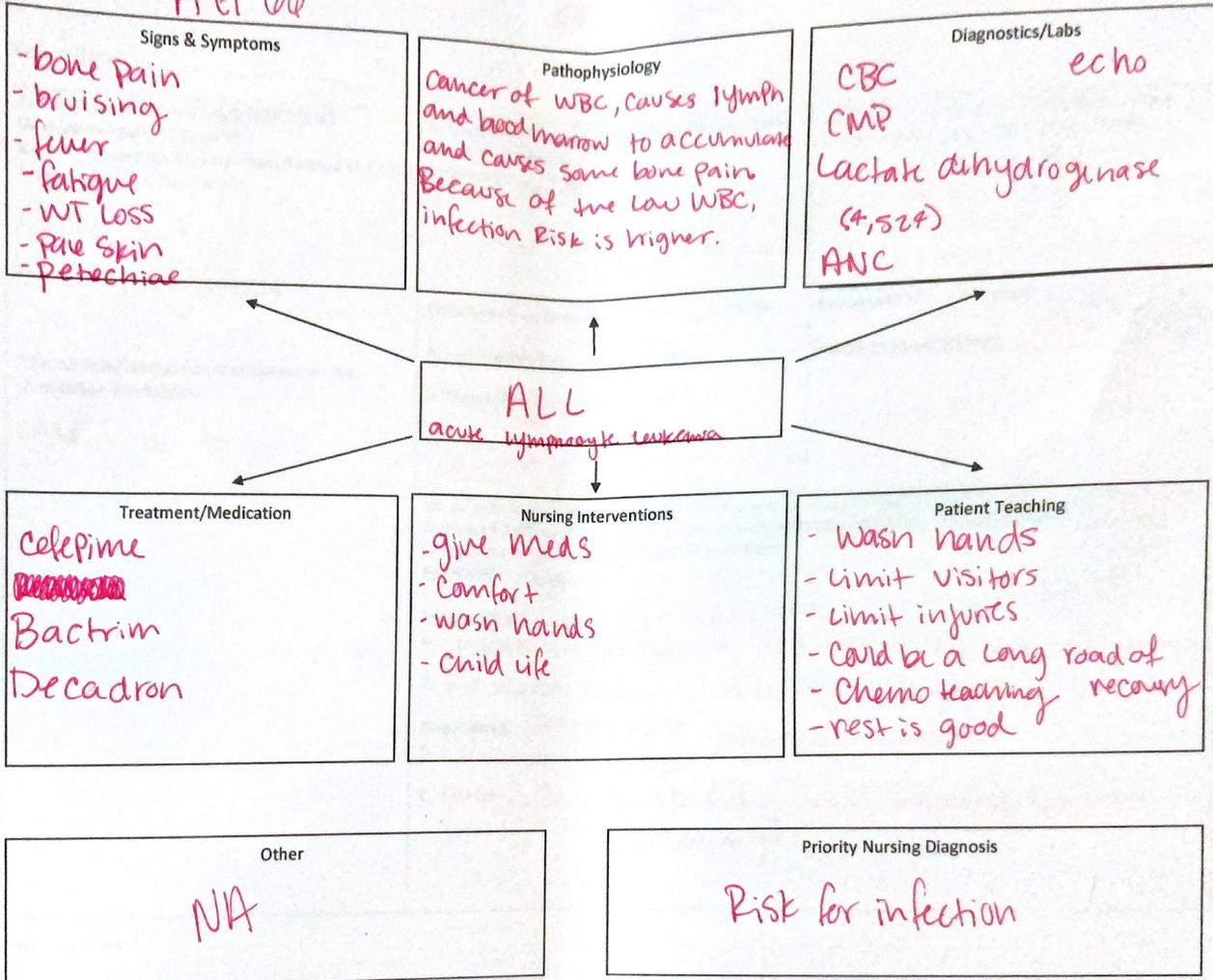


ALL



Student Name _____

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

1. teen town
2. family at bedside

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

ondansetron 4mg

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

Patient Wt: 28.3 kg

$$5 \text{ mL} / 28.3 \text{ kg} / \text{hour} = 14.15$$

Calculated Fluid Requirement: 69.4 ml/hr

Actual Pt MIVF Rate: 60 ml/hr

Is There a Significant Discrepancy?

