

Student Name: Unit: Pt. initials: Date:

Miguel Aleman

Red N<sup>3</sup>

MM

12/14/2021

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 a <input checked="" type="checkbox"/> Strong Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other Edema: a Yes <input type="checkbox"/> No Location _____ a 1+ 0 2+ 03+ 04+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec a <input type="checkbox"/> > 2 sec pulses: Upper R <u>3+</u> L <u>3+</u> Lower <u>3+</u> L <u>3+</u> R 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet a Friendly <input type="checkbox"/> Cooperative o Crying a Uncooperative Restless a Withdrawn o Hostile/Anxious Social/emotional <u>bonding</u> with family: a <input checked="" type="checkbox"/> Present o Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: a <input checked="" type="checkbox"/> Alert o Confused o Restless o Sedated o Unresponsive <u>Oriented</u> to: <input checked="" type="checkbox"/> Person o <input checked="" type="checkbox"/> Place o Time/Event o Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal o Unequal o Reactive to Light o Size <u>2mm</u> Fontanel: (Pt < 2 years) o Soft o Flat a Bulging o Sunken a Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities o Symmetrically o Asymmetrically Grips: Right Left Pushes: Right Left <input checked="" type="checkbox"/> Strong W=Weak N=None EVD Drain: o Yes a <input checked="" type="checkbox"/> No Level Seizure Precautions: o Yes o No	Urine Appearance: <u>clear</u> Stool Appearance: <u>NA</u> o Diarrhea o Constipation o Bloody a Colostomy	Site: <input checked="" type="checkbox"/> <u>Right arm</u> <input type="checkbox"/> INT None o Central Line Type/Location: <u>PICC</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling n Red o Swollen <input checked="" type="checkbox"/> Patent o Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes o No Fluids: <u>DS 1/2 NS + KCl 40 meq</u> <u>@ 75 mL/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <u>Regular</u> a Irregular Retractions (type) <u>abd.</u> o Labored Breath Sounds: <u>Clear</u> <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Crackles o Right o Left <input type="checkbox"/> Wheezes o Right o Left <input type="checkbox"/> Diminished o Right o Left Absent Right o Left o Room Air o Oxygen Oxygen Delivery: o Nasal Cannula: L/min o BiPap/CPAP: o Vent: <u>ETT</u> size o Other: _____ @ _____ cm	Abdomen: <input checked="" type="checkbox"/> Soft Firm o Flat o Distended o Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X quads o Active Hypo o Hyper o Absent Nausea: o Yes o No Vomiting: o Yes o No Passing Flatus: <input checked="" type="checkbox"/> Yes o No Tube: a Yes <input checked="" type="checkbox"/> No Type _____ Location Inserted to cm o Suction Type: _____	Color: a Pink Flushed o Jaundiced o Cyanotic o Pale o Natural for Pt Condition: <input checked="" type="checkbox"/> Warm o Cool a Dry o Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds o > 5 seconds Skin: o Intact Bruises o Lacerations o Tears a Rash a <u>Skin Breakdown?</u> Location/Description: <u>arm</u> due to fungal infection Mucous Membranes: Color: <u>pink</u> Moist o Dry Ulceration
RESPIRATORY	NUTRITIONAL	PAIN
Trach: <input type="checkbox"/> Yes a <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside o Yes o No Cough: o Yes <input checked="" type="checkbox"/> No Productive o Nonproductive Secretions: Color <u>NA</u> Consistency <u>NA</u> Suction: a Yes o No Type <u>NA</u> Pulse Ox Site: <u>2</u> Index Oxygen Saturation: <u>98%</u>	Diet/Formulas: <u>reg</u> Amount/Schedule: <u>NA</u> Chewing/Swallowing difficulties: a Yes o No	Scale Used: Numeric a FLACC o Faces Location: <u>arm</u> Type: <u>intermittent</u> Pain Score: <u>3</u> <u>0800</u> 1200 1600
MUSCULOSKELETAL	MOBILITY	WOUND/INCISION
<input type="checkbox"/> Pain o Joint Stiffness n Swelling o Contracted o Weakness o Cramping a Spasms a Tremors Movement: <input type="checkbox"/> RA a l-A ORL o LL o All Brace/AppEiances: o None <u>moves all</u>	Ambulatory a Crawl o In Arms o Ambulatory with assist <u>NA</u> Assistive Device: o Crutch a Walker a Brace o Wheelchair a Bedridden	o None Type: <u>fungal infection</u> Location: <u>arm</u> Description: <u>fungus infection went deep</u> Dressing: <u>changed on 12/14/21</u> <u>(measurements not acquired)</u>
TUBES/DRAINS		
None o Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____		

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**Covenant School of Nursing**

**Instructional Module 5**

**Pediatric Assessment Tool**

Student Name: Miguel Acosta Unit: Pedi N3 Pt. initials: N/A Date: 12/14

Date:

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													NA
Intake — PO Meds													NA
Enteral Tube Feeding													NA
Enteral Flush													NA
Free Water													NA
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													1800
IV Meds/Flush													N/A
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													NA
# of immeasurable													NA
Stool													NA
Urine/Stool mix													NA
Emesis													NA
Other													1340

poor I&O documentation

**Children's Hospital Early Warning Score (CHEWS)      Balance: 170**  
 (See CHEWS Scoring and Escalation Algorithm to score each category)

	Circle the appropriate score for this category:
Behavior/Neuro	<input checked="" type="radio"/> 0    1    2    3
	Circle the appropriate score for this category:
Cardiovascular	<input checked="" type="radio"/> 0    1    2    3

	Circle the appropriate score for this category:
Respiratory	0 1 2 3
Staff Concern	1 pt • Concerned
Family Concern	1 pt — Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points)
	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

Covenant School of Nursing  
Instructional Module 5  
Pediatric Assessment Tool

**CHEWS Scoring and Escalation Algorithm**

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> <li>— Playing/sleeping appropriately</li> <li>OR</li> <li>- Alert, at patient's baseline</li> </ul>	<ul style="list-style-type: none"> <li>- Sleepy, somnolent when not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>- Irritable, difficult to console</li> <li>OR</li> <li>- Increase in patient's baseline seizure activity</li> </ul>	<ul style="list-style-type: none"> <li>— Lethargic, confused, floppy</li> <li>OR</li> <li>— Reduced response to pain</li> <li>OR</li> <li>— Prolonged or frequent seizures</li> <li>OR</li> <li>- Pupils asymmetrical or sluggish</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>— Skin tone appropriate for patient</li> <li>Capillary refill &lt; 2 seconds</li> </ul>	<ul style="list-style-type: none"> <li>- Pale</li> <li>OR</li> <li>- Capillary refill 3-4 seconds</li> <li>OR</li> <li>- Mild tachycardia</li> <li>OR</li> <li>- Intermittent ectopy or irregular HR (not new)</li> </ul>	<ul style="list-style-type: none"> <li>Grey</li> <li>OR</li> <li>- Capillary refill 4-5 seconds</li> <li>OR</li> <li>- Moderate tachycardia</li> </ul>	<ul style="list-style-type: none"> <li>- Grey and mottled</li> <li>OR</li> <li>— Capillary refill &gt; 5 seconds</li> <li>OR</li> <li>— Severe tachycardia</li> <li>OR</li> <li>- New onset bradycardia</li> <li>OR</li> <li>— New onset/increase in ectopy, irregular HR or heart block</li> </ul>