

IM5 Clinical Worksheet – Pediatric Floor

Student Name: <i>Quinton Sherrad</i> Date:	Patient Age: <i>2 years old</i> Patient Weight: <i>12 kg</i>
1. Admitting Diagnosis: <i>Hypoxemia Requiring oxygen</i> <i>MRSA, Parainfluenza, Rhinovirus/</i> <i>enterovirus</i>	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: <i>Respiratory for Admit diagnosis</i> <i>Neuro for previous history (chronic seizures)</i>
3. Signs and Symptoms: <i>↓ O₂ Sat when off oxygen</i> <i>Restlessness</i> <i>Tachycardia</i> <i>Tachypnea</i>	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: <i>Pulse Oximeter</i> <i>Arterial Blood gases</i> <i>CSF</i>
5. Lab Values That May Be Affected: <i>↓ Arterial Blood gases</i> <i>↓ hemoglobin</i>	6. Current Treatment (Include Procedures): <i>Current Plan of care is Oxygen therapy and to if needed provide Ativan for intense seizures</i>
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. <i>1. Use distraction objects such as the patient's toys</i> <i>2. Although patient might not understand my words talking to the patient and using physical touch helped him from getting upset/crying.</i>	8. Patient/Caregiver Teaching: <i>1. Signs of Hypoxemia; Respiratory distress, cyanosis, increased RR</i> <i>2. Don't restrict child if they are having seizures,</i> <i>3. Try to keep restrictive clothing on child or objects in child's hand because a seizure occurs</i> Any Safety Issues identified: <i>No safety hazards noted</i>

Student Name: *Quinton S*
 Date:

9. Calculate the Maintenance (Show Your Work):

1st 101
~~2nd 202~~

3rd requires for my shift

Actual Pt MIVF Rate:

NO maintenance

Is There a Significant Calculated and P

If Yes, Why is?

no we 295 of water

11. Growth

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1. (

2.

<p>Student Name: <i>Quinton Sherrill</i> Date:</p>	<p>Patient Age: Patient Weight: 12 kg</p>
<p>9. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>1st 10kg x 100 = 1000 2nd 2kg x 50 = 100 total = 1100ml/24hrs</p> <p><i>366 requires for my shift</i></p> <p>Actual Pt MIVF Rate: <i>NO maintenance fluids summing</i></p> <p>Is There a Significant Discrepancy Between Calculated and Actual Rate? <i>Yes</i></p> <p>If Yes, Why is There a Discrepancy? <i>Wishes no maintenance fluids, Discontinue 295 of input intake with milk and feedings</i></p>	<p>10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p><i>0.5 mL/kg/hr</i> <i>0.5 x 12 = 6 mL/hr</i></p> <p>Actual Urine Output During Your Shift (mL/hr):</p> <p><i>60 mL total for shift</i> $\frac{60}{6} = 10 \text{ mL/hr}$</p>
<p>11. Growth & Development:</p> <p>*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: <i>Cognitive</i> <i>I would classify the kid as a Infant skill</i></p> <p>Erickson Stage: <i>Trust v.s. Mistrust</i></p> <ol style="list-style-type: none"> <i>Child responded well to tactile stimulation but was still very drowsy</i> <i>Child communicated with crying and grunting when in need of something</i> <p>Piaget Stage: <i>Sensory motor</i></p> <ol style="list-style-type: none"> <i>Child calmed down a lot when the door would come into vision and would draw back off to sleep</i> <i>Child was very drowsy but would still get drawn upset if the parents would leave, took a white for child to get comfortable with and</i> 	
<p>Please list any medications you administered or procedures you performed during your shift:</p> <p><i>Heptax with Pantoprazole, Ceftriaxone, (Lorazepam), Gabapentin, Glycopyrrate, Iclusin, Pheno barital, Polyamine</i></p>	

Pediatric Floor Patient #1

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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		190											
Enteral Flush			55										235
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		460	150										610
# 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 <u>2</u> 3
Cardiovascular	Circle the appropriate score for this category: <u>0</u> 1 2 3
Respiratory	Circle the appropriate score for this category: 0 <u>0</u> 2 3
Staff Concern	1 pt – Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>3</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 #1

