Pediatric Floor Patient #1

55

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 _____ Left _____
Pushes: Right _____ Left _____
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: 2 L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size _____ @ _____ cm
☐ Other: >90% Awake >88% asleep wean as tolerated
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 Ⓛ great toe
Oxygen Saturation: 100%

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: _____
Stool Appearance: _____
☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy
Breast BIL 30 min 0700

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: Reg
Amount/Schedule: 30 min breast
Chewing/Swallowing difficulties: 92H
☐ Yes ☑ No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL ☑ All
Brace/Appliances: ☑ None
Type: _____

MOBILITY 3 mo.

☐ 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 MOM

IV ACCESS

Site: _____ ☑ INT ☐ None
☐ Central Line
Type/Location: 24g R FOOT
Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: INT / Removed

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 0 1200 _____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

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

IM5 Clinical Worksheet – Pediatric Floor

Student Name: JESSICA CORTINAS
Date: 1/23/24

Patient Age: 3 mo.
Patient Weight: 5.92 kg

1. Admitting Diagnosis: coronavirus & COVID
RSV Bronchiolitis
TXfR from Midland ER

2. Priority Focused Assessment You Will Perform Related to the Diagnosis:
pulmonary
cardiac

3. Signs and Symptoms:
cough
retractive breathing
↓ O_2 Sat

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
Xray - for comparison only
1/21/24

5. Lab Values That May Be Affected:
WBC
Hemaglobin

6. Current Treatment (Include Procedures):
VS hourly – O_2
Strict I/O
activity ad lib
Regular diet - consider mIVF if PO tolerance or urine output ↓
Tylenol PRN fever/pain
Nasal Suction PRN for congestion >80% asleep wean as tolerated awake
O2 therapy as indicated goal >90%

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

1. Parent Contact - holding
2. Non-nutritive sucking pacifier as tolerated
3. Swadding for comfort
4. Baby Massage

8. Patient/Caregiver Teaching:
1. Warming breastfed bottle by hot water & microwave
2. Weaning off of O_2 based on eval & sats.
3. Document breast feeding / diaper changes.

Any Safety Issues identified:
Warned about Hot Water Warming bottle quickly.

Student Name: Jessica K Cortinas **Date:** 1/23/2024	**Patient Age:** 3 mo. **Patient Weight:** kg 5.92 kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 5.92 kg x 100 mL 592 mL/day. **Actual Pt MIVF Rate:** **Is There a Significant Discrepancy Between Calculated and Actual Rate?** **If Yes, Why is There a Discrepency?**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 5.92 kg x 1 mL/hr = 5.92 kg. **Actual Urine Output During Your Shift (mL/hr):**

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: Trust vs. Mistrust

1. Smiling / Talkative (coos & mom / Staff)
2. Breastfeeding Regularly

Piaget Stage: Sensorimotor

1. Rooting
2. palmar grasp

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

Pediatric Floor Patient #1

55

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	BBIL aom	6'	6										
Intake – PO Meds	~~0~~	—											
Enteral Tube Feeding	~~0~~	—											
Enteral Flush	~~0~~	—											
Free Water	~~0~~	—											

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) **(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 ≥ 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: JESSICA K CORTINAS Unit: PEDI 1 Pt. Initials: H K. Date: 1/23/2024

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic	—	—	—

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.)
acetaminophen	antipyretic analgesic	pain/ fever	60.8mg q4 HOURS PO PRN	10mg/kg q4H max 60mg/kg/day 20mg/kg q4H max 80mg/kg/day yes	–	hepatotoxic anemia thrombocyto-penia	1. report wet diapers 2. report rash/trouble breathing 3. report bruising 4.
sodium chloride		congestion	1 gtt each nare PRN		nasal drop		1. 2. could not find in epocrates? 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Pediatric Floor Patient #2

5y.o.

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 _____ Left _____
Pushes: Right _____ Left _____
S=Strong W=Weak N=None

EVD Drain: ☐ Yes ☑ No Level _____

Seizure Precautions: ☑ Yes ☐ No
bed padding

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 ☑ Great toe

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 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: reported by mom

Stool Appearance: 0800
☐ 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

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

BRP

PSYCHOSOCIAL

Social Status: ☑ Calm/Relaxed ☐ Quiet ☑ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/Anxious

Social/emotional bonding with family:
☑ Present ☐ Absent mom

IV ACCESS

Site: (R) FA ☐ 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: _____
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces

Location: _____

Type: _____

Pain Score:
0800 0 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

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		little											

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	mom												
# of immeasurable	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: Jessica K. Corthnas Unit: PEDI 1 Pt. Initials: ZAGR Date: 1/23/2024

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

Allergies: NKA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
NS 0.9% once #7	Isotonic/ Hypotonic/ Hypertonic			

