Pediatric Floor Patient #1

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished
□ Neat/Clean □ Emaciated □ Unkept
Developmental age:
X Normal □ Delayed

NEUROLOGICAL

LOC: X Alert □ Confused X Restless
□ Sedated □ Unresponsive
Oriented to:
X Person X Place X Time/Event
X Appropriate for Age
Pupil Response: X Equal □ Unequal
X Reactive to Light □ Size 4mm
Fontanel: (Pt < 2 years) □ Soft □ Flat
□ Bulging □ Sunken □ Closed
Extremities:
X Able to move all extremities
X Symmetrically □ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: □ Yes X No Level _____
Seizure Precautions: □ Yes X No

RESPIRATORY

Respirations: X Regular □ Irregular
□ Retractions (type) _____
□ Labored
Breath Sounds:
Clear X Right X Left
Crackles □ Right □ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
X **Room Air** □ **Oxygen**
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP: _____
□ Vent: ETT size_____@_____cm
□ Other: _____
Trach: □ Yes X No
Size _____ Type _____
Obturator at Bedside □ Yes X No
Cough: □ Yes X No
□ Productive □ Nonproductive
Secretions: Color_____
Consistency_____
Suction: □ Yes X No Type _____
Pulse Ox Site right finger
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: X Regular □ Irregular
X Strong □ Weak □ Thready
□ Murmur □ Other _____
Edema: □ Yes X No Location _____
□ 1+ X 2+ □ 3+ □ 4+
Capillary Refill: X < 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: dark
Stool Appearance: type 3
□ Diarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: X Soft □ Firm □ Flat
□ Distended □ Guarded
Bowel Sounds: X Present X 4 quads
X Active □ Hypo □ Hyper □ Absent
Nausea: □ Yes X No
Vomiting: □ Yes X No
Passing Flatus: □ Yes X No
Tube: □ Yes X No Type _____
Location _____ Inserted to _____cm
□ Suction Type: _____

NUTRITIONAL

Diet/Formula: normal
Amount/Schedule: _____
Chewing/Swallowing difficulties:
□ Yes X No

MUSCULOSKELETAL

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

MOBILITY

X 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□ Withdrawn □ Hostile/Anxious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: X Pink □ Flushed □ Jaundiced
□ Cyanotic □ Pale X Natural for Pt
Condition: X Warm □ Cool □ Dry
□ Diaphoretic
Turgor: X < 5 seconds □ > 5 seconds
Skin: X Intact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color normal
X Moist □ Dry □ Ulceration

PAIN

Scale Used: X Numeric □ FLACC □ Faces
Location: abd
Type: sharp
Pain Score:
0800____ 1200____ 1600 4

WOUND/INCISION

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

TUBES/DRAINS

X **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							20	12	24				56
Intake – PO Meds									245				245
Enteral Tube Feeding													—
Enteral Flush													—
Free Water													—
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							100	100	100	100			400
IV Meds/Flush													—
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine							[illegible]	[illegible]	62	46	52		318
# of immeasurable							82	76					—
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
Cardiovascular	Circle the appropriate score for this category: (0) 1 2
Respiratory	Circle the appropriate score for this category: (0) 1 2
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 0 just had STI
	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: Kylie Bennett Date: 1-31-24	Patient Age: 16 y/o Patient Weight: kg 42.1 kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 80.9 ML/hr **Actual Pt MIVF Rate:** 100 ML/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** no **If Yes, Why is There a Discrepency?**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 42.1 ML **Actual Urine Output During Your Shift (mL/hr):** 300mL 60ML/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:

1. finding identity within herself
2. sex-role identity with herself and father of her child

Piaget Stage:

1. considering the future with her baby
2. considering the possibilies with her baby

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

acetaminophen, ceftriaxone, metronidazole, doxycycline

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Kylie Bennett **Date:** 1-31-24	**Patient Age:** 16 **Patient Weight:** kg 42.1 kg
1. Admitting Diagnosis: severe nausea/vomiting abdominal pain (chlamydia)	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** abdominal focused assessment
3.Signs and Symptoms: - painful urination - abd pain - severe nausea - severe vomiting	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** CBC test for chlamydia
5. Lab Values That May Be Affected: WBC's if they are increased means infection	**6. Current Treatment (Include Procedures):** antibiotic treatment
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. distraction with music 2. distraction with TV	**8. Patient/Caregiver Teaching:** 1. finish full treatment of antibiotics 2. drink a lot of fluids 3. rx if symptoms worsen **Any Safety Issues identified:** N/A

Pediatric Floor Patient #2

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished
□ Neat/Clean □ Emaciated □ Unkept
Developmental age:
□ Normal □ Delayed

