X.P.

Student Name: Daisy Armendariz Unit: PF1 Date: 2/14/23

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 _____

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_____@_____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 (R) Finger

Oxygen Saturation: 96%

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: yellow

Stool Appearance: LBM 2/13
☐ 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: Regular

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) Bicep ☐ INT ☐ None
☐ Central Line
Type/Location: Bicep 20GA

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

Dressing Intact: ☒ Yes ☐ No

Fluids: D5NS @ 70 mL/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: Petechiae,

Mucous Membranes: Color: pink
☒ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☒ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:
0800 _____ 1200 _____ 1600 _____

WOUND/INCISION

☐ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

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

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

Student Name: Daisy Armendariz Unit: PF1 Date: 2/14/23

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	70	70	70	70									280 mL
IV Meds/Flush		1520mg											1520mg
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		384											384 mL
# 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

Student Name: Daisy Armendariz Unit: PF1 Pt. Initials: X.P. Date: 2/14/23

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

Allergies: Amoxicillin

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.)
Allopurinol (Zyloprim)	~~Gout~~ Antigout Agents	Gout, Uric acid, Kidney stones	104 mg PO BID	300mg/day Yes		Drowsiness, fever, chills, abnormal liver function tests, joint pain, nausea, vomiting, diarrhea	1 Give after Meals 2. Plenty of fluids, to reduce risk of forming Kidney stones. 3 Call don't Fall! May Cause drowsiness 4 An increase in gout attacks when first ~~taken~~ taking allopurinol oral.
Cefepime (Max·pime)	Cephalosporins Antibiotic		1520mg IV q8hrs	165 – 2000 mg Yes	IVPB- 76mL/hr Sodium Chloride 0.9%	Fever, Headache, abnormal blood tests, nausea, Diarrhea, vomiting	1. Cefepime must be given slow 2. Cefepime treats bacterial infections, not Viral infections. 3. Report if Patient has trouble with communicating or understanding words. 4. Speak with physican before taking any anti-diarrheal medicine.
Sodium Chloride 0.9% (NS) bolus	Isotonic	Severe dehydration	250mL IV once	319mL – 638mL NO? Low dosage?	IV – infused over 20 mins.	Swelling hands/ ankles / feet, muscle cramps, unusual weakness, headache, nausea	1 Help with fluid loss 2. Manage and treat dehydration 3. Report any Confusion 4. Report extreme drowsiness
D5NS at 70mL/hr							1. 2. 3. 4.
							1. 2. 3. 4.

Primary IV: D5 NS at 70mL/hr

IVF Type: ~~Isotonic~~ Hypertonic

Rationale for IVF: Expand extra Cellular ~~de~~ volume.

Lab values to Assess to IVF: BP, Hyponatremia, urine output

Contraindications/Complications: Can cause intravascular volume overload and pulmonary edema. Do not use with DKA, impaired heart or kidney function.

Acute Lymphocytic Leukemia

Signs & Symptoms
- High fever
- Bruising
- Dyspnea
- Anemia
- Fatigue
- Tachycardia
- Pain
- No appetite

Pathophysiology
Due to precipitating factors, immature, non-functioning WBC's appear to accumulate first in the tissue where they originate. These immature WBC's then spill into the bloodstream and from there infiltrate other tissues. Eventually, this infiltration results in organ malfunction because of encroachment and hemorrhage.

Diagnostics/Labs
- Bone Marrow aspiration
- Bone Marrow biopsy
- Blood counts
- Differential leukocyte count
- Lumbar puncture
- Uric acid levels

Treatment/Medication
- Systemic chemotherapy
- Radiation therapy
- Platelet
- Vincristine
- Allopurinol
- Cefepime
- Ondansetron
- Polyethylene glycol
- Dexamethasone
- Acetaminophen
- Famotidine

Nursing Interventions
- Assess clotting parameters
- Assess pain
- Monitor signs of infection
- Maintain normothermia
- Encourage nutrition
- Monitor intake and output
- Educate family
- Promote good nutrition

Patient Teaching
- Education (on the disease, it's treatment, risks of infection and bleeding.)
- Vascular access device
- Home care services

Other
- Skin care
- Constipation
- Mouth ulcers
- Psychological support
- Manage stress

Priority Nursing Diagnosis
Risk for infection related to overproduction of immature WBC's.