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <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 _____ Edema: <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: 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	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"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious Social/emotional bonding with family: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input 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 type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ 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 checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>W</u> Left <u>W</u> Pushes: Right <u>W</u> Left <u>W</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <u>RD Palmar</u> <input checked="" type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: Clear <input 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: <u>1</u> L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color _____ Consistency _____ Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>RD Dorsal finger</u> Oxygen Saturation: <u>100</u>	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 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 checked="" type="checkbox"/> No Tube: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Enteroscopy</u> Location <u>LUQ</u> Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input 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 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: _____ Mucous Membranes: Color: _____ <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: _____ Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
	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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input checked="" type="checkbox"/> None Type: _____	<input checked="" type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<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 type="checkbox"/> Bedridden	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>LUQ</u> Type: <u>Enteroscopy tube</u> Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pantoprazole 20mg Tablet crushed mixed in 10mL of water only
Daily give in b-tube 5mL given

Ceftriaxone (Rocephin) 570mg in sodium chloride 0.9% 14.25 mL IV
Q 24hrs syringe

Clofazem (Confi) Tablet 7.5mg crush and dissolve
per b-tube 2x daily

Gabapentin (Neurontin) capsule 200mg per b-tube Q 3 daily

Dissolve in 20ml of water and give 12mls

Glycopyrrolate (Robinal) Tablet 1mg 3x Daily

Crush and dissolve in 10ml³ of water and give 2mls

Lacosamide (Vimpat) Tablet 50mg per b-tube 2x Daily

Crush and dissolve in 10mls water and give 9mls (45mg)

Phenobarbital Tablet 32.4mg per b-tube 2x daily

Polyethylene glycol (miralax) Powder 12.75g per b-tube Daily
(given with feeding)

PRN

Ibuprofen Tablet 100mg per b-tube Q 6 PRN

Order: 10mg/kg x 12.3kg

Student Name: Quinton Sherrod Date: _____

Unit: _____ Pt. Initials: _____

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

Primary IV Fluid and Infusion Rate (ml/hr) _____ Circle IVF Type _____ Lab Values to Assess Related to IVF _____

Isotonic/ Hypotonic/ Hypertonic _____ Contraindications/Complications _____

Generic Name: No fluids running

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?			
<u>Phenytoin (Dilantin)</u>	<u>Antiepileptic</u>	<u>Prevent seizures</u>	<u>100mg PO BID</u>	<u>Multiple sites including major clinical sites including level 5 degree is automatically detected</u>			<u>GI Assessment taken for GI activity</u>	
<u>Cefazolin (Ancef)</u>	<u>Antibiotic</u>	<u>help fight bacterial infection</u>	<u>500mg IV Q8hrs</u>	<u>50-75mg/day 30x2days 1000 yes!</u>	<u>0.9% Sodium Chloride 14.25 3-5 times</u>	<u>GI Assessment taken for GI activity</u>	<ol style="list-style-type: none"> 1. GI Assessment taken for GI activity 2. Continue to Document Bowel movements 3. Watch for thick or sticky stools 4. Continue IVPB to prevent Electrolyte imbalance 	
<u>Clonidine (Lorpressin)</u>	<u>Antihypertensive</u>	<u>helps treat seizures caused by Lennax - resistant syndrome</u>	<u>7.5mg PO BID</u>	<u>yes</u>		<u>Sedation</u>	<ol style="list-style-type: none"> 1. Teach parents will not be very drowsy 2. This med can cause excessive breathing 3. Be sure patient is able to breathe 4. Continue to do Neurological Assessment 	
<u>gabapentin (Neurontin)</u>	<u>GABA Analog Anticonvulsant</u>	<u>help treat patient seizures</u>	<u>600mg PO BID</u>	<u>400mg/kg/day 40x12=4800 Average 3000/day yes</u>		<u>Can cause hiccups to huffin more often</u>	<ol style="list-style-type: none"> 1. Continue to document seizure length and amount of seizure 2. Teach parents if can cause will to be very tired 3. Med can change child's typical behavior 4. Continue to do Neurological Checks 	
<u>Hydroxyzine (Vistaril)</u>	<u>Antihistaminic</u>	<u>for excessive drooling</u>	<u>0.2mg IV 3X Daily</u>	<u>yes</u>	<u>mix in 10mls give 2mls mixed in 10mls water</u>	<u>Body Aches and pin point pupil</u>	<ol style="list-style-type: none"> 1. Continue to monitor for excessive drooling 2. Monitor for fever temp can cause food 3. Change a diaper in winter 4. Continue GI Assessment 	

