Student Name: Macie Gonzales Unit: PED 1 Pt. Initials: _____ Date: 11/15/23

S

Pt Initials: AM Room: 365 DOB: 1/16/15 Admit Date: 11/14
Admit Wt: 59.6 Current Wt: ~~59~~ 58.6 Ht: 161cm 4'11 (M) F
Primary Dx: Flu B
Secondary Dx: Dehydration 8 yo
CC % body aches & Flu > stopped drinking/eating (4) 11/2

Physician: Marlie Diaz FNP
Consults (Ex: Speech, PT/OT, Surgery, Neuro)

B

History ~~RSV, Pneumo~~ Autism, ADHD, Asthma
Family at bedside
0.9% NaCl ~~Gluconate~~ / KCl

Allergies (reactions): NKDA
Code status: (FULL) DNR/AND ~~DNI~~
Advance directive: Y (N)

Isolation:
Restraints: Y (N)
Type:
Fall risk
Vaccine- PNA Flu
weaning mask

A

Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS
Alert, strong HGTW / push pulls

Vital Signs: BP/HR/RR/Temp/SpO2
BP 130/84
26 RR 97.8°
117 monitor 94%

Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular
Regular w/ no edema, HS regular

Pain 3
Pain scale Revised FLACC
Location

Pulmonary: Breath sounds/Secretions
Cough, ~~no effort~~ yellow secreat.

Oxygen: ___ L O2
NC 100NRB VM
RA

Accu checks: ~~Frequency~~
Results

GI: BS active Last BM: 11/13 per mom NGT OGT

Diet Regular
Breakfast % eaten: 100% Lunch % eaten:

Skin:
Wounds/Drainage
Staples /Drains
Location

GU: Void Foley ___ FR Placed on:

IV (Peripheral) INT IV 20 gauge Site: LT AC
IV Fluid type: Sodium chloride Rate: 150 ml/hr
Central- type/site (subclavian/port/broviac) PICC@___

Psych Social

Intake Total: 760 mL Parenteral _____ Enteral _____
Output Total: 250 mL Void 250 mL Emesis ___ mL
Balance: (−) mL (Positive or negative) What does this mean for your pt? dehydrated

Pending orders (ex: CBC, specimen)

Na	Cl	Bun	Gluc	Mg	Other
140	110	8	77		
K	**Co**	**Cr**	**Ca**	**Phos**	**Other**
3.5			8.6	146	

ANC [WBC x (% Neutrophils + % Bands) x 10]

Labs Pending:

Hct / WBC / Plt / Hgb

UA

Cultures

Diagnostic Test Results:
CT
CXR
MRI
Echo

R

***Nursing Interventions & Teaching: (use your Critical Thinking Map)
DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 ☐ Day 2 ☐
What does the patient need when they are discharged?

Shift goals: Met Unmet Revise

Adopted: August 2016

Pediatric Floor Patient #1

(BBBB) A.M.

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 yellow Consistency _____
Suction: ☐ Yes ☒ No Type _____
Pulse Ox Site _____
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 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: dark tea colored
Stool Appearance: _____
☒ 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
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: _____ ☐ 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 revised

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

WOUND/INCISION

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

TUBES/DRAINS

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

365

Student Name: Macie Gonzales **Unit:** _____ **Pt. Initials:** BM **Date:** 11/15/23

S

Pt Initials: BM Room: 365 DOB: 7/9/09 Admit Date: 11/11/23
Admit Wt: 85.1kg Current Wt: 85.4 Ht: 5'7 (M) F
Primary Dx: Mass on spine (T3) 14yo
Secondary Dx: neuroblastoma (cancer)
surgery & thoracic laminectomy
CC% back pain X1wk, falling, uncoordinated

Physician: Dr. Steans MD
Consults (Ex: Speech, PT/OT, Surgery, Neuro)

B

History numbness & tingling from chest down
PX% 11/12 w/ malignancy

Allergies (reactions): NKDA
Code status: (FULL) DNR/AND
Advance directive: Y (N)

Isolation:
Restraints: Y (N)
Type:
(Fall risk)
Vaccine- PNA Flu

A

Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS
P/P > strong. HGTW strong Assist X2
Alert X oriented X4, uses walker/unbalanced

