

Student Name: Jean Anthony Kimmel Unit: CCH-P Pt. initials: N/A Date: 5-25-22

85

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 <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>3r</u> L <u>3r</u> Lower R <u>3r</u> L <u>3r</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 Withdrawn 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	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 _____ 3- 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 type="checkbox"/> Symmetrically <input checked="" type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>N</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 type="checkbox"/> No	Urine Appearance: <u>Clear yellow</u> Stool Appearance: <u>NO BM</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>AC CDI</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>20 g IACR</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS NS + KCl 20</u> 105 mL
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 <u>91 R-toe</u> Oxygen Saturation: <u>96</u>	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 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 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: <u>wound @ leg</u> Mucous Membranes: Color: <u>Pink</u> <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formulas: <u>Regular</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: <u>R leg</u> Type: <u>generalized skin ache</u> Pain Score: 0800 _____ 1200 _____ 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input checked="" 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 checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <u>wound vac</u> Type: <u>wound vac</u> Location: <u>R leg</u> Description: <u>Sanycide (light red)</u> Dressing: <u>Adaptive 2 Sponges (cast padding; splint)</u>
	MOBILITY	TUBES/DRAINS
	<input 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 checked="" type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Not enough to measure < 50

Student Name: Juan Anthony Hernandez Unit: CCH - P Pt. initials: N/A Date: 5-25-22

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	/	<u>See chart</u>											
Enteral Flush	/	/	/	/	/	/	/	/	/	/	/	/	
Free Water	/	/	/	/	/	/	/	/	/	/	/	/	
IV INTAKE													
IV Fluid	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	/	<u>See chart</u>											
IV Meds/Flush	/	/	/	/	/	/	100ml/hr						525
OUTPUT													
Urine	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	/	/	/	/	/	/	/	300	/	/	/	/	
# 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: 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>1</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: Juan Anthony Hernandez

Unit: CCH - pedi

Pt. Initials: N/A

Date: 5-25-22

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

Allergies: NKDA

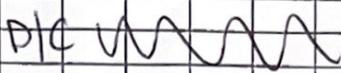
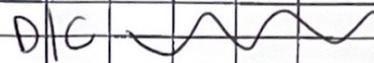
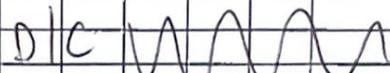
Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS + KCl 20 ^{105 mL} / _{hr}	Isotonic/ Hypotonic/ Hypertonic	Hydration / currently NPO	• Cr ↓	• phlebitis • infiltration • neurolept • Fluid Overload • air embolism

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?			
Acetaminophen (Tylenol)	Analgesics - Nonnarcotic	Pain relief	940.8mg / 25.4ml Oral every 6QID	10-15 mg/kg/dose No more than 5 doses 628 - 942 mg/dose yes!		• Dizziness • Disorientation • long-term use liver failure	1. Patient taking for long term pain relief should monitor liver function 2. Nurse should consider other forms of medication delivery if patient has trouble swallowing 3. monitor patients for any rash, redness, or irritation
Clindamycin in dextrose (Cleocin)	Antibacterials	Antibiotic	900mg / 100ml IVPB every 6 hours	14-25 mg/kg/day 1004.8 - 1570 No! Severe treatment for NEC fasciitis	IVPB - dextrose 100ml/hr	• Diarrhea • Nausea • Vomiting • Abdominal pain	1. monitor bowel function before, during and after administration 2. monitor and continually assess infection site, obtain culture through-out treatment 3. Monitor CBC and liver function test
Piperacillin-tazobactam (Zosyn)	penicillins	Antibiotic	(200ml/hr) 3.375g IV every 6 hours	Remove max dose 4.5 yes!	IVPB - 200ml/hr	• Headache • Constipation • Diarrhea	1. ensure that the patient isn't allergic to penicillins 2. monitor culture and sensitivity lab prior to med therapy. 3. educate the patient on completing the therapeutic regimen.
Morphine sulfate	Opioid Analgesics	Severe Pain relief	0.04 mg / 1ml IV Q4; PRN severe pain	200-500 mcg/dose yes!		• Constipation • Urinary retention • Vomiting • Headache	1. Assess the patient's BP, HR, RR prior to administration warrant with signs of respiratory depression 2. Inform the patient to call before getting up 3. educate the patient to let you know if they feel nauseous/vomiting.
							1. 2. 3. 4.

