

<p>Patient #1 Diagnosis/Chief Complaint</p> <p>Positive FLU A, cough, fever</p>	<p>Patient #1 Teaching</p> <ol style="list-style-type: none"> 1. Fluid intake increase 2. Rotate Tylenol & Ibuprophen 3. Rest & Ambulate <p>Discharge planning/Community Resources</p> <ol style="list-style-type: none"> 1. Follow up w/ PCP 2. Take all prescribed med 3. Return if symptoms worsen
<p>Patient #2 Diagnosis/Chief Complaint</p> <p>Suture Placement, cut finger on can of corn</p>	<p>Patient #2 Teaching</p> <ol style="list-style-type: none"> 1. Clean everyday / day 2. Suture dissolve on their own 3. Watch to make sure patient does not rip out stitches <p>Discharge Planning/Community Resources</p> <ol style="list-style-type: none"> 1. Follow up if signs of infection 2. Tylenol for pain 3. Return if pain worsens or any discharge from sight
<p>Patient #3 Diagnosis/Chief Complaint</p> <p>Broncholitis, shortness of breath, retraction, cough</p>	<p>Patient #3 Teaching</p> <ol style="list-style-type: none"> 1. Rotate Tylenol/Ibuprophen every 3 hrs. 2. Nebulizer Treatment 3. Rest & Increase of Fluids <p>Discharge Planning/Community Resources</p> <ol style="list-style-type: none"> 1. Take all rx meds 2. Follow up w/ PCP 3. Return if breathing worsens or cyanosis

Student Name: Crystal Fabila Unit: PF Pt. initials: CF Date: 12/15/21

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 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 type="checkbox"/> < 2 sec <input checked="" 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 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 checked="" 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>3m</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	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input 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 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 _____ Oxygen Saturation: _____	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 checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input type="checkbox"/> < 5 seconds <input checked="" 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>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Regular carb w/fruit</u> Amount/Schedule: _____ 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: _____ Type: _____ 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 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 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 <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						105	1080						1080 mL
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												625	625
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine												625	625
# of immeasurable													
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: <input checked="" type="radio"/> 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0 1 2 3
Respiratory	Circle the appropriate score for this category: <input checked="" type="radio"/> 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> <u>Green</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

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

Student Name: Crystal Fabila		Unit: Pedi Floor	Patient Initials: 365		Date: 12/16/2021	Allergies: No Known Drug Allergies
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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
				dose.		bruising, and malaise. 3. Caution family for serious skin reactions, although rare, may occur even with the first use and anytime used. 4. Notify if pain is not relieved or fever raises.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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
NO IV Infusion Running	<input type="checkbox"/> Isotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> Hypotonic	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Crystal Fabila		Unit: Pedi Floor	Patient Initials: 365	Date: 12/16/2021	Allergies: No Known Drug Allergies
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	Adverse Effects
Albuterol Sulfate	Beta-2 Agonists Short Acting	Bronchodilator	Respir. 2.5 mg Q4 HR PRN Neb Wheeze	Yes Click here to enter text.	Anxiety, Dizziness, Altered Taste, Hyperglycemia
Ondansetron (Zofran)	5-HT3 Receptor Antagonists	Nausea/Vomiting	4 mg Q8 HR PRN IVP	Yes Click here to enter text.	Agitation, Drowsiness, Constipation, Hyperpigmentation
Acetaminophen	Analgesics & Antipyrestics	Fever Reducers	500 mg Q4 HR PRN	No Dosage is higher than average	Anxiety, Hypertension, Hepatotoxicity
					1. Monitor serum potassium levels 2. Tell patient family to report signs and symptoms of allergic reactions 3. Monitor respiratory sounds and rates 4. Click here to enter text.
					1. Dilute drug in 50 ml of D5W or normal saline when indicated 2. Monitor signs and symptoms of hypersensitivity 3. Monitor patient closely for serotonin syndrome, which may include agitation, chills, poor coordination, restlessness 4. Notify of abdominal distention or worsening of symptoms
					1. Know that before and during long term therapy including parental therapy, needing liver function test result 2. Teach patient family to recognize signs of hepatotoxicity such as bleeding, easy

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
No IV Infusing	<input type="checkbox"/> Isotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> Hypotonic	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Crystal Fabila		Unit: Pedi Floor	Patient Initials: Room 383	Date: 12/16/2021	Allergies: No Known Drug Allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Amoxicillin (Amox Susp)	Antibiotics	Bacterial Infections	100mg Q6 HR PO	Yes Click here to enter text.	Nausea, Vomiting, Oral thrush, Abdominal Pain	1. May cause live bacterial vaccines to not work well. 2. Assess for pulse, respirations, temperature 3. Notify if any signs of mucus in stool, pseudomembranous colitis 4. Monitor nutritional and hydration status
Ibuprophen (Motrin Susp)	NSAID	Anti-Inflammatory	450mg BID PO	No Usually not given to patients less than 2 years of age.	Headache, Hypertension, Nausea, Bleeding	1. Most common side effects are stomach aches, heartburn, nausea. 2. Report any abnormal bleeding. 3. Watch Renal levels 4. Alert patient to rare but serious skin reactions
Acetaminophen	Analgesics & Antipyretics	Fever Reducer	160mg Q6HR PRN PO	Yes Click here to enter text.	Anxiety, Strrdor, Anaphylaxis, Fatigue	1. Teach patient that tablets may be crushed or swallowed whole. 2. Teach the patient's family to recognize signs of hepatotoxicity such as bleeding, easy bruising, and malaise.

