Primary Patient

Student Name: Raleigh Sullivan Unit: PF2 Date: 2/7/23

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 3
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☑ Able to move all extremities ☑ Symmetrically ☐ Asymmetrically
Grips: Right W Left ~~W~~ N
Pushes: Right W Left ~~W~~ N
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level ~~Board~~ for IV
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 lower lobes
Absent ☐ Right ☐ Left
☑ Room Air ☑ Oxygen
Oxygen Delivery:
☑ Nasal Cannula: ☑ .5 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 (L) bigtoe
Oxygen Saturation: 88

CARDIOVASCULAR

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

ELIMINATION

Urine Appearance: not observed
Stool Appearance: not observed
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy
Pt did not have BM or void while I was there.

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: Regular Diet
Amount/Schedule: N/A
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
Restricted ambulation d/t chest tube

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☑ Quiet ☐ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☑ Restless ☑ Withdrawn ☑ Hostile/Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

IV ACCESS

Site: (L) dorsal ☑ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: ~~D5 1/2 NS @ 30 mL/hr~~ RD

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: ~~Chest~~
Type: _____
Pain Score:
0800 _____ 1200 _____ 1600 3

denies pain but shows indicators

WOUND/INCISION

☑ None
Type: Pressure Injury
Location: (L) upper back
Description: _____
Dressing: foam tape

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: (L) lateral Chest
Type: Chest Tube
Dressing: clean, ~~dry~~ & dry gauze
Suction: wall
Drainage amount: ~~all~~ none
Drainage color: dark yellow

udent Name: _____ Unit: _____ Date: _____

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake									120				120
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									–				
Stool									–				
Urine/Stool mix									–				
Emesis									–				
Other									–				

↑ no UO or BM during shift, relied on chart for data

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

Secondary Patient

Student Name: Raliegh Sullivan Unit: PF2 Date: 2/7/23

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean ☐ Emaciated ☐ Unkept Developmental age: ☑ Normal ☐ Delayed	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 3+ L 3+ 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: ☑ Calm/Relaxed ☐ Quiet ☑ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious Social/emotional bonding with family: ☑ Present ☐ Absent
NEUROLOGICAL	**ELIMINATION**	**IV ACCESS**
LOC: ☑ Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive Oriented to: ☑ Person ☑ Place ☑ Time/Event ☑ Appropriate for Age Pupil Response: ☑ Equal ☐ Unequal ☑ Reactive to Light ☐ Size 2 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	Urine Appearance: yellow (Pt stated) Stool Appearance: N/a ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy	Site: Ⓡ AC ☑ INT ☐ None ☐ Central Line Type/Location: ______ Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return Dressing Intact: ☐ Yes ☐ No Fluids: D5 ½NS
RESPIRATORY	**GASTROINTESTINAL**	**SKIN**
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 Ⓡ index finger Oxygen Saturation: 95	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: ______	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
	NUTRITIONAL	**PAIN**
	Diet/Formula: High Fiber Amount/Schedule: ______ Chewing/Swallowing difficulties: ☐ Yes ☑ No	Scale Used: ☑ Numeric ☐ FLACC ☐ Faces Location: ______ Type: ______ Pain Score: 0800____ 1200 1400 : 0 1600____
	MUSCULOSKELETAL	**WOUND/INCISION**
	☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All Brace/Appliances: ☑ None Type: ______	☑ None Type: ______ Location: ______ Description: ______ Dressing: ______
	MOBILITY	**TUBES/DRAINS**
	☑ Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist ______ Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden	☑ None ☐ Drain/Tube Site: ______ Type: ______ Dressing: ______ Suction: ______ Drainage amount: ______ Drainage color: ______

tudent Name: _____ Unit: _____ Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
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													
Stool													
Urine/Stool mix													
Emesis													
Other													

↖ upon discharge pt stated recent VO but could not tell me how much. Unable to look at chart for VO/I+O before he was discharged.