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.)
levetiracetam	seizure disorder	antiseizure	400mg q12h po	17.5mg/kg x 23 kg range 60mg/kg/daily po divided q12h 1100		hypersensitivity withdrawal psychiatric disorder	1. report hostility 2. report rash/trouble breathing 3. report change in mental status confusion 4. report muscle pain
acetaminophen	analgesic antipyretic	Antipyretic pain reducer	342.4mg po once	15mg/kg x 23kg R: 10-15mg/kg/dose po q4-6H max: 75mg/kg/daily 0803 fever 100.3		anemia hypersensitivity thrombocytopenia	1. report new bruising 2. report rash trouble breathing 3. report urine output/collect 4.
levetiracetam	seizure disorder	antiseizure	460mg in 0.9% NS once	20mg/kg x 23 kg range 60mg/kg/day po divided IV 184 ml/HR 1241 IV over 15 min		listed above different route	1. 2. 3. 4.
Sodium chloride 0.9% NS	fluids isotonic	maintain hydration/ fluid/electrolyte balance	460mL once	20mL/kg x 23kg	IV	hypervolemia	1. report confusion 2. report trouble breathing 3. report/collect urine output 4. report headache
Lorazepam	seizure disorder sedation	antiseizure	2.3mg IV once inj.	0.1mg/kg x 23kg 0.05-0.1mg/kg/dose IV once		withdrawal dependence abuse	1. report rash/trouble breathing 2. report urine output/collect 3. report trouble/change vision 4. report trouble breathing

IM5 Clinical Worksheet – PICU

Student Name: JESSICA K CORTINAS
Date: 1/24/2023

Patient Age: 10 mo.
Patient Weight: 8.6 kg

1. Admitting Diagnosis:
Entero/Rhino Virus.

2. Priority Focused Assessment R/T Diagnosis:
Pulmonary/acute pain/gas exchange

3. Signs and Symptoms:
Retracted breathing
tachypnea
Labored breathing

4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:
Respiratory Pathogen Panel

5. Lab Values That May Be Affected:
WBC
O_2
Hemaglobin
CRP

6. Current Treatment (Include Procedures):
acetaminophen/ibuprofen prn
O_2 - 2L

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

1. Teddy toy
Mom comfort
2. Talking c pt.
Therapeutic touch

8. Patient/Caregiver Teaching:
1. discharge goals
2. diet - breastfed
3. respiratory concerns to report

Any Safety Issues Identified:

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

8.6 kg x 100 mL =
860 mL/day

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

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

8.6 kg x 1 mL/hr
8.6 mL/hr

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

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

Keflex
acetaminophen
D5W c 20 meq K+ in NS 0.9%

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 _____

Fontanel: (Pt < 2 years) ☐ Soft ☑ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right W Left W

Pushes: Right _____ Left _____

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: 4 L/min → 2L

☐ BiPap/CPAP _____

☐ Vent ETT size _____ @ _____ cm

☐ Other 4 L

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 (L) 1st great toe

Oxygen Saturation 100 %

CARDIOVASCULAR

Pulse: ☑ Regular ☐ Irregular ☑ Strong ☐ Weak ☐ Thready ☐ Murmur ☐ Other 135 bpm

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: _____

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

Amount/Schedule: _____

Chewing/Swallowing difficulties: ☐ Yes ☑ No

breakfast & noon

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐ Weakness ☐ Cramping ☐ Spasms ☐ Tremors

Movement: ☐ RA ☐ LA ☐ RL ☐ LL ☑ All (P)

Brace/Appliances: ☐ None

Type hand cover over IV

MOBILITY

☐ Ambulatory ☐ Crawl ☑ 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 MDM

IV ACCESS

Site: (R) Hand ☐ 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 0 1200 _____ 1600 _____

WOUND/INCISION

☑ None

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☑ None

☐ Drain/Tube

Site _____

Type _____

Dressing _____

Suction _____

Drainage amount _____

Drainage color _____

36.5° C 1000

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds			8ml										8ML
Enteral Tube Feeding													
Enteral Flush			2ml										2ML
Free Water													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	35ml	35ml	35ml	35ml	35ml								
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) (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: JESSICA K. CORTINAS Unit: PICU Pt. Initials: E.T Date: 1/24/2024

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

Allergies: NKDA

8.6 kg x 100 mL/kg/day = 860 mL/day / 12 =

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
35 mL/hr	Isotonic/ Hypotonic/ Hypertonic	maintain fluid/electrolytes.	Kt Nat I/O	Hypernatremia Hyperkalemia/Hypervolemia

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.)
D5W ¼ NS 0.9% KCl 20 meq	maintenance fluids	hydration fluid/electrolyte balance	35 mL/hr CONT	72 mL/hr max 860 mL/24 hr.	–	hypervolemia	1. Report wet diapers 2. Report swelling 3. Report N/V 4.
ceftriaxone	antibiotic	antiinfective	432 mg in D5 syringe	50 mg/kg x 8.6 kg = 430 mg / 21.5 mL/hr	50–100 mg/kg/day IM/IV divided q12-24H max 4g/24H	anaphylaxis hyperbilirubinemia renal impairment	1. report rash/trouble breathing 2. watch/report diarrhea 3. report yellow eyes/skin 4. report wet diapers.
acetaminophen	analgesic antipyretic	pain/fever reducer	128 mg PO PRN pain/fever	10 mg – 15 mg / kg/dose PO Q4H prn max 75 mg/kg/day	NA	hepatotoxic anemia thrombocytopenia	1. report rash/trouble breathing 2. report new bruising 3. report wet diapers 4.
							1. 2. 3. 4.
							1. 2. 3. 4.