IM5 Clinical Worksheet – Pediatric Floor

DOB- 1/23/23

Student Name: Brianna Gonzales Date: 4/16/24	Patient Age: 15 Month Patient Weight: 7.36kg
1. Admitting Diagnosis: ParaInfluenza 3 (coronavirus HKU1)	2. Priority Focused Assessment You Will Perform Related to the Diagnosis: respiratory
3. Signs and Symptoms: Wheezes, congestion, difficulty breathing, ↓ activity, ↓ nutrition Loss of appetite	4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: respiratory pathogen pannel C&S
5. Lab Values That May Be Affected: WBC, CO_2,	6. Current Treatment (Include Procedures): slowly wean O_2 ↓ 5% per hour tolerating O_2 > 88%
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Lullabys 2. favorite toy or cartoon -she loved her orange & white rattle	8. Patient/Caregiver Teaching: 1. good H&H 2. S/s of infection 3. S/s of dehydration Any Safety Issues identified: fall risk Hypoxia

| Student Name: | Patient Age: |
| Date: | Patient Weight: kg |

9. Calculate the Maintenance Fluid Requirement (Show Your Work):	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

9. Calculate the Maintenance Fluid Requirement (Show Your Work):

$$7.3 kg \times 100 = \frac{730 mL}{24}$$

$$30 mL/hr$$

Actual Pt MIVF Rate:

NONE

Is There a Significant Discrepancy Between Calculated and Actual Rate?

If Yes, Why is There a Discrepency?

10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

$$1 mL \times 7.3 kg = 73$$

73

Actual Urine Output During Your Shift (mL/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 -Sight delay
1. Uses crying, rooting, sucking & cooing as communication

2. She expresses her need for food, attention, and any other needs through cry & laughter

Piaget Stage: Sensori Motor
1. puts toys in mouth to play/explore
2. reaches for toys with both arms
uses fingers for grabing

Please list any medications you administered or procedures you performed during your shift:

NONE, all meds given by mother

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 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☑ No Level _____
Seizure Precautions: ☐ Yes ☑ No

gmust utu eyes

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: 4 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 _____
Consistency _____
Suction: ☐ Yes ☐ No Type _____
Pulse Ox Site rlgh big toe
Oxygen Saturation: 95

310 RR

changed to 2L @ 1430

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 LUQ Inserted to 2 cm
☑ Suction Type: _____

NUTRITIONAL

Diet/Formula: _____
Amount/Schedule: 4oz, 4,5&D
Chewing/Swallowing difficulties:
☐ Yes ☐ No add, thickoer
pepmen junior

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: _____
Type: _____
Pain Score: NONE
0800 _____ 1200 _____ 1600 _____

WOUND/INCISION

☑ None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

☐ None
☑ Drain/Tube
Site: NG Tube
Type: _____
Dressing: _____
Suction: yes
Drainage amount: none
Drainage color: _____

INTAKE/OUTPUT

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake						4oz			4oz				8oz
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				48mL			UO						60kg
# of immeasurable													
Stool													
Urine/Stool mix									130				130kg
Emesis													
Other													

x2 Diaper changes

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) _____
	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

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 ____ Left ____
Pushes: Right ____ Left ____
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: ____ 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 ____
Consistency ____
Suction: ☐Yes ☐No Type ____
Pulse Ox Site ____
Oxygen Saturation: ____

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

ELIMINATION

Urine Appearance: ____
Stool Appearance: ____
☐Diarrhea ☐Constipation
☐Bloody ☐Colostomy

GASTROINTESTINAL

Abdomen: ☐Soft ☐Firm ☐Flat
☐Distended ☐Guarded
Bowel Sounds: ☐Present X ____ 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: ____
Amount/Schedule: ____
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: R AC   ☐INT ☐None
☐Central Line
Type/Location: Left AC
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: ____
☐Moist ☐Dry ☐Ulceration

PAIN

Scale Used: ☐Numeric ☐FLACC ☐Faces
Location: ____
Type: ____
Pain Score: 0
0800   1200   1600

