

St Name: Gabriela Sanchez Unit: PF-1 Pt. Initials: Pt # 1 Date: 9-14-22

17y10

S

Initials: _____ Room: _____ DOB: 8/12/05 Admit Date: 9/7/22 Physician: _____
 Admit Wt: 44.316kg Current Wt: 45.6 Ht: 158.8cm M F
 Primary Dx: Sickle cell pain crisis Consults (Ex: Speech, PT/OT, Surgery, Neuro)
 Secondary Dx: _____

B

History: Sickle cell anemia, transaminitis, hyperbilirubinemia, anemia
- asthma, depression SIH Cholecystectomy

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

Isolation: None
 Restraints: Y N
 Type: _____
 Fall risk: _____
 Vaccine: PNA Flu

A

Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS

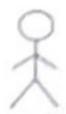
Vital Signs: BP/HR/RR/Temp/SpO2



Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm - Regular or Irregular

Strong peripheral pulses, no edema

Pain numeric: _____
 Pain scale: 3
 Location: shoulder: legs



Pulmonary: Breath sounds/Secretions

bilateral clear

Oxygen: _____ L O2
 NC 100NRB VM
 RA

Accu checks: Frequency _____
 Results _____

GI: BS _____ Last BM: _____ NGT OGT _____ Diet: Normal for age
 Breakfast % eaten: _____ Lunch % eaten: _____

Skin: Wounds/Drainage _____
 Staples /Drains: NIA

GU: Void _____ Foley _____ FR Placed on: _____

voids on own x2 today - NO BM

Location: _____

IV Peripheral INT IV _____ gauge Site: _____ IV Fluid type: DS NS Rate: 80ml/hr
+ 20MEQ of KCL

Central- type/site (subclavian/port/broviac): _____ PICC@ _____
Implanted port - single lumen

Psych Social: mom at bedside
? dad

Intake Total: _____ mL Parenteral 400 mL Enteral _____
 Output Total: _____ mL Void X2 mL Emesis _____ mL
 Balance: _____ mL (Positive or negative) What does this mean for your pt?

Pending orders (ex: CBC, specimen): e5-6pm
MRI - leg knee

Na	Cl	Bun	Gluc	Mg	Other	Labs Pending:	Hct <u>20.6 ↓</u> WBC <u>10.7</u> Plt <u>605 ↑</u> Hgb <u>7.4 ↓</u>	UA	Diagnostic Test Results: CT CXR MRI Echo
K	Co	Cr	Ca	Phos	Other			Cultures	
ANC [WBC x (% Neutrophils + % Bands) x 10]									
<u>5.65 5,650</u>									

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
home?

Yesterday went for surgery through femoral to break up blood clot
 Fibren sheath removal - IR

MRI - fluid pockets / DVT?

Name: Gabriela Sanchez Unit: PF-1 Pt. initials: Pt #1 Date: 09-14-22

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 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 checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>4mm</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>unmeasured</u> Stool Appearance: <u>unmeasured</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>(R) Chest</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 type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS NS + 20mEq of KCL at 80mL/hr</u>
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: <u>NIA</u> <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: <u>NIA</u> Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>NIA</u> 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 <u>none</u> Consistency <u>none</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>(R) toe</u> Oxygen Saturation: <u>100%</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 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: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>normal/regular</u> Amount/Schedule: <u>TID</u> 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>Shoulders: legs</u> Type: <u>Sharp</u> Pain Score: 0800 <u>3</u> 1200 _____ 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 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 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: _____

Implanted
port - single
lumen

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													unmeasurable
Intake - PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water													unmeasurable
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	80ml	80ml	80ml	80ml	80ml								400ml
IV Meds/Flush			10ml										10ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													Void x2
# of immeasurable		①			②								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) <u>0</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

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Dextrose 5% and Sodium Chloride with KCL 20mEq/L (D5 NS +KCl 20meq/L) at 80mL/hour	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Supplement of K+ and for hypovolemia	K+, Na+, and Ca+	Increased risk of hyperglycemia/hypoglycemia and caution with patients receiving corticosteroids or corticotropin.

