Student Name: Meghan Schmitt Unit: PICU Pt. Initials: 3 Date: 8-29-23

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
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, Interven (Precautions/Contraindications, Etc.)
NORVASC	Amlodipine	HTN	1mg/mL = 2.5mg PO BID suspension	yes	N/A	Edema, Abdominal pain, Nausea, fatigue	1. Hold if SBP < 90 2. With combination, Ibuprofen can cause BP to increase. 3. No Bike riding due to dizziness. 4. Avoid grapefruit products - can make SE worse
DDAVP	Desmopressin	DI	0.1mg TAD PO TID	yes	N/A	facial flushing nausea, HTN, dizziness, headaches	1. monitor sodium levels 2. no bike riding due to dizziness 3. fluid restriction: drug leads to water retention. 4. black box warning - hyponatremia
CORTEF	hydro-cortisone	inflammation	1mg/mL = 5mg PO BID suspension	yes	N/A	fluid retention, ↑BP, inc. appetite, weight gain	1. Avoid grapefruit juice - can make SE worse. 2. no bike riding - dizziness 3. can effect immune system and lead to possible infections. 4. RN - K^+ & NA^+ depletion
MIRALAX	Polyethylene-glycol	constipation	17g powder PO daily PRN	yes	N/A	diarrhea, flatulence, nausea, abdominal cramps	1. Symptomatic improvement may not be seen for 2-4 days 2. Drink plenty of fluids to INC. bulk. 3. Stop any fiber supplements. 4. Mix with gatorade.
							1. 2. 3. 4.

Adopted: August 2016

Student Name: Meghan Schmitt Unit: PEDI Pt. Initials: TO Date: 8-30-23

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
N/A	Isotonic/ Hypotonic/ Hypertonic			

Generic Name ~~TYLENOL~~	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, Interven (Precautions/Contraindications, Etc.)
TYLENOL	Acetamino-phen	pain 5/10	761.6mg = 23.8mL PO PRN suspension	yes	N/A	pruritis, constipation, N/V	1. black box warning - do not exceed 4000 mg/day → liver failure 2. 3. give with food if GI upset occurs 4. check OTC meds for acetaminophen
							1. report any yellowing of skin/eyes 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

PICU

③

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			180	—									
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	210	190	180	—									
# 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: DC of tachycardia 0 (1) 2 3
Respiratory	Circle the appropriate score for this category: (0) 1 2 3
Staff Concern	1 pt – Concerned 0
Family Concern	1 pt – Concerned or absent 0
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

Meghan Schmitt (3)

PICU

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 pinky 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 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: Loosened
☐ 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: Diet Peds for age, 5-18
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) brachial ☒ INT ☐ None
☒ Central Line
Type/Location: PICC DL
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/red ☒ Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

☐ None
Type: surgical incision
Location: top of head (1), (2) side (2)
Description: (1) scar, pink (2) scar, tumor, pink
Dressing: N/A

TUBES/DRAINS

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

IM5 Clinical Worksheet – PICU

Student Name: Meghan Schmitt
Date: 8-29-23

Patient Age: 7 yo
Patient Weight: 35.3 kg

1. Admitting Diagnosis:
fungal VP shunt infection

2. Priority Focused Assessment R/T Diagnosis:
neuro

3. Signs and Symptoms:
- Pressure
- pain
- fever
- N/V

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
- CSF culture
- Head CT/MRI
- Abdominal CT/MRI

5. Lab Values That May Be Affected:
Na^+ CBC, BMP
K^+
WBC
CRP

6. Current Treatment (Include Procedures):
- removed old shunt
- EVD Drain placed/removed
- Antibiotics, Antifungals
- pain management
- steroids

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

1. positioning
2. distraction (black panther toy, TV, Nintendo switch)

8. Patient/Caregiver Teaching:
1. infection/medications
2. surgery/procedures
3. knowing alterations in LOC & motor function to identify possible problem.

Any Safety Issues Identified:
NO

9. Calculate the Maintenance Fluid Requirement (Show Your Work):
10 X 100 = 1000
10 X 50 = 500 = 1800/24 =
15.3 X 20 = 306

Combined Total Intake for Your Pt (mL/hr):
75 mL/hr

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
0.5 mL/35.3 kg/hr =

Actual Urine Output During Your Shift (mL/hr):
18 mL/hr

Please list any medications you administered or procedures you performed during your shift:
amlodipine, desmopressin, hydrocortisone, miralax

Pediatric Floor Patient #1

(78)

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	42	42											
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	/	210											
# 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) 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

Pediatric Floor Patient #1

(78)

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
☐ Normal X Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to:
X Person X Place X Time/Event X Appropriate for Age
Pupil Response: X Equal ☐ Unequal X Reactive to Light ☐ Size 3mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
X 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 X No Level _____
Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular ☐ Retractions (type) _____ ☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X Room Air ☐ Oxygen
Oxygen Delivery:
☐ Nasal Cannula: ____ L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size ____ @ ____ cm
☐ Other: _____
Trach: ☐ Yes X No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes X No ☐ Productive ☐ Nonproductive
Secretions: Color _____ Consistency _____
Suction: ☐ Yes X No Type _____
Pulse Ox Site R wrist
Oxygen Saturation: 99%

