

Student Name: Anscilla Unit: _____ Pt. initials: _____ Date: 09/07/21
meza

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
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 checked="" type="checkbox"/> Delayed <u>PN</u>	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 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 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 Withdrawn 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 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 type="checkbox"/> Person <input 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 type="checkbox"/> Size <u>2</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" 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	ELIMINATION Urine Appearance: <u>yellow</u> Stool Appearance: <u>none obs.</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	IV ACCESS Site: <u>PC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>24g</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>Dextrose 5% + NaCl 0.9%</u> <u>KCl 20meq/l</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 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 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: _____	GASTROINTESTINAL 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 type="checkbox"/> Present X <u>4</u> quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input checked="" 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: _____	SKIN 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 type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL Diet/Formula: <u>POY</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 <u>0</u> 1600 _____
	MUSCULOSKELETAL <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: _____	WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY <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	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													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	24	24	24	24	0	0							
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine			440			380							
# of immeasurable													
Stool			0										
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

Student Name: Pardulla

Unit: _____

Pt. Initials: _____

Date: 09/07/21

Allergies: NEA

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

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?			
<p>Primary IV Fluid and Infusion Rate (ml/hr) _____ Circle IVF Type _____</p> <p>Rationale for IVF _____</p> <p>Lab Values to Assess Related to IVF _____</p> <p>Contraindications/Complications _____</p>								
<p><u>DEXMETHORSE 50% NaCl 0.9% + KCl 30mEq/L 1000ml</u></p> <p><u>Desmopressin</u></p>								
Mylaxa X	Osmotic laxative	Constipation	17g PO BID PRN Const.	Yes			N Prod Cramping gas	1. Tell dr. if allergic to polyethylene glycol 2. Report consistent diarrhea/abd pain. 3. Benefit more risks 4. Last bowel movement
Tylenol Soln	Analgesics Antipyretics	Pain & fever	200mg PO Q4H PRN	Developed tolerance			usually none but report rash, itching, swelling, severe dizziness	1. For temp >100.5 or discomf 2. Max Acetaminophen 75mg/kg/24hr. 3. Take as directed 4. Evaluate abdomen after admin
Tylenol Soln	"	"	128mg PO Q4hr.	"			"	1. Pain 1-3 or Temp >100.4 2. Ordered 15mg/kg 3. Take as directed 4. Evaluate abdomen after admin

IMS (Pediatrics) Critical Thinking Worksheet

Patient Age: 8yr 10m Patient Weight: 14.1 kg

<p>Student Name: <u>Michelle Ng</u></p>	<p>Unit: _____ Pt. Initials: _____</p>	<p>Date: Click here to enter a date.</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): <u>MISC</u> IS when different body parts can become inflamed. Don't know what causes it but many children with MIS-C had the virus that causes COVID-19 or been around someone with COVID-19.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: COVID ab (POST)</p>	<p>3. Signs and Symptoms: - swelling @ posterior ear/neck - fever - rash - swollen tongue - round, distended abd. - N/V</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: (8/31) - CT w/ enlarged @ lymph node - (+) COVID-Spike anti bodies WBC - ECHO (9/5)</p>	<p>5. Lab Values That May Be Affected: CBC (w/BC) CRP D-dimer CMP BNP viral panel (-)</p>	<p>6. Current Treatment (Include Procedures): IVIG (start) 9/3 scheduled steroid</p>

<p>Student Name:</p>	<p>Unit: Pt. Initials:</p>	<p>Date: Click here to enter a date.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Relaxation</p> <p>2. Distraction</p> <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> $10 \text{ kg} \times 100 \text{ mL} = 1,000 \text{ mL}$ $4.1 \text{ kg} \times 20 \text{ mL} = 82 \text{ mL}$ $\frac{1,082}{24} = 45.1 \text{ mL/kg}$ <p>Actual Pt MIVF Rate: 24 mL/hr.</p> <p>Is There a Significant Discrepancy? <input checked="" type="checkbox"/> Yes an item.</p> <p>Why? Good oral hydration wean them off.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $0.5 \text{ mL} / 14.1 \text{ kg/hr} = 7.05 \text{ mL/hr}$ <p>Actual Pt Urine Output: 800 mL</p>
<p>Tuleno1</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: Autonomy vs. Shame + Doubt.</p> <p>1. He let me take his vitals just fine the first time then the second time he was being fussy + saying no.</p> <p>2. I used his iPad to help w/ vitals. He stayed calm + cooperated.</p> <p>Piaget Stage: Tertiary circular reaction (Sensorimotor Stage 5).</p> <p>1. He did not have sense in timing, he would try + take blood pressure cut off because it was taking long.</p> <p>2. When he was watching legs on his iPad he would mimic some of the things they were doing.</p>	

<p>Student Name:</p>	<p>Unit: Pt. Initials:</p>	<p>Date: Click here to enter a date.</p>
<p>11. Focused Nursing Diagnosis: RISK for infection</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Demonstrate & encourage good hand washing. Evidenced Based Practice: Single most effective way to prevent infections. 2. Change positions frequently</p>	<p>16. Patient/Caregiver Teaching: 1. Demonstrate good hand washing 2. Limit visitors. 3. Take all prescribed meds as directed</p>
<p>12. Related to (r/t): Corticosteroid therapy</p>	<p>Evidenced Based Practice: Promotes expectoration, cleaning of infections 3. monitor effectiveness of meds. Evidenced Based Practice: Signs of improvement in condition should occur within 24-48hr, note any changes.</p>	<p>17. Discharge Planning/Community Resources: 1. Follow up with appointments 2. Avoid crowds 3. Give them information about condition</p>
<p>13. As evidenced by (aeb): N/A</p>		
<p>14. Desired patient outcome: Patient will not get or show symptoms of an infection during my clinical time 9/17 and 1230.</p>		