Naylon A.
wound @ neck

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Pediatric Floor Patient #1

wasn't able to assess →

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 _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☒ Able to move all extremities
☒ Symmetrically ☐ Asymmetrically
Grips: Right _____ Left _____
Pushes: Right _____ Left _____
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 _____
Oxygen Saturation: _____

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_____ L_____
Lower R_____ L_____
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION
Urine Appearance: _____
Stool Appearance: _____
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

Wasn't able to assess

GASTROINTESTINAL
Abdomen: ☐ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
Bowel Sounds: ☐ Present X ____ 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: _____
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_____ 1600 _____

WOUND/INCISION
☒ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

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

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Esther

IM5 Clinical Worksheet – Pediatric Floor

NKDA

Student Name: Vanessa Ulloa **Date:** 09/12/23	**Patient Age:** 5mo 363 **Patient Weight:** 9.26kg
1. Admitting Diagnosis: vomiting and diarrhea + Rotavirus + rhinoenterovirus + sapovirus @ daycare	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** GI assessment
3.Signs and Symptoms: - malaise/fatigue - weight loss (lost 1lbs) - diarrhea & vomiting	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** stool sample
5. Lab Values That May Be Affected: electrolytes (chloride ↓↓↑) BUN ↑ creatinine ↓ (dehy) 0.20 ↓ mg/dL billirubin 0.1mg/dl ↓	**6. Current Treatment (Include Procedures):** vaccine
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. hold pt to comfort specially during teething 2. encourage to play in play room and have tummy time	**8. Patient/Caregiver Teaching:** 1. immunization 2. importance of disposing dirty diapers 3. oral phase - clean everything before baby places it in mouth specially in hospital **Any Safety Issues identified:**

Student Name: Vanessa Licea **Date:** 09/12/23	**Patient Age:** 5mo **Patient Weight:** 9.26kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 1st 10kg = 100ml/kg = 100ml x 9.26 = 926 **Actual Pt MIVF Rate:** No MIVF **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):** 1ml/kg/hr 1ml/9.26/24 full day = 222 mL/day **Actual Urine Output During Your Shift (mL/hr):** Non observed

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: psychosocial trust v. mistrust

1. Laying head on mom chest when tired (warmth)

2. Mom has difficulty with trust in providing food, baby is constantly throwing up and can't satisfy for feeding

Piaget Stage: ~~Preoperational~~ senson motor (1-4)

1. ~~Awareness~~ of environment - looking around, smiling at people passing by
2. Likes to be carried when awake (separation)

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

Sophia R. 10y.o NKDA
313 facial swelling/legswelling
↓urine output
hx nephrotic syndrome
peripheral IV (R)

Pediatric Floor Patient #2

GENERAL APPEARANCE
Appearance: X Healthy/Well Nourished X 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 ☐ Reactive to Light ☐ Size _____
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities: X Able to move all extremities X Symmetrically ☐ Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
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 _____
Oxygen Saturation: _____

CARDIOVASCULAR
Pulse: X Regular ☐ Irregular X Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____
Edema: X Yes ☐ No Location (R) leg X 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 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: 9/11 last
Stool Appearance: 9/11 last BM
☐ 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: ☐ Yes X No
Tube: ☐ Yes X No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL
Diet/Formula: low sodium
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: X None
Type: _____

MOBILITY
X Ambulatory ☐ Crawl ☐ In Arms ☐ Ambulatory with assist _____
Assistive Device: ☐ 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) peripheral ☐ INT ☐ None ☐ Central Line
Type/Location: _____
Appearance: X No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: N/A

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

PAIN
Scale Used: X Numeric ☐ FLACC ☐ Faces
Location: _____
Type: no pain
Pain Score:
0800 ____ 1200 0 1600 ____

WOUND/INCISION
X **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

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

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CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	– Playing/sleeping appropriately **OR** – Alert, at patient's baseline	– Sleepy, somnolent when not disturbed	– Irritable, difficult to console **OR** – Increase in patient's baseline seizure activity	– Lethargic, confused, floppy **OR** – Reduced response to pain **OR** – Prolonged or frequent seizures **OR** – Pupils asymmetrical or sluggish
Cardiovascular	Skin tone appropriate for patient – Capillary refill ≤ 2 seconds	– Pale **OR** – Capillary refill 3-4 seconds **OR** – Mild tachycardia **OR** – Intermittent ectopy or irregular HR (not new)	– Grey **OR** – Capillary refill 4-5 seconds **OR** – Moderate tachycardia	– Grey and mottled **OR** – Capillary refill > 5 seconds **OR** – Severe tachycardia **OR** – New onset bradycardia **OR** – New onset/increase in ectopy, irregular HR or heart block
Respiratory	– Within normal parameters – No retractions	– Mild tachypnea/ increased WOB (flaring, retracting) **OR** – Up to 40% supplemental oxygen **OR** – Up to 1L NC > patient's baseline need **OR** – Mild desaturations < patient's baseline **OR** – Intermittent apnea self-resolving	– Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) **OR** – 40-60% oxygen via mask **OR** – 1-2 L NC > patient's baseline need **OR** – Nebs Q 1-2 hour **OR** – Moderate desaturations < patient's baseline **OR** – Apnea requiring repositioning or stimulation	– Severe tachypnea **OR** – RR < normal for age **OR** – Severe increased WOB (i.e. head bobbing, paradoxical breathing) **OR** – > 60% oxygen via mask **OR** – > 2 L NC more than patient's baseline need **OR** – Nebs Q 30 minutes – 1 hour **OR** – Severe desaturations < patient's baseline **OR** – Apnea requiring interventions other than repositioning or stimulation
Staff Concern		– Concerned		
Family Concern		– Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
– Continue Routine Assessments	– 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	– 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), http://dx.doi.org/10.1016/j.pedn.2016.10.005