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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 <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>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	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 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 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</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>CD1-AC</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>22g (L) AC</u> 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: <u>None</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input type="checkbox"/> Regular <input checked="" 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 checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <u>periodic</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>clear</u> Consistency <u>muco</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>Hand</u> Oxygen Saturation: <u>94%</u>	Abdomen: <input 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 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: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MOBILITY	NUTRITIONAL	PAIN
<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	Diet/Formula: <u>regular</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 checked="" type="checkbox"/> Faces Location: <u>No Pain</u> Type: <u>None</u> Pain Score: 0800 - 1200 - 1600
MUSCULOSKELETAL	WOUND/INCISION	TUBES/DRAINS
<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: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: Juan Anthony Hernandez Unit: CCH-P Pt. initials: N/A Date: 5-25-22

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	/	/	/	/	/	/	/	D/C 					
Enteral Flush	/	/	/	/	/	/	/						
Free Water	/	/	/	/	/	/	/						
IV INTAKE													
IV Fluid	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	/	/	/	/	/	/	/						
IV Meds/Flush	/	/	/	/	/	/	/	D/C 					
OUTPUT													
Urine	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	/	/	/	/	/	/	/						
# of immeasurable	/	/	/	/	/	/	/						
Stool	/	/	/	/	/	/	/	D/C 					
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>1</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: Juan Anthony Hernandez

Unit: CCH-Pedi

Pt. Initials: N/A

Date: 5-25-22

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

Allergies: NKDA

Weight: 19.1 kg

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Ceftriaxone (Rocephin)	Cephalosporins	community acquired pneumonia	1,000 mg / 10 mL IV once daily	50-75 mg/kg/day IV 955 mg/day - 1432.5 mg/day yes!	IVP - 3-5 mins	<ul style="list-style-type: none"> Induration after IM injection Diarrhea Pain @ IV site 	<ol style="list-style-type: none"> Contraindications on hyperbilirubinemic neonates; increased risk of bilirubin encephalopathy Warrant medication if they have GI disease or renal impairment Monitor for signs of diarrhea, nausea, vomiting or heart burn
Ibuprofen (Advil, Motrin)	Anti-Rheumatic	Fever, Discomfort	190 mg / 9.5 mL oral once daily	40 mg/kg/day - 764 - 1200 mg/day yes!		<ul style="list-style-type: none"> Dizziness Nausea Vomiting Constipation 	<ol style="list-style-type: none"> Therapy of medication should be stopped if patient has a rash Monitor and ask pt to report headache, nausea, vomiting, constipation. Monitor renal and liver function through lab treatment
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">
							<ol style="list-style-type: none">

IM5 (Pediatrics) Critical Thinking Worksheet

85

Patient Age: 10 years old Patient Weight: 22.8 kg

Student Name: Juan Anthony Hernandez

Unit: CCH - pPt. Initials: NA

Date: Click here to enter a date.
5/25/22

1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Flesh-eating bacteria called Group A streptococcus. Necrotizing fasciitis is an infection in the subcutaneous or cutaneous tissue that spreads fast. This infection is often caused by breaking of the subcutaneous tissue destroying the fat and fascia. The deeper the infection reaches the more complex and less successful recovery can be. It is crucial to catch this process because in early stages muscle can be saved and prevention of amputation or septic shock is avoided.

2. Factors for the Development of the Disease/Acute Illness:

- Surgical wounds
- puncture wounds or injuries P
- burns
- minor cuts
- Insect bites
- Abrasions P
- Immunosuppressed
- Heart disease

3. Signs and Symptoms:

- serious pain @ site/around P
- swelling P
- Inflammation P
- dehydration
- Fever P
- redness/warmth around wound P
- Nausea
- rash
- diarrhea
- Blisters P
- weakness/dizziness P
- discoloration (gangrene)