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

Student Name: Raliegh Sullivan Unit: PF2 Pt. Initials: NG Date: 2/7/23

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
N/a	Isotonic/ Hypotonic/ Hypertonic	n/a	n/a	n/a

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.)
Ceftriaxone	3rd gen cefalosporin	Tx of possible respiratory infection	1410 mg IVP q24	50-75 mg/kg yes	~~Diluent~~: DS Volume: 35.25mL Rate: ~~30 cc/hr~~ 70.5 ml/hr	-C. diff -Steven Johnson's syndrome	1. may experience discomfort @ site 2. Report any loose stools or red rash 3. This is to treat infection 4. Make sure to take full med. + facial flushing
Clindamycin	misc. antiinfectives	Tx of possible respiratory infection	216 mg IVP q6h	10 mg/kg yes	Diluent: DS Volume: 18mL Rate: 36 mL/hr	-C. diff -Steven Johnson's Syndrome	1. May experience dry skin or nausea 2. Report any loose stools or wheezing or face 3. This is to treat infection 4. Make sure to take all meds
Ondansetron	antiemetics	nausea	2mg PO PRN	2mg yes	n/a	-fever constip. -HA chest pain -jaundice	1. This medication is to help nausea 2. Report any ADRs 3. May experience drowsiness or 4. fatigue We will monitor your nausea and do *
Lidocaine	dermato-logical	Pain r/t venipuncture	5mg Topical PRN	yes	n/a	-bradycardia/ bradypnea -muscle stiffness -cyanosis	1. avoid ~~injecting~~ applying to tip of nose fingers, etc. 2. This is to decrease pain when we do your IV 3. Report ADR's 4. You may experience N/V or drowsiness
Ibuprofen	anti-Rheumatic	Pain	100mg/ 5mL PO q6h PRN	5-10 mg/kg yes	n/a	-hepatotoxicity -gastric bleeding -skin rash -SOB	1. We are giving you this to help your fever 2. Report ADRs (esp. bloody stool or vomit) 3. May experience N/V or dizziness 4. We will frequently monitor temp.

* GI assessments

Unit: _____ Pt. Initials: _____ Date: _____

Allergies: _____

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Diphen-hydramine	anti-histamine	itching	12.5mg PO Q6H PRN	12.5-25mg yes	n/a	-heart palpitations -dysuria -confusion	1. This is to help with your itching 2. Report AORs 3. May experience dry mouth/dizziness 4. This is given PRN
acetamino-phen	non-narc. analgesic	mild pain	280mg IVP Q6h PRN	15mg/kg yes	Diluent: Rate: 112ml/hr	-Severe skin reaction -[illegible] hepatotoxicity	1. This is for your pain 2. We will assess pain freq. and give PRN 3. May experience N/V/ constipation 4. Report any skin reactions
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Allergies: NKDA

Unit: PICU

Pt. Initials: WM

Date: 2/7/23

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 c 20 meq/L KCl @ 125 ml/hr	Isotonic/ Hypotonic/ (Hypertonic)	F+E Replacement	CMP: Na, Cl, K+, etc.	Head trauma, renal failure, etc.

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.)
amitryptyline	anti-depressant	depression	5mg PO nightly	20mg yes	N/a	-confusion -seizures -dysuria	1. This is to help with your mood 2. Report any mood swings, etc. 3. May experience N/V/D, appetite changes 4. Report any ADRs
metoclopramide	misc. GI	GERD	10mg PO TID	10-15mg yes *typically not for pedi pts c GERD	N/a	-S/S movement disorder -SI -seizures	1. This is to treat your GERD 2. May experience restlessness or HA 3. Report any ADRs 4. Don't use longer than 12 weeks
Iohexol	Diagnostic Product	GI endoscopy / CT contrast	50mL IV PRN	180-750mL yes		-hemiparesis -angina -dizziness SOB -Stevens Johnson	1. This is contrast to help us see the digestive tract - may feel warmth c injection 2. Report ADRs (rash, chest pain etc.) 3. Drink plenty of water to flush dye out 4. May experience upset stomach or HA
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]		1. 2. 3. 4.
							1. 2. 3. 4.