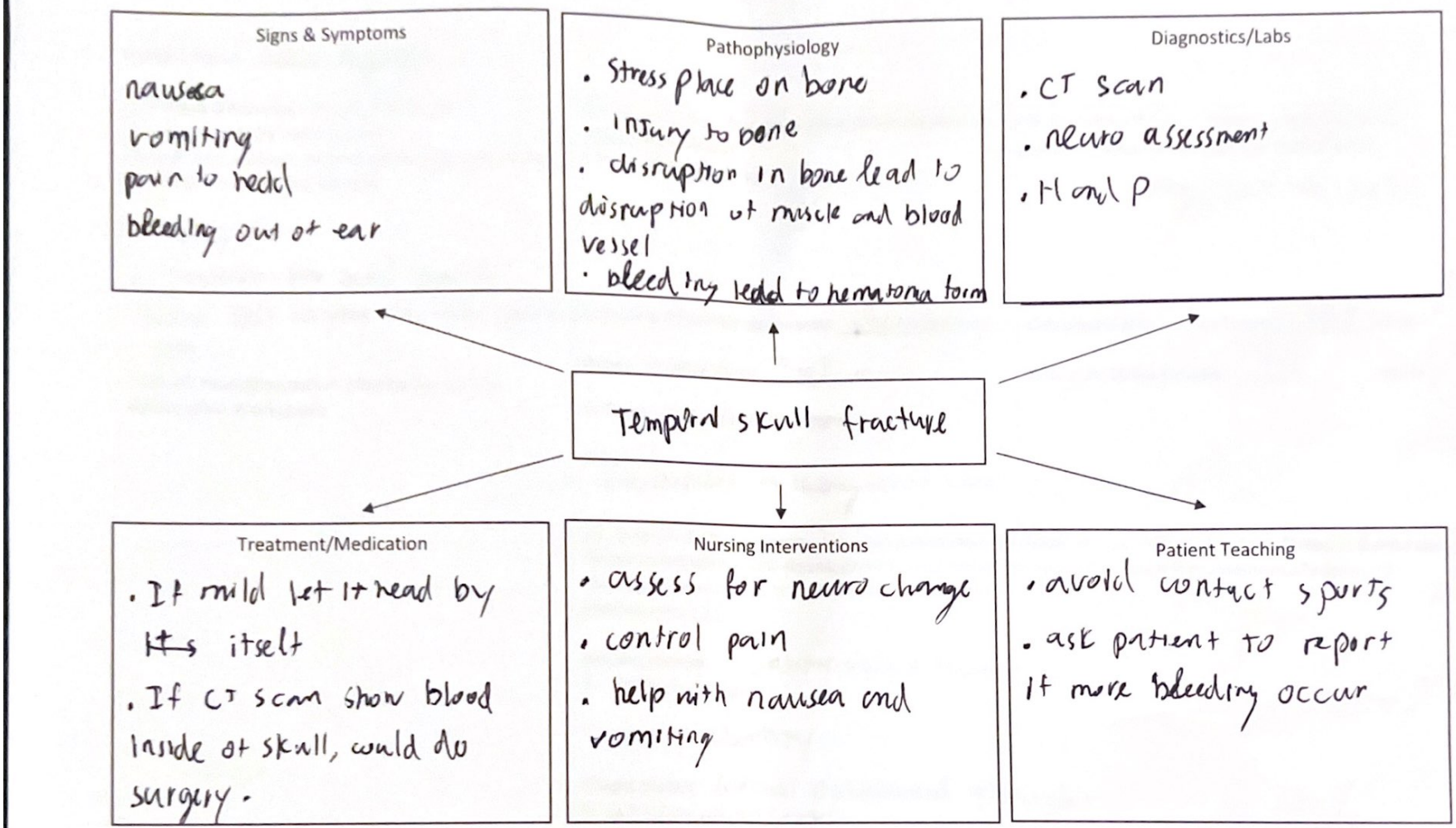

Other

family concern.

Priority Nursing Diagnosis

acute pain related to injury to the head evidence by reported of pain ~~and be~~ desired outcome patient relief of pain by 1300 on

04/11/2023

Student Name Nick Nguyen

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

1. apply ice
2. position the head away from not laying on the pain site

*List All Pain/Discomfort Medication on the Medication Worksheet

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

Patient Wt: 101 kg

Calculated Fluid Requirement: 130 ml/hr

Actual Pt MIVF Rate: INJ ml/hr

Is There a Significant Discrepancy? yes

Why?
the patient is taking oral fluid

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

0.5 mL x 101 kg = 50.5 mL/hour

Calculated Min. Urine Output: 50.5 ml/hr

Actual Pt Urine Output: 50 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: 15

Erickson Stage: identity vs confusion
1. new thought
2. group identity

Piaget Stage: formal operational thought
1. ability to consider the future
2. personal fable

Student Name Nick Nguyen

11. Focused Nursing Diagnosis:

acute pain

12. Related to (r/t):

injury to the head

13. As evidenced by (aeb):

report of pain

14. Desired patient outcome:

pain relief by 1300 on 04/11/2023

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

1. give pain medicaton

Evidenced Based Practice:

2. report relief of pain

Evidenced Based Practice:

3. patient show less sign of being in pain

Evidenced Based Practice:

allow wound to heal

16. Patient/Caregiver Teaching:

1. avoid contact sport
2. if patient neuro sign change call doctor
3. ask parent to report any drainge coming out of ear

17. Discharge Planning/Community Resources:

1. pharmacy
2. follow up appoiment
3. tele-health

Student Name: Nick Nguyen Unit: Pedi floor 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 3 MM
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:
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 Left index finger
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: dark 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 _____
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 FA ☑ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: 0.9 normal saline

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: ~~Occiput~~ Occipital
Mucous Membranes: Color: pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: head
Type: _____
Pain Score:
0800 3 1200 5 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: Nick Nguyen Unit: Ped1 Floor Date: _____

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	—	80	50	—	60	—							190 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			300ml										300 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) _____ 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: Nick Nguyen Unit: Peds floor Pt. Initials: LP Date: 04/11/2023

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

Allergies: Amoxicillin - pot clavulanate

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.)
acetaminophen (Ofirmev)	analgesics antipyretic	pain	1000mg Q6 IV	yes	400mL/Hr over 15 minutes	~~fever~~ liver failure ~~or~~ itching	1. do not exceed 4000mg/day 2. 3. could cause liver damage. 4.
							1. 2. monitor the pain if it is better. 3. 4. could upset stomach.
ondansetron	antiemetic	nausea vomiting	PRN 4mg IV	yes	2mg/1mL	fast HR confusion	1. prevent falling 2. 3. could cause liver damage 4.
							1. 2. report/monitor SOB. 3. monitor HR as it can 4. increase.
							1. 2. 3. 4.