

IM5 Clinical Worksheet – PICU

Student Name: Kenann Rodgers Date: 11/28	Patient Age: 3 y/o Patient Weight: 13.1 kg
1. Admitting Diagnosis: HMPV – respiratory failure Hemophilia	2. Priority Focused Assessment R/T Diagnosis: Respiratory
3. Signs and Symptoms: Increased WOB/SOB Possible bleeding issues Cough Fever Nasal Congestion Secretions	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: PTT – clotting factor tests Polymerase chain reaction assays Detection of antigens in respiratory secretions
5. Lab Values That May Be Affected: Low clotting factor PTT decreased WBC increased	6. Current Treatment (Include Procedures): Constant monitoring of vitals – blood pressure Sedation
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Keeping patient comfortable in bed, turning them 2. Comfortable and calm environment, mom was present	8. Patient/Caregiver Teaching: 1. Good hand washing prior to seeing the patient 2. Make sure he is kept in calm environment with minimal visitors 3. Keep things in the bed to a minimum as we do not want them to become a safety hazard Any Safety Issues Identified: Possible skin breakdown from tape on face
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 100×10 50×3 $1150/24 = 48\text{mL/hr}$ Combined Total Intake for Your Pt (mL/hr):	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5\text{mg/kg/hr} \times 13.1 = 6.55 \text{ mL/hr}$ Actual Urine Output During Your Shift (mL/hr): Not observed

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

PICU

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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													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid		48	48	48	48								192
IV Meds/Flush		9.65	9.65	9.65	14.65								43.6
OUTPUT													
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 Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	<ul style="list-style-type: none"> – Playing/sleeping appropriately OR – Alert, at patient's baseline 	<ul style="list-style-type: none"> – Sleepy, somnolent when not disturbed 	<ul style="list-style-type: none"> – Irritable, difficult to console OR – Increase in patient's baseline seizure activity 	<ul style="list-style-type: none"> – Lethargic, confused, floppy OR – Reduced response to pain OR – Prolonged or frequent seizures OR – Pupils asymmetrical or sluggish
Cardiovascular	<ul style="list-style-type: none"> – Skin tone appropriate for patient – Capillary refill ≤ 2 seconds 	<ul style="list-style-type: none"> – Pale OR – Capillary refill 3-4 seconds OR – Mild tachycardia OR – Intermittent ectopy or irregular HR (not new) 	<ul style="list-style-type: none"> – Grey OR – Capillary refill 4-5 seconds OR – Moderate tachycardia 	<ul style="list-style-type: none"> – Grey and mottled OR – Capillary refill > 5 seconds OR – Severe tachycardia OR – New onset bradycardia OR – New onset/increase in ectopy, irregular HR or heart block
Respiratory	<ul style="list-style-type: none"> – Within normal parameters – No retractions 	<ul style="list-style-type: none"> – Mild tachypnea/ increased WOB (flaring, retracting) OR – Up to 40% supplemental oxygen OR – Up to 1L NC $>$ patient's baseline need OR – Mild desaturations $<$ patient's baseline OR – Intermittent apnea self-resolving 	<ul style="list-style-type: none"> – Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR – 40-60% oxygen via mask OR – 1-2 L NC $>$ patient's baseline need OR – Nebs Q 1-2 hour OR – Moderate desaturations $<$ patient's baseline OR – Apnea requiring repositioning or stimulation 	<ul style="list-style-type: none"> – Severe tachypnea OR – RR $<$ normal for age OR – Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR – $> 60\%$ oxygen via mask OR – > 2 L NC more than patient's baseline need OR – Nebs Q 30 minutes – 1 hour OR – Severe desaturations $<$ patient's baseline OR – Apnea requiring interventions other than repositioning or stimulation
Staff Concern		– Concerned		
Family Concern		– Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> – Continue Routine Assessments 	<ul style="list-style-type: none"> – 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 	<ul style="list-style-type: none"> – 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), <http://dx.doi.org/10.1016/j.pedn.2016.10.005>