WOUND/INCISION

☑None
Type: ____
Location: ____
Description: ____
Dressing: ____

TUBES/DRAINS

☑None
☐Drain/Tube
Site: ____
Type: ____
Dressing: ____
Suction: ____
Drainage amount: ____
Drainage color: ____

Pediatric Floor Patient #1

80 ml/hr
D5 1/2 NS
+ Kd 20

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						55	a 55		355				945
Enteral Flush													
Free Water													

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush						80	80	80	80	80	80		480

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine						X			X	X	X		
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other X voided													

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

Total Score (points)	0

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

CHEWS Total Score

IM5 Clinical Worksheet – PICU

Student Name: Brianna Gonzales **Date:** 4/17/24	**Patient Age:** 2yrs **Patient Weight:** 9.9 kg
1. Admitting Diagnosis: Rhinovirus / enterovirus **3. Signs and Symptoms:** ear pain - infection fever congestion coughing, sneezing	**2. Priority Focused Assessment R/T Diagnosis:** Respiratory
5. Lab Values That May Be Affected: WBC - neutrophils, MPV-↑ PCR - detects rhinovirus in respiratory culture	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** Respiratory culture CBS
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. Mom's comfort, hand holding, hugging, talking 2. music, TV, reading toys, bubbles	**6. Current Treatment (Include Procedures):** IV- cefepime (Maxipime) 5 10mg in 10 mL 40mg/mL
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 100 × 9.9 = 990/24 41.25 **Combined Total Intake for Your Pt (mL/hr):** 60 mL/hr	**8. Patient/Caregiver Teaching:** 1. Finish all @ home antibiotic 2. ↑ fluids - thin secretions 3. Good H.H. cleaning surfaces, throwing away dirty diapers **Any Safety Issues Identified:** aspiration risk → HOB flat raise to @ least 30°
	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): 0.5 × 9.9 4.95 **Actual Urine Output During Your Shift (mL/hr):**
Please list any medications you administered or procedures you performed during your shift: None for this patient	

PICU

Handwritten note (top margin): scarred ↑ from too many IV sticks → waiting for PICC team

GENERAL APPEARANCE
Appearance: ☑ Neat/Clean ☑ Healthy/Well Nourished ☐ 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 ☑ Left ☑
Pushes: Right ☑ Left ☑
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: 3 L/min high flow
☐ BiPap/CPAP:
☐ Vent: ETT size ___ @ ___ cm
☐ Other:
Trach: ☐ Yes ☑ No
Size ___ Type ___
☐ Obturator at Bedside ☐ Yes ☐ No
Cough: ☑ Yes ☐ No
☑ Productive ☐ Nonproductive
Secretions: Color clear
Consistency thin
Suction: ☐ Yes ☑ No Type ___
Pulse Ox Site Rt big toe
Oxygen Saturation: 98

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
Stool Appearance: 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: regular
Amount/Schedule: 007 diet
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: ___
Type: ___
Pain Score: 0
0800 1200 1600

WOUND/INCISION
☑ None
Type: ___
Location: ___
Description: ___
Dressing: ___

TUBES/DRAINS
☑ None
☐ Drain/Tube
Site: ___
Type: ___
Dressing: ___
Suction: ___
Drainage amount: ___
Drainage color: ___

INTAKE/OUTPUT

PO/Enteral Intake

PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds		180				180				180			340 oz
Enteral Tube Feeding													
Enteral Flush													
Free Water													

IV INTAKE

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													

OUTPUT

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine													
# of immeasurable													
Stool						204			242				452 kg
Urine/Stool mix			333										
Emesis													
Other													333 kg

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   0

CHEWS Total Score	Total Score (points)
	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

180 mL
or
100z

no

Student Name: Brianna Gonzales   Unit: Pedifloor PM   Pt. Initials: _____   Date: _____

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
	Isotonic / Hypotonic / Hypertonic			

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.)
NO MEDS						1. 2. 3. 4.	1. 2. 3. 4.
						1. 2. 3. 4.	1. 2. 3. 4.
						1. 2. 3. 4.	1. 2. 3. 4.
						1. 2. 3. 4.	1. 2. 3. 4.

Adopted: August 2016

1