#362 10mo F NKDA FULL

IM5 Clinical Worksheet – Pediatric Floor

Student Name: Payton Conger **Date:** 4/9/24	**Patient Age:** 10 months **Patient Weight:** 11.4 **kg**
1. Admitting Diagnosis: Shortness of breath c̄ a fever of 102°F Upper respiratory infection Hypoxemia 2nd to viral bronchiolitis	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Respiratory Assessment
3.Signs and Symptoms: Fever Congestion Rhinorrhea Cough/Wheezing	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** Patient's father presented with same S/S and was diagnosed c̄ URI Chest x-ray
5. Lab Values That May Be Affected: WBC - Infection	**6. Current Treatment (Include Procedures):** Supplemental Oxygen (1L via NC)
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Low light and a quiet room filled with objects the patient is familiar with 2. White noise playing in the room to promote relaxation and sleep for the patient just like mom stated she does at home.	**8. Patient/Caregiver Teaching:** 1. Fall precautions due to lack of gaurdrails 2. Monitoring patient breathing/ accessory muscle use 3. Keeping patient calm so breathing doesn't become distressed **Any Safety Issues identified:** Child not sleeping in the crib, but on the couch with mother

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Student Name: Payton Longer **Date:** 4/9/24	**Patient Age:** 10 months **Patient Weight:** 11.4 **kg**
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 100 x 10 = 1000 + 50 x 1.4 = 700 1070 mL/24hrs = 44.6mL/hr **Actual Pt MIVF Rate:** No IV site on patient No MIVF running **Is There a Significant Discrepancy Between Calculated and Actual Rate?** Yes **If Yes, Why is There a Discrepency?** Patient is not dehydrated or showing any signs of dehydration and is taking fluids orally	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 1mL/kg/hr 1mL/1kg x x/11.4kg = 11.4mL/hr **Actual Urine Output During Your Shift (mL/hr):** 230mL/5hrs = 46mL/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: Trust vs. Mistrust (0-18 mo)

1. Patient only trusted mom/dad to touch and care for her

2. By talking to mom/dad, patient gained some trust in nurse by seeing us interact with the two people she does trust.

Piaget Stage: Sensorimotor Stage (0-2 yo)

1. Using sense of sight to vizualize mom in the room and gain a sense of calm

2. Using a sense of hearing to listen to white noise machine to help calm down and sleep

Please list any medications you administered or procedures you performed during your shift:
Acetaminophen (Tylenol)

#362 10mo F NKDA FULL

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 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) Abdominal
☒ 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: 1 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 White/milky
Consistency gel-like
Suction: ☐ Yes ☒ No Type _____
Pulse Ox Site (L) foot
Oxygen Saturation: 86-90% RA

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 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow
Stool Appearance: soft brown
☐ 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: formula / regular diet
Amount/Schedule: as needed
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: _____ ☐ INT ☒ None
☐ Central Line
Type/Location: _____
Appearance: ☐ No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: ☐ Yes ☐ No
Fluids: _____

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: N/A
Type: N/A
Pain Score:
0800 _____ 1200 0 1600 0

WOUND/INCISION

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

TUBES/DRAINS

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

#362 10MO F NKDA FULL

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake						60mL			120mL	90mL			270mL
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													N/A
IV Meds/Flush													N/A
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	78mL						140mL		90mL				308 mL
# 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) 2
	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

#381 2yom ALLERGIES: Dextrose FULL

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/Asleep
Oriented to:
☐ Person ☐ Place ☐ Time/Event
☒ Appropriate for Age
Pupil Response: ☒ Equal ☐ Unequal
☒ Reactive to Light ☐ Size 2mm
Fontanel: (Pt < 2 years) ☒ Soft ☒ Flat
☐ Bulging ☐ Sunken ☒ Closed
Extremities:
☒ Able to move all extremities
☒ Symmetrically ☐ Asymmetrically
Grips: Right W Left W
Pushes: Right W Left W
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☒ No Level _____
Seizure Precautions: ☒ Yes ☐ No

RESPIRATORY

Respirations: ☒ Regular ☐ Irregular
☒ Retractions (type) Abdominal
☐ 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: 1 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 yellow/white
Consistency gel-like
Suction: ☒ Yes ☐ No Type As needed
Pulse Ox Site (R) thumb
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 2+ L 2+
Lower R 2+ L 2+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear yellow
Stool Appearance: watery brown
☒ 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 G-Tube
Location LU Inserted to _____ cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: G-Tube formula supplem.
Amount/Schedule: q3hrs
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 X1
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) palmar ☒ INT ☐ None
☐ Central Line
Type/Location: _____
Appearance: ☒ No Redness/Swelling
☐ Red ☐ Swollen
☒ Patent ☒ Blood return
Dressing Intact: ☒ Yes ☐ No
Fluids: N/A

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: N/A
Type: N/A
Pain Score:
0800 _____ 1200 0 1600 0

WOUND/INCISION

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

TUBES/DRAINS

☐ **None**
☒ **Drain/Tube**
Site: LU quadrant
Type: G-Tube
Dressing: N/A
Suction: N/A
Drainage amount: N/A
Drainage color: N/A

#381 2yo M ALLERGIES: Dextrose FULL

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						180			180				360
Enteral Flush						20			20				40
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													N/A
IV Meds/Flush													N/A
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine			150										150
# of immeasurable													
Stool													
Urine/Stool mix										400			400
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) 2
	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: Payton Conger Unit: Pediatrics Pt. Initials: #381 Date: 4/9/24

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

Allergies: Dextrose

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.)
Ceftriaxone	Cephalosporin	Rhinovirus/ Parainfluenza infections	570mg IVP q24hrs	50-75mg/kg/day 600-900mg/day NO To prevent any kidney damage	IVP- 570mg in Sodium Chloride 0.9% = 14.25mL Administer over 30 minutes via syringe pump	Fever, SOB, pain, dark urine	1. Finish course of antibiotic completely 2. Ensure adequate fluid intake to prevent dehydration 3. Never give more than prescribed dose 4. may cause constipation w/ prolonged use
Gabapentin	GABA Analogs	Chronic seizure disorder	200mg Oral G-Tube q8hrs	40mg/kg/day 160mg/dose NO To prevent any sedative effects	N/A	Dizziness, drowsiness, fatigue, somnolence	1. Do not discontinue abruptly, may increase seizure occurance 2. may cause muscle, joint, bone pain 3. May cause a sedation effect 4. May impair abilities to move/interact
Glycopyrolate	Anticholinergic Agent	Limit amount of secretions in the lungs	1mg Oral G-Tube q8hrs	0.02-0.1mg/kg/q8hrs 0.24-1.2mg/q8hrs YES	N/A	Dry mouth/skin, constipation, urinary retention, flushing of the skin, tachycardia	1. Keep patient out of extreme heat 2. May cause constipation with prolonged use 3. Monitor for skin breakdown 4. pt still needs to be suctioned while taking
							1. 2. 3. 4.
							1. 2. 3. 4.

Student Name: Payton Longer Unit: Pediatrics Pt. Initials: #362 Date: 4/9/24

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

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
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

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.)
Acetaminophen	Analgesic	Fever, mild pain	1160.4 mg Oral PRN/ q6hrs	10-15 mg/kg/dose 113-169.5 mg/dose Yes	N/A	Disorientation, dizzyness, rash	1. Do not take on an empty stomach 2. Reassess pain/fever 30-60 mins after administrating 3. Do not take more than 4000 mg/day 4. Do not give to pts with acute liver disease
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016