NO

Why?

she was getting 125 & they lowered it

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

$$\begin{aligned} 10 \times 100 &= 1000 \\ 10 \times 50 &= 500 \\ 8.3 \times 20 &= 166 \\ 1000 - 500 &= 500 \\ 500 - 166 &= 334 \\ 334 \div 24 &= 14.15 \end{aligned}$$

Calculated Min. Urine Output: 14.15 ml/hr

Actual Pt Urine Output: 137.5 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 years

Erickson Stage: industry vs. inferiority

1. she feels inferior because she has cancer and can't do what she used to
2. she wants to work and achieve her goals

Piaget Stage: concrete operational

1. collecting : drawings
2. reversibility - you can change what mistakes you make - drawings

Student Name _____

11. Focused Nursing Diagnosis:

Risk for infection

12. Related to (r/t):

ALL

13. As evidenced by (aeb):

Low WBC

14. Desired patient outcome:

Pt follows infection
Precautions

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

1. Sepsis Precaution
Evidenced Based Practice: new stool

2. Hand washing
Evidenced Based Practice: standard
Precautions

3. Provide a private room
Evidenced Based Practice: to protect the
Patient from sources of infection

16. Patient/Caregiver Teaching:

1. Wash hands
2. Flush voids twice
3. Clean everything w/bleach

17. Discharge Planning/Community Resources:

1. Child life
2. Case worker
3. Ronald McDonald house

Student Name: Marin Durr

Unit: Pedi

Pt. Initials: AG

Date: 2/8/23

Allergies: NEEA

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
<u>NS 60ml/hr</u>	<u>Isotonic</u> /Hypotonic/ Hypertonic	<u>Hydration</u>	<u>BP, HR, Respir.</u>	<u>NA</u>

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
<u>Cefepime (Maxipime)</u>	<u>cephalosporin</u>	<u>bacterial infection</u>	<u>1320mg in NaCl 0.9% IV syringe 40mg/ml</u>	<u>88 (50mg/kg) 1,415mg yes</u>	<u>33mL = 1,320mg</u>	<u>Stomach cramps -confusion</u>	<u>1. Watch for seizures 2. monitor for GI problems 3. do not operate machinery 4. Can cause fatigue</u>
<u>Famotidine Pepcid</u>	<u>H2 blocker</u>	<u>decrease stomach acid</u>	<u>10mg PO Bid</u>	<u>10-20mg yes</u>	<u>-</u>	<u>tachycardia headache</u>	<u>1. Don't take if allergic 2. Do not take double dose 3. call HCP if you have Rash 4. take Avoid Caffeine</u>
<u>Dexamethasone</u>	<u>Corticosteroid</u>	<u>reduce inflammation</u>	<u>8mg PO Bid</u>	<u>0.02-0.3mg/kg yes</u>	<u>-</u>	<u>anxiety aggression</u>	<u>1. DON'T take if you have fungal infection 2. Don't stop abruptly 3. limit alcohol 4. delay live vaccines</u>
<u>Polyethylene Glycol (Miralax)</u>	<u>Laxative</u>	<u>bowel movements</u>	<u>17g Powder PO Bid</u>	<u>17g yes</u>	<u>-</u>	<u>bloating diarrhea</u>	<u>1. mix properly 2. take in the morning 3. take w/ or w/out food 4. eat fiber</u>
<u>Sulfamethoxazole trimethoprim (Bactrim)</u>	<u>antibiotic</u>	<u>bacterial infection</u>	<u>200-40mg/5ml 8.6ml oral Suspension</u>	<u>80-160 yes</u>	<u>-</u>	<u>black stool dark urine</u>	<u>1. w/ or w/out food 2. DC if rash occurs 3. take lots of fluids 4. Complete full course</u>

Student Name: _____

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?	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.)
				Is med in therapeutic range? If not, why?			
ondansetron	antiemetic	Nausea	4mg q8 PRN	4-8mg yes	2mL = 4mg	Confusion headache	1. take w/ water 2. report hallucinations 3. may cause drowsiness 4. Do not operate machinery
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Marin Duvet Unit: AG 44 Date: 2/8/23

Date: 2/8/23
 Pulse: PR
 Cardiovascular
 Healthy/Well Nourished
 Neat/Clean Emaciated

