

IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: <i>Katelyn Kelley</i> Date: <i>2/5/24</i></p>	<p>Patient Age: <i>5 m/o</i> Patient Weight: <i>kg - 6.46kg</i> <i>14lb 3.9oz</i></p>
<p>1. Admitting Diagnosis: <i>Cholangitis</i> <i>Biliary atresia</i> <i>Fever</i></p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <i>Skin assessment</i> <i>GF assessment</i></p>
<p>3. Signs and Symptoms: <i>Jaundice</i> <i>Fever</i> <i>Abd Pain</i> <i>Hepatomegaly</i> <i>Distended abd</i></p>	<p>4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: <i>Labs: Liver tests</i> <i>Ultra sound</i> <i>MRI</i></p>
<p>5. Lab Values That May Be Affected: <i>Platelets AST</i> <i>BUN GGT</i> <i>Cr</i> <i>Bilirubin</i> <i>ALP/Phos</i> <i>ALT</i></p>	<p>6. Current Treatment (Include Procedures): <i>Zosyn (piperacillin-tazobactam)</i> <i>Monitor VS - fever</i> <i>Monitor labs</i> <i>antibiotic tx</i></p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <i>1. Comfort positions w/ Parents</i> <i>2. Non-nutritive sucking</i></p>	<p>8. Patient/Caregiver Teaching: <i>1. Teach about the antibiotics ? how they will help.</i> <i>2. Teach about the importance of nutrition ? fluids.</i> <i>3. Teach about the Cholangitis disease process ? what will happen.</i> Any Safety Issues identified: <i>None in this room.</i></p>

Student Name:	Patient Age:
Date:	Patient Weight: kg 6.46
<p>9. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> $6.46 \times 100 = 646 / 24 =$ $26.9 \approx 27 \text{ mL/hr}$ <p>Actual Pt MIVF Rate:</p> <p>111.2 mL</p> <p>Is There a Significant Discrepancy Between Calculated and Actual Rate?</p> <p>If Yes, Why is There a Discrepancy?</p>	<p>10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> $1 \text{ mL} \times 6.46 \text{ kg} = 6.46$ <p>Actual Urine Output During Your Shift (mL/hr):</p> <p>111.2 mL</p>

111.2 mL total

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. Mom was caring for the baby by feeding her providing the trust vs. mistrust.
2. Mom was holding baby and giving her comfort

Piaget Stage: Sensorimotor Period

1. The baby was looking around the room.
2. The baby was grabbing at toys & things mom had.

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

I was not able to give any meds or do any procedures. My nurse was hard to find and when I tried to insert myself in her care (to learn) she seemed to push me away. I did do rounding on my pt's to check on them every hour.

Pediatric Floor Patient #1

5m 5 ml

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input 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 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 _____ <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 checked="" type="checkbox"/> Quiet <input type="checkbox"/> Friendly <input 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 type="checkbox"/> Person <input type="checkbox"/> Place <input 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>6 mm</u> Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right _____ Left _____ Pushes: Right _____ Left _____ S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: <u>Straw colored</u> Stool Appearance: <u>Yellow type 3</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Ant <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <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: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ 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 _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Bulge on Site _____	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input checked="" type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Conditions: <input type="checkbox"/> Warm <input 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: _____ Mucous Membranes: Color: <u>Pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>Formula</u> Amount/Schedule: <u>on demand</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>6</u> 1200 <u>0</u> 1600 <u>0</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <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: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
		<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____

RT FOOT
 Pulse Ox Site: _____
 Oxygen Saturation: _____

- Ambulatory Crawl In Arms
 Ambulatory with assist _____
 Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

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						80ml							80ml
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									16.2				16.2ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool						15ml							15ml
Urine/Stool mix													
Emesis													
Other													

Children's Hospital Early Warning Score (CHEWS)

(See CHEWS Scoring and Escalation Algorithm to score each category)

