Student Name: Andrea M Unit: Pedi Pt. Initials: G G Date: _____

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

Allergies: _____

| 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.) |
|---|---|---|---|---|---|---|---|
| Tylenol acetaminophin | NSAID | Pain/ Temp | 4-4mg PRN | 10-15mg/kg/dose Yes | | -n/v | 1. Ø give baby more because more is Ø better<br>2. Ø more than 4000mg/day<br>3. Black box<br>4. If given more than needed amount watch liver |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |

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## Pediatric Floor Patient #2 M

### 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: 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 green
Consistency _____
**Suction:** ☒ Yes ☐ No Type mouth
**Pulse Ox Site** L big toe
**Oxygen Saturation:** 97

### 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 Clear
**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: Oral Suction

### NUTRITIONAL

**Diet/Formula:** Formula
**Amount/Schedule:** 1 oz.
**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:** Teeth
**Type:** _____
**Pain Score:**
0800 _____ 1200 _____ 1600 4

### WOUND/INCISION

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

### TUBES/DRAINS

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

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**Pediatric Floor Patient #1** 2 H

| INTAKE/OUTPUT | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PO/Enteral Intake** | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | Total |
| PO Intake | | | | | | | 30z | | | | 40z | | 90z |
| Intake – PO Meds | | | | | | | 4.4mg | | | | | | 4.4mg |
| 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 | | | | | | | 150 | 180 | | | | | 330 |
| # of immeasurable | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | |
| Urine/Stool mix | | | | | | | | | | | | | |
| Emesis | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |

| Children's Hospital Early Warning Score (CHEWS)<br>(See CHEWS Scoring and Escalation Algorithm to score each category) | |
|---|---|
| Behavior/Neuro | Circle the appropriate score for this category:<br>0 1 2 3 |
| | |
| Cardiovascular | Circle the appropriate score for this category:<br>0 1 2 3 |
| | |
| Respiratory | Circle the appropriate score for this category:<br>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) 1 |
| | 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 |