Student Name: Jalyn Colglazier
Date: 11/14/23

Patient Age: 3 years
Patient Weight: 23.4kg

1. Admitting Diagnosis:

Necrotizing cellulitis

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

* Skin assessment
- peripheral neurovascular

3.Signs and Symptoms:

Redness, swelling, rash of left upper thigh.

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:

Elevated C-reactive protein
Culture Anaerobic - negative

5. Lab Values That May Be Affected:

- Neutrophils ↑
- monocytes ↑
- Chloride ↑
- CRP ↑
- WBC ↑

6. Current Treatment (Include Procedures):

- On vancomycin, clindamycin, and zosyn.
- debridement

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

1. Teddy bear
2. Ipad

Child life

8. Patient/Caregiver Teaching:

1. Keep the area clean/dry
2. Finish all antibiotics
3. Perform wound care as prescribed.

Any Safety Issues identified:

Make sure thigh/leg stays clean.

Student Name:
Date:

Patient Age:
Patient Weight: kg

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

100 x 10 = 1000
50 x 10 = 500
20 x 3.4 = 68

1568 | 24

78.4 ml/hr

Actual Pt MIVF Rate:

65 ml/hr

Is There a Significant Discrepancy Between Calculated and Actual Rate?

NO

If Yes, Why is There a Discrepency?

The baby is getting oral fluids. as well.

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

23.4 (0.5) = 46.8

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

275 ml / shift

45.8 ml/hr

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: Autonomy vs. Shame & Doubt

1. wanting to eat ice cream on her own

2. pt. wanting to use the potty

Piaget Stage: Preoperational

1. trying to communicate with mother

2. pt. waving at me bye

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

Helped with bath.

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake						20		25					45
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
						65	65	65	65	65	65		
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						~~44~~	96	96	96	~~46~~	~~46~~		390
IV Meds/Flush						46							46

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) 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

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 _____

Oxygen Saturation: 98

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: not observed

Stool Appearance: not observed
☐ 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: Intuions AC ☐ INT ☐ None
☐ Central Line
Type/Location: Peripheral (R)

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: (L) thigh/buttock

Mucous Membranes: Color: Pink
☐ Moist ☑ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☑ Faces

Location: _____

Type: _____

Pain Score: 0
0800 _____ 1200 _____ 1600 0

WOUND/INCISION

☐ **None**

Type: Cellulitis

Location: (L) anterior thigh/buttock

Description: _____

Dressing: mepilex

TUBES/DRAINS

☐ **None**

☐ **Drain/Tube** JC

Site: (L) anterior thigh/buttock

Type: _____

Dressing: mepilex

Suction: _____

Drainage amount: _____

Drainage color: _____

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

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 _____

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: not observed
☐ 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: Ⓡ Foot ☐ INT ☐ None
☐ Central Line
Type/Location: Peripheral

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: Arm - where blood draw

Type: _____

Pain Score:
0800 ____ 1200 ____ 1600 2

WOUND/INCISION

☑ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

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						60	60	60	60	60	60		360
IV Meds/Flush						10	10	10	10	10	10		60
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						125	70	80	20	50			345
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

> 420

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

PICU

10

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 finger

Oxygen Saturation: 95

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, Clear

Stool Appearance: not observed

☐ 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: _____

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: Brachial ☐ INT ☐ None

☑ Central Line

Type/Location (L) arm

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 2

WOUND/INCISION

☑ **None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☑ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

IM5 Clinical Worksheet – PICU

Student Name: Jaelyn Colglazier
Date: 11/15/23

Patient Age: 2y
Patient Weight: 20.7 kg

1. Admitting Diagnosis:
Acute Respiratory Failure

2. Priority Focused Assessment R/T Diagnosis:

3.Signs and Symptoms:
Shortness of breath, cough, fast heart rate.

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
-Chest X-ray - RUL & LLL pneumonia
-RSV
-Rhinovirus

5. Lab Values That May Be Affected:
Platelets - ↑ 511
Hematocrit - ↕ 30
Lymphocytes - 2.7 ↓
Triglycerides - ↑ 379
Hemaglobin - ↓ 10.1

6. Current Treatment (Include Procedures):
-Bipap
- Rocephin
- CPT - percussor → RT Q4

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

1. Ipad - watching movie
2. Stuffed animals

Child life

8. Patient/Caregiver Teaching:
1. Keep pt. away from crowds.
2. Finish all antibiotics.
3.

Any Safety Issues Identified:

9. Calculate the Maintenance Fluid Requirement (Show Your Work):
100 x 10 = 1000
50 x 10 = 500
20 x 0.7 = 14
> 1514/24
= 63.08

Combined Total Intake for Your Pt (mL/hr):
60 - D5 KCl 20
10 - Lasix
> 70 ml/hr

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
20.7(0.5) = 10.35

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

Please list any medications you administered or procedures you performed during your shift:
~~Ativan - 1mg/5ml~~
2mg in 5ml
mouth/oral care x2