1600: VS
I+O

DOB 2/8/24
CN

All scheduled meds between 12+5
PRN - 24hrs

**IM5 Clinical Worksheet – Pediatric Floor**

56990 - student room
11011 - Mail, CB, SU, tx, break
10111 - Med

TPM
Pedi neg surg
Grordey

363+367
JESS

| | |
|---|---|
| **Student Name:** Sydney Corbett<br>**Date:** 2/14/24 | **Patient Age:** 6days<br>**Patient Weight:** 3.48 kg |
| **1. Admitting Diagnosis:**<br>Hyperbillirubinemia | **2. Priority Focused Assessment You Will Perform Related to the Diagnosis:**<br>Skin<br>abdomen |
| **3.Signs and Symptoms:**<br>Yellow coloring<br>Dark urine<br>Stools pale<br>N/V | **4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:**<br>↑Billirubin Lab<br>Transcutaneous Billirubin ↑ |
| **5. Lab Values That May Be Affected:**<br>Billirubin ↑<br>CBC | **6. Current Treatment (Include Procedures):**<br>Phototherapy |
| **7. Pain & Discomfort Management:**<br>**List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.**<br>1. Non-nutritive sucking<br>2. Skin to skin | **8. Patient/Caregiver Teaching:**<br>1. S/S to look for after DC<br>2. Continue breastfeeding<br>3. phototherapy<br>**Any Safety Issues identified:**<br>eye protection |

Student Name: Sydney Corbett
Date: 2/14/24

Patient Age: 6 days
Patient Weight: 3.48 kg

9. Calculate the Maintenance Fluid Requirement (Show Your Work):
3x100 = 300mL/day
12.5mL/hr

Actual Pt MIVF Rate:
None

Is There a Significant Discrepancy Between Calculated and Actual Rate?
Yes

If Yes, Why is There a Discrepency?
pt does not need IVFluids

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):
0.5mL/kg
.5x3.48
1.74mL/hr

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

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. Soothed by Skin to Skin
2. Cried for hunger

Piaget Stage: Sensorimotor
1. rooting behavior
2. grasps hand when finger is placed in palm

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

877-847-8377

## Pediatric Floor Patient #1

ROOM: 658

### 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 3m
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☑ Closed
Extremities:
☑ Able to move all extremities
☑ Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
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: ___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 Finger
Oxygen Saturation: ___

### 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: Clear, yellow
Stool Appearance: DNO
☐ 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: Reg
Amount/Schedule: 4DRN
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

### PSYCHOSOCIAL
Social Status: ☑ Calm/ Relaxed ☐ Quiet
☑ Friendly ☐ Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/ Anxious
Social/emotional bonding with family:
☑ Present ☐ Absent

### IV ACCESS
Site: (R) port ☐ INT ☐ None
☑ Central Line
Type/ Location: Porta cath
Appearance: ☑ No Redness/ Swelling
☐ Red ☐ Swollen
☑ Patent ☑ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: NS

### 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 ___ 1200 ___ 1600 0

### WOUND/INCISION
☑ None
Type: ___
Location: ___
Description: ___
Dressing: ___

### TUBES/DRAINS
☑ None
☐ Drain/Tube
Site: ___
Type: ___
Dressing: ___
Suction: ___
Drainage amount: ___
Drainage color: ___

## Pediatric Floor Patient #1

| INTAKE/OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PO/Enteral Intake | | | | | | 10mL | 15mL | | | | | | |
| 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 | | | | | | | 16mL | | | | | | |
| # of immeasurable | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Urine/ Stool mix | | | | | | 20mL | | | | | | | |
| 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 | Total Score (points) 0 |
| CHEWS Total Score | Score 0- 2 (Green) – Continue routine assessments |
| CHEWS Total Score | 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 |
| CHEWS Total Score | 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
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 S Left S
Pushes: Right S Left S
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: ___ 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 Finger
Oxygen Saturation: 98%

### 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: Clear yellow
Stool Appearance: Brown, Firm
☐ 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: Reg
Amount/Schedule: PRN
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

### PSYCHOSOCIAL
Social Status: ☑ Calm/ Relaxed ☑ Quiet ☐ Friendly ☑ Cooperative ☐ Crying ☐ Uncooperative ☐ Restless ☐ Withdrawn ☐ Hostile/ Anxious
Social/emotional bonding with family: ☑ Present ☐ Absent

### IV ACCESS
Site: L hand ☑ INT ☐ None
☐ Central Line
Type/ Location: ____
Appearance: ☑ No Redness/ Swelling ☐ Red ☐ Swollen
☑ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: D5W 20 Keq 105mL/hr

### 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 ____ 1200 ____ 1600 0

### WOUND/INCISION
☐ None
Type: staples
Location: occipital
Description: staples open to air
Dressing: None

### TUBES/DRAINS
☑ None
☐ Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

## Pediatric Floor Patient #2

| INTAKE/OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PO/Enteral Intake | | | | | | | 8oz | | | | | | 8oz |
| 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 | | | | | | | 105mL | 105mL | 105mL | 105mL | | | 405 |
| IV Meds/ Flush | | | | | | | | | | | | | |
| OUTPUT | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| Urine | | | | | | | 55mL | – | 215mL | | | | 270 |
| # 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 |

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 |
|---|---|---|---|---|
| D5W 20kEq/L 105ml/hr | Isotonic/ Hypotonic/ Hypertonic | Hydration | Potassium + glucose | ↑K+ & ↑glucose |

| 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<br>IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---|---|---|---|---|---|---|---|
| Acetamino-phen | Analgesic | Pain | 1000 IV Q6 | 10-15mg/kg/dose NO ↑bc of pain | NS | hepatotoxicity | 1. no more than 4000mg/day<br>2. monitor LFT<br>3. monitor Cr<br>4. adequate hydration to prevent constipation |
| Famotidine | H-2 blocker | GERD | 20mg IV daily | 0.5-1mg/kg/dose yes | NS 5min | Seizures | 1. get up slowly<br>2. monitor Cr<br>3. ↑fluid + fiber intake<br>4. take at night |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |



Adopted: August 2016

Student Name: Sydney Corbett Unit: Pedi Med Surg Pt. Initials: CN Date: 2/14/24

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

Allergies: NKDA NO Meds given

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Therapeutic Range? Is med in therapeutic range? If not, why ? | 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.) |
|---|---|---|---|---|---|---|---|
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |
| | | | | | | | 1. 2. 3. 4. |