4. Diagnostic Tests Pertinent or Confirming of Diagnosis:

- Blood cultures P
- Tissue biopsy P
- CT scan P

5. Lab Values That May Be Affected:

- WBC (white blood cell) P
- CRP (c-reactive protein) P
- ESR (erythrocyte sedimentation rate) P
- Cr (Creatinine) P
- Glucose
- * one can use the lab risk indicator of (Necrotizing Fasciitis) on ncbi.nlm.nih.gov/pmc/articles/PMC

6. Current Treatment (Include Procedures):

- Intravenous Antibiotic therapy P
- Surgery to remove damaged/dead tissue P
- If prolonged treatment (meds to elevate blood pressure)
- Amputation of affected limb
- Hyperbaric Oxygen therapy
- cardiac monitoring/breathing aids. P
- Blood transfusions
- Intravenous immunoglobulin P

Student Name:

Juan Anthony Hernandez

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Date: Click here to enter a date.

5/25/22

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Distraction - Phone, music therapy, TV shows
2. Wheel them outside for a snack and to get out of room.

*List All Pain/Discomfort Medication on the Medication Worksheet

Click here to enter text.

Acetaminophen Q6 (oral)
940.8 mg / 29.4 mL pain

Morphine Sulfate Q4 PRN severe pain
0.04 mg/kg/mL (IV)

8. Calculate the Maintenance Fluid Requirement (Show Your Work): 62.8 Kg

$$\begin{aligned} 10 \times 100 &= 1,000 \\ 10 \times 50 &= 500 \\ 42.8 \times 20 &= 856 \end{aligned} \quad \left. \begin{array}{l} \\ \\ \end{array} \right\} \frac{2356}{24} = 98.2$$

Actual Pt MIVF Rate:

196.3

Is There a Significant Discrepancy? Choose an item.

yes!

Why?

possibility to provide adequate hydration due to her being NPO prior to surgery and having self hydration now! on regular diet

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: Industry versus Inferiority

1. when she began to get upset at the idea of not being able to perform and do the same summer activities due to the Nec Fasciitis
2. was seen when I asked her if she was happy school was over and she said yes and passed to the next grade and got AB honor roll.

Piaget Stage: Concrete Operational

1. Adjustment to school - lead by wanting to call and text her friends that started summer
2. Transition from egocentric to objective when her younger sister wanted to also get something from the machine she allowed it despite being the ill one in the bed

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

$$0.5 \times 62.8 \text{ Kg}$$

$$31.4 / \text{hr} = 753.6 / \text{day}$$

Actual Pt Urine Output:

300 mL - On my shift

my patient was NPO from admission - til 1400

Student Name: Juan Anthony Hernandez

Unit: CCH-P Pt. Initials: N/A

Date: Click here to enter a date.
05/25/22

11. Focused Nursing Diagnosis: Risk for hospital acquired pneumonia.

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Teach and educating my patient on the importance of turn, cough, deep breathe exercise.

Evidenced Based Practice:
promoting turn and deep breathing effectively improves airway patency

2. Promoting adequate hydration and humidification

Evidenced Based Practice:
Thinning and loosening pulmonary secretion makes expelling secretion off lungs easier.

3. Promote proper positioning of sitting up. (semi-recluse)

Evidenced Based Practice:
Assuming a comfortable position that promotes rest and also breathing enhances pulmonary ventilation and perfusion through the body.

16. Patient/Caregiver Teaching:

1. Educate the patient on proper diet ^{snacks} that promotes wound healing (i.e. protein) ^{veggies}

2. Teach the patient on pneumonia signs and symptoms and the need to follow up.

3. Inform the patient on over working or exertion on the body that could discourage or weaken the child.

12. Related to (r/t): Activity intolerance and impaired gas exchange

13. As evidenced by (aeb): Impaired gas exchange and decreased activity in the hospital places the patient at a greater risk for pneumonia.

14. Desired patient outcome: My patient will be able to ambulate to and from the bathroom with assistance and self reposition by discharge.

17. Discharge Planning/Community Resources:

1. As a community resource provide and find support groups with other kids who have disabilities or health issues.

2. Teaching and educating family on the importance of finishing antibiotic treatment as well as signs and symptoms of

3. Provide family with resources from case management infection and medication treatment and home health visits. ^{when to follow up}