Student Name Daisy Armendariz

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

1. Games on iPad
2. Listening to music on phone

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

N/A

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

Patient Wt: 31.9 **kg**

10 Kg x 100 = 1000
10 Kg x 50 = 500
11.9 Kg x 20 = 238
1738 mL/24 hrs = 72 mL/hr

Calculated Fluid Requirement: 72 **ml/hr**

Actual Pt MIVF Rate: 70 **ml/hr**

Is There a Significant Discrepancy? yes

Why? Actual pt rate is lower than calculated requirement.

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

0.5 (31.9 Kg) = 15.95 mL/hr

Calculated Min. Urine Output: 15.95 **ml/hr**

Actual Pt Urine Output: 384 **ml/hr**
(Diaper weight)

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: 8y.o.

Erickson Stage: ~~Industry vs Inferiority~~ Guilt vs Initiative

1. Eager to try a new activity, color in a new coloring book.
2. Attempt to turn iPad on by himself.

Piaget Stage: ~~Concrete Operational~~ Preoperational Period

1. Can only focus on one thing at a time such as putting on a sock.
2. Imitating dinosaur noises from the song he is listening to.

Student Name Daisy Armendariz

11. Focused Nursing Diagnosis:

Risk for infection

12. Related to (r/t):

immature lymphocytes secondary to chemotherapy

13. As evidenced by (aeb):

N/A

14. Desired patient outcome:

I dentify actions to prevent/ reduce risk of infection by 2/14/23 at 1230.

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

1. Limit visitors as indicated

Evidenced Based Practice:
To protect the patient from potential sources of pathogens or infection

2. Require good handwashing protocol for all personnel and visitors

Evidenced Based Practice:
Prevents cross-contamination and reduces risk of infection.

3. Coodination procedures and tests to allow for uninterrupted rest periods

Evidenced Based Practice:
Conserves energy for healing, cellular regeneration.

16. Patient/Caregiver Teaching:

1. Recommend removing all ~~th~~ live plants and flowers from patient room.
2. Family / Friends who are not feeling well, ask them to stay home or away
3. until they are better.

↓

Concentrate on good nutrition and fluid intake.
(start with small meals)

17. Discharge Planning/Community Resources:

1. Follow up with future appointments
2. Local resources/Local support groups for family and patient to meet others
3. who also deal with ALL.

Financial resources to help navigate through the new diagnosis.

W. B.

Student Name: Daisy Armendariz Unit: PF1 Date: 2/14/23

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished
X Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
☐ Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☐ Appropriate for Age
Pupil Response: X Equal ☐ Unequal
X Reactive to Light ☐ Size _____
Fontanel: (Pt < 2 years) X Soft X Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
X Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right _____ Left _____
S=Strong W=Weak N=None
EVD Drain: ☐ Yes X No Level _____
Seizure Precautions: ☐ Yes ☐ No

RESPIRATORY

Respirations: X Regular ☐ Irregular
☐ Retractions (type) _____
☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size_____@_____cm
☐ Other: _____
Trach: ☐ Yes X No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes X No
☐ Productive ☐ Nonproductive
Secretions: Color _____
Consistency _____
Suction: ☐ Yes X No Type _____
Pulse Ox Site (L) Foot
Oxygen Saturation: 98%

CARDIOVASCULAR

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

ELIMINATION

Urine Appearance: Light yellow
Stool Appearance: Loose yellow
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads
X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: ☐ Yes ☐ No
Tube: ☐ Yes X No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Breast milk
Amount/Schedule: 1-3oz/2-3hrs.
Chewing/Swallowing difficulties:
☐ Yes X No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: X None
Type: _____