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input 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>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input checked="" 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 type="checkbox"/> Place <input 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 type="checkbox"/> Size <u>3mm</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 type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</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>Clear</u> Stool Appearance: <u>bowen</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>port @ chest</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input type="checkbox"/> No Redness/Swelling <input checked="" type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>NS 40mL/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: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>left arm</u> Oxygen Saturation: <u>98</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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" type="checkbox"/> Bruises <input checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>chest/neck</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>general</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>arms + legs @ knee</u> Type: <u>ache</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>2</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input checked="" type="checkbox"/> Pain <input checked="" 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: <u>limp</u> <input type="checkbox"/> RA <input type="checkbox"/> LA <input checked="" type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: <u>incision</u> Location: <u>right neck</u> Description: <u>port incision</u> 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: _____

Unit: _____ Date: _____

PO/Enteral Intake	INTAKE/OUTPUT																	
	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																		
IV Fluid	125	175	60	40	40	40	40	40	40	40	40	40	46					
IV Meds/Flush	53												53					
OUTPUT																		
Urine																		
# of immeasurable				900														
Stool						200												
Urine/Stool mix	N/A																	
Emesis	N/A																	
Other																		

Children's Hospital Early Warning Score (CHEWS)
 (See CHEWS Scoring and Escalation Algorithm to score each category)

Circle the appropriate score for this category:

Behavior/Neuro: 0 1 2 3

Cardiovascular: 0 1 2 3

Respiratory: 0 1 2 3

Staff Concern: 1 pt - Concerned

Family Concern: 1 pt - Concerned or absent

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

Student Name: Marin Durox

Unit: 2067

Date: 1/8/23

GENERAL APPEARANCE Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	CARDIOVASCULAR 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>4+</u> L <u>4+</u> Lower R <u>3+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	PSYCHOSOCIAL Social Status: <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Uncooperative <input checked="" 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 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 type="checkbox"/> Size <u>3</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 type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>3</u> Left <u>3</u> Pushes: Right <u>3</u> Left <u>3</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	ELIMINATION Urine Appearance: <u>Clear/ly. blood</u> Stool Appearance: <u>Dark/ly. blood</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>4</u> quads <input 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: _____	SKIN Color: <input checked="" 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
RESPIRATORY 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 checked="" 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: <u>2</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Productive <input checked="" type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>left toe</u> Oxygen Saturation: <u>96%</u>	NUTRITIONAL Diet/Formula: <u>Regular</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>low back abdomen</u> Type: <u>injection</u> Pain Score: 1200 1600 <u>4</u> 0800 WOUND/INCISION <input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____ TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

11011

Student Name: _____

Unit: _____

Date: _____

PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake														
Intake - PO Meds														
Enteral Tube Feeding									100ml					
Enteral Flush														
Free Water														
IV INTAKE		07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	NA													
IV Meds/Flush									50ml					
OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine														
# of immeasurable Stool														
Urine/Stool mix														
Emesis														
Other														

NON-PROCESSED

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 <input checked="" type="radio"/> 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 <input checked="" type="radio"/> 1 2 3
Respiratory	Circle the appropriate score for this category: 0 <input checked="" type="radio"/> 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
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 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	

7/12/22

Student Name: Marin Durr

Unit: Pedi

Pt. Initials: JM
70

Date: 2/8/23

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

Allergies: NEDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<u>NONE</u>	Isotonic/ Hypotonic/ Hypertonic	—	—	—

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP – List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
<u>Ondansetron (Zofran)</u>	<u>anti emetic</u>	<u>reduces Nausea</u>	<u>2.8mg q8 IV TID</u>	<u>0.1mg/kg yes</u>	—	<u>constipation headache</u>	<u>1. take w/ or w/out food 2. report hallucinations 3. may cause dryness 4. take w/ water</u>
<u>Polyethylene Glycol (Miralax)</u>	<u>Laxative</u>	<u>increase bowel movement</u>	<u>34g Powder BID PO</u>	<u>34g yes</u>	—	<u>bloating diarrhea</u>	<u>1. mit properly 2. take in morning 3. w/ or w/out food 4. eat fiber</u>
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

V Sim #1

Signs & Symptoms
3 min seizure (tonic clonic)

Pathophysiology
Over firing of electrodes in the brain cause the seizure, tonic clonic: onset within a rapidly involve all parts of brain & stem

Diagnostics/Labs
EEG

Seizures (tonic clonic)

Treatment/Medication
Safety: - bed padding
- suction
Phenobarbital

Nursing Interventions
Safety: - bed padding
- suction
- monitor when how long
- remove loose items

Patient Teaching
- take med same time
- measure how long each seizure is
- safety
- call HCP

Other
NA

Priority Nursing Diagnosis
Risk for ineffective airway clearance