

Student Name: Anne Ghandour Unit: Pedi Date: 4/12/23

67

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/ Well Nourished <input type="checkbox"/> Neat/ Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input 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 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 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 Withdrawn 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 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 type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Responsive to Light <input checked="" type="checkbox"/> Size: <u>3mm</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 type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>3</u> Left <u>3</u> Pushes: Right <u>3</u> Left <u>3</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>yellow/white</u> Stool Appearance: <u>type 4, brown</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> <u>OP</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/ Location: _____ Appearance: <input type="checkbox"/> No Redness/ Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluids: <u>100cc + 200cc 100mL/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Rhonchi <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Stridor <input type="checkbox"/> Right <input type="checkbox"/> Left <input 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 checked="" 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 type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <u>4</u> quads <input 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 checked="" 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 type="checkbox"/> Natural for Pt Condition: <input 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 checked="" type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/ Description: <u>incisions on abd x4</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MOBILITY	NUTRITIONAL	PAIN
<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	Diet/Formula: <u>breast as tol</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>RUB 0130 4/16</u> Type: <u>sharp</u> Pain Score: _____ <input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1600
WOUND/INCISION	MUSCULOSKELETAL	TUBES/DRAINS
<input type="checkbox"/> None Type: <u>open laceration incisions</u> Location: <u>abd</u> Description: _____ Dressing: <u>gauze</u>	<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 checked="" type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____	<input type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Student Name: _____ Unit: _____ Date: _____

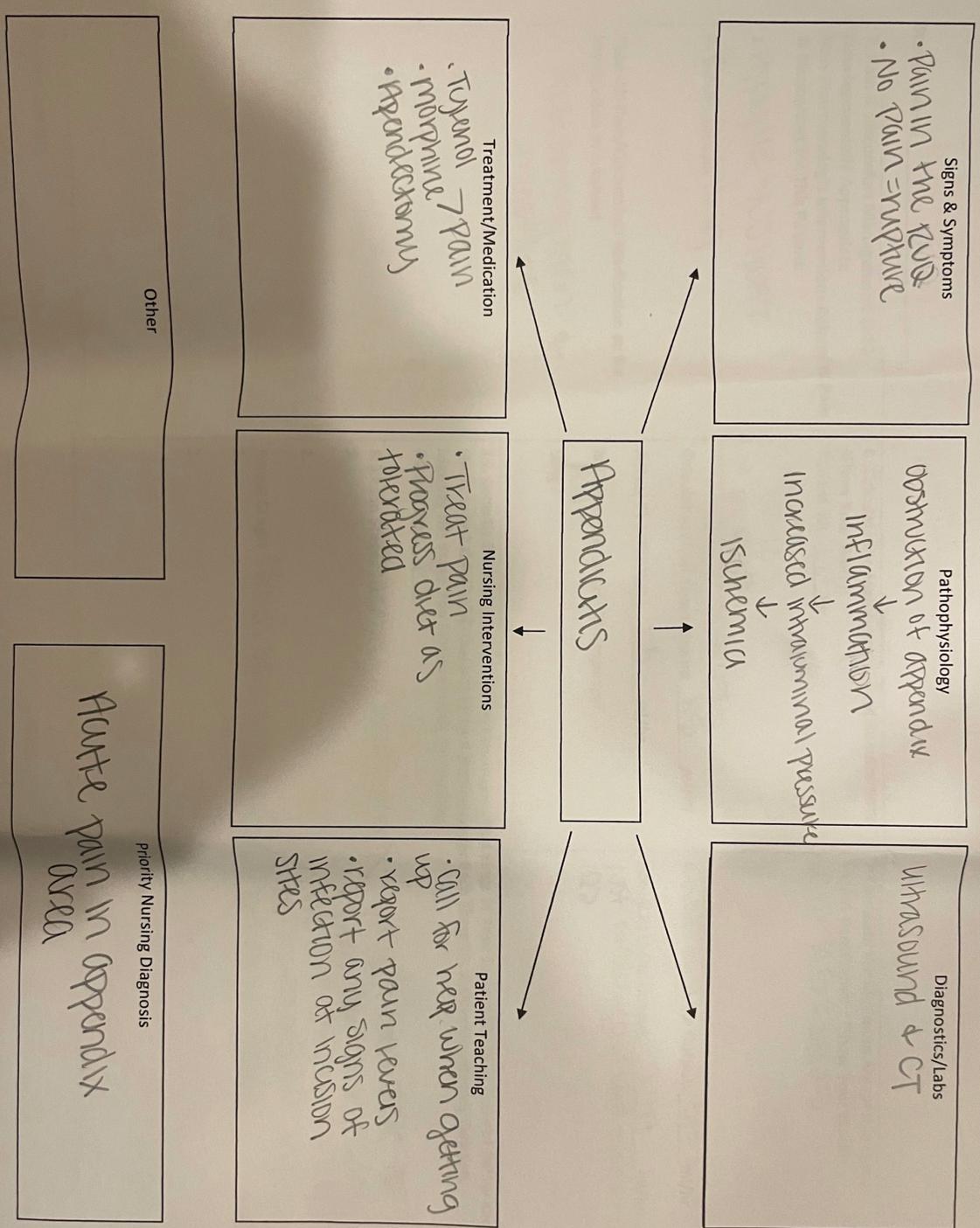
INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake							20ml				240		260ml
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					100ml	800ml							
IV Meds/ Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable							1		1			1	3
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 <u>1</u> 2 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 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>1</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

