Student Name: MEREDITH EDWARDS Unit: PI(2) Pt. initials: GP Date: 9/27/22

STATUS ASTHMATICUS; ENTERO | RHINOVIRUS

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 5 to 3

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed

Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right 5 Left 5

Pushes: Right 5 Left 5

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: 11 L CONT. AEROSOL MASK

Trach: ☐ Yes ☑ No

Size ____ Type ____

Obturator at Bedside ☐ Yes ☑ No

Cough: ☑ Yes ☐ No ☑ Productive ☐ Nonproductive

Secretions: Color YELLOW

Consistency THICK

Suction: ☐ Yes ☑ No Type ____

Pulse Ox Site (L) THUMB

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 3+ L 3+

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: DARK YELLOW

Stool Appearance: 09/26/22: 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 N/A

Location ____ Inserted to ____ cm

☐ Suction Type: ____

NUTRITIONAL

Diet/Formula: FULL DIET

Amount/Schedule: (X3) 75-100%

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 X

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: N/A

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: D5 1/2 NS 20 MEQ KCL

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: N/A ☐ Moist ☐ Dry ☐ Ulceration (MASK ON)

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces

Location: THROAT

Type: SORE

Pain Score:

0800 2 1200 2 1600 0

WOUND/INCISION

☑ None

Type: ____

Location: ____

Description: ____

Dressing: ____

TUBES/DRAINS

☑ None

☐ Drain/Tube

Site: ____

Type: ____

Dressing: ____

Suction: ____

Drainage amount: ____

Drainage color: ____

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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		240											240
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	80	80	80	80	80	80							480
IV Meds/Flush		5											5
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		350											350
# 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) 2
	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