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IM5 Clinical Worksheet – Pediatric Floor

Student Name: Mercedes Villalovos **Date:** 11/28	**Patient Age:** 11 yo A **Patient Weight:** 29.7 kg
1. Admitting Diagnosis: Aplastic Anemia	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** • Respiratory • Pain
3.Signs and Symptoms: • Fatigue • Irregular heart rate • Pale skin • freqvent/prolonged infections • easy/unexplained bruising • Prolonged bleeding	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** • Bone marrow biopsy • CBC
5. Lab Values That May Be Affected: • PLT • Hgb • WBC • RBC	**6. Current Treatment (Include Procedures):** • platelet infusion • ↓ risk of infection • bone marrow transplant
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. letting him enjoy time w/ his mom & sister 2. implementing tablet / game consoy favorite tv show / music	**8. Patient/Caregiver Teaching:** 1. good hand hygiene 2. no fresh flowers / vegetables 3. ↑ iron intake **Any Safety Issues identified:** Avoid rough play / brushing teeth w/ hard toothbrush

Student Name: Mercedes Villalobos Date: 11/28	Patient Age: 11464 Patient Weight: 29.7 kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 100 X 10 = 1000 50 X 10 = 500 20 X 9 = 180 1680 **Actual Pt MIVF Rate:** 5mL/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** Yes **If Yes, Why is There a Discrepency?** IV fluids only to keep fluids running through port a cath	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL/kg/hr 29.7hr 1mL/29.7/hr **Actual Urine Output During Your Shift (mL/hr):** 0

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: Industry vs Inferiority

1. Pt administered his own medications

2. Pt decided what he wanted to eat for breakfast

Piaget Stage: Preoperational to concrete

1. Recognizes reversibility

2. Pt had a sence of humor

Please list any medications you administered or procedures you performed during your shift:
I did not administer any medications nor perform any procedures.

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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 2mm

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

☐ 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 2 R finger

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: clear yellow

Stool Appearance: solid, 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: regular diet

Amount/Schedule: 3x's day

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: R chest ☐ INT ☐ None

☐ Central Line

Type/ Location: Port a cath

Appearance: ☑ No Redness/ Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: D5 NS @ 5ml/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: R back

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

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces

Location: none

Type: none

Pain Score:

0800 0 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 #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			229										229
IV Meds/ Flush	5	5	5	5	5								25
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

Student Name: Mercedes Villalovos Unit: Red med surg Pt. Initials: _____ Date: 11/20

Allergies: none

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

wt. 29.7

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS @ 5mL/hr	Isotonic/ Hypotonic/ (Hypertonic)	to keep fluids running through port o cath	Na	to avoid heparin

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.)
Acyclovir	Purine nucleoside	TX infection caused by Herpes virus	200mg/5mL 5mL PO TID	800mg max yes		o Nausea • vomiting • Dizziness • Lethargy	1. assess stomach pain/pain level 2. ASSIST pt during ambulation 3. Dangle pts feet before standing 4. Promote safe environment / no clutter on floors
Heparin (PF)	Heparin	to prevent blood clot at port site	1-3mL lumens/1mL Flush Intermittent PRN	yes	Prediluted	obleeding -Prolonged clotting time oFever	1. Assess pt S/S of bleeding 2. Create safe environment for pt 3. Assess temp Periodically 4. Watch for sweating/fever
chlorhexidine 0.12% solution	Antiseptic	to fight bacteria & Prevent infection	15mL mouth BID	15mL/swish yes		• Mouth Stinging • taste changes • local irritation	1. Rinse mouth/brush teeth after med 2. Give water/mask taste 3. Assess mouth for redness/irritation 4. Assess pain level of mouth
Lidocaine Prilocaine (EMLA) Cream	Topical anesthetic	block nerve signals & numb skin	0-20kg (1gm) cream PRN	UP to 20g yes		• mild burning when applied • Itching • changes in skin color	1. Assess pain/discomfort 2. place pressure on site to avoid itching 3. Instruct pt skin may become white or treat normal 4. assess pain level at site
Voriconazole	Azole antifungal	to TX infection or fungus	40mg/mL 6.5mL PO every 12HRS	5g4 - no below dose to start at low dose ↑ if needed		o fever • bruising/ bleeding • electrolyte imbalance	1. Assess temp/vitals for S/S of fever 2. Assess for bleeding - take Precautions 3. Create safe environment 4. Check labs frequently

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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 3mm

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) Substernal ☐ 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: 2 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 foot

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: clear, yellow

Stool Appearance: solid, 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 NG Location RN Inserted to 25 cm ☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: similac advance

Amount/Schedule: continuous

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: N/A

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: R cheek

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

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces

Location: none

Type: none

Pain Score:

0800 X 1200 ____ 1600 ____

WOUND/INCISION

☑ None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☑ None ☐ Drain/Tube

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

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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	42ml	42	42	42	42								210
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													
# of immeasurable													
Stool		264											264
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) 1
	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