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: ☐ Yes X No Location _____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 2 sec ☐ > 2 sec
Pulses:
Upper R 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: X Unobserved ☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: X Yes ☐ No
Tube: X Yes ☐ No Type GJ
Location Midline Inserted to 40cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: NPO
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes ☐ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: ☐ None
Type: _____

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: ☐ Calm/Relaxed ☐ Quiet X Friendly X Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
X Present ☐ Absent

IV ACCESS

Site: R AC 24G ☐ INT ☐ None ☐ Central Line
Type/Location: _____
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen X Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: D5 1/2 NS + 20 K+ @42

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool X Dry ☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: WNL
X Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

X None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

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

Pediatric Floor Patient #2 (10)

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			120										
Intake – PO Meds					195								
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			15										
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable			1										
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

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Pediatric Floor Patient #2

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished ☐ Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless ☐ Sedated ☐ Unresponsive
Oriented to:
X Person X Place X Time/Event X Appropriate for Age
Pupil Response: X Equal ☐ Unequal X Reactive to Light ☐ Size 3mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☐ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right N Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes X No Level ____
Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular ☐ Retractions (type) ____ ☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X Room Air ☐ Oxygen
Oxygen Delivery:
☐ Nasal Cannula: ____ L/min
☐ BiPap/CPAP: ____
☐ Vent: ETT size ____ @ ____ cm
☐ Other: ____
Trach: ☐ Yes X No
Size ____ Type ____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes X No ☐ Productive ☐ Nonproductive
Secretions: Color ____ Consistency ____
Suction: ☐ Yes X No Type ____
Pulse Ox Site R 4
Oxygen Saturation: 95%

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other ____
Edema: ☐ Yes X No Location ____ ☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 2 sec ☐ > 2 sec
Pulses:
Upper R 2+ L 2+
Lower R — L 2+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: X Observed
Stool Appearance: Ø Observed
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: X Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: X Yes ☐ No
Tube: ☐ Yes X No Type ____
Location ____ Inserted to ____ cm
☐ Suction Type: ____

NUTRITIONAL

Diet/Formula: General
Amount/Schedule: ____
Chewing/Swallowing difficulties:
☐ Yes ☐ No

MUSCULOSKELETAL

X Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: ☐ None
Type: Splint/cast @ leg

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist ____
Assistive Device: X Crutch ☐ Walker ☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed ☐ Quiet X Friendly X Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
X Present ☐ Absent

IV ACCESS

Site: R AC 22G X INT ☐ None
☐ Central Line
Type/Location: ____
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen X Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: N/A

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced ☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool X Dry ☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: X Intact ☐ Bruises ☐ Lacerations ☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: ____
Mucous Membranes: Color: red
X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: X Numeric ☐ FLACC ☐ Faces
Location: R leg
Type: aching, throbbing
Pain Score:
0800 5 1200 ____ 1600 ____

WOUND/INCISION

☐ None
Type: Surgical incision
Location: R medial knee
Description: Staples
Dressing: ACE, CAST, SPLINT

TUBES/DRAINS

X None
☐ **Drain/Tube**
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

Student Name: Meghan Schmitt
Date: 9-30-23

Patient Age: 10yrs
Patient Weight: 50.8kg

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

10 x 100 = 1000
10 x 50 = 500
30.8 x 20 = 616
= 2116/24 = 88mL/hr

Actual Pt MIVF Rate:

no maintenance fluid

Is There a Significant Discrepancy Between Calculated and Actual Rate?

If Yes, Why is There a Discrepency?

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

0.5mL/50.8kg/hr = 25.4

25 mL/hr

Actual Urine Output During Your Shift (mL/hr):

no documented mL/hr
1 known occurence in morning.

11. Growth & Development:
***List the Developmental Stage of Your Patient For Each Theorist Below.**
***Document 2 OBSERVED Developmental Behaviors for Each Theorist.**
***If Developmentally Delayed, Identify the Stage You Would Classify the Patient:**

Erickson Stage: Industry vs Inferiority

1. Achievement in football
2. Technology - fantasy football on phone

Piaget Stage: Concrete operational

1. Egocentric to objective
2. Skeptical

Please list any medications you administered or procedures you performed during your shift:

tylenol

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Meghan Schmitt **Date:** 8-30-23	**Patient Age:** 10 yrs **Patient Weight:** 60.8 kg
1. Admitting Diagnosis: (R) leg Fx – Salter-Harris III Fx	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Peripheral neurovascular
3.Signs and Symptoms: - Pain - inability to walk - swelling - tenderness - bruising - deformity	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** X-ray
5. Lab Values That May Be Affected: CBC PT / APTT	**6. Current Treatment (Include Procedures):** - CR PP - pain management
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. positioning, leg elevated 2. distraction (phone)	**8. Patient/Caregiver Teaching:** 1. modify home environment 2. elevate leg to reduce edema 3. signs of infection **Any Safety Issues identified:** ambulation