

Student Name: Deshiny Perez

Allergies: Amoxicillin

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

Unit: Pedi Floor

Pt. Initials: Pt. 1

Primary IV Fluid and Infusion Rate (ml/hr)

Circle IVF Type

D5 NS + KCL 20 45ml/hr

Isotonic / Hypotonic / Hypertonic

Rationale for IVF

Lab Values to Assess Related to IVF

Contraindications/Complications

Date: 9/6/22

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?			
<b>Ceftriaxone</b> (Rocephin)	Third generation cephalosporins Antibiotic	bacterial infections E. coli pneumonia meningitis respiratory infec.	50mg/kg IV q 24hr	50 - 75mg/kg [40mg - 90mg] 0.64 0.94	Yes	0.9% NS q. 6ml over 30min	C. difficile bleeding thrombophlebitis hemolytic anemia	1. monitor/assess bowel movements for watery diarrhea. 2. watch for bleeding. 3. labs needed PT, INR, WBC 4. Report loose watery stools, vomiting, bleeding gums or easy bruising.
<b>Dexamethasone</b> (Decadron)	Glucocorticoids Corticosteroid	Treats inflammatory conditions allergic disorders skin conditions breathing disorders	0.6mg/kg PO q 8hr	0.02 - 0.3mg/kg/day 0.256 - 3.84 0.6	Yes	N/A	weaken immune system low K ↑ BP fluid retention	1. DON'T USE if pt. has fungal infection 2. NEVER stop suddenly = withdrawal syndrome 3. monitor labs: WBC, K, V/S: BP, wt. 4. Report: SOB, coughing up blood, confusion, anxiety, Head aches, rash
<b>Midazolam</b> (Versed)	Benzodiazepines	Used to relax pt. before minor surgeries/procedures.	5mg/ml Nasal ONCE	10mg/day MAX DOSE. - NOT able to find therapeutic range.	Yes	N/A	Respiratory depression dizziness/drowsiness slow heart rate.	1. monitor vitals q15 constant 2. monitor pts. airway 3. Fall precautions med cause drowsiness up to 4hr after. 4. Avoid drinking grapefruit juice after this med = ↑ S/E
<b>Acetaminophen</b> (Tylenol)	Miscellaneous analgesics	pain reliever fever reducer (mild - moderate) HA, fevers, flu, colds, arthritis, sore throat.	15mg/kg oral q 6hr (PRN)	10 - 15mg/kg [128 - 192mg] 192mg	Yes	N/A	hepatotoxicity loss of appetite stomach pain itching	1. 4000mg/day therapeutic dose (max) 2. assess pain level + temperature 3. assess call light if you notice a rash or redness. 4. monitor blood sugar levels; this med can alter results, ↑ levels.
<b>Ibuprofen</b> (Advil, Motrin) (NSAID)	Nonsteroidal anti-inflammatory drug	reduces hormones that cause inflammation in body + pain. reduce fever treat pain or inflammation	10mg/kg oral PRN	5 - 10mg/kg [64 - 128mg] 100mg	Yes	N/A	HTN GI bleeding ↑ risk of heart attack / stroke	1. Give only in children ≥ 6yr. 2. Give w/ food, milk to decrease GI upset. 3. Assess pain level + temperature. 4. Report SOB, bloody stools, skin rash, wt. gain + swelling.

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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 45ml/hr Isotonic/Hypotonic/Hypertonic Hydration  
fluid/electrolyte replacement Potassium  
Sodium  
Svum q/w/c/s hypervolemia  
high blood pressure  
sbg, rver, swelling at ini. site

