

## IM5 Clinical Worksheet – Pediatric Floor

Student Name: <u>Samantha Kendall</u> Date: <u>12-6-23</u>	Patient Age: <u>17 MONTHS</u> Patient Weight: <u>9.9kg</u>
1. Admitting Diagnosis: <u>BRONCHIOLITIS</u> <u>(RSV &amp; RHINOENTEROVIRUS)</u>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <u>RESPIRATORY - due to</u> <u>lung issues RSV</u> <u>causes</u>
3. Signs and Symptoms: <u>COUGH, CONGESTION,</u> <u>RHINORRHEA x 5 days,</u> <u>abd. Breathing</u> <u>INTERCOSTAL RETRACTIONS</u> <u>WHEEZING</u>	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: <u>RESPIRATORY PANEL</u> <u>to detect for RSV</u> <u>ANTIGEN</u>  <u>EXRAY</u>
5. Lab Values That May Be Affected: <u>CBC - elevated WBC</u> <u>OR BAND FORMS</u>  <u>BLOOD CULTURES</u>	6. Current Treatment (Include Procedures): <u>OXYGEN, STEROIDS, ALBUTEROL</u> <u>TREATMENTS, FLUIDS,</u> <u>ANTIBIOTICS</u>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.  1. <u>Having dad put in</u> <u>COMFORT HOLD POSITION</u>  2. <u>WARMING MICKEY</u> <u>MOUSE FOR</u> <u>Distraction</u>	8. Patient/Caregiver Teaching: 1. <u>Warn for low oxygen</u> <u>signs &amp; symptoms</u> 2. <u>Continue to hydrate</u> 3. <u>might need continued</u> <u>albuterol - discuss at home</u> Any Safety Issues identified. <u>Instructions how to</u> <u>none that I</u> <u>observed</u>

Student Name: SAMANTHA KENDALL  
Date: 12-6-23

Patient Age: 17 MONTHS  
Patient Weight: 9.9 kg

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

$$9 \times 100 = 900$$
$$\text{ML}/24 \text{ HR}$$
$$\boxed{37.5 \text{ ML}/\text{HR}}$$

Actual Pt MIVF Rate:

$\boxed{40 \text{ ML}/\text{HR}}$

Is There a Significant Discrepancy Between Calculated and Actual Rate?

Yes, ABOUT 3 ML/HR  
If Yes, Why is There a Discrepancy?  
NO URINE PT BACK UP FROM NO INTAKE FOR 2 DAYS

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

$$\frac{1 \text{ ML}/\text{KG}/\text{HR}}{9.9 \text{ kg}} = \text{minimum acceptable urine output requirement}$$

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

0 ML/HR total during shift / 6 HOURS OF SHIFT

$\boxed{0 \text{ ACTUAL URINE OUTPUT}}$

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: AUTONOMY VS. SHAME & DOUBT

1. -Negativism- kept wanting to change T-shirt herself
2. Rivalry- wanted same show all days in the hospital

Piaget Stage: SENSORIMOTOR

1. little scientist - was wanting to touch everything in hallway/nutrition room
2. ability to venture from parents - didn't cry when dad left the room for a while

no urine output observed / no diapers given / RN chart

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

NONE. NO MEDS GIVEN & NO PROCEDURES PERFORMED ON PATIENT DURING MY SHIFT (EXCEPT IV INSERTION)

Pediatric Floor Patient #1

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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 <u>N/A</u> 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 type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" 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>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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	Urine Appearance: <u>clear</u> Stool Appearance: <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>left forearm</u> <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>24g</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5 NS - 90 ml/ny</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>none</u> <input 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 checked="" type="checkbox"/> Nasal Cannula: <u>3.5</u> /min <input type="checkbox"/> BiPap/CPAP: <u>N/A</u> <input type="checkbox"/> Vent: ETT size <u>N/A</u> @ <u>N/A</u> cm <input type="checkbox"/> Other: <u>N/A</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Pulse Ox Site <u>right big toe</u> Oxygen Saturation: <u>96%</u>	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"/> <u>4</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Location <u>N/A</u> Inserted to <u>N/A</u> cm <input type="checkbox"/> Suction Type: <u>N/A</u>	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 checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>N/A</u> Mucous Membranes: Color: <u>N/A</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MOBILITY	NUTRITIONAL	PAIN
<input checked="" 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 type="checkbox"/> Bedridden	Diet/Formula: <u>regular</u> Amount/Schedule: <u>as needed</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>all over</u> Type: <u>none</u> Pain Score: 0800 <u>0</u> 1200 <u>0</u> 1600 <u>0</u>
MUSCULOSKELETAL	WOUND/INCISION	TUBES/DRAINS
<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracture <input 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>	<input checked="" type="checkbox"/> None Type: <u>N/A</u> Location: <u>N/A</u> Description: <u>N/A</u> Dressing: <u>N/A</u>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: <u>N/A</u> Type: <u>N/A</u> Dressing: <u>N/A</u> Suction: <u>N/A</u> Drainage amount: <u>N/A</u> Drainage color: <u>N/A</u>