Vital Signs: BP/HR/RR/Temp/SpO2
135/67 97.7
77
22 94% RA

Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular
pulses > strong 2+, no edema, regular rythym

Pain 0 2/10
Pain scale numeric
Location back

Pulmonary: Breath sounds/Secretions
clear bilaterally, no secreations

Oxygen: — L O2
NC 100NRB VM

Accu checks: Frequency
Results

GI: BS hypo Last BM: 11/13 NGT OGT

Diet Regular diet
Breakfast % eaten: Lunch % eaten:
100%

Skin: 90mL/24hrs
Wounds/Drainage
incision site
Staples /Drains
glue, JP drain
Location Thoracic spine T3/T4

GU: (Void) Foley ___ FR Placed on: Foley DIC 11/14@

(IV Peripheral) INT IV 20 gauge Site: LT AC IV Fluid type: Rate:

Central- type/site (subclavian/port/broviac) PICC@___

Psych Social
Friendly, responds appropriately

Intake Total: ~~355~~ 100 mL Parenteral _____ Enteral _____

Output Total: ~~175~~ 100 mL (Void) 175 mL Emesis — mL

Balance: — mL (Positive or negative) What does this mean for your pt? slight dehydration

Pending orders (ex: CBC, specimen)

Na	Cl	Bun	Gluc	Mg	Other
K	Co	Cr	Ca	Phos	Other

ANC [WBC x (% Neutrophils + % Bands) x 10]

Labs Pending:

Hct / WBC / Plt / Hgb

UA

Cultures

Diagnostic Test Results:
(N)
CXR
MRI
Echo

R

***Nursing Interventions & Teaching: (use your Critical Thinking Map)
DC Plan. Is pt informed of plan? Y N 24 hour orders reviewed Day 1 ☐ Day 2 ☐
What does the patient need when they are discharged?

Shift goals: (Met) Unmet Revise

Adopted: August 2016

PEDI FLOOR #2

~~PICU~~

BM

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 3mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☒ Closed

Extremities: ☒ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right WJ Left WJ

Pushes: Right WJ Left WJ

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: _____

CARDIOVASCULAR

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

Edema: ☒ Yes ☐ No Location around incision on back ☐ 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: no BM

☐ 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

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 walker

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: left AC ☐ INT ☐ None

☐ Central Line

Type/Location: peripheral IV 20g

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: upper spine

Type: aching

Pain Score: 2/10

0800_____ 1200_____ 1600 _____

WOUND/INCISION

☐ **None**

Type: incision

Location: T3/T4

Description: _____

Dressing: Open to air

TUBES/DRAINS

☒ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount:_____

Drainage color: _____

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Macie Gonzales **Date:** 11/15/23	**Patient Age:** 14 yo **Patient Weight:** ~~85~~ kg
1. Admitting Diagnosis: pain, numbness/tingling to thoracic spine Spinal mass	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** PNV Pain & skin
3.Signs and Symptoms:	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** CT / CT Lumbar puncture biopsy after removal of mass from T3/T4
5. Lab Values That May Be Affected: WBC Hgb Hct RBC	**6. Current Treatment (Include Procedures):** resection of an extradural extramedullary mass - discussion of chemo/rad.
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. video games / TV 2. ~~pe~~ Friends/Family	**8. Patient/Caregiver Teaching:** 1. Avoid putting pressure or touching incision 2. Use walker when going to the bathroom/walking 3. Do not get out of bed w/o assistance **Any Safety Issues identified:** no, pt was using all assistive devices

Student Name: Date:	Patient Age: Patient Weight: kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 2808mL/day 10x100 10x50 10x60.4 117mL/HR **Actual Pt MIVF Rate:** 10mL/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** Yes **If Yes, Why is There a Discrepency?** pt is on full diet, & not NPO anymore	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL/kg/hr 85.4mL/hr **Actual Urine Output During Your Shift (mL/hr):** 200mL/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:

1. pt. did not want anyone seeing his body that was family
2. pt. had multiple family members & frunds coming to see him.

Piaget Stage:

1. pt. was worried that everyone was watching him/judging him because he had to have us bathe him.
2. pt. was concerned about his frunds and how he would get around ~~dur~~ after chemo took all his energy (LOOKing into future)

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

none, shower

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	200	50	50	200	100								600
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													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	300			700									1000
# of immeasurable													
Stool					NU	BM							
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) 2 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