

Student Name: Sydney Corbett

Unit: PCU

Pt. Initials: CC

Date: 2/13/24

Allergies: NKDA 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. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
Methadone	Analgesic - narcotic	Pain	2.5mg IVP Q8hr	0.1mg/kg	Yes	1mg - 1min 3min	Resp depression	1. PT needs to be weaned off med 2. watch resp status 3. ensure correct dose 4. watch HR
Solu-Cortef Hydrocortisone	Corticosteroid	adrenal insufficiency	5mg IVP Q8hr	8-10mg/day	NO	—	Anaphylaxis HTN withdrow	1. lowest effective dose 2. give w/food 3. taper dose gradually 4. Monitor electrolytes + BP
Diazepam	Benzodiazepine	MUSCLE spasms	2mg NG	0.1-0.2mg/kg/day 0.1-0.2mg/kg/day	yes	—	Addiction resp depression	1. Monitor LFTS 2. Monitor Heart Rate 3. Monitor BP 4. Slowly wean off
Propranolol	Beta-Blocker	HTN	20mg NG TID	1-5mg/kg/day	yes	—	Severe ↓ HR Anaphylaxis Raynaud	1. Monitor for low HR 2. Monitor BP 3. take as prescribed 4. do not abruptly stop
Cefepime	Cephalosporin	Infection	1800mg IVPB	50mg/kg/dose	yes	45mL 90mL/hr	C.diff VpIt	1. take entire course 2. Monitor Creatine 3. Monitor CBC 4. Notify HCP if frequent loose stools

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/ Well Nourished <input type="checkbox"/> Neat/ Clean <input checked="" type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ Edema: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location <u>hands</u> <input checked="" type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: Upper R <u>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</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"/> Upcooperative <input type="checkbox"/> Restless <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/ Anxious Social/emotional bonding with family: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
NEUROLOGICAL LOC: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input checked="" type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/ Event <input type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>4</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 type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>N</u> Left <u>N</u> Pushes: Right <u>N</u> Left <u>N</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ELIMINATION Urine Appearance: <u>N/A</u> Stool Appearance: <u>loose green</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	IV ACCESS Site: <u>2 PICC</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/ Location: <u>2 Femoral</u> Appearance: <input checked="" type="checkbox"/> No Redness/ Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>NS</u>
RESPIRATORY 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 type="checkbox"/> Room Air <input checked="" type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: ___ L/min <input type="checkbox"/> BiPap/ CPAP: <input checked="" type="checkbox"/> Vent: ETT size <u>6.0 @ 20 cm</u> <input type="checkbox"/> Other: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Pulse Ox Site <u>Finger</u> Oxygen Saturation: <u>100</u>	GASTROINTESTINAL Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present X <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 type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>FlexiSeal</u> Location <u>Rectum</u> inserted to _____ cm <input type="checkbox"/> Suction Type: _____	SKIN Color: <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt Condition: <input checked="" 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 type="checkbox"/> Intact <input type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input checked="" type="checkbox"/> Skin Breakdown Location/ Description: <u>all over</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL Diet/Formula: <u>NG tube</u> Amount/Schedule: <u>27ml/hr cont</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PAIN Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 _____ 1200 _____ 1600 _____
	MUSCULOSKELETAL <input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input checked="" 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 type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	WOUND/INCISION <input type="checkbox"/> None Type: <u>Fasciotomy</u> Location: <u>Arm</u> Description: _____ Dressing: <u>Ace bandage (gauze)</u>
	MOBILITY <input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ Assistive Device: <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bedridden	TUBES/DRAINS <input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>Bilateral upper Arm</u> Type: <u>wound vac</u> Dressing: <u>gauze</u> Suction: _____ Drainage amount: _____ Drainage color: <u>Brown</u>

IM5 Clinical Worksheet - PICU

Student Name: Sydney Corbett Date: 2/13/24	Patient Age: 12 Patient Weight: 37kg Admit: 1/20/24
1. Admitting Diagnosis: Toxic Shock from Strep A	2. Priority Focused Assessment R/T Diagnosis: Neuro
3. Signs and Symptoms: Fever, acidosis, joint swelling, diarrhea, Hyponatremia, conjunctivitis, Strawberry tongue, hypoglycemia, & Erythematous rash, HA, vomiting	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: ASO titer blood cultures
5. Lab Values That May Be Affected: BUN +Cr LFT H+H PH	6. Current Treatment (Include Procedures): CRRT wound vac for Bilateral BkE Ventilator NG tube
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Music Therapy 2. Cool Compress	8. Patient/Caregiver Teaching: 1. Wound care 2. NG tube feeding 3. Comfort care Any Safety Issues Identified: Care if pt goes home
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 10×100 10×50 17×20 Combined Total Intake for Your Pt (mL/hr): $1840 \text{ mL} / 24 \text{ hr}$ 77 mL/hr	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $37 \text{ kg} \times 0.5$ 18.5 mL/hr Actual Urine Output During Your Shift (mL/hr): 0 mL/hr
Please list any medications you administered or procedures you performed during your shift: Methadone 2.5mg Solu-Cortef 5mg Diazepam Propanolol Cefepime PICC line dressing change G-tube placement + X-ray to confirm NG tube meds Syringe pump meds	