IM5 Clinical Worksheet – PICU

Student Name: Christopher Tsai **Date:** 10/31/2023	**Patient Age:** 14 **Patient Weight:** 74.2 kg
1. Admitting Diagnosis: Intentional Drug Overdose. suicide intention.	**2. Priority Focused Assessment R/T Diagnosis:** • Poison control contacted. • Tylenol level lab.
3.Signs and Symptoms: • Slurred speech • Balance issue • Vomiting upon arrival. • superficial laceration Bilateral arms.	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** • ECG. 12 lead. • Blood Gases • SARs. COV2. NAAT - negative. • Tox lab with Tylenol level - negitive.
5. Lab Values That May Be Affected: • General chemistry. • Toxic lab	**6. Current Treatment (Include Procedures):** • Antiemetics. fluids.
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Pt vomit x5 since arrival - Provide vomit bag. 2. family at bed side.	**8. Patient/Caregiver Teaching:** 1. Home medication storage. 2. suicidal thought monitor. 3. family/peer suppore for suicide risk patient **Any Safety Issues Identified:** No sharp metal utensil
9. Calculate the Maintenance Fluid Requirement (Show Your Work): $100 \times 10 + 50 \times 10 + 54.2 \times 20 = 2584$ /day $= 107.6$ /hr **Combined Total Intake for Your Pt (mL/hr):** 107.6 mL/hr	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** $0.5 \times 74.2 = 37.2$ /hr. **Actual Urine Output During Your Shift (mL/hr):** $\frac{250 \text{ mL}}{6 \text{ hr}} = 41.6 \text{ mL/hr}$
Please list any medications you administered or procedures you performed during your shift:	

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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 Left index.
Oxygen Saturation: 97% RA

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: clear, yellow
Stool Appearance: not observe
☐ 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.
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: Right hand ☐ INT ☐ None
☐ Central Line
Type/Location: 22ga.
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: pink.
☑ Moist ☐ Dry ☐ Ulceration

PAIN

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

WOUND/INCISION

☐ None
Type: laceration
Location: bilateral lower arms
Description: self inflict superficial cu
Dressing: _____

TUBES/DRAINS

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

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake		100											
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	115	115	115	115	115								
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine			250mL										
# 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) 1
	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

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Student Name: Christopher Tsai **Unit:** TPM. PICU **Pt. Initials:** SE **Date:** 10/31/2023

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

Allergies: Clidamycin, mushroom.

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

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.)
ondansteron (ZOFRAN).	Antiemetic	block chemicals trigger nausea/vomiting	4mg IV. once.	yes	dilute in 5% glucose or 0.9% NS. Push 2-5 min for 4mg.	· constipation · Bloating · Blurred vision	1. Should not use with apomorphine. 2. May impair reactions, don't do hazard activities. 3. Can make you sleepy, tired. 4. Monitor electrolyte abnormalities.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

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