

Student Name: Carmen Alegre

Unit: PF2

Pt. Initials: AH

Date: 4/3/24

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

Allergies: Dextrose: Anaphylaxis wt: 11.4 kg

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
None	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
gabapentin	analgesics / Anticonvulsant	seizures	200mg Gtube TID	Range: 912-399mg/day divided 30% tid dose. no. pt has developed tolerance due to chronic problem	disolve 20ml of sterile H2O give 12ml - Gtube	SJS rhabdomyolysis depression malaise paresthesia weakness	1. Give meds exactly as Rx by physician 2. do not give C in 2 hrs of giving antacid 3. notify HCP if child appears to be in pain - could be muscle pain due to rhabdo. 4. notify if flu-like symptoms / rash appears-SJS
glycopyrrolate	Anticholinergic	assist & excessive drooling	1mg Gtube TID	Range: 0.5 - 1.1mg no pt is only getting 0.2mg - they don't want to dry him up?	disolve in 10ml give 2ml	tachycardia flushing nasal congestion dry mouth HA urinary hesitancy	1. good oral hygiene/ swabs → help relieve dry mouth 2. notify dr. if pt is unable to urinate 3. ↓ sweating - avoid exposure to hot/warm environments/bundling in blankets 4. ↑ sensitivity to anticholinergic effects; AE in pedi population
acetaminophen	antipyretic / non opioid analgesic	mild pain	162.5 mg Gtube prn q4h	Range: 450mg - 684mg/day no. built up tolerance	disolve in H2O	SJS ↑ liver enzymes agitation atelectasis (↑ in child)	1. demonstrate how to check concentration and how to measure dose → avoid O2 2. notify HCP if jaundice occurs - yellowing of skin 3. notify if rash occurs - SJS 4. notify if pain doesn't get better in 30min - 1hr.
							1. 2. 3. 4.
							1. 2. 3. 4.

**Pediatric Floor Patient #1**

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" 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 _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u>NA</u> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec	<b>Social Status:</b> <input checked="" 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 checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input checked="" type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <u>quadriplegia</u> <input type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically <b>Grips:</b> Right <u>N/A</u> Left <u>N/A</u> <b>Pushes:</b> Right <u>N/A</u> Left <u>N/A</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pulses:</b> 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	<b>Site:</b> <u>NA</u> <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>NA</u> <b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>NA</u> <u>NA</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input checked="" 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 <b>Oxygen Delivery:</b> <input checked="" type="checkbox"/> Nasal Cannula: <u>1</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Cough:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>red</u> Consistency <u>watery</u> <b>Suction:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>oral</u> <b>Pulse Ox Site:</b> <u>big toe</u> <b>Oxygen Saturation:</b> <u>92+</u>	<b>Urine Appearance:</b> <u>N/A</u> <b>Stool Appearance:</b> <u>N/A</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>no output</u>	<b>Color:</b> <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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <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: <u>N/A</u> <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
MUSCULOSKELETAL	NUTRITIONAL	PAIN
<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 <b>Movement:</b> <u>quadriplegia</u> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <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 <b>Nausea:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>PEG</u> Location <u>ULQ</u> Inserted to _____ cm <input type="checkbox"/> Suction Type: <u>NA</u>	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> <u>NA</u> <b>Type:</b> <u>NA</u> <b>Pain Score:</b> 0800 <u>NA</u> 1200 <u>0</u> 1600 <u>0</u>
MOBILITY	WOUND/INCISION	TUBES/DRAINS
<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Bedridden	<b>Diet/Formula:</b> <u>Ketodiet</u> <b>Amount/Schedule:</b> <u>360ml/hr</u> <b>Chewing/Swallowing difficulties:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> None <b>Type:</b> <u>NA</u> <b>Location:</b> <u>NA</u> <b>Description:</b> <u>NA</u> <b>Dressing:</b> <u>NA</u>
	<b>Wound/Incision:</b> <input checked="" type="checkbox"/> None <b>Type:</b> <u>NA</u> <b>Location:</b> <u>NA</u> <b>Description:</b> <u>NA</u> <b>Dressing:</b> <u>NA</u>	<b>Tubes/Drains:</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>ULQ</u> Type: <u>PEG</u> Dressing: <u>Clean, dry, intact</u> Suction: <u>None</u> Drainage amount: <u>None</u> Drainage color: <u>None</u>

**Pediatric Floor Patient #1**

INTAKE/OUTPUT														
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total	
PO Intake													0	
Intake – PO Meds													0	
Enteral Tube Feeding						180ml			180ml				360ml	
Enteral Flush										25ml			25ml	
Free Water													0	
<b>IV INTAKE</b>														
IV Fluid													0	
IV Meds/Flush													0	
<b>OUTPUT</b>														
Urine													0	
# of immeasurable													0	
Stool													0	
Urine/Stool mix													0	
Emesis													0	
Other													0	