MOBILITY

☐ Ambulatory ☐ Crawl X In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

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

IV ACCESS

Site: _____ ☐ INT X None
☐ Central Line
Type/Location: _____
Appearance: ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: _____

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
X Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

X **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

Student Name: Daisy Arredondo Unit: PF1 Date: 2/14/23

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			30										30 mL
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		46mL											46 mL
# of immeasurable													
Stool			1										1
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

#17

Student Name: Daisy Arredondo Unit: PICU Date: 2/15/23

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 mm
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_____@_____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 Right foot
Oxygen Saturation: 96%

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

ELIMINATION

Urine Appearance: Yellow
Stool Appearance: Loose dark brown
☐ 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: Breastmilk
Amount/Schedule: 3oz / 3hrs
Chewing/Swallowing difficulties:
☒Yes ☐ No
Swallowing

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: _____
Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: _____

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: Mid chest
Mucous Membranes: Color: pink ☒Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

☒**None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

Arms or in Crib

Covenant School of Nursing
Instructional Module 5
Pediatric Assessment Tool

Student Name: Daisy Armendariz Unit: PICU Date: 2/15/23

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			1oz	1oz	2oz								3oz
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				1									
Stool				1									
Urine/Stool mix				1									
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 – skin a little red, pink
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

Student Name: Daisy Armendariz Unit: PF1 Pt. Initials: W.B. Date: 2/14/23

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

Allergies: NKDA

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.)
Levothyroxine (Synthroid)	Thyroid drugs	Thyroid hormone	25mcg PO Daily	25 mcg – 495mcg Yes		chest pain, irregular heartbeats, shortness of breath, Headache, leg cramps, trouble sleeping, increased appetite, feeling hot	1. Before breakfast, on an empty stomach 2. ~~Do not~~ Crush and mix with breast milk 3. Dose might change based on weight 4. It may take several weeks before the body starts to respond to levothyroxine
Sodium Citrate-citrate acid (BICITRA)	Misc. Genitourinary Products	Treat acidosis, Prevent gout, or Kidney stones	3mL PO BID	3mL – 15mL Yes		Nausea, vomiting, diarrhea	1. Dilute in 1-3 oz of breast milk 2. Take after meals and at bedtime 3. Drink plenty of liquids 4. Frequent blood and urine tests will be needed.
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Newborn Hypoglycemia

Signs & Symptoms
- Lethargy
- Jitteriness
- Poor feeding
- Cyanosis
- Tachypnea
- High pitch or weak cry
- Apneic Episodes
- Eye rolling
- Seizures
- Hypothermia
- Coma
- Irritability

Pathophysiology
In utero, the fetus receives all its glucose and nutrients from the placenta, or mom. once the umbilical cord is cut the supply of glucose is stopped. The baby must now use the stored glycogen and brown adipose tissue, if no exogenous glucose has been received, stores to supply the body with needed glucose, glycogenolysis - break down of glycogen into glucose. Due to the birth being stressful on a newborn, and adaption to being outside of the uterus, they require more energy and quickly use up the glucose they had stored, approx. 90% is used in the first hours of birth.

Diagnostics/Labs
- Blood glucose level by heel stick
  < 30mg/dL

Treatment/Medication
- Early initiation of breastfeeding
- Increase feeding frequency
- Infant formula if difficulties infant latching, poor feedings, low volumes of breastmilk
- Recheck blood sugar every hour, after feeding.
- Intravenous glucose

Nursing Interventions
- Cluster Care
- Feed 2-3 hrs
- Assess newborn for sds
- After low level on blood sugar check, feed, and 30 mins later recheck blood sugar
- Notify provider if blood sugar continues to be low
- Skin to skin, prevent hypothermia

Patient Teaching
- risk factors and causes of neonatal hypoglycemia
- Clinical manifestations of neonatal hypoglycemia
- Prevent and manage neonatal hypoglycemia
- Medical management of neonatal hypoglycemia
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Other
Prolonged hypoglycemia can cause brain injury, need to maintain 30-60mg/dL

Priority Nursing Diagnosis
risk for unstable blood glucose level