Student Name: Gabriela Sanchez		Unit: PF-1	Patient Initials: Pt #1	Date: 9/14/2022	Allergies: NKA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Sertraline	Selective Serotonin Reuptake Inhibitor (SSRIs)	Antidepressant	1 tablet of 25mg Oral Nightly	Yes Therapeutic Range: 25mg Once Daily	N/A - PO Medication	Suicidal thoughts, dizziness, fatigue, headache, insomnia, diarrhea, dry mouth, and nausea	1. Contraindication - in pediatrics this medication can increase the risk of suicide attempt/ideation. 2. Nursing Intervention for dry mouth symptoms; mouth rinses, keep a good oral hygiene, and use sugarless gum. 3. Nursing Assessment - assess for suicidal tendencies especially in pediatric patients. 4. Assess for serotonin syndrome - mental changes, agitation, tachycardia, and N/V
Polyethylene Glycol	Laxative	Increases the amount of water in the intestinal tract to stimulate bowel movements;	17g powder oral BID	No 17g daily; the prescribed dose is twice the daily which	Diluent - mix with 4-8oz of water	Urticaria, abdominal bloating, cramping, flatulence, and nausea	1. Contraindicated in patients who have a bowel obstruction or intestinal blockage. 2. Education - if this is home medication ensure that the patient and family ensure know how to mix it properly to ensure effectiveness.

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Student Name: Gabriela Sanchez		Unit: PF-1	Patient Initials: Pt #1	Date: 9/14/2022	Allergies: NKA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
		used to treat constipation or irregular bowel movements		is most likely to treat prophylactic constipation due to opioid medication.			3. Education - teach family that bowel movement may not occur 1-3 days after medication is taken. 4. Nursing assessment - I will assess the patient for abdominal distention, presence of bowel sounds, and usual pattern of bowel function.
Losartan	Angiotensin Receptor Blockers	Prevents blood vessels from narrowing which lowers blood pressure and improves blood flow	25mg Tablet Oral Daily	Yes Therapeutic Range: 25mg - 100mg PO	N/A - PO medication	Cold or flu symptoms, dry cough, muscle cramps, pain in legs and back, H/A, dizziness, and sleeping problems	1. Teaching - educate patient to take time to get up slowly from prone to sitting up, sitting up to standing, and standing to walking as this medication can cause dizziness. 2. Precaution - can easily cause dehydration is vomiting and/or diarrhea occurs; leading to severe hypotension or a severe electrolyte imbalance. 3. Contraindication - do not take potassium supplements or salt substitutes 4. Contraindication - since the patient is already experiencing severe leg pain this medication may be inhibiting that pain.

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Hydroxyzine pamoate	antihistamine	Reduces the effects of natural chemical histamine in the body. Can be used as a sedative to treat anxiety and tension.	25mg capsule oral BID	Yes Therapeutic Range: 50mg - 100mg/ Day	N/A - PO medication	Drowsiness, headache, dry mouth, or skin rash	<ol style="list-style-type: none"> 1. Nursing Assessment - ensure that the patient does not take this medication for longer than four months as it is only used short-term 2. Education - teach patient to not drive or do anything that requires alertness as it may impair thinking or reactions. 3. Contraindication - this medication can cause serious heart problems; especially if taken with antidepressants which the patient is taking. 4. Nursing Assessment - assess patient's skin every day to ensure no rash occurs.
ibuprofen	First generation NSAID	Anti-inflammatory and anti-pyretic	2, 200mg tablet; total of 400mg QH6 Oral	Yes Therapeutic Range: 400mg- 800mg; 3-4 times/day	N/A - PO medication	HTN, kidney damage, abdominal pain, upset stomach, drowsiness, and ringing in the ears.	<ol style="list-style-type: none"> 1. Nursing education - ensure patient had this medication with food or milk to lessen their stomach pain. 2. Nursing Assessment - since this medication can cause kidney damage monitor I&O's along with edema to ensure retention is not occurring. 3. Teaching - educate patient to take time to get up slowly from prone to sitting up, sitting up to standing, and standing to

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
							walking as this medication can cause dizziness. 4. Black Box Warning - this medication has increased risk for GI bleeding, ulceration, perforation, and cardiovascular thrombotic event.
Ceftriaxone	3rd gen. cephalosporins	Antibiotic used to treat bacterial infections such as E. coli, pneumonia, and meningitis	2,000mg/20mL IVP Daily	Yes Therapeutic Range: 1,000mg - 2,000mg/ 12-24 hours	IVP - diluent 20mL of sterile water, IVP over 3-5 minutes	Injection site reaction, thrombocytosis, diarrhea, and abnormal LFT's	<ol style="list-style-type: none"> 1. Patient education - encourage a healthy amount of fluid intake to ensure kidneys are working properly on this antibiotic. 2. Educate patient to report any diarrhea or loose stools as this is a sign of a new infection. 3. Nursing intervention - I would conduct to prepare this medication right before administration otherwise med will change colors and a new one will be needed. 4. Nursing intervention - prior to administration I would flush port access to ensure it is working properly and educate that this medication can hurt.

