

## IM5 Clinical Worksheet – PICU

|  |   |
|--|---|
| Student Name: <u>Nicholas Castilleja</u><br>Date: <u>2/6/24</u>  | Patient Age: <u>9</u><br>Patient Weight: <u>154.15 kg</u><br><span style="margin-left: 100px;"><u>12.202</u></span> <u>70.2</u>   |
| 1. Admitting Diagnosis:<br><u>Closed fracture of sternum w/ retrosternal contusion / initial encounter</u>   | 2. Priority Focused Assessment R/T Diagnosis:<br><u>Cardiac / Respiratory</u>   |
| 3. Signs and Symptoms:<br><u>elevated BP - tachycardia</u><br><u>elevated pulse, Resp, Temp</u><br>- Restlessness,<br>- <del>Get Blood,</del>  | 4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:<br><u>CT Scan, MRI, CBC, CMP</u>   |
| 5. Lab Values That May Be Affected:<br><u>CBC, CMP</u><br><u>WBC, RB, H+H</u>  | 6. Current Treatment (Include Procedures):<br><u>Administer pain medication</u><br><u>PT/OT help with ROM</u><br><u>Speech evaluation</u><br><u>Shoulder x-ray</u><br><u>Discharge to med surg unit</u>   |
| 7. Pain & Discomfort Management:<br>List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.<br><br>1. <u>Watching TV.</u><br><br>2. <u>Listening to music</u>                                    | 8. Patient/Caregiver Teaching:<br>1. <u>Have patient continue to try and move around</u><br>2. <u>Ensure patient is indicating pain location and level</u><br>3. <u>Maintain hygiene</u><br><br>Any Safety Issues Identified:<br><u>Maintain neck stability</u><br><u>spine</u> |
| 9. Calculate the Maintenance Fluid Requirement (Show Your Work):<br>$\begin{aligned} 70 \times 2x \\ 10 \times 1000 = 1000 \\ 10 \times 50 = 500 = 2500 \\ 50 \times 20 = 1000 \end{aligned}$ Combined Total Intake for Your Pt (mL/hr):<br><u>110/hr.</u> | 10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):<br>$\begin{aligned} 70 \times 0.5 \\ 0.5 \times 70 = 35 = 210 \\ \times 6 \text{ hrs.} \end{aligned}$ Actual Urine Output During Your Shift (mL/hr):<br><u>475</u>                              |
| Please list any medications you administered or procedures you performed during your shift:<br><u>Acetaminophen (at 11mcv)</u><br><u>Ketorolac (toradol)</u>   |   |

PICU

| GENERAL APPEARANCE   | CARDIOVASCULAR   | PSYCHOSOCIAL   |
|--|--|--|
| <b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished<br><input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept<br><b>Developmental age:</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed  | <b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular<br><input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready<br><input type="checkbox"/> Murmur <input type="checkbox"/> Other _____<br><b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____<br><input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+<br><b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec<br><b>Pulses:</b><br>Upper R <u>3+</u> L <u>5+</u><br>Lower R <u>3+</u> L <u>3+</u><br>4+ Bounding 3+ Strong 2+ Weak<br>1+ Intermittent 0 None   | <b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet<br><input type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying<br><input type="checkbox"/> Uncooperative <input checked="" type="checkbox"/> Restless<br><input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious<br><b>Social/emotional bonding with family:</b><br><input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent   |
| NEUROLOGICAL   | ELIMINATION  | IV ACCESS  |
| <b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Restless<br><input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive<br><b>Oriented to:</b><br><input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time/Event<br><input checked="" type="checkbox"/> Appropriate for Age<br><b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal<br><input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u><br><b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat<br><input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed<br><b>Extremities:</b><br><input checked="" type="checkbox"/> Able to move all extremities<br><input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically<br><b>Grips:</b> Right <u>S</u> Left <u>S</u><br><b>Pushes:</b> Right <u>S</u> Left <u>S</u><br>S=Strong W=Weak N=None<br><b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____<br><b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>Urine Appearance:</b> <u>clear yellow</u><br><b>Stool Appearance:</b> <u>N/A</u><br><input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation<br><input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy   | <b>Site:</b> <u>Right AC</u> <input type="checkbox"/> INT <input type="checkbox"/> None<br><input type="checkbox"/> Central Line<br><b>Type/Location:</b> <u>peripheral IV</u><br><b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling<br><input type="checkbox"/> Red <input type="checkbox"/> Swollen<br><input type="checkbox"/> Patent <input type="checkbox"/> Blood return<br><b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Fluids:</b> <u>DS 40 and Sodium chloride</u><br><u>0.9 % with 20 kcal 20 mEq/L</u>   |
| RESPIRATORY  | GASTROINTESTINAL   | SKIN   |
| <b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular<br><input type="checkbox"/> Retractions (type) _____<br><input type="checkbox"/> Labored<br><b>Breath Sounds:</b><br>Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left<br>Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left<br>Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left<br>Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left<br>Absent <input type="checkbox"/> Right <input type="checkbox"/> Left<br><input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen<br><b>Oxygen Delivery:</b><br><input type="checkbox"/> Nasal Cannula: _____ L/min<br><input type="checkbox"/> BiPap/CPAP: _____<br><input type="checkbox"/> Vent: ETT size _____ @ _____ cm<br><input type="checkbox"/> Other: _____<br><b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Size _____ Type _____<br><input type="checkbox"/> Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive<br><b>Secretions:</b> Color _____<br>Consistency _____<br><b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____<br><b>Pulse Ox Site:</b> <u>left index</u><br><b>Oxygen Saturation:</b> <u>98%</u> | <b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat<br><input type="checkbox"/> Distended <input type="checkbox"/> Guarded<br><b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X <u>4</u> quads<br><input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent<br><b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Passing Flatus:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Tube:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Gastro</u><br>Location _____ Inserted to _____ cm<br><input type="checkbox"/> Suction Type: _____ | <b>Color:</b> <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced<br><input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt<br><b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry<br><input type="checkbox"/> Diaphoretic<br><b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds<br><b>Skin:</b> <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations<br><input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown<br><b>Location/Description:</b> _____<br><b>Mucous Membranes:</b> Color: _____<br><input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration |
|  | NUTRITIONAL  | PAIN   |
|  | <b>Diet/Formulas:</b> <u>Pediatric diet 5-18 years</u><br><b>Amount/Schedule:</b> <u>50%</u><br><b>Chewing/Swallowing difficulties:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>Scale Used:</b> <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces<br><b>Location:</b> _____<br><b>Type:</b> _____<br><b>Pain Score:</b><br>0800 <u>4</u> 1200 <u>5</u> 1600 _____   |
|  | MUSCULOSKELETAL  | WOUND/INCISION   |
|  | <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling<br><input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping<br><input type="checkbox"/> Spasms <input type="checkbox"/> Tremors<br><b>Movement:</b><br><input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All<br><b>Brace/Appliances:</b> <input type="checkbox"/> None<br>Type: <u>ASPCA Cervical collar, RA</u>  | <input checked="" type="checkbox"/> None<br><b>Type:</b> _____<br><b>Location:</b> _____<br><b>Description:</b> _____<br><b>Dressing:</b> _____  |
|  | MOBILITY   | TUBES/DRAINS   |
|  | <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms<br><input type="checkbox"/> Ambulatory with assist<br><b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker<br><input checked="" type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bedridden  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Drain/Tube<br><b>Site:</b> _____<br><b>Type:</b> _____<br><b>Dressing:</b> _____<br><b>Suction:</b> _____<br><b>Drainage amount:</b> _____<br><b>Drainage color:</b> _____  |