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Student Name: Mercedes Villalovos **Unit:** Pedi med surg **Pt. Initials:** _____ **Date:** 11/20/23

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

Allergies: none

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.)
Cefdinir 125mg/5mL 2.25mL per NG tube	Cephalosporin	Tx pneumonia	2.25mL NG tube every 12hr	- 112.84 - no, less to start pt on low dose first		• Diarrea • Nausea • Headache	1. Watch pt for skin breakdown 2. Assess electrolytes/signs of dehydration 3. Assess for upset stomach/vomiting 4. Encourage rest/calm environment
PRN Acetaminophen 3.5mL/112mg PO every 6hrs PRN pain/fever	Analgesic	PRN pain fever	3.5mL 112mg PO every 6hrs PRN	- 80.6 - 120.9 - yes -		• Nausea • Headache • Dark urine	1. Black box: Do not give more than 5 doses 2. Report S/S of upset stomach 3. Watch for dark urine - report 4. Encourage rest/calm environment
PRN Ibuprofen 100mg/5mL suspension 80mg PO every 6hrs PRN	Nonsteroidal anti inflammatory	PRN pain fever	180mg/5mL PO every 6hrs PRN	98.6 - 120.9 yes		• Abd pain • constipation • Fluid retention	1. Assess for S/S of pain/irritability 2. Assess I & O confirm voiding 3. Watch RR/pulse 4. Listen to lungs for fluid overload
PRN Sodium chloride 0.65% nasal spray 1drop/nare	Spray	PRN Congestion	1drop/nare nasal spray PRN	yes		• Nausea vomiting • Stomach pain	1. Assess for upset stomach 2. Watch for irritability 3. Promote comfort 4. Watch for dehydration
PRN Zinc oxide-18% cod liver oil-camphor (Desitin) 40%	Topical astringent ointment paste	PRN Diaper rash	Topical cream PRN	yes		• Skin rash • Itching	1. Assess for irritability 2. Skin breakdown 3. Allergic reaction 4. Promote comfort

IM5 Clinical Worksheet – PICU

Student Name: Mercedes Villalovos **Date:** 11/29	**Patient Age:** 16 **Patient Weight:** 60 kg
1. Admitting Diagnosis: Volvolus of Transverse colon	**2. Priority Focused Assessment R/T Diagnosis:** GI
3.Signs and Symptoms: • Abd distention • pain • constipation • vomiting • fever	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** • CT showed megacolon • Ultrasound • Stool sample • X ray
5. Lab Values That May Be Affected: • WBC • CBC • electrolytes • blood gas	**6. Current Treatment (Include Procedures):** • Pain management • Fluid & electrolyte management • Bowel rest • NPO
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Allowing family/friends at bedside to comfort pt 2. Use of music/TV the pt enjoys	**8. Patient/Caregiver Teaching:** 1. reassess pain level frequently 2. Even thr – vital signs → sepsis 3. watch for fluid overload **Any Safety Issues Identified:** —
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 100×10 = 1000 50×10 = 500 20×40 = 800 2,300 ml/24hrs **Combined Total Intake for Your Pt (mL/hr):** 4100	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** ~~100×10 = 1000~~ ~~50×10 = 500~~ 0.5ml/kg/hr 30 ml **Actual Urine Output During Your Shift (mL/hr):** 150 ml
Please list any medications you administered or procedures you performed during your shift: Enoxaparin	

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: 2 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 none
Consistency N/a
Suction: ☑ Yes ☐ No Type Handheld
Pulse Ox Site L foot
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: Dark/clear
Stool Appearance: None 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 NG
Location RN Inserted to 16 cm
☑ Suction Type: Intermittent

NUTRITIONAL

Diet/Formula: TPN
Amount/Schedule: Not observed
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: R arm ☐ INT ☐ None
☐ Central Line
Type/ Location: PICC triple lumen
Appearance: ☑ No Redness/ Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: Not observed

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: none
Pain Score:
0800 0 1200 ____ 1600 ____

WOUND/INCISION

☐ None
Type: Large abd dressing - incision
Location: abd
Description: CDI w/ dressing
Dressing: CDI - large abd dressing

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: ~~Urethral Catheter~~ NG
Type: ~~Foley~~ NG
Dressing: CDI
Suction: Yes
Drainage amount: 30mL
Drainage color: Green

Student Name: Mercedes Villalobos **Unit:** PICU **Pt. Initials:** _____ **Date:** 11/29

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

Allergies: ~~Fentanyl, Versed~~ none

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, Interven (Precautions/Contraindications, Etc.)
Enoxaparin	Heparin	Anticoagulant to prevent blood clots	40mg/0.4ml injection SQ every 12hrs	90mg/0.4ml yes	Prediluted	oAnemia -Fever •Hemorrhage oNausea	1. Assess pts RBCs 2. monitor vital signs/ fever 3. keep pt hydrated 4. Assess pt for nausea/Hypovolemia
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