IM5 Clinical Worksheet – PICU

Student Name: Macie Gonzales
Date: 11/7/23

Patient Age: 23days
Patient Weight: 4.5 kg

1. Admitting Diagnosis:
Hemophilia related hematoma

2. Priority Focused Assessment R/T Diagnosis:
neuro, RR, O2

3. Signs and Symptoms:
cyanosis around mouth
seizures
apnic spells

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
MRI, CBC, Heel sticks (3)
hx

5. Lab Values That May Be Affected:
Hgb.
~~Hct.~~
CO_2 concentration
platelet counts

6. Current Treatment (Include Procedures):
~~Fentanyl~~ Chemical sedation
& intubation
- pt has JP drain on left parietal region to drain hematoma
- factor IX given

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

1. Sedation for comfort

2. nonnutritive sucking, pacifier
- rocking/holding baby

FOR AGE

8. Patient/Caregiver Teaching:
1. infection precaution due to surgery
2. purpose of JP drain
3. Hemophillia - what happens

Any Safety Issues Identified:

9. Calculate the Maintenance Fluid Requirement (Show Your Work): 4.5 X 100

~~450 pt/hr~~ mg 450mL/24hr

19mL/hr

Combined Total Intake for Your Pt (mL/hr):

~~18.75mL/hr~~

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

1mL/kg/hr
4.5mL/hr

Actual Urine Output During Your Shift (mL/hr):
34mL/3hr 11mL/hr

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

Macie Gonzales

PICU

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 3.0 @ 11 cm at gums ☐ Other: _____

Trach: ☒ Yes ☐ No Size ~~3.0~~ Type _____ Obturator at Bedside ☐ Yes ☐ No

Cough: ☐ Yes ☒ No ☐ Productive ☐ Nonproductive

Secretions: Color clear Consistency _____

Suction: ☒ Yes ☐ No Type _____

Pulse Ox Site _____

Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: ☒ Regular ☐ Irregular ☐ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other _____

Edema: ☒ Yes ☐ No Location orbital ☐ 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 witnessed ☐ 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: NPO

Amount/Schedule: NPO

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 ☒ [illegible] ☐ Ambulatory with assist _____

Assistive Device: ☐ Cr[illegible] ☐ 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: double lumen, femoral

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: no pain indicated

Pain Score:

0800____ 1200____ 1600 ____

WOUND/INCISION

☒ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☐ **None**

☒ **Drain/Tube**

Site: left parietal region

Type: jp drain

Dressing: open to air

Suction: _____

Drainage amount: _____

Drainage color: _____

✱ NPO ✱	INTAKE/OUTPUT												
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
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	1ml	1ml	1ml	1ml	1ml	2ml	2ml	1ml	2ml				12ml
IV Meds/Flush							0.5						~~0.5~~ 12.5ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	15	10	18	18ml	15		.		34	15	15		146ml
# 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) ~~9~~ 8
	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