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				Is med in therapeutic range?	If not, why?			
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<b>Dexamethasone (Decadron)</b>	glucocorticoids corticosteroid	Treat inflammatory conditions allergic disorders skin conditions breathing disorder	0.6mg/kg PO q 8hr	0.02 - 0.3mg/kg/day 0.256 - 3.84 0.6 Yes		N/A	weaken immune system low K ↑ BP fluid retention	1. DON'T use if pt. has fungal infection. 2. NEVER stop suddenly = withdrawal symptoms 3. monitor labs: WBC, K, VES: B/P, wt. 4. Report: SOB, coughing up blood, confusion, anxiety, Head aches, rash
<b>Midazolam (Versed)</b>	Benzodiazepines	used to relax pt. before minor surgeries/procedures.	5mg/ml nasal once	10mg/day MAX DOSE. NOT able to find therapeutic range		N/A	Respiratory depression dizziness/drowsiness slow heart rate.	1. monitor vital signs constantly 2. Fall precautions med cause drowsiness up to 48hr after. 3. Avoid drinking grapefruit juice after this med = ↑ SIE 4. Report: trouble breathing, confusion, slow heart rate.
<b>Acetaminophen (Tylenol)</b>	Miscellaneous analgesics	pain reliever fever reducer (mild - moderate) HA, fevers, CUI colds, arthritis, sore throat	15mg/kg oral q 6hr (PRN)	10 - 15mg/kg [128 - 192mg] 192mg Yes		N/A	hepatotoxicity loss of appetite stomach pain itching	1. 4000mg/day therapeutic dose (max) 2. assess pain level + temperature 3. press call light if you notice a rash or redness. 4. monitor blood sugar levels; this med can alter results, ↑ levels.
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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?		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.)
				Is med in therapeutic range?	If not, why?			
Sodium Chloride 0.9% (NS)	minerals & electrolytes. 1 ml & cationous respiratory agents.	Treats: low Na levels fluid loss used to mix with a drug when given.	bolus, IV ONCE 260ml/hr over 1 hr	Fluid maintained. 45ml/hr		IVPB – concentration and rate of administration	trouble breathing big wt. gain dizziness chest pain (acetaminophen prob.) confusion seizure, myokymia	1. High sodium levels / swelling could contraindicate 2. report + stomach pain, N/V, swelling 3. monitor electrolytes: Na, K 4. monitor BP
diaper rash patch	miscellaneous topical agent	diaper rashes	PRN TOP external use.			N/A	hives itching, worsening diaper rash.	1. apply at bedtime or long periods of diaper changes. 2. keep diaper area clean + dry 3. allow skin to dry before putting on diaper 4. Don't put on wounds or burns
								1. 2. 3. 4.
								1. 2. 3. 4.

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.)

<p>Sodium Chloride 0.9% (NS)</p>	<p>minerals &amp; electrolytes, MI &amp; chronic respiratory agents.</p>	<p>Treats: low Na levels fluid loss used to mix with a drug when given.</p>	<p>bolus, IV once 260ml/hr over 1 hr</p>	<p>fluid maintenance. 45ml/hr</p>	<p>IVP - List solution to dilute and rate to push. IVPB - concentration and rate of administration</p>	<p>trouble breathing big wt. gain dizziness chest pain (electrolyte prob.) confusion seizure, hypokalemia</p>	<p>1. High sodium levels / swelling could contribute 2. report: stomach pain, N/V, swelling 3. monitor electrolytes: Na, K 4. monitor BP</p>
<p>Diaper rash powder</p>	<p>Miscellaneous topical agent</p>	<p>diaper rash</p>	<p>PRN top external use.</p>		<p>N/A</p>	<p>ives itching worsening diaper rash.</p>	<p>1. Apply at bedtime or long periods of diaper changes. 2. keep diaper area clean + dry 3. allow skin to dry before putting on diaper 4. Don't put on wounds or burns</p>
							<p>1. 2. 3. 4.</p>
							<p>1. 2. 3. 4.</p>
							<p>1. 2. 3. 4.</p>

Calculations & PRN for Last 24 Hours

Date: \_\_\_\_\_

<p>Student Name: <b>Desirny Perez</b></p>	<p>Unit: <b>Pt. Initials:</b> <b>Pt. # 1</b></p>	<p>Date: Click here to enter a date. <b>9/6/22</b></p>
<p>11. Focused Nursing Diagnosis: <b>Impaired Swallowing</b></p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Don't feed until appropriate diagnostic workup is completed. Ensure proper nutrition by consulting with physician. Evidenced Based Practice: Feeding pt. who can't swallow results in aspiration + possible death. 2. Place suction equipment at the bedside, 3. Position pt. upright at 90° angle with the head flexed forward at a 45° angle. Evidenced Based Practice: When impaired swallowing reflexes, secretions can rapidly accumulate in the posterior pharynx, upper trachea, ↑ risk for aspiration.</p>	<p>16. Patient/Caregiver Teaching: 1. Wash your hands often with soap and water for at least 30 seconds. If soap/water are not available, use hand sanitizer to eliminate and/or help stop the spread of bacteria. 2. Keep your child upright when feeding/drinking. Make sure foods cut in little pieces + they don't talk/play while eating. 3. Follow recommended food diet / dietary restrictions and don't give child drinking food inappropriate that predisposes child to aspiration.</p>
<p>12. Related to (r/t): <b>Impaired mastication (swallowing)</b></p>	<p>3. Position pt. upright at 90° angle with the head flexed forward at a 45° angle. Evidenced Based Practice: This position allows the trachea to close and esophagus to open, which makes swallowing easier + reduces risk of aspiration.</p>	<p>17. Discharge Planning/Community Resources: 1. Print pamphlet of foods pt. is able to eat. 2. Provide a dietitian consult to help pt. with their new diet/nutritional needs. 3. Case manager to work with their insurance.</p>
<p>13. As evidenced by (a/e/b): <b>enlarged lymph nodes stridor difficult breathing hoarse swallowing Resp. distress</b></p>	<p>14. Desired patient outcome: <b>My patient will be able to be off NPO and on a regular diet eating soft foods in a couple days 9/8/22</b></p>	

