#72

# 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 3mm
**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 N/A L/min
☐ BiPap/CPAP: N/A
☐ Vent: ETT size N/A @ N/A cm
☐ Other: _____
**Trach:** ☐ Yes ☑ No
Size N/A Type N/A
Obturator at Bedside ☐ Yes ☐ No
**Cough:** ☐ Yes ☑ No
☐ Productive ☐ Nonproductive
**Secretions:** Color N/A
Consistency N/A
**Suction:** ☐ Yes ☑ No Type _____
**Pulse Ox Site** RD2
**Oxygen Saturation:** 96

## 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
**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 N/A
Location N/A Inserted to N/A cm
☐ Suction Type: N/A

## NUTRITIONAL

**Diet/Formula:** Breast Milk
**Amount/Schedule:** Q3
**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:** right antecubital ☐ INT ☐ None
☐ Central Line
Type/Location: Right Arm
**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:** _____
**Type:** _____
**Pain Score:**
0800 _____ 1200 _____ 1600 _____

## WOUND/INCISION

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

## TUBES/DRAINS

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

**Pediatric Floor Patient #2**

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☐ Neat/
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☑ Nor

LOC: ☐
☐ S
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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** | 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 | | | | | | | 152 | | | | | | 152 |
| # of immeasurable | | | | | | | | | | | | | |
| Stool | | | | | | | 110 | | | | | | 110 |
| Urine/Stool mix | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

| **Children's Hospital Early Warning Score (CHEWS)**<br>**(See CHEWS Scoring and Escalation Algorithm to score each category)** | |
|---|---|
| Behavior/Neuro | Circle the appropriate score for this category:<br>(0) 1 2 3 |
| Cardiovascular | Circle the appropriate score for this category:<br>(0) 1 2 3 |
| Respiratory | Circle the appropriate score for this category:<br>(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 |

# Pediatric Floor Patient #1 05

## 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 _____
**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: N/A L/min
☐ BiPap/CPAP: N/A
☐ Vent: ETT size N/A @ N/A cm
☐ Other: _____
**Trach:** ☐ Yes ☑No
Size N/A Type N/A
Obturator at Bedside ☐ Yes ☑No
**Cough:** ☐ Yes ☑No
☐ Productive ☐ Nonproductive
**Secretions:** Color N/A
Consistency N/A
**Suction:** ☐ Yes ☑No Type _____
**Pulse Ox Site** right foot
**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
**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 LUQ Inserted to _____ cm
☐ Suction Type: _____

## NUTRITIONAL

**Diet/Formula:** Nutren junior
**Amount/Schedule:** Q3
**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: splint

## 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:** G-tube ☐ INT ☐ None
☐ Central Line
Type/Location: G-tube
**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: right head, right abd,
**Mucous Membranes:** Color: _____
☐ Moist ☑Dry ☐ Ulceration

## PAIN

**Scale Used:** ☐ Numeric ☑FLACC ☐ Faces
**Location:** FACE
**Type:** FLACC
**Pain Score:**
0800 N/A 1200 5 0 1600 5

## WOUND/INCISION

☐ **None**
**Type:** wound / incision
**Location:** right head, right abd,
**Description:** _____
**Dressing:** _____

laparoscopic puncture abd.

## TUBES/DRAINS

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

05

Date: 1/23/24

Pt. Initials: MH

Unit: Pedi-med surg

## 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 | | | | | | | | | | | | | |
| Enteral Tube Feeding | | | | | | | | | 175 | | | | 175mL |
| 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 | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Urine/Stool mix | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

| **Children's Hospital Early Warning Score (CHEWS)**<br>**(See CHEWS Scoring and Escalation Algorithm to score each category)** | |
|---|---|
| Behavior/Neuro | Circle the appropriate score for this category:<br>0 1 (2) 3 |
| Cardiovascular | Circle the appropriate score for this category:<br>0 (1) 2 3 |
| Respiratory | Circle the appropriate score for this category:<br>(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<br>Score 0-2 (Green) – Continue routine assessments<br>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<br>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 |

140 formula Nutren Junior
15 free water

# IM5 Clinical Worksheet – Pediatric Floor

| | |
|---|---|
| **Student Name:** Ashley Bolgen<br>**Date:** 1/23/24 | **Patient Age:** 15months<br>**Patient Weight:** kg 10.3 |
| **1. Admitting Diagnosis:**<br>subarachnoid hemorrhage | **2. Priority Focused Assessment You Will Perform Related to the Diagnosis:**<br>making sure pt is comfortable |
| **3.Signs and Symptoms:**<br>pt presents with drowsiness & fussy. | **4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:**<br>xray |
| **5. Lab Values That May Be Affected:**<br>elevated transaminases | **6. Current Treatment (Include Procedures):**<br>continous fluids 3mL NS<br>clonidine + propanolol for cerebral irritation & agitation |
| **7. Pain & Discomfort Management:**<br>**List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.**<br>1. Holding and comforting pt.<br>2. using toys as an distraction. | **8. Patient/Caregiver Teaching:**<br>1. providing comfort to patint<br>2.<br>3.<br>**Any Safety Issues identified:** [redacted] |

Date: 1/23/24

Pt. Initials: MH

Medication Worksheet – Current Medications & PRN for Last 24 Hours

| Student Name:<br>Date: | Patient Age: 15months<br>Patient Weight: 10.3kg |
|---|---|
| **9. Calculate the Maintenance Fluid Requirement (Show Your Work):**<br>10 x 1000 = 1000<br>1000/24 = 41.7<br><br>**Actual Pt MIVF Rate:**<br><br>**Is There a Significant Discrepancy Between Calculated and Actual Rate?**<br><br>**If Yes, Why is There a Discrepency?** | **10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):**<br>10.3 x 1 = 10.3<br><br>**Actual Urine Output During Your Shift (mL/hr):**<br>caregiver didn't document |

**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:** Patient had nonaccidental incident and did not show normal developmental stage.

