

Patient 78

Pediatric Floor Patient #1

GENERAL APPEARANCE Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkeg Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	CARDIOVASCULAR Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready Murmur: <input type="checkbox"/> Other: Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R: <u>92</u> L: <u>92</u> Lower R: <u>92</u> L: <u>92</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent <input type="checkbox"/> None	PSYCHOSOCIAL Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Cringing <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/Emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Seized <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>5</u> Left <u>5</u> Pushes: Right <u>5</u> Left <u>5</u> S: Strong W: Weak N: None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level: Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELIMINATION Urine Appearance: <u>30 mL Amber</u> Stool Appearance: <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	IV ACCESS Site: <u>Left 20g</u> INT: <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids:
RESPIRATORY Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear: <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BPAP/CPAP: _____ <input type="checkbox"/> Vent: ETT size: _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size: _____ Type: _____ <input type="checkbox"/> Distorted at lipside <input type="checkbox"/> Yes <input type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color: _____ Consistency: _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: _____ Pulse Ox Site: _____ Oxygen Saturation: _____	GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <u>1</u> quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: _____ <input type="checkbox"/> Location: _____ Inserted to: _____ cm <input type="checkbox"/> Suction Type: _____	SKIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: Mucous Membranes: Color: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL Diet/Formula: <u>Clear Liquid</u> Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Due to pain in <u>throat</u> MUSCULOSKELETAL <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling Movement: <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____	PAIN Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: Type: _____ Pain Score: _____ 0800 <u>7</u> 1200 1600	WOUND/INCISION <input checked="" type="checkbox"/> None Location: Description: Dressing: _____
MOBILITY <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	TUBES/DRAINS <input checked="" type="checkbox"/> None Drain/Tube: Size: _____ Type: _____ Dressing: _____ Suction: Drainage amount: Drainage color: _____	

Pediatric Floor Patient #2

		INTAKE/OUTPUT																	Total
PO/Enteral Intake		07	08	09	10	11	12	13	14	15	16	17	18					240 mL	
PO Intake		340																	
Intake - PO Meds																			
Enteral Tube Feeding																			
Enteral Flush																			
Free Water																			
IV INTAKE		07	08	09	10	11	12	13	14	15	16	17	18					36 mL	
IV Fluid		10 10 10 6																	
IV Meds/Flush																			
OUTPUT		07	08	09	10	11	12	13	14	15	16	17	18					300 mL	
Urine		100 100 100 100																	
# 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) = <u>7</u> Score 0-2 (Green) - Continue routine assessments Score 3-4 (Yellow) - Notify charge nurse or LP, 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: Marianne Dalar Unit: Pediatric Floor Pt. Initials: EV Date: 9/19/2013
 Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours
 Allergies: No known Allergies

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications			
100 mL/hr D5 1/2 NS + KCl 20	Isotonic/Hypotonic (<u>Hypertonic</u>)	Maintain fluids & Potassium	Potassium	Do not administer if serum potassium is high			
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	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.

IMS Clinical Worksheet - Pediatric Floor

Student Name: Marianne Dolar Patient Age: 16
 Date: 9/19/13 Patient Weight: 47.6 kg

1. Admitting Diagnosis: Hemoglobin drop
Hemorrhage following
prostatectomy & adenoidectomy

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

3. Signs and Symptoms:
 Weak
 Fatigue
 Hemoglobin ↓
 RBC ↓

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
 CBC
 Hemoglobin
 RBC

5. Lab Values That May Be Affected:
 Platelet (107)
 Hematocrit (18.0)
 Hemoglobin (6.0)
 RBC (2.20)

6. Current Treatment (Include Procedures):
 Ferrous sulfate tablet 325mg qd
 Acetaminophen (Tylenol) tablet PRN 500 mg
 Blood Transfusion

7. Pain & Discomfort Management:
 List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.
 1. Family presence at bed side.
 2. Prone rail communication with parents

8. Patient/Caregiver Teaching:
 1. Report if coughing up blood.
 2. No hot blowing, avoid shaving/headache.
 3. Report pain right away.

Any Safety Issues Identified:
 None, nonverbal, no response patient is compliant

Student Name: Marianne Dolar Patient Age: 16
 Date: 9/19/13 Patient Weight: 47.6 kg

9. Calculate the Maintenance Fluid Requirement (Show Your Work): 70kg x 40 ml/kg = 2800 ml/day

$$\frac{1500 \text{ ml} + 20 \text{ mL/kg}}{100 \text{ mL/hr}} = 170 \text{ mL/hr}$$

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
 $0.5 \times 47.6 = 23.8 \text{ mL/hr}$
 $24 \text{ hr} = 1,176 \text{ mL}$
 Actual Urine Output During Your Shift (mL/hr):
308 mL

Actual Pt MIVE Rate:
100 mL/hr

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

If Yes, Why is There a Discrepancy?

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:
 1. The pt is independent and ranks out the most for anything.
 2. The pt talks about what she wants to do after high school which is to take up business in college.

Piaget Stage:
 1. The patient shows a lot of attention when being educated and always asks questions with understanding.
 2. She is concerned with the appearance and trying to please - she always will come in for a check up.

Please list any medications you administered or procedures you performed during your shift:
 IV removal, pain assessment

Patient 70

Student Name: Marianne Dolar Unit: Pediatric Floor Pt. Initials: MD Date: 9/19/13

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours
 Allergies: No known allergies

Primary IV Fluid and Infusion Rate (mL/hr)	Order IV Type	Rationale for IV	Lab Values to Assess Related to IV	Contraindications/Complications
82 mL/hr / D5 1/2 NS	Isotonic / Hypotonic / Hypertonic	Maintain fluids	Potassium, sodium	Do not administer if serum potassium is high

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range / If not, why?	IV - List diluent solution, volume, and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, etc.)

Adopted: August 2016

Cough: Yes No
 Secretions: Productive Nonproductive
 Consistency: Watery Thick
 Suction: Yes No Type: _____
 Pulse Ox Site: _____
 Oxygen Saturation: _____

MOBILITY
 Ambulatory Crawl In Arms
 Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

Site: _____
 Dressing: _____
 Suction: _____
 Drainage amount: _____
 Drainage color: _____

Pediatric Floor Patient #1

INTAKE/OUTPUT																			
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total						
PO Intake	NPO																		
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	82																		
IV Meds/Flush																			
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total						
Urine	1000																		
# of immeasurable																			
Stool	1x																		
Urine/Stool mix																			
Emesis																			
Other																			

Children's Hospital Early Warning Score (CHEWS)
 (See CHEWS Scoring and Escalation Algorithm to score each category)

Behavior/Neuro: 0
 Cardiovascular: 0
 Respiratory: 0
 Staff Concern: 1 pt - Concerned
 Family Concern: 1 pt - Concerned or absent

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