

IM5 Clinical Worksheet – PICU

Student Name: Samantha Kendall Date: 12.5.23	Patient Age: 3 yrs Patient Weight: 14.2 kg
1. Admitting Diagnosis: Human metapneumo virus	2. Priority Focused Assessment R/T Diagnosis: Respiratory
3. Signs and Symptoms: came in intubated with respiratory failure (3 day history of fever, cough) hypoxia, tachypnea, ^{nasal} congestion Bronchomalacia, tracheomalacia	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: Respiratory panel - Human metapneumo virus detected
5. Lab Values That May Be Affected: RBC - 3.92 ALK - 109 Total Hgb - 10.0 Bilirubin - 0.1 Hematocrit - 32.1% K - 3.1 Calcium - 7.0 Chloride - 112 Total Protein - 5.2	6. Current Treatment (Include Procedures): sedation/intubation due to resp. failure trying to wean off now from sedation, chest percussion & treatments to help lungs & ABX
7. Pain & Discomfort Management: List 2 developmentally appropriate non-pharmacologic interventions related to pain & discomfort for this patient. 1. wrap child in favorite blanket while sedated 2. have parents at bedside & to continue talking to the child	8. Patient/Caregiver Teaching: 1. continue fluids 2. teach signs of resp. distress in case occur again 3. take all antibiotics as prescribed upon d/c Any Safety Issues Identified: weaning off sedation, very active but not 1 to 1, bed high if fall coming out of sedation
9. Calculate the Maintenance Fluid Requirement (Show Your Work): $14.2 \text{ kg} \times \frac{11000}{200} = 800 \text{ mL/hr}$ $50 \times 4 = 200$ $800 + 200 = 1,000 \text{ mL/24 hr}$ Combined Total Intake for Your Pt (mL/hr): 3 mL/hr = fluids in IV 42 3 mL/hr = 45 et feed	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $0.5 \text{ mL/kg/hr} = 7.1 \text{ mL/hr}$ Actual Urine Output During Your Shift (mL/hr): 240 total / 6 hr = 40 mL/hr
Please list any medications you administered or procedures you performed during your shift: Pepcid, cefepime, Senna - administered performed oral care, suctioning, turns Q2 w/ nurse	

some might have been night shift, empty cath bag @ night

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u>N/A</u> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>3+</u> L <u>3+</u> Lower R <u>3+</u> L <u>3+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <u>sedated</u> <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
NEUROLOGICAL LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</u> Pushes: Right <u>W</u> Left <u>W</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level <u>N/A</u> Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELIMINATION Urine Appearance: <u>clear, light</u> Stool Appearance: <u>NOT OBSERVED</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	IV ACCESS Site: <u>RA 22G</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line <u>PICU</u> Type/Location: <u>medial double lumen</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>3ml/hr</u> <u>D5 1/2 NS</u>
RESPIRATORY Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>N/A</u> <input checked="" type="checkbox"/> Labored Breath Sounds: Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: <u>N/A</u> L/min <input type="checkbox"/> BiPap/CPAP: <u>N/A</u> <input checked="" type="checkbox"/> Vent: ETT size <u>4.0 @ 15</u> cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>N/A</u> Type <u>N/A</u> Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cough: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>N/A</u> Consistency <u>N/A</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>int.</u> Pulse Ox Site: <u>big toe</u> Oxygen Saturation: <u>91%</u>	GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> 4 quads <input checked="" type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vomiting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Passing Flatus: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>NG</u> Location <u>duod</u> inserted to <u>10</u> cm <input checked="" type="checkbox"/> Suction Type: <u>int.</u>	SKIN Color: <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt Condition: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic Turgor: <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <input type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input checked="" type="checkbox"/> Skin Breakdown Location/Description: <u>stage I PI - right</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL Diet/Formula: <u>42 ml/hr (NPO)</u> Amount/Schedule: <u>42 ml/hr</u> Chewing/Swallowing difficulties: <u>cont. feeds</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>all over</u> Type: <u>NOT SURE / PT sedated</u> Pain Score: 0800 <u>2</u> 1200 <u>0</u> 1600 <u>N/A</u>
	MUSCULOSKELETAL <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: <u>N/A</u>	WOUND/INCISION <input type="checkbox"/> None Type: <u>electrical burn</u> Location: <u>1st toe</u> Description: <u>mod. redness/swelling</u> Dressing: <u>open to air</u>
	MOBILITY <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>N/A</u> Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bedridden	TUBES/DRAINS <input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

PICU

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													0
Intake – PO Meds													0
Enteral Tube Feeding	42	42	42	42	42								210
Enteral Flush			5										5
Free Water													0
IV INTAKE													
IV Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	7	7	7	7	7	7	7						19
IV Meds/Flush		10			5								15
OUTPUT													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		240											240
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													0
Other													0

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) <u>0</u>
	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

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 - Nebx 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 - Nebx 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>

Student Name: SAMANNA KENDALL Unit: PCU Pt. Initials: KK Date: 12/5/23
 Allergies: NKDA 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	
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.)		
D5 1/2 NS 3ml/hr	Isotonic/Hypotonic/Hypertonic	PT CAN'T HAVE ORAL FLUIDS				SODIUM & K		HYPERVOLEMIA, HYPOKALEMIA	
MEVADONE	opioids	opioid used for individual symp & pain relief	2mg IVP Q6	5-10mg every 4-8 hrs 0.1-0.2mg/kg yes, in range	IVP - 2mg in 2ml sterile water push over 3-5	RESPIRATORY DEPRESSION, CONSTIPATION, N/V AGITATION	1. HAVE ACCESS TO NARCAN 2. BE CAREFUL GETTING UP / CALL NURSE FOR ANY CONSTIPATION 3. WATCH FOR ANY CONSTIPATION 4. MAY CAUSE N/V AGITATION		
SENNA (SENOKOT)	LAXATIVES	HELPS TREAT CONSTIPATION	0.6gms NATURE BID	2.5-7.5 ml/day yes, in range	N/A	STOMACH CRAMPS, NAUSEA, DIARRHEA	1. DON'T USE LONG TERM 2. MAINTAIN FLUIDS/HYDRATION 3. NOTIFY IF ANY STOMACH PAIN 4. MONITOR STOOL COLOR/CONSISTENCY		
CELEPIME (MAXIPIME)	CEPHALOSPORINS	TREAT GRAM - & GRAM + BACTERIAL INFECTIONS	0.5g IVP BID	50mg/kg (around 700) yes, in range	IVP - DIVIDE WITH NORMAL NS & PUSH OVER 2-5 MINUTES	SEIZURES, JAUNDICE, TUBERCLE SPREADING, SEPTICEMIA	1. TAKE FULL DOSE AS PRESCRIBED 2. WATCH SKIN FOR ANY NEW RASHES 3. KEEP CALL BUTTON CLOSE (SET UP FREQUENT NURSE CHECKS) 4. FREQUENT NURSE CHECKS		
FAMOTIDINE (PEPID)	H2-antagonist	AMOUNT OF ACID STOMACH PRODUCES	0.5g IVP BID	7mg-10mg per day Q12 yes, in range	IVP - NS TO DIVIDE & PUSH OVER 2 MINUTES	HEADACHE, DIZZINESS, DIARRHEA, CONSTIPATION	1. NOTIFY IF ANY RASHES 2. NOTIFY IF ANY STOOL CHANGE 3. CALL BEFORE GETTING UP 4. FREQUENT NURSE CHECKS		
							1.	2.	3.
							4.		