



Guadalupe Carrillo

Student Name Guadalupe Carrillo

| | | |
|--|--|---|
| <p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Distraction (going to teen town) 2. relaxation (not moving the hand as much) <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> | <p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>Patient Wt: <u>21.4</u> kg = <u>1528 mL/day</u></p> <p>$10 \times 100 = 1000$ <u>63.66 mL/hr</u></p> <p>$10 \times 50 = 500$</p> <p>$1.4 \times 20 = 28$</p> <p>Calculated Fluid Requirement: <u>64</u> mL/hr</p> <p>Actual Pt MIVF Rate: <u>INT</u> mL/hr</p> <p>Is There a Significant Discrepancy? <u>NO</u></p> <p>Why? <u>No fluids going</u></p> | <p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>$21.4 \times 0.5 = 10.7 \text{ mL/hr}$</p> <p>$\times 24$</p> <p><u>256.8 mL/24hrs</u></p> <p>Calculated Min. Urine Output: <u>10.7</u> mL/hr</p> <p>Actual Pt Urine Output: <u>void x 3</u> mL/hr</p> |
| <p>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:</p> <p>Patient age: <u>7 years old</u></p> <p>Erickson Stage: <u>Industry vs. Inferiority</u></p> <ol style="list-style-type: none"> 1. <u>wanted to show me he could put his pulse ox on by himself</u> 2. <u>when cleaning the wound he stated he was not ready to see the wound.</u> <p>Piaget Stage: <u>Concrete Operational Period</u></p> <ol style="list-style-type: none"> 1. <u>he was able to understand the surgical wound will close and</u> 2. <u>his hand would go back to normal</u> <p><u>he voiced out that he was ready to go back to school and see his friends</u></p> | | |

Student Name Guadalupe Carrillo

| | | |
|--|---|---|
| <p>11. Focused Nursing Diagnosis:</p> <p>Acute Pain</p> | <p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <p>1. gave Tylenol for pain</p> <p>Evidenced Based Practice:</p> | <p>16. Patient/Caregiver Teaching:</p> <p>1. follow up with primary care Provider.</p> <p>2. Avoid further trauma to the hand.</p> <p>3. hand.</p> <p>monitor for any signs and symptoms of infection</p> |
| <p>12. Related to (r/t):</p> <p>Surgical incision and drainage</p> | <p>2. distraction</p> <p>Evidenced Based Practice:</p> <p>Asked what made the pain</p> <p>3. feel better (relax) not playing on his nintendo</p> <p>Evidenced Based Practice:</p> | <p>17. Discharge Planning/Community Resources:</p> <p>1. monitor site for infection</p> <p>2. keep surgical incision clean and dry</p> <p>3. Alternate Tylenol and ibuprofen for pain or fever as needed.</p> |
| <p>13. As evidenced by (aeb):</p> <p>Patient report a 5 out of 10 pain in a scale of 0-10.</p> | | |
| <p>14. Desired patient outcome:</p> <p>Acceptable pain control and functional ability</p> | | |

Student Name: Guadalupe Carrillo

Unit: Pedi

Date: 3/29/23

| GENERAL APPEARANCE | CARDIOVASCULAR | PSYCHOSOCIAL |
|---|---|--|
| Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" 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>+3</u> L <u>+3</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None | Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input 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 | 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 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 checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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 yellow</u> Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy | Site: <u>L AC 22g</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input 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: _____ |
| 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 _____ Oxygen Saturation: _____ | Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <u>X 4</u> quads <input checked="" 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 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 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 |
| | NUTRITIONAL | PAIN |
| | Diet/Formula: <u>Regular</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>none</u> Type: <u>none</u> Pain Score: 0800 _____ 1200 _____ 1600 <u>0</u> |
| | MUSCULOSKELETAL | WOUND/INCISION |
| | <input type="checkbox"/> Pain <input 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: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____ | <input type="checkbox"/> None Type: <u>Incision (R) hand</u> Location: <u>(R) hand</u> Description: <u>approximated with 3 stitches</u> Dressing: <u>Bandaid</u> |
| | 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: _____ |

Student Name: Guadalupe Carrillo

Unit: Pedi

Pt. Initials: JM

Date: 3/29/23

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 |
|--|---------------------------------|-------------------|-------------------------------------|---------------------------------|
| none | Isotonic/ Hypotonic/ Hypertonic | | | |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? | 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.) |
|----------------------------------|---|--------------------|----------------------------|---|---|--|--|
| | | | | Is med in therapeutic range? | | | |
| | | | | If not, why? | | | |
| Sulfamethoxazole trimethoprim | Antibiotic misc. Antiinfectives | Infection | PO BID 1.5 tablet | 6-12 mg/kg/day Yes | ✓ | Tachycardia Diarrhea abdominal pain | 1. Report any loose stools 2. monitor heart rate 3. 4. |
| acetaminophen | analgesics non narcotic Pain | Pain | PO 325mg PRN Q4hr | 10-15 mg/kg/dose q 4hrs 215-321 mg/dose Yes | | hepatotoxicity Skin rash Erythema of skin | 1. Don't give more than 5 doses/day 2. monitor for steven johnson syndrome 3. Take over 2.5g/day can cause liver failure 4. Report any constipation |
| Ibuprofen | Anti Rheumatic | Pain | PO 200mg PRN Q4hr | 4-10 mg/kg/dose q 4hrs 85.4-214 mg/dose Yes | | Decreased hemoglobin Edema Maculopapular rash Fluid retention | 1. Report any blood in stool 2. Assess pt for any rash 3. Increase GI bleed 4. |
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |

Student Name: Guadalupe Carrillo

Unit: Pedi

Date: 3/29/23

| INTAKE/OUTPUT | | | | | | | | | | | | | |
|----------------------|----|----|----|----|----|----|----|-------|----|----|-------|----|-------|
| PO/Enteral Intake | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| PO Intake | | | | | | | | 200ml | | | 240ml | | 440ml |
| 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 | | | | | | | | X1 | X1 | | X1 | | X3 |
| 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) <u>0</u> |
| | 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 |

| | |
|--|--|
| <p>Patient #1 Diagnosis/Chief Complaint</p> <p>hip pain</p> | <p>Patient #1 Teaching</p> <ol style="list-style-type: none"> 1. Control pain w/ Tylenol and ibuprofen 2. Encourage rest 3. <p>Discharge planning/Community Resources</p> <ol style="list-style-type: none"> 1. Follow up with Primary Care physician 2. Gave mom a list of primary care physicians close to their home 3. |
| <p>Patient #2 Diagnosis/Chief Complaint</p> <p>Difficulty breath (croup)</p> | <p>Patient #2 Teaching</p> <ol style="list-style-type: none"> 1. Monitor heart rate and O₂ Sats 2. Will give racemic epi to help open up airway and clear out mucous 3. <p>Discharge Planning/Community Resources</p> <ol style="list-style-type: none"> 1. Pt had to be admitted due to more than 1 racemic epi was given 2. Monitor over night 3. |

Question #1: What community acquired diseases are trending?

1. Strep
2. Viral Cold
3. Rhinovirus

Question #2: How does this unit debrief a traumatic event?

After event all available Nurse and charge nurse gather around the nurse's station and talk about what could of been better, things to work on, and what was good about it.

Days later someone from an outside department will come to the unit and ask if they need further debrief or assistance.