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
D5NS with 20 mEq KCl @ 40 mL/hr	Isotonic ☐ Hypotonic ☐ Hypertonic ☒	F&E Maintainence	CMP	Head trauma, renal failure, etc.

Student Name: Raleigh Sullivan		**Unit:** PF3	**Patient Initials:** AM		**Date:** 2/14/2023	**Allergies:** NKDA	
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.)**
Ampicillin	Penicillins	Pneumonia	510 mg IVPB q6h	Yes Click here to enter text.	30mg/mL in sterile water 15mins (68mL/hr)	C. difficile, oral blistering, pallor, SOB	1. May experience N/V/D, abdominal pain, rash 2. Report any ADRs 3. Take with a full glass of water and on an empty stomach 4. Monitor renal and liver function
Acetaminophen	Analgesics	Fever management	150.4 mg PO q4h PRN	Yes Click here to enter text.	N/A	Hepatotoxicity	1. Contraindicated for patients with liver failure 2. Monitor for s/s of hepatotoxicity 3. Frequently assess pain and fever 4. Report any dark colored urine or clay colored stools
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adopted: August 2016

Student Name: Raliph Sullivan Unit: PF3 Date: 2/14/23

80

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 4mm
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: ← diminished on expiration
Clear ☐ Right ☐ Left
Crackles ☑ Right ☑ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
☐ Room Air ☑ Oxygen
Oxygen Delivery:
☑ Nasal Cannula: 1 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 yellow
Consistency thick
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site (R) nail
Oxygen Saturation: 99%

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

ELIMINATION

Urine Appearance: clear yellow
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: Full Peds Diet
Amount/Schedule: _____
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

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) hand ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: PSNS + 20 MEQ KCl @ 40ml/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/white
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☑ Faces
Location: _____
Type: _____
Pain Score:
0800 0 1200 _____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

☑ 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			75										75
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		40	40	40	40	40							200
IV Meds/Flush			17										17

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		235											235
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

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) 1
	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
N/A	Isotonic ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Raleigh Sullivan		**Unit:** PF3	**Patient Initials:** ADL		**Date:** 2/14/2023	**Allergies:** NKDA	
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.)**
Famotidine	H2 Agonist	GERD	6 mg IV BID	Yes Click here to enter text.	Diluent: NS, 10ml, 2min	Seizures, tachydardia, dizziness, muscle pain	1. May experience HA, dizziness, or constipation 2. Report any ADRs 3. Report changes in LOC 4. Monitor stools
Metoclopramide	Antiemetic	To increase gastric motility	1 mg NGT q8h	Yes Click here to enter text.	N/A	Tarditive dyskinesia, anxiety, swelling, SOB	1. May experience restlessness, drowsiness, N/V, or HA 2. Report any ADRs 3. Take on an empty stomach 4. Use with caution in patients with stomach or intestinal blockages
Metronidiazole	Amebicide	Intra-abdominal Infection	100 mg IVPB BID	Yes Click here to enter text.	IVPB: 5mg/mL/hr (20mL/hr)	Dysuria, confusion, vaginal itching, oral blistering or difficulty swallowing, and neurological s/s	1. Monitor for dysphagia, oral blistering, and other ADRs 2. May experience difficulty sleeping, N/V, and mouth sores 3. Take with juice to decrease metallic taste 4. Avoid unnecessary use

Student Name: Kaleigh Sullivan Unit: PE3 Date: 2/14/23

83

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 S Left S
Pushes: Right S Left S
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 clear yellow
Consistency thick
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site Ear
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 3+ 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 NGT
Location L Inserted to N/a cm
☐ Suction Type: Infusing to jejunum

NUTRITIONAL

Diet/Formula: TPN goal cycle
Amount/Schedule: 10 ml/hr
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

PSYCHOSOCIAL

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

IV ACCESS

Site: _____ ☐ INT ☐ None
☑ Central Line
Type/Location: PICC (R) Brachial
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☑ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: N/a

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: N/a
Type: N/a
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

☐ None
Type: Abd. Incision
Location: Abdomen (medial)
Description: Fully healed
Dressing: N/a

TUBES/DRAINS

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

Student 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			54	54	54	54							216
IV Meds/Flush				10									10
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		[illegible]		162									162
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

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

Small Bowel Obstruction

Signs & Symptoms
- Intermittent abdominal cramping
- Loss of appetite
- Constipation and vomiting
- Inability to have a BM or pass gas
- abdominal edema

Pathophysiology
Impacted feces in the small bowel obstruct the intestinal tract and prevent outflow of feces through the rectum.

