1 y/o

Student Name: _____ Unit: Peds Date: _____

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 WNL Left W

Pushes: Right ~~Weak~~ WNL Left W

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: 0.5 L/ min on/off ☐ 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 Mechanical

Pulse Ox Site Lt toe

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: N/A ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

- has n't ~~Stooled~~ today

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: Clear liquid 4/5

Amount/Schedule: 10mL/hr

Chewing/Swallowing difficulties: ☑ Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

Movement: hemiplegia ☐ 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: Rt ~~forearm~~ ☑ INT ☐ None

☑ Central Line Arm

Type/ Location: triple lumen

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: Bilat hips

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

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☑ Faces

Location: _____

Type: _____

Pain Score:

0800 N/A 1200 2 1600 2

WOUND/INCISION

☐ None

Type: Incision / Surgical

Location: Bilateral hip

Description: _____

Dressing: _____

TUBES/DRAINS

☐ None

☐ Drain/Tube

Site: NG (Nose)

Type: NG tube

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

~~R~~ 7 y/o

Student Name: Kennadee M Unit: Pedi Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	260				260				400				
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	520			170					200				
# of immeasurable													
Stool													
Urine/ Stool mix									160				
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

10 mo

Student Name: Kennadee M Unit: _____ Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	60								120				200
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	240								150				390
# 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) 2 pt 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

apple : 120

Student Name Kennadee

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

1. Parents hold, feed, rock
2. pacifier / sweeties

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

N/A

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

Patient Wt: 6 **kg**

6kg x 100= 60mL

Calculated Fluid Requirement: 60 **ml/hr**

Actual Pt MIVF Rate: 0 **ml/hr**

Is There a Significant Discrepancy?

Why? No, he is drinking regularly. Supplemental fluid not needed

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

6x[redacted]1

6

Calculated Min. Urine Output: [redacted] **ml/hr**

Actual Pt Urine Output: 15 **ml/hr**

180 ÷ 12 =

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: 10mo

Erickson Stage: Psychosocial

1. trust vs. mistrust: grandma tends to him when he cries
2. Baby laughs when grandma feeds him

Piaget Stage: Cognitive

1. Sensorimotor; Egocentric: baby thinks world revolves around
2. him.
   baby experiences some Anxiety when grandma leaves room

Student Name Kennadee

11. Focused Nursing Diagnosis:

- Hypoxia
- Respiratory distress
- Acute Viral Bronchiolitis

12. Related to (r/t):

Parainfluenza Virus

13. As evidenced by (aeb):

Flu test
O_2 Saturation

14. Desired patient outcome:

- Breath on own without supp Oxygen

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

1. Supplemental oxygen

Evidenced Based Practice:

Brings O_2 Sat up (Combat Hypoxia)

2. Budesonide

Evidenced Based Practice:

- Bronchodilator → Easier Breathing

3. Humidified O_2

Evidenced Based Practice:

- Breaks up mucous for easier Breathing

16. Patient/Caregiver Teaching:

1. feed him slowly
2. Sit upright After eating
3. Suction mucous to help breathing

17. Discharge Planning/Community Resources:

1. Signs of resp problems:
2. Cyanosis, grunting, etc.
3. Call HCP if you notice he is Struggling.

Student Name: _____ Unit: _____ Pt. Initials: AC + KC Date: _____

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
N/A	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.)
Budesonide	Anti-Asthmatic	Open Airway -Ease breathing	daily 0.25mg Nebulizer (inhale)	0.36mg/day yes!	N/A	• Skin rash • Resp infection • Conjuctivitis	1. Report signs of nasal irritation 2. rinse mouth after 3. 4.
Clindamycin	Anti-infection	Antibiotic for Aspiration Pneumonia	96hrs 156mg IV	10-60 mg/kg yes	IVPB: dextrose 5% 26mL/hr 13ML total 12mg/mL	• Hypotension • Anaphalaxis	1. Get up slowely → dizzy 2. C. diff risk → report 3. diarrhea 4. Report Yellowing → Jaundice
Levetiracetam	Anti-Convulsant	Seizure Precautions	BID 500mg IV	10-60 mg/kg yes	IVPB: NS 200mL/hr 50mL total 10mg/mL	• Increase BP • Infection • Nasopharyngitis	1. Report rash → toxic 2. epidermal necrosis 3. ⊘ stop taking → increased 4. Seizure frequency
OXCarbazepine	Anti-Convulsant	Seizure Precautions	BID 240mg ~~300mg~~ Oral	8-10mg/kg Yes	N/A	• Hyponatremia • Abd pain • N|V • Nystagmus	1. Watch for rash 2. take on empty stomach 3. lay on side → N|V 4. report tremors → ↓ Cat
							1. 2. 3. 4.

Adopted: August 2016

Parainfluenza

Signs & Symptoms
- Respiratory distress
- Hypoxia
- Fever
- runny nose
- Sore throat
- Ear pain

Pathophysiology
- Common Respiratory infection among children.
-

Diagnostics/Labs
- PCR test → Nose Swab (polymerase chain reaction)
-

Treatment/Medication
- Budesamide Breathing treatment
- Acetaminophen
- Humidifier

Nursing Interventions
- Supplemental O_2
- monitoring respiratory function

Patient Teaching
- Flu Vaccine doesn't protect against HPIV
- Call HCP if symptoms do not improve

Other

Priority Nursing Diagnosis
- RDS
- Hypoxia

10 mo

Student Name: Kennadel Unit: Pedi Date: _____

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 N Left N (infant)
Pushes: Right N Left N
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: 0.1 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 _____
Consistency _____
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site Rt toe
Oxygen Saturation: 95%

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
Stool Appearance: 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: 6-12mo 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: None ☐ 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: _____
Mucous Membranes: Color: pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 0 1200 0 1600 1

WOUND/INCISION

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

TUBES/DRAINS

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