Student Name: Chelsie Callesen Unit: Pedi Pt. initials: S.H. Date: 9/13/2022

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 S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level N/A
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 clear
Consistency thick
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site _____
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other N/A
Edema: ☐ Yes ☑ No Location N/A ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: ☑ < 2 sec ☐ > 2 sec
Pulses:
Upper R 4+ L 4+
Lower R 4+ L 4+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: brown
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy
* did NOT observe

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 N/A
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: General
Amount/Schedule: N/A per oral
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: Rt ante cubital ☑ INT ☐ None ☐ Central Line
Type/Location: Peripheral 22 Ga
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Nothing currently running — INT

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: N/A
Mucous Membranes: Color: pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: Chest
Type: _____
Pain Score: 8
0800 ____ 1200 ____ 1600 ✓

WOUND/INCISION

☑ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

Student Name: Chelsie Calleser Unit: Peds Pt. initials: S.H. Date: 9/13/22

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			120								300		420
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													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable							1		1				2
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) 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

Green

Student Name: Chelsie Callesen Unit: Pedi Pt. initials: J.H Date: 9/13/22

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 4
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 N/A Type N/A
Obturator at Bedside ☑ Yes ☐ No
Cough: ☑ Yes ☐ No ☐ Productive ☑ Nonproductive
Secretions: Color N/A
Consistency N/A
Suction: ☐ Yes ☑ No Type N/A
Pulse Ox Site Lt foot
Oxygen Saturation: 94%

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

ELIMINATION

Urine Appearance: Yellow
Stool Appearance: Yellow
☐ Diarrhea ☐ Constipation Soft ☐ Bloody ☐ Colostomy
Did NOT observe

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 N/A
Location ____ Inserted to ____cm
☐ Suction Type: ____

NUTRITIONAL

Diet/Formula: General
Amount/Schedule: General
Chewing/Swallowing difficulties:
☐ Yes ☑ No Whole milk, Finger Foods, etc.

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: N/A

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: Lt Hand ☑ INT ☐ None ☐ Central Line
Type/Location: Peripheral 22 Ga
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Nothing currently running - INT

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: N/A
Mucous Membranes: Color: pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☑ Faces
Location: N/A
Type: N/A
Pain Score: 0
0800 ____ 1200 ____ 1600 ✓

WOUND/INCISION

☑ None
Type: ____
Location: ____
Description: ____
Dressing: ____

TUBES/DRAINS

☑ None
☐ Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

Student Name: Cheisie Callesen Unit: Pedi Pt. initials: J.H. Date: 9/13/2022

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake				165			120						185
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													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine				230		288	312 mL	110					840
# of immeasurable													
Stool							1						1
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) 1 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

Green

Entero/Rhino

Student Name: Chelsie Callesen **Unit:** Pedi **Pt. Initials:** J.H **Date:** 9/13/2022

S

Pt Initials: J.H Room: 361 DOB: 5/27/21 Admit Date:
Admit Wt: Current Wt: Ht: (M) F
Primary Dx: Acute Respiratory Failure
Secondary Dx: Rhinovirus / Enterovirus

Physician:
Consults (Ex: Speech, PT/OT, Surgery, Neuro)

B

History
Had COVID & RSV 2 wks ago

Allergies (reactions)
NKDA

Code status
(FULL) DNR/AND
Advance directive: Y (N)

Isolation: Droplet
Restraints: Y (N)
Type:
Fall risk
Vaccine- PNA Flu

A

Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS
~~oriented x4~~ orientation - appropriate for age
grips/pulls & pushes - STRONG

Vital Signs: BP/HR/RR/Temp/SpO2
HR - 103 RR - 18 (-12)

Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular
♡ sounds strong bilaterally

Pain
8
Pain scale FLACC
Location @ 0400

Pulmonary: Breath sounds/Secretions
RL - ↑ wheezing/cracking (inspiratory)

Oxygen: ____L O2
NC 100NRB VM
RA - 94% O2

Accu checks: Frequency
Results

GI: BS Last BM: 9/13 @1350 NGT OGT
active x4 quadrants soft/small

Diet General
Breakfast % eaten: Lunch % eaten:
100%

Skin:
Wounds/Drainage
N/A
Staples /Drains
N/A
Location
N/A

GU: (Void) Foley ___ FR Placed on:
yellow

IV Peripheral (INT) IV ~~22~~ gauge Site: Lt antecubital IV Fluid type: Rate:
Central- type/site (subclavian/port/broviac) PICC@N/A INT

Psych Social

Intake Total: mL Parenteral _____ Enteral _____
Output Total: mL Void _____mL Emesis _____mL
Balance: mL (Positive or negative) What does this mean for your pt?

