

Student Name: Ashlyn Lutrick Unit: Red floor Pt. initials: AS Date: 1-14-22

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 3mm
 Fontanel: (Pt < 2 years) Soft Flat
 Bulging Sunken Closed
 Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
 Grips: Right 3 Left 3
 Pushes: Right 3 Left 3
 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: brown, formed
 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: 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: _____

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 Withdrawn Hostile/Anxious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

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 _____ 1200 _____ 1600 _____

WOUND/INCISION

None
 Type: appendectomy incision
 Location: abdomen
 Description: laparoscopic
 Dressing: open to air

TUBES/DRAINS

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

Route
Needl
Gaug
Max.)
Degri
Comi

Art
PH
Pat
HC
Pa
Sa
Ca

1
2

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							100			60			160mL
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						72	72	72	72	72	72		432mL
IV Meds/Flush									100				100mL
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool													
Urine/Stool mix									1				1mix
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) 0
	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

