IM5 Clinical Worksheet – Pediatric Floor

Student Name: Makayla Cruz **Date: 1/24/23**	**Patient Age:** 15 years **Patient Weight: 54.4 kg**
1. Admitting Diagnosis: - Nausea/Vomiting - Acute Kidney Injury	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** - GI/GU - Neurological - Cardiac (incase K+ level up)
3.Signs and Symptoms: - dehydration - nausea/vomiting - lower abdomen pain - no bowel movements	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** - BUN elevated 33 - Creatine elevated 2.70 - Protein Urine elevated - Potassium elevated 3.1
5. Lab Values That May Be Affected: - BUN - Creatine - Potassium - All electrolytes	**6. Current Treatment (Include Procedures):** - D5 NaCl 0.9% IV continuous - morphine 2mg every 3 hours PRN - ondansetron (zofran) 4 mg every 6 hours PRN
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** **1.** Patient had a coloring book at bedside table. **2.** Patient had TV turned on and was watching it.	**8. Patient/Caregiver Teaching:** **1.** Mainly consume clear liquids since they are having nausea and vomiting. **2.** Encourage water to try and stay hydrated. Maybe stay way from caffeine. **3.** If you start to experience any difficulty in urinating to report it. **Any Safety Issues identified: None**

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9. Calculate the Maintenance Fluid Requirement (Show Your Work): - 54.4kg - 10 X 100 = 1,000 - 10 X 50 = 500 - 34.4 X 20 = 688 - 688+500+1,000 = 2,188 ml/hr **Actual Pt MIVF Rate: 150 ml/hr** **Is There a Significant Discrepancy Between Calculated and Actual Rate? Yes** **If Yes, Why is There a Discrepency? Because patient isn't NPO. So they are still drinking cups, bottles of water and consuming liquids. We do not want to cause fluid overload.**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** - 54.4kg X 0.5ml/kg/hr = - 27.2 ml/hour **Actual Urine Output During Your Shift (mL/hr): Not measured, patient voided in toilet twice in two hours.**

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: Identity vs. Role Confusion

1. **Patient did not have a phone. So they were unable to contact or have any interaction with their family/friends or peers.**

2. **Patients' behavior seemed sad and disappointed. She showed lowered self- esteem or even poor self-concept since she was in the hospital sick and not completely knowing why.**

Piaget Stage: Formal Operational Thought

1. **Since patient is in the hospital, she might be thinking everyone is looking at her or judging her for being there. This represents Imaginary Audience.**

2. **Patient had a history of substance abuse with alcohol and marijuana daily. She may have known that this could harm her body but continued to do it possibly thinking that it won't**

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affect her. This is an example of personal fable.	
Please list any medications you administered or procedures you performed during your shift: - **Ondansetron (Zofran) 4mg/2ml IVP**	

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 __4__
Fontanel: (Pt < 2 years) ◻ Soft ◻ Flat
◻ Bulging ◻ Sunken ◻ Closed
Extremities:
◻ Able to move all extremities
◻ Symmetrically ◻ Asymmetrically
Grips: Right _S__ Left _S__
Pushes: Right _S__ Left _S__
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 _right hand pointer finger
Oxygen Saturation: __97%____

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, slightly cloudy
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: _regular diet; recommended clear liquids
Amount/Schedule: _NA_____
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: _Peripheral IV____ ◻ INT ◻ None
◻ Central Line
Type/Location: _Left lower forearm
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: _lower abdomen_____
Type: _____
Pain Score:
0700__6__ 1000__3__ 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	0	0	0	0	0	0	0	0	0	0	0	0	0
Intake – PO Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteral Tube Feeding	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteral Flush	0	0	0	0	0	0	0	0	0	0	0	0	0
Free Water			250										250 ml
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	150	150	150	150	150								750 ml
IV Meds/Flush				6									6 ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	0	0	0	0	0	0	0	0	0	0	0	0	0
# of immeasurable			1	1									2
Stool	0	0	0	0	0	0	0	0	0	0	0	0	0
Urine/Stool mix	0	0	0	0	0	0	0	0	0	0	0	0	0
Emesis		100	100										200 ml
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) ___3____
	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

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 __3___
Fontanel: (Pt < 2 years) ◻ Soft ◻ Flat ◻ Bulging ◻ Sunken ◻ Closed
Extremities:
◻ Able to move all extremities
◻ Symmetrically ◻ Asymmetrically
Grips: Right __S_ Left _S__
Pushes: Right __S_ Left _S__
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: _0.3_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 manual wall mounted
Pulse Ox Site_ right foot, big toe
Oxygen Saturation: ____95%____

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, clear_____
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 __G tube_
Location _abdomen__ Inserted to _NA_cm
◻ Suction Type: _____

NUTRITIONAL

Diet/Formula: _liquids for G tube__
Amount/Schedule: ___NA_____
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: _____ ◻ INT ◻ None
◻ Central Line
Type/Location: _____
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: indicator of pain/ discomfort not present
Type: _____
Pain Score:
0800_____ 1200_____ 1600 _____

WOUND/INCISION

◻ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

◻ **None**
◻ **Drain/Tube**
Site: __abdomen_____
Type: __enterostomy tube __
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	0	0	0	0	0	0	0	0	0	0	0	0	0
Intake – PO Meds	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteral Tube Feeding	260												260 ml
Enteral Flush/ Meds		25	25										50 ml
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	0	0	0	0	0	0	0	0	0	0	0	0	0
IV Meds/Flush	0	0	0	0	0	0	0	0	0	0	0	0	0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	0	0	0	0	0	0	0	0	0	0	0	0	0
# of immeasurable				1									1
Stool	0	0	0	0	0	0	0	0	0	0	0	0	0
Urine/Stool mix	0	0	0	0	0	0	0	0	0	0	0	0	0
Emesis	0	0	0	0	0	0	0	0	0	0	0	0	0
Other													

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Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
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Staff Concern	1 pt - Concerned
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CHEWS Total Score	
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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	- Playing/sleeping appropriately **OR** - Alert, at patient's baseline	- Sleepy, somnolent when not disturbed	- Irritable, difficult to console **OR** - Increase in patient's baseline seizure activity	- Lethargic, confused, floppy **OR** - Reduced response to pain **OR** - Prolonged or frequent seizures **OR** - Pupils asymmetrical or sluggish
Cardiovascular	- Skin tone appropriate for patient - Capillary refill ≤ 2 seconds	- Pale **OR** - Capillary refill 3-4 seconds **OR** - Mild tachycardia **OR** - Intermittent ectopy or irregular HR (not new)	- Grey **OR** - Capillary refill 4-5 seconds **OR** - Moderate tachycardia	- 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	- Within normal parameters - No retractions	- 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	- 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	- 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
- Continue Routine Assessments	- 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	- 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