Student Name: Mariza Cordova Unit: PICU Date: 4/25/23

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 3mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed

Extremities: ☑ Able to move all extremities ☑ Symmetrically ☐ Asymmetrically

Grips: Right S Left S

Pushes: Right S Left S

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 Index

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: Clear/Yellow

Stool Appearance: Soft/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: Regular

Amount/Schedule: 3x day

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: _____ ☐ INT ☐ None

☑ Central Line

Type/Location: Port R Subclavian

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 ____ 1200 0 1600 ____

WOUND/INCISION

☐ None

Type: LP

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☑ None

☐ 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													
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					60	60							120
IV Meds/Flush					10								10
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable						1x							
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

Crohn's disease

Signs & Symptoms

- Abd. pain
- diarrhea (sometimes bloody)
- Fever
- Weight loss
- Failure to thrive.
- Unable to gain weight

Pathophysiology

Inflammation and abscesses, progressing to tiny focal epithelial ulcers. Can lead to bowel obstruction & Stricture formation

Diagnostics/Labs

- ↑ WBC (14.47)
- ↓ RBC (3.36)
- ↓ HGB (8.5)
- ↓ Hct (26.4)
- Neutrophils
- PLT ↑ (459)
- [redacted]
- Albumin (2.8) ↓
- ↓ Calcium (8.7)
- ALK PHOS ↓ (109)
- CRP (117) ↑
- Abd x-ray
- Stool Sample
- Endoscopy

Treatment/Medication

- Illeostomy
- Anti-inflammatory
- Antibiotics
- H2 Blockers
- Anti Rheumatic drugs

Nursing Interventions

- Monitor electrolytes
- Monitor intake & output
- Monitor for ↑ fever
- Rectal bleeding
- Monitor for Hypotension

} can be S/S of inflammation

Patient Teaching

- Patient will need frequent blood tests
- Possible education for how to use a feeding tube
- Teach patient how to care for ostomy if present

Other

- Pt. does not have a regular stoma, there was not enough bowel to pull out for a true stoma.

Priority Nursing Diagnosis

Risk for Deficiet Fluid Volume