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Famotidine	Histamine-2 (H2) Blocker	Decreases the amount of acid the stomach produces - treats and prevent ulcers	20mg Tablet Oral BID	Yes Therapeutic Range: 20mg BID daily	N/A - PO medication	H/A, dizziness, constipation, diarrhea, taste change, vitamin B12 deficiency (is used long-term)	<ol style="list-style-type: none"> 1. Education - this medication only works as part of a complete program, full treatment also includes changes to diet or lifestyle habits. 2. Nursing intervention - if patient is experiencing diabetic neuropathy determine the use of gabapentin would be used instead of B12 due to the deficiency this medication can cause. 3. Education - the heal of an ulcer may heal within 4-8 weeks, so patient needs to take all of this medication as prescribed. 4. Contraindication - this medication can be at risk for patients who have a history of asthma which my patient does.
Folic Acid	Vitamins, water-soluble	Used to treat or prevent folic acid deficiency; and treat anemia	1 mg Tablet Oral Daily	Yes Therapeutic Range: 1mg Orally	N/A - PO medication	Anorexia, abdominal pain, nausea, loss of appetite, bloating, gas, stomach pain, confusion, sleep	<ol style="list-style-type: none"> 1. Teaching - inform patient to take medication with a full glass of water or with food to prevent GI upset. 2. Nursing Assessment - I would perform a daily weight on my patient as well as assess input as there is an increased risk for loss of appetite and anorexia.

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
						problems, depression.	3. Contraindication - this medication should be questioned as it can cause depression and can worsen existing depression in my patient. 4. Nursing intervention/Teaching - since this medication can cause sleeping problems I would encourage over the counter melatonin.
Gabapentin	Gamma - aminobutyric acid analog - anticonvulsant	Used to treat neuropathic pain (nerve pain)	300mg Capsule Oral TID	Yes Therapeutic Range: Titrate weekly by 300mg/day up to 900mg-2400mg/day	N/A - PO medication	Can cause life-threatening breathing problems, jerky movements, swelling of legs/feet, tremors, problems with balance/eye movements, and trouble speaking	1. Education - take medication whole do not crush, chew, or break capsule. 2. Contraindication- since this medication can cause life-threatening breathing problems this medication can be risky for my patient to take as he has a history of asthma. 3. Nursing intervention - help patient from a lying or sitting position until it is understood how this medication affects the patient due to balance (gait) problems. 4. Nursing Assessment - assess the patients skin especially the legs and feet as it can cause swelling; possible SBAR for a diuretic medication.

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Hydroxyurea	Antimetabolites	Used to reduce pain episodes and the need for blood transfusions in people with sickle cell anemia; will not cure sickle cell anemia.	1,000mg oral (2 Capsules of 500mg) Monday-Thursday and 1,500mg (3 Capsules of 500mg) Friday-Sunday Oral Daily	Yes Therapeutic Range: 20mg/kg daily	N/A - PO medication	Loss of appetite, nausea, constipation, diarrhea, low blood cell counts, bleeding, or mouth sores.	<ol style="list-style-type: none"> 1. Precaution - this medication can increase risk for developing types of cancer such as leukemia or skin cancer 2. Contraindication - this medication can weaken the immune system; educate to report any fevers, chills, body aches, SOB, bruising, or unusual bleeding. 3. Nursing Assessment - ensure patient does not receive any live vaccines since the patient is immunocompromised. 4. Teaching - since the risk of skin cancer is high educate patient to wear protective clothing in the sun and wear sunscreen.
Morphine	Narcotic Analgesic	Treat moderate to severe pain	2mg/10mL IVP Q4H PRN	Yes Therapeutic Range: 0.05-0.2mg/Kg q 3-4 hours	IVP - Diluent 10mL of 0.9% NaCl at a rate over 5 minutes	Confusion, sedation, dizziness, hypotension, constipation, and respiratory depression	<ol style="list-style-type: none"> 1. Black Box Warning - this medication has a black box warning for misuse which can lead to death as well as respiratory depression. 2. Nursing assessment - perform focused respiratory assessment Q4H to ensure depression is not occurring as well as checking pulse ox; especially since patient has a history of asthma.