Student Name: Anne Gnanabur Unit: PA1 Pt. Initials: AG Date: 4/12/23
 Allergies: NSDA Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		Rationale for IVF	Lab Values to Assess Related to IVF	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precaution/Contraindications, Etc.)
				Is needed in therapeutic range? If not, why?	IVF - List diluent solution, volume, and rate of administration				
<u>propofol</u>	<u>anesthetic</u>	<u>mid pain</u>	<u>loading 1-2 mg/kg</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>isotonic</u>	<u>potassium</u>	<u>HA dizziness and vom</u>	<u>1 Do not exceed 400mg/day</u>
<u>propofol</u>	<u>anesthetic</u>	<u>mid pain</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>isotonic</u>	<u>potassium</u>	<u>HA dizziness and vom</u>	<u>2 Watch for r/s - redness, swelling</u>
<u>propofol</u>	<u>anesthetic</u>	<u>mid pain</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>isotonic</u>	<u>potassium</u>	<u>HA dizziness and vom</u>	<u>3 Report any wheezing or</u>
<u>propofol</u>	<u>anesthetic</u>	<u>mid pain</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>10-15 mg/kg</u>	<u>isotonic</u>	<u>potassium</u>	<u>HA dizziness and vom</u>	<u>4 Monitor for signs of respiratory depression</u>



Student Name _____

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

- 1. HYPOXIC - NO H&A
- 2. REPOSITIONING

*List All Pain/Discomfort Medication on the Medication Worksheet

Acetaminophen & morphine

8. Calculate the Maintenance Fluid Requirement (Show Your Work):
Patient Wt: 10.5 kg

$$\begin{aligned} & 100 \times 10 \\ & 50 \times 10 \\ & + 20 \times 50.5 \\ \hline & 2-510 / 24 = 104.58 \approx 105 \text{ ml/hr} \end{aligned}$$

Calculated Fluid Requirement: 105 ml/hr

Actual Pt MIVF Rate: 100 ml/hr

Is There a Significant Discrepancy? NO
Why?

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
0.5 x 10.5 = 5.25

Calculated Min. Urine Output: 35 ml/hr

Actual Pt Urine Output: N/A ml/hr
Not measured: 1 void approximately 02

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 v confusion

- 1.
- 2.

Piaget Stage: Formal operational

- 1.
- 2.

Patient was post-op from an appendectomy. He was drussy all day so no developmental behavior noted

Student Name _____

<p>11. Focused Nursing Diagnosis:</p> <p>Acute Pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <p>1. giving pain meds</p> <p>Evidenced Based Practice: keeping on top of pain will help with keeping it under control</p> <p>2. Applying ice</p> <p>Evidenced Based Practice: if med isn't due or if pain isn't as bad, ice can help relieve pain</p> <p>3. Repositioning</p> <p>Evidenced Based Practice: changing positions can help with pain temporarily</p>	<p>16. Patient/Caregiver Teaching:</p> <p>1. report any pain</p> <p>2. report any s/s of infection on incision site-red, swelling etc</p> <p>3. call for help when getting up vic of the dressings</p>
<p>12. Related to (r/t):</p> <p>Appendectomy</p>		
<p>13. As evidenced by (aeb):</p> <p>Patient stating that their pain is 8/10</p>		
<p>14. Desired patient outcome:</p> <p>Pain to be decreased or under control goal: 3-4/10</p>		<p>17. Discharge Planning/Community Resources:</p> <p>1. Call DR if there are issues with the incision</p> <p>2. Schedule follow up appointment</p> <p>3. Treat pain if there is any</p>