IM5 Clinical Worksheet – Pediatric Floor

Student Name: Eric Andrade **Date:** 2/14/2024	**Patient Age:** 10 yr M **Patient Weight:** 31.9 kg
1. Admitting Diagnosis: DX: Febrile Neutropenia	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** • assess VS • Look for signs of infection • Monitor lab values • Amin med as ordered • Maintain aseptic techniques
3.Signs and Symptoms: • A fever of 100.5 or higher • Chills or sweating • Abdominal pain • Cough with SOB • Polyuria	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** • CBC • Urinalysis
5. Lab Values That May Be Affected: ANC could decline	**6. Current Treatment (Include Procedures):** Antibotic administration
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Make the environment as comfortable for the patient 2. Playing video games or talking with the patient	**8. Patient/Caregiver Teaching:** 1. Notify HCP for signs of fever 2. Maintaining good handwashing at all times 3. Limit visitors for spread of infection **Any Safety Issues identified:** Patient will be on contact and droplet percautions

Student Name: Date:	Patient Age: Patient Weight: kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 10x100=1000 1000+500+238=1738 10x50=500 11.9x20=238 1738/24=72.42 **Actual Pt MIVF Rate:** **Is There a Significant Discrepancy Between Calculated and Actual Rate?** **If Yes, Why is There a Discrepency?**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** **Actual Urine Output During Your Shift (mL/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: School aged/ Industry vs. Inferiority

1. Patient wanted to take his medication on his own with out the help of assistance

2. When Patient asked if he wanted to eat breakfast he was ready and wanted to fix it himself with out any assitance

Piaget Stage: School aged/ Concrete operational stage

1. Pt wasn't feeling well so he asked for meds to make him feel better.

2. Pt had a sense of humor by saying the wrong team won the super bowl

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

- Adminsterd acetaminophen for fever
- Flushed midline for patatnce

Pediatric Floor Patient #1

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 _____
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: __2.5_ 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 __Ⓛ Index_____
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: ___Hematuria___
Stool Appearance: _____
   □ 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. Diet_____
Amount/Schedule: _____
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: ____Ⓡ CP____ □ INT □ None
□ Central Line
   Type/Location: _____
Appearance: ☑No Redness/Swelling
   □ Red □ Swollen
   □ Patent □ Blood return
Dressing Intact: ☑Yes □ No
Fluids: _____D5NS+20K_____

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: __Pink__
   ☑Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric ☑FLACC □ Faces
Location: _____
Type: _____
Pain Score:
   0800__0__ 1200_____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

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

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	35	35	35	35	35								
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine					350								350
# 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) _____3_____
	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: Eric Andrade   **Unit:** PEDI 3N   **Pt. Initials:** _____   **Date:** 2/14/24

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

Allergies: Vancomycin, Blood products, Mereopenem

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS+20K	Isotonic/ Hypotonic/ **Hypertonic**			Fluid overflow

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.)
Cefepime	Antibiotics	Helps treat bacterial infections	Q8hr IV			• Fever • H/A • Confusion • Dyspnea	1. Notify HCP of super infection 2. Notify HCP of furry overgrowth on tounge 3. Look for signs of discharge 4. Notify HCP of loose or foul stools
Venetoelax	BCL-2 Inhibitors	Help treat chronic Lymphocytic leukemia	200Mg PO Daily with breakfast			• Nausea • Itching • Stomach pain • Fever	1. Tablets should be swallowed, not chewed, crushed or broken 2. 3. Do not take grapefruit products with med. 4.
Aciclovir	Antivirals	Help treat virus infections	800mg PO TID			• Rash • Nausea • Dyspnea • H/A	1. Meds can be taken with meals or empty stomach 2. 3. Take med with a glass of water 4.
Allopurional	Xanthine Oxidase Inhibitors	To prevent kidney stones	100mg PO TID			• chills • Bleeding gums • Constipation • Cloudy urine	1. Take this med with plenty of liquids to help prevent kidney stones 2. 3. 4.
Ativan	Sedative	Helps with anxiety				• Dizziness • Constipation • Confusion	1. Do not take med in large amounts or longer than prescribed 2. Misuse can cause addiction, overdose or death 3. 4. Notify HCP of increased urge to use

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Adopted: August 2016

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 _____
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 ____ (L) Index
Oxygen Saturation: ____ 100%

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: ____Yellow____
Stool Appearance: _____
☐ 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. Diet____
Amount/Schedule: _____
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) Wrist____ ☐ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☑ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☑ Yes ☐ No
Fluids: _____D5NS+20KCl_____

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: __Pink__
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800__0__ 1200_____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

☑ **None**
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount:_____
Drainage color: _____

Pediatric Floor Patient #2

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	65	65	65	65	65								
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		123	200										323
# 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

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	– Playing/sleeping appropriately **OR** – Alert, at patient's baseline	– Sleepy, somnolent when not disturbed	– Irritable, difficult to console **OR** – Increase in patient's baseline seizure activity	– Lethargic, confused, floppy **OR** – Reduced response to pain **OR** – Prolonged or frequent seizures **OR** – Pupils asymmetrical or sluggish
Cardiovascular	– Skin tone appropriate for patient – Capillary refill ≤ 2 seconds	– Pale **OR** – Capillary refill 3-4 seconds **OR** – Mild tachycardia **OR** – Intermittent ectopy or irregular HR (not new)	– Grey **OR** – Capillary refill 4-5 seconds **OR** – Moderate tachycardia	– Grey and mottled **OR** – Capillary refill > 5 seconds **OR** – Severe tachycardia **OR** – New onset bradycardia **OR** – New onset/increase in ectopy, irregular HR or heart block
Respiratory	– Within normal parameters – No retractions	– Mild tachypnea/ increased WOB (flaring, retracting) **OR** – Up to 40% supplemental oxygen **OR** – Up to 1L NC > patient's baseline need **OR** – Mild desaturations < patient's baseline **OR** – Intermittent apnea self-resolving	– Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) **OR** – 40-60% oxygen via mask **OR** – 1-2 L NC > patient's baseline need **OR** – Nebs Q 1-2 hour **OR** – Moderate desaturations < patient's baseline **OR** – Apnea requiring repositioning or stimulation	– Severe tachypnea **OR** – RR < normal for age **OR** – Severe increased WOB (i.e. head bobbing, paradoxical breathing) **OR** – > 60% oxygen via mask **OR** – > 2 L NC more than patient's baseline need **OR** – Nebs Q 30 minutes – 1 hour **OR** – Severe desaturations < patient's baseline **OR** – Apnea requiring interventions other than repositioning or stimulation
Staff Concern		– Concerned		
Family Concern		– Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
– Continue Routine Assessments	– 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	– 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), http://dx.doi.org/10.1016/j.pedn.2016.10.005