BCA

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Haylee CRUZ **Date:** 12/5/23	**Patient Age:** 10y/o **Patient Weight:** 70.7kg
1. Admitting Diagnosis: ITP- Immune Thrombocytopenia	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Skin assessment & mucous membranes including nose & throat/gums
3.Signs and Symptoms: ▫Bruising - upper & lower extremities ▫Petechiae ▫Nosebleed	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** ▫Bone marrow aspiration & Biopsy ▫CBC ▫PTT/PT
5. Lab Values That May Be Affected: ▫Platelets ↓ (41) - most significant lab value	**6. Current Treatment (Include Procedures):** ▫BMA & Biopsy ▫IVIG ▫Acetaminophen ▫Diphenhydramine ▫maintenance fluids
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distraction! Pt was consumed with playing video games 2. Sensory! Pt had a squeeze "Stress ball" at her bedside	**8. Patient/Caregiver Teaching:** 1. Avoid antiplatelet agents (Aspirin, other NSAIDs) 2. Restrict activity while platelets <50,000 3. monitor for S/S of bleeding (↑HR & RR, ↓BP) 4. use soft toothbrush! **Any Safety Issues identified:** Risk for bleeding

Student Name: Hayleen CRUZ **Date:** 12/5/23	**Patient Age:** 10 **Patient Weight:** 70.7kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 70.7kg 100 x 10kg = 1,000 50 x 10kg = 500 20 x 50.7 = 1,014 2514 ÷ 24 = 104.75 mL/HR **Actual Pt MIVF Rate:** 110 mL/HR **Is There a Significant Discrepancy Between Calculated and Actual Rate?** Not significant, Rounded. **If Yes, Why is There a Discrepency?**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 0.5mL x 70.7kg = 35.35/HR **Actual Urine Output During Your Shift (mL/hr):** 100mL @ 1200 + 1 immeasurable

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 was concerned about falling behind peer group in school during hospitilization
2. Pt was also concerned about friend group & if they missed her :\

Piaget Stage: Concrete Operational period

1. Pt seemed concerned when nurse brought in 9 (5mL) syringes for her to take her liquid Tylenol & Benadryl, but was relieved when she saw the actual volume of liquid that was going into the syringes. (45mL total)
2. Pt told us that there is a "trick" to get her IV to draw back, & it specifically required us to hold pressure & "stabilize" the IV site while she straightened her arm. saying "It only makes sense!"

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

I personally did not administer any medications or perform any procedures.

36A
12/5/23

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) _____ ☐ 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 N/A
Consistency N/A
Suction: ☐ Yes ☑ No Type _____
Pulse Ox Site 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 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: not 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 _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular Diet
Amount/Schedule: N/A
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: (L) AC ☑ PIVT ☐ None
☐ Central Line
Type/Location: 22g
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☑ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: D5 NS + KCL @ 110mL/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: L&L extremities
Mucous Membranes: Color: Pink
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces
Location: lower back
Type: dull
Pain Score: 4
0800 1200 1600

WOUND/INCISION

☐ **None**
Type: BMA - iliac crest
Location: R iliac crest
Description: wound not observed
Dressing: clean, dry, intact

TUBES/DRAINS

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

30A
12/5/23

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							31.2	14					45.2
Enteral Tube Feeding													
Enteral Flush													
Free Water								240		240			480
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						110							110
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						100							100
# of immeasurable									1				1
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: Haylee CRUZ Unit: Peds 3 Pt. Initials: 3L04 Date: 12/5/23

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

Allergies: NKOA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS+KCL 20meq – 110ml/Hr	Isotonic/ Hypotonic/ (Hypertonic)	used to increase intravascular fluid volume	Serum Sodium levels	contraindicated for renal & cardiac pts R/T pulmonary edema

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.)
Gamunex-C	Immune globulins	used to increase Platelets	70g. IVPB	1mg/kg/min. Titrated to effect / yes	Rate titrated to effect :)	▪Blood clots	1. S/S of clots: sudden numbness/weakness, vision problems, chest pain, pain/swelling in legs 2. Can be harmful to kidneys, contact HCP if you notice little to no urination 3. Drink plenty of water to reduce kidney harm 4. Report any S/S of allergic reaction: itching, swelling
acetaminophen	antipyretic	analgesic	1,000mg PO once	10-15mg/kg/dose ↓ 707-1,060.5mg/dose / yes		▫constipation ▫nausea/vomiting ▫pruritis	1. contraindicated in pts. w/ severe hepatic impairment or active liver disease 2. Do not exceed max daily limit or in combination w/ other products that contain acetaminophen 3. Caution in pts w/ severe hypovolemia or chronic malnutrition 4. Report to HCP if experiencing hypersensitivity reaction (itching, swelling, rash)
diphenhydramine	antihistamine	Relive symptoms of allergy	35mg PO once	5mg/kg/day max dose 300mg/day / yes		▫constipation ▫nausea ▫drowsiness ▫headache	1. Can cause constipation, do not use if you have blockage in intestinal tract 2. Contact HCP if you have difficulty urinating, have confusion, or pounding heartbeats 3. Can cause blurred or double vision, dizziness or loss of coordination 4. Do not mix w/ meds that contain opioids, as this can slow your breathing
							1. 2. 3. 4.
							1. 2. 3. 4.

