Asthenia ↑BP drowsiness	1. monitor WBC 2. monitor for fall risk 3. monitor cardiac 4. watch for signs of infection

Room 355

References: ~~A~~ Medscape & IBM Micromedex apps *

bl. 7 Yg

Student Name: Stephanie Goff Unit: PEU 2 Pt. initials: _____ Date: 8-24-21

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													
IV Fluid	100	100	100	100	100	150							600
IV Meds/Flush			78										678
OUTPUT													
Urine			1			1							
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

NPO

unmeasur

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:
	<u>0</u> 1 2 3
Cardiovascular	Circle the appropriate score for this category:
	<u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category:
	<u>0</u> 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: Stephanie Garcia Unit: RED 1 Pt. initials: _____ Date: 8-24-21

250

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 _____
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
 Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
 Grips: Right S Left S
 Pushes: Right S Left S
 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 ② pointer finger
 Oxygen Saturation: 95%

CARDIOVASCULAR

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

ELIMINATION

Urine Appearance: Dark yellow/dk
 Stool Appearance: none
 Diarrhea Constipation
 Bloody Colostomy

GASTROINTESTINAL

Abdomen: Soft Firm Flat
 Distended Guarded
 Bowel Sounds: Present X 4 quads
 Active Hypo Hyper Absent
 Nausea: Yes No
 Vomiting: Yes No
 Passing Flatus: Yes No
 Tube: Yes No Type _____
 Location _____ Inserted to _____ cm
 Suction Type: _____

NUTRITIONAL

Diet/Formula: NPO
 Amount/Schedule: _____
 Chewing/Swallowing difficulties:
 Yes No

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors None
 Movement:
 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: ② antecubital
 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: _____
 Mucous Membranes: Color: _____
 Moist Dry Ulceration

PAIN

Scale Used: Numeric FLACC Faces
 Location: upper abd midline
 Type: ELL SWIL
 Pain Score: 7.5
 0800 1200 _____ 1600 _____

WOUND/INCISION

None
 Type: _____
 Location: _____
 Description: _____
 Dressing: _____

TUBES/DRAINS

None
 Drain/Tube
 Site: _____
 Type: _____
 Dressing: _____
 Suction: _____
 Drainage amount: _____
 Drainage color: _____

References

- Mayo Foundation for Medical Education and Research. (2021, February 4). Traumatic brain injury. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/symptoms-causes/syc-20378557>
- Blood test for brain trauma. AACC. (n.d.). <https://www.aacc.org/cjn/cjn-stat/2019/september/19/blood-tests-for-brain-trauma>.
- The Nemours Foundation. (2016, July). Brain tumors (for parents)-nemours. KidsHealth. <https://kidshealth.org/Nemours/en/parents/brain-tumors.html?WT.ac=pairedlink>.

Stephanie Garza 8/26/21
PICU

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 3 yr 8 m

Patient Weight: 15.1kg

Student Name: Stephanie Garza

Unit: PICU **Pt. Initials:**

Date: 8/25/2021

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):

Compression of the brain is something that causes increase of pressure on the brain which can damage brain tissue.

2. Factors for the Development of the Disease/Acute Illness:

head injury (p), increased CSF, tumor, abscess

3. Signs and Symptoms:
HA, vomiting, drowsiness, confusion, progressive loss of consciousness

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

Glasgow Coma Scale, History, CT, MRI, ICP monitor

5. Lab Values That May Be Affected:

GFAP concentrations, UCH-L1 levels

6. Current Treatment (Include Procedures):
brain debridement surgery. ICP monitoring, safety (prevent head injury)

Student Name: Stephanie Garza

Unit: PICU

Pt. Initials: _____

Date: 8-25-21

Allergies: NKA

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

Nurses) Critical Thinking Worksheet

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>none</u>	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	if not, why?			
Bacitracin ointment	Topical Antibacterial	treat bacterial infection	Topical BID apply 1 Gram	yes			nephrotoxicity contact dermatitis diarrhea (rare)	1. monitor renal prior & during therapy 2. do not exceed recommended daily dose, dc if renal toxicity 3. monitor I & O's 4. do not use w/ other nephrotoxic drugs
								1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.
								1. 2. 3. 4.

Adopted: August 2016

Reference – *IBM Micromedex Drug info app

Student Name: Stephanie Garz Unit: PICU Pt. initials: _____ Date: 8-25-21

Mom gave formula

Mom changed diapers

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				20z									20z
Formula													
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		1											1
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

Student Name: Stephanie Garcia Unit: PICU Pt. initials: _____ Date: 8-25-21

Room 1

top w stick

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input checked="" 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>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input checked="" 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	ELIMINATION	IV ACCESS
LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Sedated <input checked="" type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal <input 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 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>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: _____ Stool Appearance: <u>not observed</u> <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Wrist <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: _____
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 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>(2) Big toe</u> Oxygen Saturation: _____	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: _____	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 type="checkbox"/> Intact <input type="checkbox"/> Bruises <input checked="" type="checkbox"/> Lacerations <input checked="" type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>forehead nicks</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Reg</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>head</u> Type: <u>ICP maybe?</u> Pain Score: 0800 _____ 1200 _____ 1600 _____
	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 type="checkbox"/> None Type: <u>sutures</u> Location: <u>frontal head</u> Description: <u>healing appropriately</u> Dressing: <u>none</u>
	MOBILITY	TUBES/DRAINS
	<input 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 checked="" type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

non ambulatory
 unable to sit alone
 has special chair
 to keep head safe