Student Name: Jennifer King **Unit:** Ped **Pt. Initials:** _____ **Date:** 8/31

Allergies: platelets

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	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / 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.)
Acyclovir 77mg in NS	Antiviral	prevent infection	77mg IVPB Q8H	10mg/kg Yes		N/V, diarrhea	1. maintain hydration 2. Nedro toxicity 3. watch for inflamation at injection site 4.
Micafungin inj 15mg	Antifungal	prefylaxis	15 ml/HR IVPB Q24	Yes 1mg/kg	5mL of NS 10mg/mL over 1hour	acidosis, hypokalemia diarrhea	1. Protect solution from light 2. infuse over 1hour 3. monitor for hepatic impairm 4. watch for neutropenia
Famotidine	Gastrointestinal agent	prefylaxis	0.5mL PO QHS	Yes 1mg/kg/day		Constipation diarrhea	1. take @ bedtime 2. stay hydrated 3. report diarrhea 4. report constipation
mupiraon	Antibacterial	diaper rash	1 appl 1gr Topical Daily	Yes		pruritus stinging	1. report irritation 2. avoid eyes 3. report worsening rash 4.
							1. 2. 3. 4.

Student Name: Jennifer King Unit: Ped Pt. initials: _____ Date: 8/31

71 7m 15 days male 7.46 Kg

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 _____ Left _____

Pushes: Right _____ Left _____

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 _____

Oxygen Saturation: _____

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 3+ L 3+

Lower R _____ L _____

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear

Stool Appearance: _____

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: ☑ Present X _____ 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: _____

Amount/Schedule: 120/4

Chewing/Swallowing difficulties: ☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

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: RA ☐ INT ☐ None

☐ Central Line PICC

Type/Location: Port

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: _____

Type: _____

Pain Score:

0800 _____ 1200 0 1600 0

WOUND/INCISION

☑ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Student Name: Jennifer King Unit: _____ Pt. initials: _____ Date: _____

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake					120				1	120			240
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													
IV Meds/Flush										5mL			5mL

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													250
Stool													
Urine/Stool mix													250
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) 0
	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:		Date: Click here to enter a date.
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Acute megakaryoblastic leukemia is a type of AML Characterized by abnormal megakaryoblasts that express platelet-specific surface glycoprotein.	**2. Factors for the Development of the Disease/Acute Illness:** Down syndrome children (P) Chemo environmental exposures	**3. Signs and Symptoms:** irritability Weakness dizziness Pallor Fever mucocutaneous bleeding hepato splenomegaly (P) bleeding
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: peripheral blood Bone marrow aspirate & biopsy immunophenotyping	**5. Lab Values That May Be Affected:** CBC Blood chemistry ESR Thrombocyte WBC	**6. Current Treatment (Include Procedures):** chemo (P) bone marrow transplant

Student Name: Jennifer King

Date: Click here to enter a date. 8/31

11. Focused Nursing Diagnosis: Risk for infection

12. Related to (r/t): Chemotherapy
immuno suppression
bone marrow suppression

13. As evidenced by (aeb): Very low ANC

14. Desired patient outcome: Pt will continue to stay well as ANC numbers go up so that he can go home in the next 24 hours.

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. limit visitors

Evidenced Based Practice: Protect pt from outside pathogens

2. Require diligent handwashing

Evidenced Based Practice: Prevent cross contamination & reduce risk of infection

3. closely monitor temperature

Evidenced Based Practice: Fever is first sign of possible infection

16. Patient/Caregiver Teaching:

1. Dosing & admin of all drugs
2. proper handwashing technique
3. importance of staying home in controlled environments to keep infections at ~~bay~~ bay

17. Discharge Planning/Community Resources:

1. Support groups
2. Follow up with appointments
3. Case management for assistance with transfer to hospital for transplant

Student Name: Jennifer King

Date: Click here to enter a date.

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

1. non nutritous sucking
2. Swaddled

***List All Pain/Discomfort Medication on the Medication Worksheet** None

Click here to enter text.

8. Calculate the Maintenance Fluid Requirement (Show Your Work): $7.5 \times 100 = \frac{750}{24} =$ 62.5/hr

Actual Pt MIVF Rate: N/A

Is There a Significant Discrepancy? Yes

Why? Fluids given PO

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 7.5

Actual Pt Urine Output: one diaper every 4 hours

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: trust vs. Mistrust

1. ~~4~~ His mom pickd him up when he awoke crying she stoppedf.
2. Mom Fed him when he exhibited signs he was hungry

Piaget Stage: Secondary circular reaction

1. Pt liked having his blanket w/ him
2. Pt became upset when mom walked away and he was left with nurse