Pending orders (ex: CBC, specimen)

not relevant

Na	Cl	Bun	Gluc	Mg	Other
138 mmol/l	104 mmol/l	12 mg/dL	100 mg/dL		
K	**Co**	**Cr**	**Ca**	**Phos**	**Other**
4.1 mmol/L		0.20 mg/dL	10.3 mg/dL	352 u/L	

ANC [WBC x (% Neutrophils + % Bands) x 10]

Labs Pending:

Hct / WBC / Plt / Hgb

UA

Cultures

Diagnostic Test Results:
CT
CXR
MRI
Echo

R

***Nursing Interventions & Teaching: (use your Critical Thinking Map)
DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 ☐ Day 2 ☐
What does the patient need when they are discharged?

Shift goals: Met Unmet Revise

T-98.5 RR-35 O2-97%
HR-122
BP-93/50(71)

Adopted: August 2016

* HR, RR, O2 q 1hr

361 ~~[illegible]~~

Student Name: Chelsie Callesen Unit: Pedi Pt. Initials: S.H Date: 9/13/2012

S

Pt Initials: S.H Room: 380 DOB: 4/23/2011 Admit Date:
Admit Wt: Current Wt: Ht: M (F)
Primary Dx: Status asthmaticus
Secondary Dx: Rhinovirus/Enterovirus

Physician:

Consults (Ex: Speech, PT/OT, Surgery, Neuro)
working w/ child life

B

History
Asthma

Allergies (reactions)
NKDA

Code status
(FULL) DNR/AND
Advance directive: Y (N)

Isolation:
Restraints: Y (N)
Type:
Fall risk
Vaccine- PNA Flu

A

Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS
oriented x4
grips/pulls - strong

Vital Signs: BP/HR/RR/Temp/SpO2
T-97.8 BP-101/60
HR-103 O2-98
RR-18

Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular
sounds strong bilaterally

Pain 8
Pain scale Numeric
Location Chest

Pulmonary: Breath sounds/Secretions
inspiratory wheezing/ cracking

Oxygen: ____ L O2
NC ~~100NRB~~ VM
RA

Accu checks: Frequency
Results

GI: BS Last BM: NGT OGT
active x4 quadrants 9/12 Brown @ 2116

Diet General
Breakfast % eaten: 100%. Lunch % eaten: 100%.

Skin:
Wounds/Drainage N/A
Staples/Drains N/A
Location N/A

GU (Void) Foley ____ FR Placed on:
yellow

IV Peripheral (INT) IV 22 gauge Site: left antecubital IV Fluid type: Rate:

Central- type/site (subclavian/port/broviac) PICC@____

Psych Social

Intake Total: mL Parenteral _____ Enteral _____
Output Total: mL Void _____mL Emesis _____mL
Balance: mL (Positive or negative) What does this mean for your pt?

Pending orders (ex: CBC, specimen)

Na	Cl	Bun	Gluc	Mg	Other
142 mmol/l	110 mmol/l	9 mg/dL	188 mg/dL		
K	**Co**	**Cr**	**Ca**	**Phos**	**Other**
3.4 mmol/l		0.70 mg/dL	8.8 mg/dL		

ANC [WBC x (% Neutrophils + % Bands) x 10]

Labs Pending:

Hct 14.4 K/uL
WBC
Plt
Hgb

UA
Cultures

Diagnostic Test Results:
CT
CXR
MRI
Echo

R

***Nursing Interventions & Teaching: (use your Critical Thinking Map)
DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 ☐ Day 2 ☐
What does the patient need when they are discharged?

Shift goals: Met Unmet Revise

Adopted: August 2016

Weight – 35.6 kg
(7816.7.702)

380