Pediatric Floor Patient #2

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" 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 checked="" type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event <input checked="" 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>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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	Urine Appearance: <u>clear</u> Stool Appearance: <u>not observed</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> PA <u>22G</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>N/A</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>none at time of assessment</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>N/A</u> <input 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 checked="" type="checkbox"/> Room Air <input 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 type="checkbox"/> Vent: ETT size <u>N/A</u> @ <u>N/A</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> Pulse Ox Site <u>index</u> Oxygen Saturation: <u>90%</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input checked="" type="checkbox"/> <u>4</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>N/A</u> Location <u>N/A</u> Inserted to <u>N/A</u> cm <input type="checkbox"/> Suction Type: <u>N/A</u>	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 checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>N/A</u> Mucous Membranes: Color: <u>N/A</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MUSCULOSKELETAL	NUTRITIONAL	PAIN
<input type="checkbox"/> Pain <input checked="" 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>	Diet/Formula: <u>regular</u> Amount/Schedule: <u>normal</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>hip/iliac</u> Type: <u>sharp</u> Pain Score: 0800 <u>2</u> 1200 <u>2</u> 1600 <u>2</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input checked="" 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 checked="" type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

### CHEWS Scoring and Escalation Algorithm

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

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**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>

did eat 75% breakfast but no ml amount documented, ate before we got there  
 Pediatric Floor Patient #1  
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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													0
Enteral Tube Feeding													N/A
Enteral Flush													N/A
Free Water													0
IV INTAKE													
IV Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid			20	20	20	20							80
IV Meds/Flush			5										5
OUTPUT													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													0
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													
Other													

NO OTHER FLUID/MEALS DOCUMENTED OR OBSERVED

**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
<b>CHEWS Total Score</b> 4	
CHEWS Total Score	Total Score (points) 4
	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

Ate Breakfast  
 But only drank  
 1 gatorade

Pediatric Floor Patient #2  
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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			100										100
Intake - PO Meds		20											20
Enteral Tube Feeding													N/A
Enteral Flush													N/A
Free Water													0
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													0
IV Meds/Flush													0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine				50									50
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													0
Other													

IV INT

NO OTHER FLUIDS/MEDS/MEALS DOCUMENTED OR OBSERVED

**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
<b>CHEWS Total Score</b> 0	
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

pt vitals good, active, all neuro good  
 NO STAFF/FAMILY CONCERN

Student Name: SAMANNA KENDAL

Unit: Peds

Pt. Initials: BF/EM

Date: 12/6/23

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

Allergies: 11-NKDA, 72-NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range?	If not, why?			
(Tylenol) Acetaminophen	Analgesic	treat mild to moderate pain	147.2 mg PO Q6 PRN	10-15 mg/kg q4-6 hrs 99-149 mg q4-6 hrs Yes, 10 mg/kg		N/A	SKIN RASH, NIV, LOSS OF APPEHTE, SWEATING	1. KEEP SWELLING OF WHAT FACE @ HOME 2. MONITOR SKIN FOR ANY NEW BRUAS 3. NOTIFY IF ANY NEW ABD SWELLING 4. NOTIFY IF ANY LOSS OF APPEHTE
(ancef) Cefazolin	Antibiotic	antibiotic to treat bone joint pain	2,000 mg IVP Q8	25-100 mg/kg daily (243-990) Yes, 10 mg/kg		IVP - 2,000 mg in sterile water 20 mL PUSH OVER 3-5 min	FEVER, RASH SEIZURE, STOMACH PAIN, URINE CHILDRS	1. MONITOR FOR ANY STODI CHANGING 2. TAKE FULL DOSE AS PRESCRIBED 3. WATCH SKIN FOR ANY NEW RASH 4. NOTIFY IF ANY NIV/D
Polvetmyl Glycol (Miralax)	Laxative	prevent constipation	17g PO BID	2-1.8 mg/kg per day Yes, in range		N/A	REGULATING BLEEDING GAS, SWEATING, DIZZINESS	1. DON'T TAKE FOR LONG TIME 2. BE CAREFUL GETTING UP 3. MONITOR BM FOR BLEED 4. STOP TAKING IF WORSENING
Ibuprofen (Advil)	NSAID	reduce fever & treat pain	400 mg PO Q6	5-10 mg/kg daily q6q8 Yes, in range		N/A	NIV GAS BLEEDING DIZZINESS/ HEADACHE	1. KEEP SWELLING WHEN GIVEN 2. USE SOFT BRUSH TOOTH BRUSH 3. NOTIFY IF URINE LESS THAN NORMAL 4. WATCH FOR SIGS OF BLEEDING
								1. 2. 3. 4.