Student Name: Kristen Parker **Unit:** Pedi **Pt. Initials:** RS **Date:** 03/29

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 + ½ NS + 20 KCl 75mL/hr	(Isotonic) Hypotonic/ Hypertonic	fluid replacement	K+, Cl, Na	renal / hepatic impaired DM

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.)
famotidine	H2 Blocker	GERD PUD	20mg IV BID	yes 0.5mg/kg/dose	2mg/mL 2-21minutes	headache dizziness diarrhea ↓B12 QT prolong	1. Report confusion 2. dont take if >30d old 3. store room temp away from light 4. Report any ♡ abnormal
piperacillin-tazobactam	beta lactam antibiotic	prophylaxis	3.375g IVPB Q8	yes 80-100 mg/kg/dose	3.375g/100mL 200mL/hr	diarrhea HA rash dyspepsia fever	1. take for full course 2. report any watery diarrhea 3. report any cramping constipation 4. report easy bruising
acetaminophen	non opioid analgesic	pain	512 mg PO Q4 PRN	yes 10-15mg/kg/dose	N/A	N/V headache insomnia constipation agitation	1. report any yellowing 2. ∅ exceed 4000mg/day 3. count products w/tylenol in it, also 4. report dark urine
morphine sulfate	opioid	severe pain	17mg IV Q2 PRN	yes 50-200 mcg/kg/Q4	0.5mg/kg/dose 5 minutes	somnience N/V headache edema constipation dyspnea	1. Report difficulty breathing 2. do not keep leftover medication 3. stool softners, ∅ avoid constipation 4. change positions slowly
ondansetron	anti emetic 5-HT3 receptor	N/V	3.4 mg IV Q6 PRN	yes 0.13-0.26 mg/kg	2mg/mL 3.4mg/1.7mL	fatigue hypoxia urinary retention dizziness pruritis	1. report abnormal HR 2. take w/ full glass of water 3. report any jaundice 4. change positions slowly

Student Name: _____ **Unit:** _____ **Pt. Initials:** _____ **Date:** _____

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

Allergies: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
acetaminophen	analgesic	pain	10mg/mL 500mg IV Q6	yes 10-15 mg/kg/dose	100mg/mL 500mg/5mL	N/V HA insomnia constipation agitation	1. report any yellowing of skin 2. do not exceed 4000mg/day 3. report dark urine 4. report any constipation
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Student Name: Kristen Parker **Unit:** Pedi **Pt. Initials:** HF **Date:** 03/29

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

Allergies: NKDA

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.)
nystatin ointment	anti-fungal	diaper rash	BID	yes 100000 u/g	n/a	skin irritation hyper-sensitivity	1. do not put on open wounds 2. do not swallow 3. wash hands before + after application 4. report burning, rash
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Kristen P. Unit: Ped II Pt. initials: RS Date: 03/29

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 2mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☒ Closed
Extremities:
☒ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
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 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
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 NG
Location L Inserted to 42 cm
☒ Suction Type: intermittent

NUTRITIONAL

Diet/Formula: NPO
Amount/Schedule: _____
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: L hand ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: D5 ½NS + 20KCl

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: abdomen
Type: _____
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

☐ None
Type: midline incision
Location: abdomen
Description: Surgery
Dressing: _____

TUBES/DRAINS

☐ None
☒ Drain/Tube
Site: L nare NGT
Type: NGT
Dressing: taped 95
Suction: @ gravity
Drainage amount: 150
Drainage color: greenish

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

Student Name: KristenP. Unit: Pedi Pt. initials: FH Date: 03/29

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished
□ Neat/Clean □ Emaciated □ Unkept
Developmental age:
X Normal □ Delayed

NEUROLOGICAL

LOC: X Alert □ Confused □ Restless
□ Sedated □ Unresponsive
Oriented to:
□ Person □ Place □ Time/Event
X Appropriate for Age
Pupil Response: X Equal □ Unequal
X Reactive to Light □ Size 2mm
Fontanel: (Pt < 2 years) X Soft □ Flat
□ Bulging □ Sunken □ Closed
Extremities:
X Able to move all extremities
□ Symmetrically □ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right ____ Left ____
S=Strong W=Weak N=None
EVD Drain: □ Yes X No Level ____
Seizure Precautions: □ Yes X No

RESPIRATORY

Respirations: X Regular □ Irregular
□ Retractions (type) ____
□ Labored
Breath Sounds:
Clear X Right X Left
Crackles □ Right □ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
X Room Air □ Oxygen
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP: ____
□ Vent: ETT size____@____cm
□ Other: ____
Trach: □ Yes X No
Size ____ Type ____
Obturator at Bedside □ Yes □ No
Cough: □ Yes X No
□ Productive □ Nonproductive
Secretions: Color ____
Consistency ____
Suction: □ Yes X No Type ____
Pulse Ox Site R foot
Oxygen Saturation: 98%