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							<p>3. Education - encourage fluid intake increase to prevent constipation from occurring; especially since patient is already taking a laxative.</p> <p>4. Teaching - educate patient to take time to get up slowly from prone to sitting up, sitting up to standing, and standing to walking as this medication can cause dizziness.</p>
Lidocaine - prilocaine (ELMA) cream	Local anesthetic	Used to numb areas	20gm Topical Once	Yes Apply 2-3 times a day	N/A - topical medication	Respiratory depression, seizures, arrhythmia, anaphylaxis, confusion, and drowsiness.	<p>1. Nursing Assessment - place an EKG monitor to ensure patient's rhythm is regular and has no signs of arrhythmia.</p> <p>2. Nursing Intervention - place seizure precautions in the room and educate patient and family about signs and symptoms of one occurring.</p> <p>3. Nursing Assessment - monitor patient's pulse oximetry and perform focused respiratory system to ensure respiratory depression is not occurring.</p> <p>4. Teaching - let patient know that the topical does not take effect until 1-2 hours after application.</p>

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Lidocaine 1% injection	benzodiazepines	Used to numb area as well as help reduce pain and discomfort	20mL intradermal Once	Yes Therapeutic Range: 1%-2%	N/A - Intradermal medication	Respiratory depression, apnea, seizures, numbness, anxiety, slow heart rate, twitching, tremors, and weakness	<ol style="list-style-type: none"> 1. Black Box Warning; this medication has a black box warning as there is a risk for addiction, abuse, and misuse. 2. Nursing Intervention - place seizure precautions in the room and educate patient and family about signs and symptoms of one occurring. 3. Nursing Assessment - focused respiratory assessment Q4 due to possible respiratory depression especially since patient has a history of asthma. 4. Nursing Assessment - peripheral neurovascular assessment Q4 to ensure no numbness too severe or prolonged the required amount is occurring.
Lorazepam	benzodiazepines	Used to treat anxiety disorders	2mg IVP Q3H PRN	Yes Therapeutic Range: 2mg total or 0.044mg/kg	IVP - no diluent 2mg/mL at 1-3 minutes	Severe drowsiness, unusual changes in mood or behavior, sudden restlessness,	<ol style="list-style-type: none"> 1. Black Box Warning; this medication has a black box warning as there is a risk for addiction, abuse, and misuse. 2. Nursing Intervention - place seizure precautions in the room and educate patient and family about signs and symptoms of one occurring.

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						confusion, jaundice	<p>3. Contraindication - this medication should not be used in patients with hepatic impairment.</p> <p>4. Nursing Intervention - this medication needs to be protected from the light; use proper dark syringe.</p>

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Dextrose 5% and Sodium Chloride with KCL 20mEq/L (D5 NS +KCl 20meq/L) at 80mL/hour	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Supplement of K+ and for hypovolemia	K+, Na+, and Ca+	Increased risk of hyperglycemia/hypoglycemia and caution with patients receiving corticosteroids or corticotropin.

Student Name: Gabriela Sanchez		Unit: PF-1	Patient Initials: Pt #1		Date: 9/14/2022	Allergies: NKA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Ondansetron	Antiemetics, 5HT3 receptor antagonist	Blocks the actions of chemicals in the body that can trigger nausea and vomiting. Prevention of postoperative N/V	4mg IV Q6H PRN	Yes Therapeutic Range: 0.1mg/kg	IVP - undiluted, 2mL at a rate over 5 minutes	Diarrhea or constipation, H/A, drowsiness, tired feeling, fever, urinary retention, and agitation.	1. I would educate patient to report any diarrhea, cramping, fever, and bloody stools as this is an indication of C-Diff. 2. A contraindication for this medication is that it should not be taken if the patient has a long QT syndrome. 3. Other education I would teach the patient is to prevent constipation is to promote an increase in fluid intake and ambulation. 4. A contraindication of this medication is if the patient is taking apomorphine which could increase risk of hypotension and loss of consciousness.

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

Student Name: Gabriela Sanchez		Unit: PF-1	Patient Initials: Pt #1		Date: 9/14/2022	Allergies: NKA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Iohexol	Non-ionic iodinated contrast media	Used for imaging tests	350mg /mL Arterial Once PRN	Yes 300mg per single injection	IVP - no diluent at a rate of 7.5 to 30mL a second	H/A, change in eyesite, SOB, big weight gain, swelling in the arms or legs, seizures, dizziness, passing our, irregualr heartbeat, chest pain or pressure	<ol style="list-style-type: none"> 1. Precaution- since med was admnistered through artery thyroid problems can occur, hypotension, and heart attack 2. Precaution - blood clots can occur when this medication is used procedures 3. Nursing Assessment - due to my patients increase in platelets and severe pain in his right leg I woul continuously asses the pain and SBAR to HCP for a doppler. 4. Nursing Assessment - I would perform peripheral neurovascular assessment to monitor for sigs of swelling of the arms and legs as well as assessing pain of that right leg at the same.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 17 Patient Weight: 45.6kg