Diagnostics/Labs
- physical exam
- Abdominal xr
- CT scan
- Abdominal ultrasound
- Air or barium enema

Treatment/Medication
- IV fluids
- nasogastric tube
- surgical intervention
- antibiotics
- PRN pain medications

Nursing Interventions
- Monitor pain
- Pre-op and post-op education
- Ensure adequate fluids
- daily weights and I+Os

Patient Teaching
- There are multiple surgical interventions we can do to treat the obstruction
- we are giving TPN to prevent further obstructions and so we don't overwhelm the bowels after surgery
- We are giving antibiotics to treat the infection that the obstruction caused

Other

Priority Nursing Diagnosis
dehydration

Student Name _____

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

1. Holding by parents
2. Playing with toys

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

- PRN acetaminophen

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

Patient Wt: 11.16 kg

100 x 10 = 1000
50 x 1.16 = 58
20 x 0 = 0

1058 ml/24hrs

Calculated Fluid Requirement: 44 **ml/hr**

Actual Pt MIVF Rate: 40 **ml/hr**

Is There a Significant Discrepancy?

Why? no

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

11.16 kg x 1 ml/kg/hr = 11.16 mL/hr

Calculated Min. Urine Output: 11.16 **ml/hr**

Actual Pt Urine Output: 6.75 **ml/hr**

most likely inaccurate because I didn't write down VO over last 24 hours

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: 20 months

Erickson Stage: autonomy vs. shame and doubt

1. Watches the same TV show all the time
2. Routine wagon rides and trips to the playroom

Piaget Stage: Sensorimotor

1. Repeated actions (e.g. pulling at my badge reel)
2. Likes it when I shine my penlight at him (tertiary circular reaction)

Student Name _____

11. Focused Nursing Diagnosis:

Dehydration

12. Related to (r/t):

Small Bowel Obstruction

13. As evidenced by (aeb):

↓ urine output

14. Desired patient outcome:

Ability to tolerate fluids and have appropriate urine output at discharge (resolved dehydration)

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

1. TPN

Evidenced Based Practice: allows for hydration and nutrition at the same time

2. Strict I+Os and daily weights

Evidenced Based Practice: monitors for fluid loss

3. Frequent labs

Evidenced Based Practice: Monitors fluid and electrolyte balance

16. Patient/Caregiver Teaching:

1. TPN will be maintained until the GI system can tolerate tube and normal feedings
2. We will make sure to keep your son well hydrated by monitoring labs, I+Os, and daily weights
3. We have him on antibiotics to treat the infection that resulted from the obstruction.

17. Discharge Planning/Community Resources:

1. Transitioning to a normal development
2. Making sure development is being achieved and that therapy is prescribed prn
3. Contact a social worker about getting financial support for hospital stay is so long

Student Name: Raleigh Sullivan Unit: PICU Date: 2/15/23

GENERAL APPEARANCE

Appearance: ☑ Healthy/Well Nourished ☑ Neat/Clean ☐ Emaciated ☐ Unkept

Developmental age: ☐ Normal ☐ Delayed

Sedated so unable to assess

NEUROLOGICAL

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 _____ Left _____

Pushes: Right _____ Left _____

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 3.5 @ 11.5 cm ☐ Other: _____

Trach: ☐ Yes ☑ No Size _____ Type _____ Obturator at Bedside ☐ Yes ☐ No

Cough: ☐ Yes ☑ No ☐ Productive ☐ Nonproductive

Secretions: Color clear, Consistency _____

Suction: ☑ Yes ☐ No Type ETT

Pulse Ox Site _____

Oxygen Saturation: 94%

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☑ Yes ☐ No Location BLE ☐ 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

ELIMINATION

Urine Appearance: clear yellow

Stool Appearance: _____ ☐ 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 NG Location L Inserted to 45 cm ☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Full Strength Pedi

Amount/Schedule: 35mL/hr

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

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family: ☑ Present ☐ Absent

IV ACCESS

Site: _____ ☐ INT ☐ None ☑ Central Line Type/Location: (L) Subclavian

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

Dressing Intact: ☑ Yes ☐ No

Fluids: NS @ 3mL/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: Face

Mucous Membranes: Color: Pink ☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score: 0800 0 1200 0 1600 ____

WOUND/INCISION

☐ **None**

Type: Pressure injury

Location: Cheeks, (R) dorsal

Description: _____

Dressing: N/A

TUBES/DRAINS

☑ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Student 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		35	35		50								120
Enteral Flush													
Free Water													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush		10.52		39									49.52

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		20	50										76
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

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) 7
	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

Acute Respiratory Distress

Signs & Symptoms

- fever
- SOB
- Tachypnea
- Labored Breathing
- Low Blood pressure
- confusion
- extreme fatigue

Pathophysiology

Fluid from the capillaries leak into the alveoli and impairs the exchange of oxygen.

Diagnostics/Labs

- CXR
- CT Scan

Treatment/Medication

- ativan / sedatives
- mechanical ventilation
- careful management of IV fluids
- antibiotics
- analgesics
- anticoagulants

Nursing Interventions

- Frequent respiratory assessments
- Careful monitoring of VS
- Daily weights and I+Os
- Tube feeding
- Frequent labs

Patient Teaching

- Long road to recovery
- pulmonary rehabilitation after
- gradual transition back to regular feedings
- closely monitoring F+E balance, VS, labs, etc.
- Frequent rounding and collaboration w/ interdisciplinary team

Other

Priority Nursing Diagnosis

Impaired gas exchange r/t impaired alveolar functioning