CARDIOVASCULAR

Pulse: X Regular □ Irregular
□ Strong □ Weak □ Thready
□ Murmur □ Other ____
Edema: □ Yes X No Location ____
□ 1+ □ 2+ □ 3+ □ 4+
Capillary Refill: X < 2 sec □ > 2 sec
Pulses:
Upper R 5 L 5 3+
Lower R 5 L 5
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: brown
X Diarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

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

NUTRITIONAL

Diet/Formula: Similac pro
Amount/Schedule: Q3 45 adv
Chewing/Swallowing difficulties:
□ Yes X No

MUSCULOSKELETAL

□ Pain □ Joint Stiffness □ Swelling
□ Contracted □ Weakness □ Cramping
□ Spasms □ Tremors
Movement:
□ RA □ LA □ RL □ LL X All
Brace/Appliances: X None
Type: ____

MOBILITY

□ Ambulatory □ Crawl X In Arms
□ Ambulatory with assist ____
Assistive Device: □ Crutch □ Walker
□ Brace □ Wheelchair □ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed □ Quiet
□ Friendly □ Cooperative □ Crying
□ Uncooperative □ Restless
□ Withdrawn □ Hostile/Anxious
Social/emotional bonding with family:
X Present □ Absent

IV ACCESS

Site: R AC X INT □ None
□ Central Line
Type/Location: ____
Appearance: X No Redness/Swelling
□ Red □ Swollen
□ Patent □ Blood return
Dressing Intact: X Yes □ No
Fluids: n/a

SKIN

Color: □ Pink □ Flushed □ Jaundiced
□ Cyanotic □ Pale X Natural for Pt
Condition: X Warm □ Cool □ Dry
□ Diaphoretic
Turgor: X < 5 seconds □ > 5 seconds
Skin: X Intact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: ____
Mucous Membranes: Color: ____
X Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric □ FLACC □ Faces
Location: NPASS
Type: ____
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

X None
Type: ____
Location: ____
Description: ____
Dressing: ____

TUBES/DRAINS

X None
□ Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 9d **Patient Weight:** 3.6kg

Student Name:	**Unit:** **Pt. Initials:**	**Date:** Click here to enter a date.
Kristen Parker	Pedi FH	03/29/22
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): RSV + adenovirus is a infection with manifestations primarily bronchiolitis. The illness may begin w/ upper respiratory symptoms and rapidly progress to the small airway with coughing, wheezing, low grade fever	**2. Factors for the Development of the Disease/Acute Illness:** prematurity history of URI exposure to smoke < 2 years old (P) daycare ↓ socioeconomic status Hx of cardiac disease	**3. Signs and Symptoms:** coughing rhinorrhea pharyngitis wheezing ear, eye drainage fever refusal to feed (P) nasal secretions tachypnea vomiting (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: CXR (P) Respiratory panel (P) RSV antigen cultures (P) CBC (P) CMP	**5. Lab Values That May Be Affected:** RSV antigen detection CXR (P) CBC (P)	**6. Current Treatment (Include Procedures):** droplet isolation continue monitoring respiratory status

Student Name:	Unit: Pt. Initials:	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. distraction 2. holding ***List All Pain/Discomfort Medication on the Medication Worksheet** Click here to enter text. N/A	**8. Calculate the Maintenance Fluid Requirement (Show Your Work):** 3.6 x 100 = 3600 3600 mL/day **Actual Pt MIVF Rate:** n/a **Is There a Significant Discrepancy?** Choose an item. no **Why?**	**9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL / 3.6kg / hr 3.6 mL/hr **Actual Pt Urine Output:** 100 mL
	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. consistant care 2. quality relationship w/mom **Piaget Stage:** sensorimotor 1. reflexive to repitive imitation 2. primary reactions (centered to thurself)	

Student Name:	Unit: Pt. Initials:	Date: Click here to enter a date.
11. Focused Nursing Diagnosis: Risk for aspiration	**15. Nursing Interventions related to the Nursing Diagnosis in #11:** 1. Side lying position for feeds **Evidenced Based Practice:** reduces risk of aspiration 2. Keep child elevated after feedings **Evidenced Based Practice:** reduces GERD, vomiting feedings 3. stop feeding when infant displays no hungar cues **Evidenced Based Practice:** avoids infant falling asleep while feeding	**16. Patient/Caregiver Teaching:** 1. importance of report respiratory system 2. importance of hydration 3. importance of good nutrition + proper mixing of formula
12. Related to (r/t): choking on feedings		
13. As evidenced by (aeb): being admitted to hospital for choking on feeds		**17. Discharge Planning/Community Resources:** 1. follow up appointment 2. support group for parents 3. case management if needed thickening or bottles specialized
14. Desired patient outcome: Patient will take all feeds with no choking/ aspiration by D/C		