NEUROLOGICAL

LOC: X Alert □ Confused X Restless
□ Sedated □ Unresponsive
Oriented to:
X Person X Place X Time/Event
X Appropriate for Age
Pupil Response: X Equal □ Unequal
X Reactive to Light □ Size 3mm
Fontanel: (Pt < 2 years) X Soft □ Flat
□ Bulging □ Sunken X Closed
Extremities:
X Able to move all extremities
X Symmetrically □ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: □ Yes X No Level _____
Seizure Precautions: □ Yes X No

RESPIRATORY

Respirations: X Regular □ Irregular
□ Retractions (type) _____
□ Labored
Breath Sounds:
Clear X Right X Left
Crackles □ Right □ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
□ **Room Air** X **Oxygen**
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP: _____
□ Vent: ETT size_____@_____cm
□ Other: _____
Trach: □ Yes X No
Size _____ Type _____
Obturator at Bedside □ Yes X No
Cough: □ Yes X No
□ Productive □ Nonproductive
Secretions: Color_____
Consistency_____
Suction: □ Yes X No Type _____
Pulse Ox Site left finger
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: X Regular □ Irregular
X Strong □ Weak □ Thready
□ Murmur □ Other _____
Edema: □ Yes X No Location _____
□ 1+ □ 2+ □ 3+ □ 4+
Capillary Refill: X < 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: not observed
Stool Appearance: not observed
□ Diarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: X Soft □ Firm □ Flat
□ Distended □ Guarded
Bowel Sounds: X Present X 4 quads
X Active □ Hypo □ Hyper □ Absent
Nausea: □ Yes X No
Vomiting: □ Yes X No
Passing Flatus: □ Yes X No
Tube: □ Yes X No Type _____
Location _____ Inserted to _____cm
□ Suction Type: _____

NUTRITIONAL

Diet/Formula: NPO
Amount/Schedule: NPO
Chewing/Swallowing difficulties:
□ Yes X No

MUSCULOSKELETAL

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

MOBILITY

□ Ambulatory □ Crawl □ In Arms
□ Ambulatory with assist gait not observed
Assistive Device: □ Crutch □ Walker
□ Brace □ Wheelchair □ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed X Quiet
X Friendly □ Cooperative □ Crying
□ Uncooperative X Restless
□ Withdrawn □ Hostile/Anxious
Social/emotional bonding with family:
X Present □ Absent

IV ACCESS

Site: L peripheral □ INT □ None
□ Central Line
Type/Location: _____
Appearance: X No Redness/Swelling
□ Red □ Swollen
□ Patent □ Blood return
Dressing Intact: X Yes □ No
Fluids: _____

SKIN

Color: X Pink □ Flushed □ Jaundiced
□ Cyanotic □ Pale X Natural for Pt
Condition: X Warm □ Cool □ Dry
□ Diaphoretic
Turgor: X < 5 seconds □ > 5 seconds
Skin: X Intact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: pink
X Moist □ Dry □ Ulceration

PAIN

Scale Used: X Numeric □ FLACC □ Faces
Location: abd
Type: post surg
Pain Score:
0800 ____ 1200 ____ 1600 6

WOUND/INCISION

X None
Type: incision
Location: mid line abd
Description: 2inches
Dressing: open to air

TUBES/DRAINS

X None
□ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Pediatric Floor Patient #2

pt had just gotten up from OR just had time for assessment

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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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)_____ 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. Initials: AM

Date: 1-31-24

Student Name: Kylie Bennett Unit: pediatrics Pt. Initials: AM Date: 1-31-24

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
0.5 NS	Isotonic/ Hypotonic/ (Hypertonic)	fluid replacement	electrolytes	fluid overload

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	NSAID	pain	500mg IVPB Q6H	no more than 4000mg yes		dizziness, loss of appetite, ↑ sweating	1. rx any bruising 2. may cause loss of appetite 3. be careful when standing 4. do not exceed max dose
ceftriaxone	antibiotic	infection	2,000 mg IVP Q24H	50-75mg/kg/day yes	IVP- sterile water, 20 ML, 3-5 minutes	fever, diarrhea, painful or dif. urinati-	1. rx excessive diarrhea 2. rx SOB 3. may cause painful urination 4. rx unusual bleeding
doxycycline	antibiotic	infection	100mg IVPB Q12H	4.4mg/kg/day yes	IVPB- NS, 125ML/hr	photosensitivity, GI upset	1. make take w/ food 2. take w/ 8oz of water 3. avoid w/ antacids 4. avoid w/ milk
metronidazole	antibiotic	infection	Q6H IVPB 500mg	30mg/kg/day yes	IVPB- NS, 100ML/hr,	HA, GI upset, taste disturbance	1. avoid alcohol 2. complete full course therapy 3. rx yellowing of skin 4. rx dark urine
							1. 2. 3. 4.