PICU

| INTAKE/OUTPUT        |     |     |     |     |     |     |     |     |     |     |    |    |       |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|-------|
| PO/Enteral Intake    | 07  | 08  | 09  | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17 | 18 | Total |
| PO Intake            |     | 50% |     |     |     |     |     |     |     |     |    |    | 50%   |
| 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             | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 |    |    | 1,100 |
| IV Meds/Flush        |     |     |     |     |     | 201 |     |     |     |     |    |    | 201   |
| OUTPUT               | 07  | 08  | 09  | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17 | 18 | Total |
| Urine                | 125 |     | 225 |     |     |     | 475 |     |     |     |    |    | 825   |
| # of immeasurable    |     |     |     |     |     |     |     |     |     |     |    |    |       |
| Stool                |     |     |     |     |     |     | x1  |     |     |     |    |    | x1    |
| 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:<br><input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3  |
| Cardiovascular  | Circle the appropriate score for this category:<br><input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3  |
| Respiratory   | Circle the appropriate score for this category:<br><input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 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: Nicholas Castellon

Unit: PLCO

Pt. Initials: RCR

Date: 2/6/2024

**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   |  |
|--|------------------------------|----------------------|------------------------|---|-------------------------------------|---|---|---|--|
| DSNS + KCL 10                              |                              | Hypotonic/Hypertonic |                        | Minerals and electrolytes                                     |                                     | Potassium, Sodium, Swallowing   |   | Hypertension  |  |
| Generic Name                               | Pharmacologic Classification | Therapeutic Reason   | Dose, Route & Schedule | Therapeutic Range?  |                                     | IVP - List diluent solution, volume, and rate of administration<br>IVPB - List concentration and rate of administration | Adverse Effects   | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |  |
|  |                              |                      |                        | Is med in therapeutic range?                                  | If not, why?                        |   |   |   |  |
| Acetaminophen (Aftrex)                     | Analgesic - Paracetamol      | Pain                 | 50mg. 20mg/100ml. q 4h | 50 mg. 20mg. every 4 hours or 10mg every 8 hours              | 50mg. 200mg/100ml. 15 min. duration | HTN, oliguria, Anemia, Agitation, muscle spasm, abnormal breath sounds  | 1. Assess IV site, placement<br>2. Assess comfortability, fluid rate<br>3. Change in urine output<br>4. Signs of severe allergic reaction |   |  |
| Ketorolac (toradol)                        | Anti-Rheumatic               | Pain                 | 30mg. 100ml. q 8h      | 750kg. 30mg. as a single dose or 30mg. every 8. Max 120mg/day | JVP. 30mg/10ml over 1-5 minutes     | Abdominal pain, dyspepsia, Exema, HTN, Tinnitus   | 1. Signs of allergic reaction<br>2. weakness or lightheadedness<br>3. Chest pain or pressure<br>4. Decreased urine output                 |   |  |
|  |                              |                      |                        |   |                                     |   | 1.<br>2.<br>3.<br>4.  |   |  |
|  |                              |                      |                        |   |                                     |   | 1.<br>2.<br>3.<br>4.  |   |  |
|  |                              |                      |                        |   |                                     |   | 1.<br>2.<br>3.<br>4.  |   |  |