Student Name: _____ Date: _____

Unit: _____ Pt. Initials: _____

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

Allergies: Dextrose

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?			
Lacosamide (Vimpat)	Anti-convulsant	Helps treat seizures	45mg PO q6h BID	12mg/kg/day	Yes		None reported Very sleepy Drowsy	<ol style="list-style-type: none"> Document seizure length and number of seizures Can cause bradycardia/slow HR Can cause patient to be very sleepy Neurological checks
Phenobarbital	Borbi-lytics	Anti-seizure management	12.4mg PO q6h BID	3-6mg/kg 3x 12-26	A little below therapeutic range		CNS depression	<ol style="list-style-type: none"> Risk of Nausea/vomiting Can cause CLID to be very cloudy Neurological changes should be noted by parents Peri-Prn of Neurological checks
Polyethylene glycol	Laxative	Reduce risk of constipation due to opioid meds and feelings	12.75g PO q6h Daily	1-1.5g/kg/day 12g - 18g/day	Yes		GI symptoms	<ol style="list-style-type: none"> Tell parents to notify if they notice abdominal distention Continue fluids to help with bowel movements Notify of any vomiting Continue to DO focus on I Assessments
Tramadol	NSAID	Treat mild to moderate pain	100mg PO q6h Q6PRN	0.2-1.0mg/kg 10x 12-120 - Usually q6-10	Yes		Kidney Damage	<ol style="list-style-type: none"> Report ↓ in urine output Can cause Abdominal Pain Teach that med has ceiling effect Continue monitoring urine output
Lacosamide	Anti-epileptic	Used for seizure management						<ol style="list-style-type: none">

Adopted: August 2016

Second patient meds

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													<i>none recorded</i>
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		<i>78</i>											<i>78</i>
# 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) <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

Pediatric Floor Patient #2

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	Pulse: <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 _____ Edema: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ Capillary Refill: <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec Pulses: 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	Social Status: <input checked="" 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 Social/emotional bonding with family: <input type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
LOC: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive Oriented to: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age Pupil Response: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____ Fontanel: (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>4</u> Left <u>4</u> Pushes: Right <u>5</u> Left <u>5</u> S=Strong W=Weak N=None EVD Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ Seizure Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: _____ Stool Appearance: _____ <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ Appearance: <input type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No Fluids: _____
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored Breath Sounds: 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 Oxygen Delivery: <input 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: _____ Trach: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside: <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>1</u> <u>line</u> Oxygen Saturation: <u>95</u>	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 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 checked="" type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____	Color: <input 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 type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds Skin: <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: _____ Mucous Membranes: Color: _____ <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: _____ Amount/Schedule: _____ Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: _____ Type: _____ Pain Score: 0800 <u>0</u> 1200 _____ 1600 _____
	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 Movement: <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All Brace/Appliances: <input type="checkbox"/> None Type: _____	<input type="checkbox"/> None Type: _____ Location: _____ Description: _____ Dressing: _____
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" 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 type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Quinton

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
2- respiratory, Appendicitis, Possible Appendicitis, ~~Anaphylaxis~~ Anaphylaxis, Anemia, more frequently Patients (Breasts)
2. The majority of the patients who came in to the PED were from which age group? Was this what you expected? It's not really what I expected I figured it would just be a lot of teenage kids not so many kids under a year old
There was not really a set age range from 2 months old to about 14 years old
3. Was your overall experience different than what you expected? Please give examples.
It was a lot less crazy than I thought it would be, there was a lot more of tradition care than I expected when it came to communicating with family and also triage
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)?
5. What types of procedures did you observe or assist with?
6. What community acquired diseases are trending currently?
7. What community mental health trends are being seen in the pediatric population?
↑ in mental health patients, mainly when school first starts or right after breaks/holidays, things like the star test also ↑ numbers seen in ED
8. What patient population is the most vulnerable?
9. What is the process for debriefing after a traumatic event?
10. If someone donated \$100 million to the PED, what would you change?
11. What is the process for triaging patients in the PED?
12. What role does the Child Life Specialist play in the PED?
Assists in explaining procedures and assisting with distracting patients and easing the stress and pain of procedure/just being in a new environment.

12 y.o

14 y.o

11 y.o

2- respiratory

- Anemia- Appendicitis

- Possible Anemia possible Appendicitis

Anemia