Student Name: **Deshny Perez**

Unit:

Pt. Initials:  
**Pt. #1**

Date: Click here to enter a date.  
**9/6/22**

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

1. **Holding - The parent holding child.**

2. **Distractions - Messing with a phone, toys, random (safe) objects in room.**

\*List All Pain/Discomfort Medication on the Medication Worksheet  
Click here to enter text.  
**Acetaminophen**  
**Ibuprofen**

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

12.8kg

$$10 \times 100 = 1000$$

$$2.8 \times 50 = 140$$

$$\frac{1140 \text{ mL}}{\text{day}}$$

$$\div 24 = 47.5 \text{ mL/hr}$$

Actual Pt MIVF Rate: **45 mL/hr**

Is There a Significant Discrepancy? **NO** an item.

Why? **There is a 2.5ml difference. What they are actually getting is less than their minimum.**

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

$$2 \times 0.5 \text{ mL/kg/hr}$$

$$0.5 \text{ mL} \times 12.8 \text{ kg} = 6.4 \text{ mL}$$

Actual Pt Urine Output: **132 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: **Toddler "Autonomy vs. Shame/Doubt"**

1. **The child kept saying "NO"**

2. **The child did well when we gave them options**

Piaget Stage: **Toddler 'Sensori motor phase'**

1. **(Territory circular reactions) They were exploring and going away from the parent a lot.**

2. **(Invention of new means) The toddler was mimicking our hand signs and waving good bye.**

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 2

Patient Weight: 12.8 kg

Student Name: **Destiny Perez**

Unit: **Pt. Initials: pt. #1**

Date: *Click here to enter a date.*  
**9/6/22**

<p>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):  <b>Rhinovirus</b>: a single-stranded non-enveloped RNA virus of the picornavirus family with over <b>hundred Serotypes</b>. (causing upper respiratory tract infections. This virus and others essentially take over the host cells pathways such as programmed cell death to suppress host antiviral responses + prolong viral replication. The transmission of the virus is spread through the air; touching, and close contact.</p>	<p>2. Factors for the Development of the Disease/Acute Illness:  <b>spreads from sick person to healthy person through cough, sneezes, touching.</b></p>	<p>3. Signs and Symptoms:  <b>Stridor                  cough                  fever                  respiratory distress                  conjestion                  ↑ neck swelling                  hoarse swelling                  ear infection</b></p>
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:  <b>medical history                  physical exam                  mucus sample</b></p>	<p>5. Lab Values That May Be Affected:  <b>RBC                  mcv                  Absolute lymphocytes                  glucose                  WBC                  CBC                  ESR</b></p>	<p>6. Current Treatment (Include Procedures):  <b>Acetaminophen                  Ibuprofen</b></p>

Student Name: Destiny Perez Unit: Pedi Floor Pt. initials: Pt. 1 Date: 9/6/22

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 type="checkbox"/> Normal <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>NECK</u> <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 type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying <input checked="" type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input checked="" 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 type="checkbox"/> Person <input type="checkbox"/> Place <input 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>3mm</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 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>LOOSE, WATERY</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input checked="" 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: <u>N/A</u> <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 type="checkbox"/> No Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site <u>left foot, big toe</u> Oxygen Saturation: <u>97% RA</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 checked="" type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input checked="" type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>bottom lip, right arm</u> Mucous Membranes: Color: <u>pink</u> <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>3yr low-fat diet</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces Location: <u>IV site</u> Type: _____ Pain Score: <u>2</u> 0800 _____ 1200 _____ 1600 <u>2</u>
	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 checked="" type="checkbox"/> Ambulatory with assist <u>mother</u> 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: _____