<p>Student Name: Gabriela Sanchez</p>	<p>Unit: PF-1 Pt. Initials: Pt # 1</p>	<p>Date: 9/7/2022 September 14th, 2022</p>
<p>1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</p> <p>Sickle Cell Anemia Crisis: a group of blood disorders where the Hgb is affected. Hbs replaces normal human Hgb (HbA) due to change in amino acids. Under conditions Hbs changes its molecular structure and begins to form known crescent shape of RBC</p>	<p>2. Factors for the Development of the Disease/Acute Illness:</p> <ul style="list-style-type: none"> - hereditary; both parents have at least one 1 sickle cell trait - environmental factors; acidosis, hypoxia, and temperature elevations 	<p>3. Signs and Symptoms:</p> <ul style="list-style-type: none"> - Pain is most important S/S: Pain is in extremities, back, chest, and abdomen lasting minutes to weeks - Vasocclusive events lead to pain or complications
<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - CXR - CBC w/ reticulocytes - definitive diagnosis: hemoglobin electrophoresis - high performance liquid chromatography - pulse oximetry 	<p>5. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - electrolytes - due to dehydration - WBC - H:H - Reticulocyte count provides RBC production value 	<p>6. Current Treatment (Include Procedures):</p> <ul style="list-style-type: none"> - Children with SCD are more prone to sepsis do anything to prevent: <ul style="list-style-type: none"> - daily penicillin prophylaxis - up-to date vaccines

Student Name: Gabriela Sanchez	Unit: PF-1 Pt. Initials: Pt #1	Date: 9/7 2022 September 14 th , 2022
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. Allow pt to be distracted by pain by playing on PSS or being on his phone. 2. music therapy- allow pt to listen to music that comforts him</p> <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> <p>Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $\left. \begin{array}{l} 10\text{kg} \times 100 = 1,000 \\ 10\text{kg} \times 50 = 500 \\ 25.6\text{kg} \times 20 = 512 \end{array} \right\} 2,012 \div 24 = 83.8\text{mL/hr}$ <p>Actual Pt MIVF Rate: 80 mL/hr</p> <p>Is There a Significant Discrepancy? Not a major significant discrepancy</p> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $0.5\text{mL} \times 45.6\text{kg} = 22.8\text{mL/hr}$ <p>Actual Pt Urine Output:</p> <p>Umeasurable - voided x2</p>
<p>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: Adolescence</p> <p>Erickson Stage: Identity vs Role confusion</p> <ol style="list-style-type: none"> Pt shows role confusion of where he belongs by being in; out of hospital; school showing these frustrations. Pt showed how interactions w/ others is important by playing video games online w/ friends. <p>Piaget Stage: Formal Operational Thought</p> <ol style="list-style-type: none"> Pt can understand situations; what that might mean for his future e.g. had to get a MRI scan and got frustrated b/c he knows that prolongs his stay Pt has imaginary audience thoughts as he became insecure & came to care for him and covered himself up. 		

Student Name: Gabriela Sanchez	Unit: PF-1 Pt. Initials: Pt #1	Date: 09/14/2022 September 14 th , 2022
11. Focused Nursing Diagnosis: Acute Pain	15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Encourage pt to use nonpharmacological methods instead of meds to help control pain such as music therapy Evidenced Based Practice: low in cost + risk used to complement pharmacological methods 2. Use topical local anesthetic before accessing port cath Evidenced Based Practice: use of topical results improved access and reduction of pain 3. Administer analgesics around the clock for continuous pain Evidenced Based Practice: without around the clock analgesics undermedication and poor pain control will occur	16. Patient/Caregiver Teaching: 1. Give teaching pamphlets of basic pain management to help reduce anxiety 2. Teach nonpharmacologic approaches; distraction, music therapy, heat/cold 3. Teach pt how to properly use pain level communication to Health Care team to receive effective pain management
12. Related to (r/t): Viscous blood ? tissue hypoxia	(Continuation of 15. Nursing Interventions)	(Continuation of 16. Patient/Caregiver Teaching)
13. As evidenced by (aeb): Pt reports, "my right leg hurts and my shoulders"	(Continuation of 15. Nursing Interventions)	17. Discharge Planning/Community Resources: 1. If pt requires new resources call case manager to help provide for free 2. Help pt find support groups/camps for kids with sickle cell anemia 3. Another community resource can include going to community nurse; finding resources for lower priced meds.
14. Desired patient outcome: Pt will understand how to use nonpharmacological interventions to decrease pain level before discharge.	(Continuation of 15. Nursing Interventions)	(Continuation of 17. Discharge Planning/Community Resources)