3108
12/5/23

Pediatric Floor Patient #2

No meds

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) _____ ☐ 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 N/A
Consistency N/A
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site RA IDG
Oxygen Saturation: 93%

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: not 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 _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular diet
Amount/Schedule: N/A
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: RJ FA ☐ NT ☐ None
☐ Central Line
Type/Location: 24g
Appearance: ☐ No Redness/Swelling ☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: no maintenance 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: 0
0800 1200 1600

WOUND/INCISION

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

TUBES/DRAINS

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

368
12/5/23

Pediatric Floor Patient #2

No meds

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake						90				30			120
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													
# of immeasurable						1							1
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) 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

9

IM5 Clinical Worksheet – PICU

Student Name: Hayleen Cruz
Date: 12/6/23

Patient Age: 13y/o
Patient Weight: 38.3 kg

1. Admitting Diagnosis:

Cerebellar medulloblastoma (post-op)

2. Priority Focused Assessment R/T Diagnosis:

Neuro

3.Signs and Symptoms: (Pre-op)

- ☐ latest scan was suggestive of spinal metastasis
- ☐ spinal lesion
- ☐ N/V
- ☐ Headache
- ☐ dizziness

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:

- ☐ lumbar puncture & Biopsy
- ☐ laminectomy & Biopsy
- ☐ MRI of brain & spinal cord

5. Lab Values That May Be Affected:

- ☐ CBC
- ☐ CMP
- ☐ PT/INR
- ☐ PTT

6. Current Treatment (Include Procedures):

- ☐ C7 laminectomy w/ excision & Biopsy of intramedullary tumor
- ☐ Spinal cord mapping
- ☐ Lumbar puncture
- ☐ MRI w/o contrast

7. Pain & Discomfort Management:
List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. music & video games
2. Legos (provided by Dr. O) :)

8. Patient/Caregiver Teaching:

1. Balance & coordination may be affected. Be cautious when ambulating.
2. NO contact sports! No strenuous activity for at least 6 weeks
3. make sure to not submerge incision area in water (such as pools/lakes/baths)

Any Safety Issues Identified:

Infection precautions

9. Calculate the Maintenance Fluid Requirement (Show Your Work): 38.3kg

100 x 10 = 1000 mL
50 x 10 = 500 mL
20 x 18.3 = 366 mL
1,866 mL ÷ 24 = 77.75 mL/HR

Combined Total Intake for Your Pt (mL/hr):

80mL/HR x 2 = 160mL (2 hours)

(was d/c after 2 hrs of my shift)

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

0.5mL x 38.3kg
= 19.15 mL/HR

Actual Urine Output During Your Shift (mL/hr):

200mL at noon
+ 2 immeasurable occurances

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

I administered lorazepam IVP for anxiety R/T diagnosis/treatment

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 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) _____ ☐ 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 N/A

Consistency N/A

Suction: ☐ Yes ☑ No Type _____

Pulse Ox Site ☑ RT finger

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 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: not 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 _____

Location _____ Inserted to _____cm

☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: regular diet

Amount/Schedule: N/A

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 X1

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: ☑ RT FA ☑ INT ☐ None

☐ Central Line

Type/Location: 22g

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

Dressing Intact: ☑ Yes ☐ No

Fluids: D5NS + KCL-20 @ 80ml/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: _____

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

PAIN

Scale Used: ☑ Numeric ☐ FLACC ☐ Faces

Location: back of neck

Type: dull/incision pain

Pain Score: 4

0800 _____ 1200 4 1600 _____

WOUND/INCISION

☐ **None**

Type: vertical incision

Location: back of the neck

Description: clean, dry

Dressing: open to air

TUBES/DRAINS

☑ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

12/12/23
9

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									30				30
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						80	80	D/C					160
IV Meds/Flush						50							50
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						200							200
# of immeasurable								1		1			2
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: Hayley Cruz Unit: PICU Pt. Initials: A Date: 12/6/23

Allergies: Pantamidine, Shellfish

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 NS + KCL 20 80mL/Hr	Isotonic/ Hypotonic/ (Hypertonic)	used to increase intravascular fluid volume	Serum Sodium	contraindicated for renal & cardiac pts

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.)
Lorazepam	Benzodiazepines	To treat anxiety	1.92mg IVP once	0.02-0.06mg/kg ↓ 0.77-2.3mg/dose yes	Dilute equal volume NS Rate should not exceed 2mg/min	respiratory depression overdose	1. misuse can cause addiction, overdose & death. 2. Do not use this medication if you have severe respiratory insufficiency, asthma 3. contact Hcp if you experience depression, mental illness, psychosis, mood changes 4. Do not use with alcohol/other depressants
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.