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: <u>baseline</u> <input checked="" type="radio"/> 0    1    2    3
Cardiovascular	Circle the appropriate score for this category: <input checked="" type="radio"/> 0    1    2    3
Respiratory	Circle the appropriate score for this category: 0 <input checked="" type="radio"/> 1    2    3
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>2</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
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" 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 <u>NA</u> <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location <u>NA</u> <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> 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	<b>Social Status:</b> <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 type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input checked="" type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</u> S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>yellow-per parent</u> <b>Stool Appearance:</b> <u>sausagelike per parent</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	<b>Site:</b> <u>① FA</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>22g ① FA</u> <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>None</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) <u>NA</u> <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input checked="" type="checkbox"/> Right <input checked="" 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 <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: <u>NA</u> L/min <input type="checkbox"/> BiPap/CPAP: <u>NA</u> <input type="checkbox"/> Vent: ETT size <u>NA</u> @ <u>NA</u> cm <input type="checkbox"/> Other: <u>NA</u> <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size <u>NA</u> Type <u>NA</u> Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Cough:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color <u>yellow</u> Consistency <u>NA</u> <b>Suction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type <u>NA</u> <b>Pulse Ox Site:</b> <u>① middle finger</u> <b>Oxygen Saturation:</b> <u>96%</u>	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <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 <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type <u>NA</u> Location <u>NA</u> Inserted to <u>NA</u> cm <input type="checkbox"/> Suction Type: <u>NA</u>	<b>Color:</b> <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 <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <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: <u>NA</u> <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	<b>Diet/Formula:</b> <u>General</u> <b>Amount/Schedule:</b> <u>N/A</u> <b>Chewing/Swallowing difficulties:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input checked="" type="checkbox"/> Faces <b>Location:</b> <u>NA</u> <b>Type:</b> <u>NA</u> <b>Pain Score:</b> 0800 <u>NA</u> 1200 <u>0</u> 1600 <u>NA</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 <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: <u>NA</u>	<input checked="" type="checkbox"/> None <b>Type:</b> <u>NA</u> <b>Location:</b> <u>NA</u> <b>Description:</b> <u>NA</u> <b>Dressing:</b> <u>NA</u>
	MOBILITY	TUBES/DRAINS
	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist <u>NA</u> <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube <b>Site:</b> <u>NA</u> <b>Type:</b> <u>NA</u> <b>Dressing:</b> <u>NA</u> <b>Suction:</b> <u>NA</u> <b>Drainage amount:</b> <u>NA</u> <b>Drainage color:</b> <u>NA</u>

Pediatric Floor Patient #2

pt left - discharged - per father child had urine earlier et stool as well.

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													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# 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
<b>CHEWS Total Score</b>	
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

## IM5 Clinical Worksheet – Pediatric Floor

<b>Student Name:</b> Carmen Alegre <b>Date:</b> 4/3/24	<b>Patient Age:</b> 2y10 M <b>Patient Weight:</b> 11.4 kg
<b>1. Admitting Diagnosis:</b> <p style="text-align: center; font-size: 1.2em;">hypoxia</p>	<b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> <p style="text-align: center; font-size: 1.2em;">respiratory</p>
<b>3. Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>- nasal flaring</li> <li>- coarse rattles bilaterally</li> </ul>	<b>4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:</b> <ul style="list-style-type: none"> <li>- CXR</li> <li>- lung assessment</li> </ul>
<b>5. Lab Values That May Be Affected:</b> <p style="font-size: 1.2em;">CXR - Peribronchial cuffing - suggestive bronchiolitis or negative airway disease.</p>	<b>6. Current Treatment (Include Procedures):</b> <ul style="list-style-type: none"> <li>- ILNC</li> <li>- suctioning prn</li> <li>- head elevated</li> </ul>
<b>7. Pain &amp; Discomfort Management:</b> <b>List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b>  <ol style="list-style-type: none"> <li>1. Keep room dimmed and warm/cool to pt preference.</li> <li>2. Make sure mom is in the room. Play cartoons, play music.</li> </ol>	<b>8. Patient/Caregiver Teaching:</b> <ol style="list-style-type: none"> <li>1. Keep ID band on - safety!</li> <li>2. Keep head elevated @ least 30° - prevent aspiration.</li> <li>3. seizure pads &amp; suction must be in place - hx seizures!</li> </ol> <p><b>Any Safety Issues identified:</b>          none.</p>



## Pedi ER questions

### **What types of pts (Dx) did you see in the PediED?**

I had two pts that came in for respiratory distress, two that came in to get checked out after a MVC, one came in for a laceration and I had several come in for emesis and abdominal pain. I also had two come in for psych.

### **The majority of the patients who came in to the PED were from which age group? Was that what you expected?**

Most of the children that I got were school age or adolescence. I wasn't too surprised I just expected to see more toddlers.

### **Was your overall experience different than what you were expected?**

It was way different than I thought. I expected a lot more traffic in the ER. Everyone was also so nice and calm throughout the whole day.

### **What community acquired diseases are trending currently?**

According to the staff, Rhinovirus and flu have been the top two trending this season.

### **What role does the Child Life Specialist play in the ED?**

They go into the rooms and try to make the experience a little less traumatic. They also go and explain procedures and the Dx that they may have just received. I got to see the CLS educate a child about a kidney stone that he had.