IM5 Clinical Worksheet – Pediatric Floor

Student Name: Sam Brandt **Date:** 11/8/23	**Patient Age:** 6 **Patient Weight:** 21.2 kg 11/8
1. Admitting Diagnosis: Left Humerus Fracture	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Neuro peripheral Assessment
3.Signs and Symptoms: Pain Swelling Numbness / Tingling in fingers Guarding	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** X-ray
5. Lab Values That May Be Affected: WBC PT INR - Embolism H + H	**6. Current Treatment (Include Procedures):** Pain management Surgery
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Immobilizing Extremity 2. Ice Pack	**8. Patient/Caregiver Teaching:** 1. Arm elevated above heart for swelling 2. S/S of Infection 3. Cast care **Any Safety Issues identified:** Dont get out of bed without
9. Calculate the Maintenance Fluid Requirement	**10. Calculate the Minimum Acceptable Urine**

(Show Your Work):	Output Requirement (Show Your Work):
10 x 100 = 1000 10 x 50 = 500 1.2 x 20 = 24 Actual Pt MIVF Rate: 1524 Is There a Significant Discrepancy Between Calculated and Actual Rate? NO If Yes, Why is There a Discrepency?	1,524 mL/24hr Actual Urine Output During Your Shift (mL/hr): N/A

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. Initiative vs Guilt
2. Industry vs inferiority

Piaget Stage:

1. Preoperational
2. Concrete operations

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

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 _____ 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 (R) index finger

Oxygen Saturation: _____

CARDIOVASCULAR

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

Edema: ☐ Yes ☐ No Location (L) UE ☐ 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: _____

Stool Appearance: _____

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

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: NPO

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: Arm Slings

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 + 20K @ 100 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: _____ ☐ 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:

Pediatric Floor Patient #1

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		160			250								350 mL
IV Meds/Flush			31.8	8.	2								41.8 mL
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# 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) _____ 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

IM5 Clinical Worksheet – PICU

Student Name: Saul Benavides **Date:** 11/7/23	**Patient Age:** 10 **Patient Weight:** 78.2 kg
1. Admitting Diagnosis: Asthma Exacerbation	**2. Priority Focused Assessment R/T Diagnosis:** Breath sounds
3.Signs and Symptoms: Trouble Breathing Poor Oxygenation Intercostal Retractions	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** Chest X ray Blood gases (for vent use)
5. Lab Values That May Be Affected: Hemoglobin Glucose (steroids) Potassium (Lasix) Sodium (Lasix)	**6. Current Treatment (Include Procedures):** Albuterol Bronchodia Acetylcysteine (mucus) CPT (chest physical Therapy) Pulmozyme BIPAP Non invasive Venclex
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Repositioning 2. Quiet environment	**8. Patient/Caregiver Teaching:** 1. Call nurse if pt looks distressed 2. Dont pull on his lines 3. Dont get out of bed call nurse **Any Safety Issues Identified:** Side rails up, avoid falling
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 10 x 100 = 1000 10 x 50 = 500 78.2 x 20 = 1564 3,064 mL/24hrs **Combined Total Intake for Your Pt (mL/hr):** 127.67 mL/hr	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5 mL/kg/hr x 98.2 kg = 49.1 mL/kg **Actual Urine Output During Your Shift (mL/hr):**
Please list any medications you administered or procedures you performed during your shift:	

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 W Left W
Pushes: Right W Left W
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: 10/7
☐ Vent: ETT size____@____cm
☐ Other: _____

Trach: ☐ Yes ☐ No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No

Cough: ☐ Yes ☐ No ☐ Productive ☐ Nonproductive

Secretions: Color clear
Consistency _____

Suction: ☐ Yes ☐ No Type _____

Pulse Ox Site (R) Index Finger

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 3+ L 3
Lower R 2+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Yellow

Stool Appearance: 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: NPO

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: (L) Femoral ☐ 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: Pressure

Location: (R) Cheek

Description: _____

Dressing: None

TUBES/DRAINS

☐ **None**

☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

PICU

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			100	100	100								300
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine					200								200
# 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) 6
	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