

Student Name: Ryan Duncan Unit: Pedi Pt. initials: IA Date: 5/10

GENERAL APPEARANCE
 Appearance: Healthy/Well Nourished
 Neat/Clean Emaclated 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 3 mm
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
 Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
 Grips: Right S Left S
 Pushes: Right S Left S
 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 (2 fingers)
 Oxygen Saturation: 97

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 2+ L 2+
 Lower R 2+ L 2+
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

ELIMINATION
 Urine Appearance: Clear, yellow
 Stool Appearance: Brown, firm
 Diarrhea Constipation
 Bloody Colostomy

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

NUTRITIONAL
 Diet/Formula: Regular
 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: Collar

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 Withdrawn Hostile/Anxious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: Anticubital INT None
 Central Line
 Type/Location: _____
 Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return
 Dressing Intact: Yes No
 Fluids: D5 1/2 + 20 K

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: Upper back
 Type: Aching
 Pain Score:
 0800 3 1200 _____ 1600 _____

WOUND/INCISION
 None
 Type: _____
 Location: _____
 Description: _____
 Dressing: _____

TUBES/DRAINS
 None
 Drain/Tube
 Site: _____
 Type: _____
 Dressing: _____
 Suction: _____
 Drainage amount: _____
 Drainage color: _____

Student Name: Ryan Duncan Unit: Pedi Pt. initials: N F Date: 5/10

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input 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 checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" 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 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 type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input 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: <u>Yellow, clear</u> Stool Appearance: <u>Brown, firm</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>0 antecubital</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" 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 checked="" 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: _____	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
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 <u>R finger</u> Oxygen Saturation: <u>98</u>	Diet/Formula: _____ Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 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 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: Ryan Puncan

Unit: PICU Pt. initials: DA

Date: 5/11

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 3 mm
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
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 Seizure Precautions: Yes No

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 Absent Right Left
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 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 D Finger
 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 2+ L 2+
 Lower R 2+ L 2+
 4+ Bounding 3+ Strong 2+ Weak
 1+ Intermittent 0 None

ELIMINATION
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 Diarrhea Constipation
 Bloody Colostomy

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 Distended Guarded
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 Tube: Yes No Type _____
 Location _____ Inserted to _____ cm
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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: D forearm INT None
 Central Line
 Type/Location: _____
 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 pink
 Moist Dry Ulceration

PAIN
 Scale Used: Numeric FLACC Faces
 Location: _____
 Type: _____
 Pain Score:
 0800 0 1200 _____ 1600 _____

WOUND/INCISION
 None
 Type: _____
 Location: _____
 Description: _____
 Dressing: _____

TUBES/DRAINS
 None
 Drain/Tube
 Site: _____
 Type: _____
 Dressing: _____
 Suction: _____
 Drainage amount: _____
 Drainage color: _____