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

Student Name: Crystal Fabila		Unit: Pedi Floor	Patient Initials: Room 383		Date: 12/16/2021	Allergies: No Known Drug Allergies
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.) 3. Caution family for serious skin reactions, although rare, may occur even with the first time use and anytime acetaminophen is used. 4. Monitor liver functions
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 13

Patient Weight:

kg 47.6

<p>Student Name: Crystal Fabila</p>		<p>Date: Click here to enter a date. December 16th, 2021</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Type II Diabetes with Ketoacidosis- Reduction of the effective insulin concentration in the body which are not able to match the glycaemic overload either due to high intake or increased concentration of counter-regulatory hormones.</p>	<p>2. Factors for the Development of the Disease/Acute Illness: -Illness (P) -A problem with insulin therapy -Physical or Emotional Trauma -Pancreatitis -Certain Medications</p>	<p>3. Signs and Symptoms: -Excessive Thirst (P) -Frequent Urination Nausea/Vomiting -Stomach pain Weakness or fatigue (P) -Shortness of breath -Fruity-scented breath -Confusion (P)</p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis: -Chest X-ray -Electrocardiogram (P)</p>	<p>5. Lab Values That May Be Affected: -Hemoglobin A1C (P) -Ketone Level (P) -Blood Acidity -Blood Electrolyte test (P) -Urinalysis (P)</p>	<p>6. Current Treatment (Include Procedures): -Fluid Replacement (P) -Electrolyte Replacement (P) -Insulin Therapy (P)</p>

<p>Student Name: Crystal Fabila</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"> 1. Distraction- Teen Town 2. Distraction- Phone time <p>*List All Pain/Discomfort Medication on the Medication Worksheet Click here to enter text. Tylenol</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): $100 \times 10 = 1000$ $50 \times 10 = 500$ $27.7 \times 20 = 414$ $1000 + 500 + 414 = 1914$ $1914 / 24 = 80$</p> <p>Actual Pt MIVF Rate: 0</p> <p>Is There a Significant Discrepancy? Choose an item. No</p> <p>Why? Patient did not have any fluids running.</p>	<p>Date: Click here to enter a date. December 16th, 2021</p> <p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $62.5 / 24 = 26.04$</p> <p>Actual Pt Urine Output: 625ml/24hr</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:</p> <ol style="list-style-type: none"> 1. New Emotions 2. New Sense of Identity <p>Piaget Stage:</p> <ol style="list-style-type: none"> 1. Personal Fable 2. Ability to think of possibilities 			

<p>Student Name: Crystal Fabila</p>	<p>11. Focused Nursing Diagnosis: Imbalance Nutrition: less than body requirements</p> <p>12. Related to (r/t): -Lack of Information -Inability to absorb nutrients</p> <p>13. As evidenced by (aeb): -Confusion -Excessive Thirst -Weakness/Fatigue</p> <p>14. Desired patient outcome: Patient will be able to give herself the right method and dosage of insulin injections by discharge.</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Weigh the client daily in acute care, weekly to monthly in extended care at the same time (usually before breakfast, with the same amount of clothing). Evidenced Based Practice: Dwyer, 2011</p> <p>2. Offer foods that are familiar to the client and do not offend his/her beliefs.</p> <p>Evidenced Based Practice: All people like to eat foods to which they are accustomed, especially when ill. (O'Regan, 2009)</p> <p>3. Watch carefully for infection and maintain every action possible to protect the client from infection.</p> <p>Evidenced Based Practice: Protein energy malnutrition is associated with a significant decrease in immunity; there is a decrease in leukocytes, lymphocytes, and the overall function of the immune system. (Klein, 2011)</p>	<p>Date: Click here to enter a date. December 16th, 2021</p> <p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Patient should weigh everyday with same clothing and scale. 2. Patient is taught to balance nutrition, rest, and activity. 3. Patient is needing to count carbohydrates after meals and determine amount of insulin needing to be given. <p>17. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> 1. Follow up with PCP or Endocrinologist 2. Take all medications as prescribed 3. Return to the hospital if patient is experiencing any confusion, loss of memory, or worsening of any recent symptoms.
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