Pediatric Floor Patient #1

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 right finger

Oxygen Saturation: 94%

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: Strange/red

Stool Appearance: unobserved

☐ 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: general for age

Amount/Schedule: 5-18yo.

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

(R)

Site: Subclavian ☐ INT ☐ None

☒ Central Line

Type/Location: Port-a-Cath

Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☒ Yes ☐ No

Fluids: D5 NS @ 75 mL/hr

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: abdomen

Type: aching

Pain Score:

0800 _____ 1200 4 1600 _____

WOUND/INCISION

☒ None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒ None

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Dx:
2/28/23

IM5 Clinical Worksheet – Pediatric Floor

DOB: 6/5/12

Student Name: Hannan Rosales
Date: 9/12/23

Patient Age: 11yo. (F)
Patient Weight: 35.7 kg 78.11 lb

1. Admitting Diagnosis:

acute lymphoblastic leukemia (ALL)

intractable vomiting

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:

GI

Others:
Respiratory
Cardiac
Skin

3.Signs and Symptoms:

- n/v
- fever
- weight loss

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:

- BMA
- LP
- CBCs

5. Lab Values That May Be Affected:

- WBC's
  - neutrophils ↓
  - lymphocytes ↓
  - monocytes ↓
  - platelets ↓

6. Current Treatment (Include Procedures):

- IV fluids
- CBC labs
- lumbar puncture (9/12/23) Unplanned
- blood products/transfusions (RBC)(PLT)
- chemotherapy (started)
- I&O
- Daily weights

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

1. Keep environmental temp. appropriate according to what patient is feeling.
2. Avoid bright, loud, dramatic environment.

8. Patient/Caregiver Teaching:

1. Increase hydration
2. Avoid strenuous movement/ activity.
3. Eat smaller portion foods.

Any Safety Issues identified:

- Possible risk for aspiration.
- Fall risk.

Student Name: Hannah Rosales
Date: 9/12/23

Patient Age: 11yo. (f)
Patient Weight: 35.7 kg (78.11lb)

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

10kg x 100 = 1,000
10 kg x 50 = 500
15.7 kg x 20 = 314
75/hr

1814 mL/day

Actual Pt MIVF Rate:
75mL/hr

Is There a Significant Discrepancy Between Calculated and Actual Rate?
No.

If Yes, Why is There a Discrepency?

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

0.5 x 35.7kg = 17.85 mL/hr

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

0mL

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. Patient took initiative to prep. vital tools. (achievement)

2. Patient denied help ambulating and help w/ hygienic care. (achievement)

Piaget Stage: Preoperational to Concrete

1. Patient verbalized the cause and effect of the medication she was taking & acknowledged her limitations. (classification & logic).
2. Patient verbalized that she would miss school & social activities. (adjustment to school).

Concrete Operational

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

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake									80				80
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						75	75	75	75				300
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine							15						15
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis				100									100
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) 1pt. 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: Hannah Rosales Unit: PF Pt. Initials: A.M. Date: 9/12/23

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

Allergies: calaspargase pegol ; adhesive/tape

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS 75mL/hr	Isotonic/ Hypotonic/ Hypertonic	fluid replacement	BMP	possible fluid overload

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, Interventions (Precautions/Contraindications, Etc.)
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Pediatric Floor Patient #2

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 4mm

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

Lower anterior & posterior

☐ **Room Air** ☒ **Oxygen**

Oxygen Delivery:

☒ Nasal Cannula: 1 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 finger

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: Unobserved

Stool Appearance: Unobserved

☐ 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: general for age

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: none

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_____ 1600 0

WOUND/INCISION

☒ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☒ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount:_____

Drainage color: _____