	Circle the appropriate score for this category:			
Behavior/Neuro	0	1	2	3

Cardiovascular	Circle the appropriate score for this category: 0 <u>1</u> 2 3
Respiratory	Circle the appropriate score for this category: <u>0</u> 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>1</u>
	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	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 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 _____ <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 type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input 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>6mm</u> Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input 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>3+</u> Left <u>3+</u>	Urine Appearance: <u>Clear yellow</u> Stool Appearance: <u>Type 7 brown</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> Upper arm <input type="checkbox"/> Ant <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>D5 NS + KCL 20</u>
GASTROINTESTINAL	SKIN	
	Color: <input checked="" 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	

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							40		40				80mL
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine										200			200mL
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

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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) <u>0</u>
	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: Katelyn Kelley

Unit: Pedi MS

Pt. Initials: CD

Date: 2/05/24

Allergies: Milk

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

12/1700
meds

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?			
P. Penicillin tazobactam	Extended Spectrum penicillin	Infection	100mg/kg x 6.46 6.46 mg IVPB Q6	90mg/90mg penicillin 10mg to 20mg No, could be due to cholangitis	6.1 mL = 6.46 mg 60mg/hr 100mg/kg x 6.46 kg 6.7 mL/hr 30min	rash, COPD, constipation, diarrhea, dizziness, headache, lethargy	1. Watch for signs of allergic reaction. 2. Monitor bowels for bloody stool, diarrhea 3. Slowly move child since med can cause dizziness. 4. Monitor VS
Ibuprofen	NSAID	mild to moderate pain	100mg/5ml 46mg 7.5ml	30-50mg/kg/day in 3-4 divided doses		arrhythmias, edema, constipation, nausea, vomit, dizziness, drowsiness	1. Can make baby sleepy so they will sleep. 2. Watch for an allergic reaction 3. Give lots of fluids/fiber due to constipation. 4. Reassess pain
			46mg PJ Q6 PRN				1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Katelyn

Pediatric ED Reflection Questions

Date: 2/05/24

Student Name: Katelyn Kelley

Unit: Pedi MS

Pt. Initials: AM

Allergies: Amoxicillin

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

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List solution to dilute and rate to push.	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?			
Acetaminophen	Analgesics 's Antipyretics	Pain after Procedure	1000mg 100mg/ 1000mg Q6 I/P/B	1000mg/Q6 Yes	I/P/B 400mL/hr 10mg/mL 15 min	Hypotension Hyper/hypotension	1. Tell user you notice a rash, itchy or hives 2. Reassess pain after infusion 3. Make sure pump is giving correctly 4. Give too fast to risk to liver 5. Reassess vitals after infusion
Famotidine	Histamine H2 antagonists	Anti-ulcer Prevention	20mg 10mg/mL Q12 I/P	20mg Q12 I/P Yes	Pilule 2mL famotidine dilute in 8mL NS. Final concentration: 2mg/mL. Push over 2 mins	Arrhythmias, Constipation, diarrhea, nausea	1. Avoid aspirin & NSAIDs 2. Increase fiber intake 3. Report any black tarry stools 4. Could cause drowsiness so call before get ting up
metronidazole	Nitroimidazole Antimicrobials	Infection Prevention	500mg 100mL Q8 I/P/B	500mg Q8 Yes	500mg/mL 5mg/mL 30-60 min	Rash, SJS, N/V/D, drowsy	1. Call before getting up since med causes drowsiness 2. Let us know if a rash occurs 3. Urine may turn dark 4. Report loose - foul smelling stool
Ketorolac	NSAID	Pain Management	15mg/mL Q6 PRN I/P	Max dose: 15mg/mL Yes	15mg/mL 15 secs	Edema, diarrhea, nausea, drowsiness	1. Call before getting up 2. Teach about pain & pain med 3. Watch for rash, hives, itching 4. Let us know if there is any swelling in the extremities
Morphine	opioid agonists	Pain management severe	2mg I/P PRN	0.05-0.2 mg/kg Yes	NS dilution 5 mins	Hypotension bradycardia, constipation, nausea	1. Take fiber & fluids for constipation 2. Call before getting up - drowsy 3. Med can slow body down 4. Reassess pain in 30 mins of giving med

2.62 min
10.4g
max 15 mg