IM5 Clinical Worksheet – Pediatric Floor

Student Name: Maria Cruz Date: 11/29/23	Patient Age: 6 Patient Weight: 20.4 kg
1. Admitting Diagnosis: Hypoxemia with likely viral acute bronchitis (Hx of CF)	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: Respiratory assessment Hydration/skin assessment
3.Signs and Symptoms: Cough Afebrile fever lethargy Increased sleep Cyanosis to nail beds/skin	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: Pulse Ox ABG
5. Lab Values That May Be Affected: PaO2/FIO2	6. Current Treatment (Include Procedures): CXR Nebulizer / breathing treatments
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Distraction, allow child to watch cartoon or movie 2. Position, put in comfortable position with pillows & blankets	8. Patient/Caregiver Teaching: 1. Allow for bedrest 2. Monitor O2 levels 3. Promote hydration Any Safety Issues identified: ~~NKDA~~ Pt has sibling with CF diagnosis as well

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Student Name: Date:	Patient Age: Patient Weight: kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): (20.4 kg) 10 x 1000 = 1,000 10 x 50 = 500 4 x 20 = 80 = 1,580 Actual Pt MIVF Rate: 20 mg/mL Is There a Significant Discrepancy Between Calculated and Actual Rate? 480 (20ml/hr) If Yes, Why is There a Discrepency? Patient tolerates oral intake	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 1.5 x 20.4 = 30.6 Actual Urine Output During Your Shift (mL/hr): 89

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: Initiative vs. guilt

1. Child takes initiative when taking medicine

2. Child makes choices related to play

Piaget Stage: Preoperational period

1. Child plays with his Spiderman toy and makes up scenario

2. Child plays Hide-and-seek with me in room along with maternal grandfather

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

Creon 6

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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 _____
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 _____
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: yellow
Stool Appearance: Firm
□ 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: Reg 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: R AC 22G ■ INT □ None
□ Central Line
Type/Location: R AC
Appearance: ■ No Redness/Swelling □ Red □ Swollen □ Patent □ Blood return
Dressing Intact: ■ Yes □ No
Fluids: INT

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: -NO Pain
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							240				40		280
Intake – PO Meds									60				60
Enteral Tube Feeding													
Enteral Flush													
Free Water									160				160

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						20	20	20	20	20	20		120
IV Meds/Flush													

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine								146			23		37
# 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) 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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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 5 Left 5

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 _____

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 _____ L _____

Lower R _____ L _____

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 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: Reg. 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: R upper arm ☐ INT ☐ None ☐ Central Line Type/Location: PICC RV

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: _____

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 #2

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake									32				32
Intake – PO Meds						16			32	16			32
Enteral Tube Feeding													
Enteral Flush						7							
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						30	30	30	30	30	30	30	230
IV Meds/Flush						7				7			14
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine							60	10	11	8			89
# 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)	
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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

Adopted: August 2016