43-1600

Pediatric Floor Patient #1

387

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: _____

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: liquid 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

enfamil
Diet/Formula: ~~Enfa~~ NeoPro
Amount/Schedule: ad lib
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Social Status: ☒ Calm/Relaxed ☐ Quiet ☐ Friendly ☐ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious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: proximal (R) jugular
Appearance: ☒ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing intact: ☒ Yes ☐ No
Fluids: 5mL/hr NS

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: incision / suture
Location: (L) head, (R) chest, (R) neck
Description: _____
Dressing: _____

TUBES/DRAINS

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

Pediatric Floor Patient #1

bottle

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake									6oz				6 oz
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						5	5	5	5	5	5		30
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine								130	100				230
# 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 #2

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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 5 Left 5
Pushes: Right 5 Left 5
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

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

ELIMINATION

Urine Appearance: Clear Yellow
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: Consistent Carb
Amount/Schedule: _____
Chewing/Swallowing difficulties: ☐Yes ☒No

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: Peripheral proximal upper arm
Appearance: ☒No Redness/Swelling ☐Red ☐Swollen
☐Patent ☐Blood return
Dressing Intact: ☒Yes ☐No
Fluids: NS 45 mL/5

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 arm
Type: 5
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: _____

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

Pediatric Floor Patient #2

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							65	65	65	65	65		325
IV Meds/Flush													

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine								400					400
# 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 1
Family Concern	1 pt - Concerned or absent 1
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

IMS Clinical Worksheet - Pediatric Floor

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Student Name: Alize Zamarripa **Date:** 11/28/23	**Patient Age:** 4 week **Patient Weight:** 5.1kg
1. Admitting Diagnosis: intracranial hemorrage - seizure	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** neurological
3. Signs and Symptoms: decreased LOC abnormal body movement	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** EEG electrolytes - sodium
5. Lab Values That May Be Affected: Sodium electrolytes	**6. Current Treatment (Include Procedures):** observation factor 9 - hemophilia B seizure medications pulse ox - seizures
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. non nutritive sucking 2. rocking / holding	**8. Patient/Caregiver Teaching:** 1. teach signs of seizure 2. standard precautions to avoid other sickness (ICP) 3. watch for signs of infection on central line **Any Safety Issues identified:** aspiration baby doesnt roll over in bed
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 510 5.1 x100 = 510	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 5.1 5.1 x1 = 5.1 ÷24

77

Actual Pt MIVF Rate: 5 **Is There a Significant Discrepancy Between Calculated and Actual Rate?** no **If Yes, Why is There a Discrepancy?**	**Actual Urine Output During Your Shift (mL/hr):** 230 mL

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. Trust vs. Mistrust
2. narcissism

Piaget Stage:

1. Centered around body
2. Use of reflexes

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

NA

Student Name: Alize Zamarripa Unit: pedi floor med surg Pt. Initials: AH Date: 11/28/23

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

Allergies: NKA

NO scheduled or ~~BR~~ PRN MEDS

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NS 5mL/hr	(Isotonic)/Hypotonic/ Hypertonic	hydration	Sodium/Chloride	fluid overload overhydration

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.)
~~BR~~							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Alize Zamarripa Unit: pedi floor med surg Pt. Initials: SR Date: 11/28/23

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

Allergies: NKA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
[redacted]			[redacted]				1. 2. 3. 4.
[redacted]			[redacted]				1. 2. 3. 4.
D5NS + KCL 20	maintence fluid	replace electrolytes, cal, hydration	contin.	yes		HTN swelling at IV site hypervolemia	1. know signs for hypervolemia 2. irritation at IV 3. making sure is compatible with certain meds 4. look for edema
insulin lispro (humalog)	insulin	decrease sugar	7units subq breakfast & lunch	yes 15:1		hyperglycemia hypoglycemia	1. switch sites 2. admin technique 3. know s/s hyper/hypo glycemia 4. give water as tib
							1. 2. 3. 4.