IM5 Clinical Worksheet – PICU

Student Name: Anne Ganandoor **Date:** 8/30/23	**Patient Age:** 3y10 **Patient Weight:** 19.1 kg
1. Admitting Diagnosis: acute enterovirus + resp failure	**2. Priority Focused Assessment R/T Diagnosis:** Respiratory - lungs
3.Signs and Symptoms: ↓ O_2 (trouble breathing) fever sore throat runny nose/sneezing coughing	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** ultrasound neck/head test for enterovirus
5. Lab Values That May Be Affected: PLT WBC RSVP	**6. Current Treatment (Include Procedures):** Admin O_2 PRN Tylenol
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Allowing for quiet room w/dim light 2. Distraction - PT likes to color	**8. Patient/Caregiver Teaching:** 1. Droplet/contact PPE - mask, gown, gloves 2. If patient complains of pain, tell nurse 3. If O_2 levels drop report it **Any Safety Issues Identified:** Patient is resting comfortably + family is cooperating - NO safety issues seen
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 10 x 100 + 9.1 x 50 1455 1455/24 = 60.625 ≈ 61 mL/hr **Combined Total Intake for Your Pt (mL/hr):** 240mL	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 24hr 1(19.1)(24) = 458.4 ≈ 458mL/hr **Actual Urine Output During Your Shift (mL/hr):** None - pt was transferred to peds floor + didn't void while I have been here
Please list any medications you administered or procedures you performed during your shift: N/A	

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 2

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: 5 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 Right Pink

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: Not seen in Shift

Stool Appearance: Not seen in Shift

☐ 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 diet; 3-4 yr

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: ____ ☐ 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: ____ ☐ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☑ Faces

Location: ____

Type: ____

Pain Score: 0800 ____ 1200 0 1600 ____

WOUND/INCISION

☐ **None**

Type: incision

Location: R neck

Description: from access draining hx

Dressing: None

TUBES/DRAINS

☑ **None**

☐ **Drain/Tube**

Site: ____

Type: ____

Dressing: ____

Suction: ____

Drainage amount: ____

Drainage color: ____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake					802								
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													
# 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