Student Name: Aubree Lomax Unit: 3N Pt. initials: 68 Date: 9-21-22

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 5 Left 5
Pushes: Right N Left N
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 Rt Grand Toe
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 2+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Not observed
Stool Appearance: Not observed
☐ 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: NPO
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☑ Swelling - RL ☐ 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: (R) AC ☑ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5 ½ NS + KCL 20 50mL/hr

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 8 1200 6 ~~1600~~

WOUND/INCISION

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

TUBES/DRAINS

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

udent Name: Aubree Lomax Unit: 3N Pt. Initials: G8 Date: 9-21-22

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													0
Intake – PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water													0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	50	50	50	50	50	50							300mL
IV Meds/Flush													0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine			160										160mL
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													0
Other													0

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) _____ 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
D5 1/2 NS + KCl20 50ml/hr	Isotonic ☐ Hypotonic ☐ Hypertonic ☒	Replenish water, electrolytes, and calories.	Electrolytes, acid-base disturbance, volume status	Do not use in pt with allergy to corn

Student Name: Aubree Lomax		**Unit:** 3N	**Patient Initials:** 68		**Date:** 9/21/2022	**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.)**
Ibuprofen	NSAID	Anti-inflammatory and analgesic	130mg oral q6h PRN	Yes Yes	N/A	Arrythmias, GI bleeding, bronchospasm, hypertension	1. Teach pt to take med with full glass of water, with food, or after meals to minimize GI effect 2. Instruct pt to avoid lying down for 30-60 mins after taking med to prevent esophageal irritation 3. Watch fot GI upset such as HA and drowsiness 4. Monitor BP closely for HTN
Ibuprofen	NSAID	Anti-inflammatory and analgesic	134mg oral one-time	Yes Yes	N/A	Hypoglycemia, hypertension, GI bleeding, bronchospasm	1. Watch fot GI upset such as HA and drowsiness 2. Teach pt to take med with full glass of water, with food, or after meals to minimize GI effect 3. Monitor BP closely for HTN 4. Instruct pt to avoid lying down for 30-60 mins after taking med to prevent esophageal irritation