

IM5 Clinical Worksheet – PICU

Student Name: Dayton Unger Date: 4/10/24	Patient Age: 12 yo Female Patient Weight: 55.2 kg
1. Admitting Diagnosis: Acute Respiratory Failure & Hypoxia Influenza Type B and pneumonia of both lungs	2. Priority Focused Assessment R/T Diagnosis: Respiratory Assessment
3. Signs and Symptoms: Fever, malaise, weight loss, cough, SOB, abdominal pain, diarrhea, N/V	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: Chest X-ray Blood cultures
5. Lab Values That May Be Affected: WBC Calcitonin Creatinine Lactate	6. Current Treatment (Include Procedures): Antibiotics / Fever control Pain management Positive pressure breathing Fluid replacement Nutrition replacement
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Use of iPad to help with distraction 2. Mom/Dad being in room to communicate through	8. Patient/Caregiver Teaching: 1. Moving of hands/feet to prevent stiffness 2. frequent repositioning 3. Working on communication skills verbal/non-verbal Any Safety Issues Identified: N/A
9. Calculate the Maintenance Fluid Requirement (Show Your Work): $\begin{array}{r} 100 \times 10 = 1000 \\ 50 \times 10 = 500 \\ + 20 \times 55.2 = 1104 \\ \hline 2204 \text{ mL}/24 \text{ hrs} = \boxed{92 \text{ mL/hr}} \end{array}$ Combined Total Intake for Your Pt (mL/hr): $280 \text{ mL} / 5 \text{ hrs} = \boxed{56 \text{ mL/hr}}$	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 0.5 mL/kg $0.5 \text{ mL} / 55.2 \text{ kg} = \boxed{27.6 \text{ mL/hr}}$ Actual Urine Output During Your Shift (mL/hr): $390 \text{ mL} / 5 \text{ hrs} = \boxed{78 \text{ mL/hr}}$
Please list any medications you administered or procedures you performed during your shift: Cefepime (Maxipime) Acetaminophen (Tylenol) Lorazepam (Ativan)	

#05

1240F

ALLERGIES: Sulfa Antibiotics

PICU

GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept Developmental age: <input checked="" 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>2x</u> L <u>2x</u> Lower R <u>2x</u> L <u>2x</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	Social Status: <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" 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 checked="" type="checkbox"/> Person <input checked="" 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 checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Urine Appearance: <u>dark yellow</u> Stool Appearance: <u>yellow/brown</u> <input checked="" type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy	Site: <input checked="" type="checkbox"/> peripheral <input type="checkbox"/> INT <input type="checkbox"/> None <input checked="" type="checkbox"/> Central Line Type/Location: <u>central line @ femoral</u> Appearance: <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input checked="" type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>DS 1/2 NS w/ KCl 20mg</u> <u>C 5ml/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
Respirations: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Retractions (type) <u>most</u> <input type="checkbox"/> Labored Breath Sounds: Clear <input checked="" 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 checked="" 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: _____ L/min <input checked="" type="checkbox"/> BiPap/CPAP: <u>CPAP pressure support: 10</u> <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ Trach: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size <u>6.0</u> Type <u>Porox Bivona</u> Obturator at Bedside <input checked="" 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 <u>yellow</u> Consistency <u>gel-like</u> Suction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type <u>Trach</u> Pulse Ox Site <input checked="" type="checkbox"/> Index finger Oxygen Saturation: <u>91%</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 checked="" type="checkbox"/> Active <input checked="" type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent Nausea: <input checked="" type="checkbox"/> Yes <input 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>NG Tube</u> Location <u>LN</u> Inserted to _____ cm <input checked="" type="checkbox"/> Suction Type: <u>As needed</u>	Color: <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 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: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	Diet/Formula: <u>NG Tube feedings</u> Amount/Schedule: <u>As needed</u> Chewing/Swallowing difficulties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scale Used: <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>N/A</u> Type: <u>N/A</u> Pain Score: 0800 _____ 1200 <u>0</u> 1600 <u>0</u>
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input checked="" type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input checked="" 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 checked="" type="checkbox"/> Bedridden	<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>Midline Neck</u> Type: <u>thoracostomy tube</u> Dressing: <u>Normal</u> Suction: <u>As needed</u> Drainage amount: <u>N/A</u> Drainage color: <u>N/A</u>

#05

12yo F

ALLERGIES: Sulfa Antibiotics

PICU

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							20	20	20	20	20		130ml
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid						20	20	20	20	20	20		120ml
IV Meds/Flush						10	20						30ml
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						50	100	55	50	70	65		340ml
# 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>4</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

Student Name: Daphon Long

Unit: PLU

Pt. Initials: #05, #01

Date: 4/10/24

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

Allergies: #05 Sulfu Antibiotics ; #01 NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
#05 - D5 1/2NS + KCl 20mEq (54ml/hr)	Isotonic/ Hypotonic/ <u>Hypertonic</u>	Fluid/electrolyte repositionment and labor supply	Blood glucose, sodium, potassium	Carbuncles/ulcers, diabetic ketoacidosis
#01 - D5 1/2NS + KCl 20mEq (105ml/hr)				

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?			
Cetirizine	Antihistotic	Influenza types B Pneumonia	2,000mg IVP q12hrs	1-2 q1 dose q12hrs 2000 mg dose	YES	IVP - 2,000mg in 20ml of sterile water Administer over 3-5 mins.	Fever, SOB, pain, dark urine	1. Finish course of antibiotic completely 2. Ensure adequate fluid intake to prevent dehydration 3. Never administer more than prescribed 4. May cause constipation w/ prolonged use
Acetaminophen	Analgesic	Fever, mild pain	1000mg Oral NATube PRN q4hr	10-15mg/kg/dose 502-828 mg/dose	YES	N/A	Disorientation, dizziness, rash	1. Do not take on an empty stomach 2. Reassess pain/fever 30-60 mins after admin. 3. Do not take more than 4000 mg/day 4. Do not give together with acute liver disease
Lorazepam	Sedative Benzodiazepine	Lull patient down after having trauma placed	5mg Oral NATube q4hrs	2-10mg/dose/day 5 mg/dose/q4hr	YES	N/A	Sedation, dizziness, ataxia, ataxia	1. May be habit forming, take as prescribed 2. May cause tremors, agitation, and/or visual hallucinations 3. Do not abruptly stop this medication 4. May have a sedation effect
Morphine	Antihistotic	Meningitis Infection	500mg IVP q8hrs	500-1000mg/dose 500mg/dose	YES	IVP - 500mg in 10ml Sterile water Administer over 5 minutes	Fever, SOB, pain, dark urine	1. Finish course of antibiotic completely 2. Ensure adequate fluid intake to prevent dehydration 3. Never administer more than prescribed 4. May cause constipation with prolonged use