1. autonoy vs shame + doubt

2.

**Piaget Stage:**

1. sensonmotor

2.

**Please list any medications you administered or procedures you performed during your shift:**
Heparin and provided Nutrien junior

# IM5 Clinical Worksheet – PICU

**Student Name:** Ashley Baigen
**Date:** 1/24/24

**Patient Age:** 2yrs
**Patient Weight:** 14.8kg

**1. Admitting Diagnosis:**
Acute hypoxic respiratory failure

**2. Priority Focused Assessment R/T Diagnosis:**
Bring $O_2$ sats up

**3.Signs and Symptoms:**
- trouble breathing
- tachycardia

**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:**
Chest xray

**5. Lab Values That May Be Affected:**
WBC, mcv, platlet, K+, Glucose
Bilirubin, Globuin

**6. Current Treatment (Include Procedures):**
ceftriaxone (rocephin)
24hrs IV
PRN: albuterol
continuos dextrose 5% + Sodium chloride

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

1. Giving pt bubbles to help breath
2. Sitting up and playing with pt

**8. Patient/Caregiver Teaching:**
1. If pt is having trouble breathing sit pt up and see if any improvement
2. Have pt cough to see if that increases $O_2$
3. Gave pt bubbles to see if that would increase $O_2$

**Any Safety Issues Identified:**
Want pt to remain on a clear liquid diet so there is no risk of aspiration

**9. Calculate the Maintenance Fluid Requirement (Show Your Work):** 14.8mL
10 x 1000 = 1000
4 x 50 = 200
10 x 20 =
1200/24 = 50mL
50mL

**Combined Total Intake for Your Pt (mL/hr):**
50mL/hr

**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):**
14.8 x 1 = 14.8

**Actual Urine Output During Your Shift (mL/hr):**
325mL/hr

**Please list any medications you administered or procedures you performed during your shift:**
N/A

#9

**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 2mm
**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: 2O 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** ~~toe~~ (L)
**Oxygen Saturation:** 84

## CARDIOVASCULAR

**Pulse:** ☑Regular ☑Irregular 141
☑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
**Stool Appearance:** Brown
☐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:** Clear diet
**Amount/Schedule:** _____
**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 ☐Qui ☐Friendly ☐Cooperative ☑Crying ☐Uncooperative ☐Restless ☐Withdrawn ☐Hostile/Anxious
**Social/emotional bonding with family:** ☑Present ☐Absent

## IV ACCESS

**Site:** peripheral IV line ☐INT ☐None
☐Central Line
Type/Location: R anterior ank
**Appearance:** ☑No Redness/Swelling ☐Red ☐Swollen ☐Patent ☐Blood return
**Dressing Intact:** ☑Yes ☐No
**Fluids:** continuous dextrose 5% 1/2 Sodium Chlorid

## 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:** FLACC
**Type:** _____
**Pain Score:**
0800 _____ 1200 3 1600 0

## WOUND/INCISION

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

## TUBES/DRAINS

☑**None**
☐**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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | 50mL/hr |
| IV Meds/Flush | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| **OUTPUT** | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| Urine | | 466 | | | | | | 325 | | | | | 791 |
| # of immeasurable | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Urine/Stool mix | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

50mL/hr
30

| Children's Hospital Early Warning Score (CHEWS)<br>(See CHEWS Scoring and Escalation Algorithm to score each category) | |
|---|---|
| Behavior/Neuro | Circle the appropriate score for this category:<br>(0) 1 2 3 |
| | |
| Cardiovascular | Circle the appropriate score for this category:<br>(0) 1 2 3 |
| | |
| Respiratory | Circle the appropriate score for this category:<br>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 |

# 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 _____
**Fontanel:** (Pt < 2 years) ☑ Soft ☑ Flat ☐ Bulging ☐ Sunken ☐ Closed
**Extremities:**
☑ Able to move all extremities
☐ Symmetrically ☐ Asymmetrically
Grips: Right W Left W
Pushes: Right W Left W
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 N/A
**Pulse Ox Site** 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
**Stool Appearance:** Brown
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

## GASTROINTESTINAL

**Abdomen:** ☑ Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded
**Bowel Sounds:** ☐ Present X ____ 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:** formula
**Amount/Schedule:** Q3
**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:** _____
**Type:** _____
**Pain Score:**
0800____ 1200____ 1600 ____

## WOUND/INCISION

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

## TUBES/DRAINS

☑ **None**
☐ **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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Urine/Stool mix | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

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| Respiratory | Circle the appropriate score for this category:<br>(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<br>Score 0-2 (Green) – Continue routine assessments<br>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<br>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 |