IM5 Clinical Worksheet – Pediatric Floor

Student Name: Jackie Morales **Date:** 9/27/23	**Patient Age:** 7 d/o **Patient Weight:** 3.74kg
1. Admitting Diagnosis: Hyperbilirubinemia FEVER	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Neuro abdominal
3.Signs and Symptoms: irritable, not eating yellow sclera, jaundice	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** CBC, CMP, coombs test
5. Lab Values That May Be Affected: bilirubin	**6. Current Treatment (Include Procedures):** phototherapy LP (rule out meningitis)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. music, sound machine, Dark room 2. Kangaroo care (under bili lights)	**8. Patient/Caregiver Teaching:** 1. Keep phototherapy lights on her at all times 2. Do not remove eye cover 3. feeds every 2 hours to help poop out excess **Any Safety Issues identified:**

Student Name: Jackie morales **Date:** 9/27/23	**Patient Age:** 7 d/o **Patient Weight:** 3.74 kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 3.74 x 100 = 374 mL/day 15.6 mL/hr **Actual Pt MIVF Rate:** 14 mL/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** NO **If Yes, Why is There a Discrepency?** lowered IVF rate to balance with feeds	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1 mL/kg/hr 3.74 mL/hr 89.76 mL/day **Actual Urine Output During Your Shift (mL/hr):** 70 ml

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: Trust vs. mistrust

1. infant was crying because she was hungry - dad bottle fed her

2. infant was soothed when doing kangaroo care with mom

Piaget Stage: Sensorimotor

1. when paci was placed in infants mouth, she moved her hand up to keep it in place

2. Sucking reflex was observed

Please list any medications you administered or procedures you performed during your shift:
D5 1/2 NS + 20 KCl

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 _____
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) FOOT
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: yellow
Stool Appearance: seedy, yellow brown
☐ 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: BM, Similac 360
Amount/Schedule: ad lib
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) hand ☐ INT ☐ None
☐ Central Line
Type/ Location: _____
Appearance: ☑ No Redness/ Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5 1/2 NS + 20 KCl
14 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: pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 1 1200 _____ 1600 _____

WOUND/INCISION

☑ **None**
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
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			60										60
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	14	14	14	14	14								70
IV Meds/ Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		70											70
# of immeasurable													
Stool			20										20
Urine/ Stool mix			1										
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) 3
	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 #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 _____
Fontanel: (Pt < 2 years) ☑ Soft ☐ Flat
☑ Bulging ☐ Sunken ☐ Closed crying
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 foot
Oxygen Saturation: 99

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: yellow
Stool Appearance: yellow green
☐ 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 w/ feeds
Passing Flatus: ☐ Yes ☑ No
Tube: ☐ Yes ☑ No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: enfamil gentlease
Amount/Schedule: 2 oz Q3
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 hand 24G ☐ INT ☐ None
☐ Central Line
Type/ Location: _____
Appearance: ☑ No Redness/ Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5 1/2 NS 7mL/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: 3 incision-abd.
Mucous Membranes: Color: pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

☐ **None**
Type: incision
Location: abdomen
Description: no drainage
Dressing: gauze, clear dressing

TUBES/DRAINS

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

Pediatric Floor Patient #2

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	60			60									120
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	7	7	7	7	7								35
IV Meds/ Flush			5.7										5.7
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine				70									70
# of immeasurable													
Stool													
Urine/ Stool mix				1									1
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) 3
	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

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

Student Name: Jackie morales **Unit:** Peds **Pt. Initials:** IR **Date:** 9/27/23

Allergies: NKDA

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 1/2 NS +20 KCl 14 mL/hr	Isotonic/ Hypotonic/ Hypertonic	meet minimum fluid requirement	potassium sodium blood sugar	high potassium levels renal failure

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.)
ampicillin	penicillin	↑ WBC indicated infection propnylactic	366mg IVP Q8	YES	IVP - 0.9% NaCl 48.8 mL/hr over 15 min	hypatic dysfunction	1. Respiratory assessment (look for anaphylaxis) 2. Can result in diarrhea or bacterial infection 3. Contraindicated in pt with mononucleosis 4. if using long term- assess organ function periodically
cefepime	cephalosporin	↑ WBC indicated infection propnylactic	184mg IVP Q12	YES	IVP - 0.9% NaCl 40mg/mL 9.2 mL/hr over 30 min	N/V/D seizures headache	1. C Diff diarrhea can occur 2. Can cause renal impairment or neurotoxicity 3. Contraindicated in pts with allergy to cephalosporins or penicillin 4. used TO Tx infections caused by susceptible bacteria
gentamicin	aminoglycoside	↑ WBC indicated infection propnylactic	14 mg IVP DAILY	YES	IVP - D5 1/2 NS 7 mL/hr over 30 min	dizziness tinnitus anemia	1. monitor for increase BUN/Creatinine 2. OTOTOXICITY / hearing loss 3. Obtain cultures before starting meds 4. higher doses recommended in pt with CF, burns, neutropenia
acetaminophen	analgesic	PRN pain	54.4 mg IVP ONCE PRN	YES	IVP - 0.9% NaCl 1.7mL over 15min	liver toxicity	1. N/V trouble sleeping side effects 2. pain assessment 3. look for allergic reaction s/s hives, rash etc. 4. make sure they're peeing normally
							1. 2. 3. 4.

Student Name: Jackie morales **Unit:** Peds **Pt. Initials:** DM **Date:** 9/27/23

Allergies: NKDA

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 1/2 NS 7mL/Hr	Isotonic/ Hypotonic/ Hypertonic	minimum fluid requirement (limited feeds)	sodium sugar	pt. that have ICP Dehydration

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.)
famotidine (pepcid)	ulcer drug	tx of pyloric stenosis + GERD	1.72 mg IVPB DAILY	YES	IVPB - sodium chloride .9%. 2mg/mL 1.7mL/hr rate: over 30 min	arrhythmia constipation bronchospasms	1. injection contains benzyl alcohol which can cause gasping in neonates 2. monitor Cr at baseline 3. if neonate has low birth wt, at risk for nec enterocolitis 4. symptom relief does not indicate presence of gastric malignancy
acetaminophen (ofirmev)	analgesic	mild pain	51mg IVP Q6 PRN pain	YES	IVP: D5 1/2NS 20.4 mL/Hr rate: 15min	Liver toxicity	1. N/V trouble sleeping side effects 2. pain assessment 3. look for allergic reaction s/s hives, rash etc. 4. make sure they're peeing normally
ondansetron (zofran)	antiemetic	N/V	0.34mg IVP Q6 PRN	YES	IVP: D5 1/2 NS 2mg/mL 0.17mL/hr rate: 5min	Diarrhea chest pain or ECG changes	1. monitor ECG - QT int. 2. can mask a progressive ileus following surgery 3. use with apomorphine is contra indicated 4. avoid in pts with bradycardia and CHF
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016