Student Name: Kennedi Blount Unit: PICU alternate Pt. Initials: _____ Date: _____

Allergies: NKDA

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
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
Baclofen	Skeletal muscle relaxant	muscle spasms	5mg tid PO			headache insomnia nausea constipation drowsiness dizziness	1. Report any itching, tingling, or twitching in extremities. 2. Stool softeners / laxatives may be needed for constipation. 3. Do not stop suddenly - withdrawal 4. Not usually given to kids under 12
Diazepam	anticonvul-sant	seizures and/or muscle spasms	1-2.5 mg q 6-8hrs PO			drowsiness muscle weakness problems w/ balance/muscle mvmt	1. Do not stop taking suddenly, this could cause withdrawal. 2. Notify provider of any sudden changes in mood/behavior. 3. Do not eat/drink grapefruit. 4. Report confusion/hallucinations.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Cerebral Palsy

Signs & Symptoms

* delayed gross motor development
* abnormal motor performance
  ex: abnormal crawl, very early unilateral hand preference, standing/walking on toes, poor sucking/feeding difficulties, persistant tongue thrust,
* alterations of muscle tone
* reflex abnormalities
* abnormal postures
* failure to meet developmental milestones
* head lag & clenched fist after 3 mo.
* poor vision

Pathophysiology

Abnormal development of the brain most often caused by hypoxia in the womb that affects the child's ability to control his/her muscles. The disease is non-progressive, but does become more noticable as the child ages/grows.

Diagnostics/Labs

* developmental monitoring
* developmental screenings
* physical exam
* MRI
* cranial ultrasound
* EEG
* vision, hearing, speech evaluations

Treatment/Medication

* ankle/foot orthoses to help c̄ mobility
* wheelchairs
* surgery
* physical therapy
* meds to decrease spasticity
* antiepileptic drugs
* drugs to treat dystonia
* drugs to treat hyperkinetic mvmt

Nursing Interventions

* maintain clear airway (they have trouble c̄ secretions)
* monitor for/treat seizures
* possible antiepileptic drugs
* dental care
* bowel & bladder care
* family support

Patient Teaching

* medication treatment
* appropriate mobility aids
* helping the patient be involved c̄ kids their own age, even if they can't do things like sports

Other

* goal is to recognize it early, promote optimum development, provide individualized care, & promote parental involvement.

Priority Nursing Diagnosis

Impaired physical mobility

Student Name _____

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Distraction - watching favorite cartoon
2. Heat / cold to any sore muscles

***List All Pain/Discomfort Medication on the Medication Worksheet**

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

Patient Wt: 25 **kg**

10 x 100 = 1000
10 x 50 = 500
5 x 20 = 100
1600 / 24 hrs

Calculated Fluid Requirement: 67 **ml/hr**

Actual Pt MIVF Rate: _____ **ml/hr**

Is There a Significant Discrepancy?

Why?

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

0.5 x 25 =

Calculated Min. Urine Output: 12.5 **ml/hr**

Actual Pt Urine Output: _____ **ml/hr**

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:

Patient age: 8

Erickson Stage: Industry v. Inferiority

1. Patient feels inferior knowing he isn't good at basketball like his friends.
2. Patient realizes he is great at science & is proud.

Piaget Stage: Concrete Operational

1. Patient tells nurse jokes they find funny.
2. Patient states "this will fit" when pouring a soda into a shorter, but fatter glass.

Student Name _____

11. Focused Nursing Diagnosis:

Risk for skin breakdown

12. Related to (r/t):

impaired mobility

13. As evidenced by (aeb):

Confinement to bed/ wheelchair

14. Desired patient outcome:

Maintain status of no skin breakdown while hospitalized

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Turn pt in bed/adjust in wheelchair q2 hours.

Evidenced Based Practice:

Turning the patient every 2 hours to relieve pressure points prevents breakdown.

2. Make sure patient is always clean/dry of urine/stool

Evidenced Based Practice:

Moisture & stool being left on the child if they don't have control speeds breakdown.

3. Promote complete nutrition, specifically protein intake.

Evidenced Based Practice:

Protein is important for healing/prevention of wounds.

16. Patient/Caregiver Teaching:

1. Teach what to do if pt. has a seizure, as they're common in CP pts.
2. Teach appropriate activities to promote socialization.
3. Teach appropriate medication administration.

17. Discharge Planning/Community Resources:

1. Support groups for patient/family.
2. Resources for wheelchair/DME.
3. Respite care providers for reference when parents need a break.