

Shayla-maire B.

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED? ^(1 patient) seizure, ^(2 patients) abd. pain around ages 6-14.
2. The majority of the patients who came in to the PED were from which age group? Was this what you expected? 6-7, yes I expected around this age to be the majority of what I saw. 1 older @ 14 year old.
3. Was your overall experience different than what you expected? Please give examples. yes, they saw a wide variety of different things. Seizures, abd. pain
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? ^{unrelated conditions} my 2 6 and 7 year old patients were very scared unless their parent or safety object was around. reminded me of how in growth and development, young children acquire an object that brings them security and their parents make it so they feel safe.
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? suicidal ideations in adolescents are common lately my nurse told me.
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?

3) I was expecting to see broken bones or serious abrasions. I was more surprised about the prevalence of abdominal pain back to back.

#79

IM5 Clinical Worksheet – Pediatric Floor

pt. 1

<p>Student Name: Shayla Brown Date: 04/24/24</p>	<p>Patient Age: 10 years old Patient Weight: kg 21 kg</p>
<p>1. Admitting Diagnosis: Perforated appendix</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis: - abdominal assessment - peripheral vascular</p>
<p>3. Signs and Symptoms: - nausea/vomiting - severe localized abdominal pain - fever 100.3°F</p>	<p>4. Diagnostic Tests Pertinent to or Confirming of Diagnosis: - CT scan - revealed perforated appendix - blood work = ↑ WBC</p>
<p>5. Lab Values That May Be Affected: 1) white blood cells</p>	<p>6. Current Treatment (Include Procedures): - JP drain care - stay hydrated to prevent dehydration</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <p>1. pt can draw (he was) to distract himself from the pain. play games on tv. 2. pt can practice meditative breathing in and out nose and mouth to slow his heart rate and decrease his perception of pain.</p>	<p>8. Patient/Caregiver Teaching: report clear/bloody JP drainage 1. do not JP drainage 2. report S/S of incision infection red, heat emitting, foul smell from site 3. be careful to clip JP drain out of the way to avoid snags or pulling from/out of incision site Any Safety Issues Identified: - pt playing and needs to be aware of JP drain. ensuring it doesn't snag</p>

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Student Name: Date:	Patient Age: Patient Weight: kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): $\begin{array}{r} 10 \times 100 = 1000 \\ 10 \times 50 = 500 \\ 1 \times 20 = 20 \\ \hline 1520 \end{array}$ Actual Pt MIVF Rate: 39 ml/hr Is There a Significant Discrepancy Between Calculated and Actual Rate? Yes If Yes, Why is There a Discrepancy? My pt. is able to drink orally and is maintaining his fluid requirements	10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $1 \times 21 = 21$ Actual Urine Output During Your Shift (mL/hr): 525 ml total in 5 hours. 525 ml / 5 hours
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:	
Please list any medications you administered or procedures you performed during your shift: I only hung a new bag of 20syn IVPB to his primary KJ. I was not able to administer his other meds. in the man	

Erickson Stage: → (he is learning to cope with new social skills.)

1. industry vs. inferiority, my pt. was feeling a little alone and bored missing social interaction due to his long hospital stay and requested to go to teen town.
2. I also noticed a little of the initiative stage. He asked to see how to empty his JP drain showing that initiative stage.

Piaget Stage:

1. concrete operational stage and some formal operational.
2. ① he understood (normal) logically that he must be observant of his JP drainage to avoid complications. He was engaged in the education.
 ② I observed my pt. playing with a puzzle he used logical principles by playing and solving the puzzle.

Pediatric Floor Patient #1

#79

pt. 1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	0	0	0	240	0								240
Intake – PO Meds	0	0	0	0	0								0
Enteral Tube Feeding	0	0	0	0	0								0
Enteral Flush	0	0	0	0	0								0
Free Water	0	0	0	0	0								0
IV INTAKE													
IV Fluid	0	0	0	39	39								78
IV Meds/Flush	0	0	0	0	0								0
OUTPUT													
Urine	0	0	100	225	200								525
# of immeasurable	0	0	0	0	0								0
Stool	0	0	0	0	0								0
Urine/Stool mix	0	0	0	0	0								0
Emesis	0	0	0	0	0								0
Other	0	0	0	0	0								0

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

0

Cardiovascular

Circle the appropriate score for this category:

0 1 2 3

0

Respiratory

Circle the appropriate score for this category:

0 1 2 3

0

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

Pediatric Floor Patient #1

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pt. 2

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake	0	0	0	0	100								
Intake - PO Meds	0	0	0	0	0								
Enteral Tube Feeding	0	0	0	0	0								
Enteral Flush	0	0	0	0	0								
Free Water	0	0	0	0	0								
<hr/>													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	0	0	0	0	150								150
IV Meds/Flush	0	0	0	0	0								0
<hr/>													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	0	0	0	0	0								0
# of immeasurable	0	1	0	0	0								1
Stool	0	0	0	0	0								0
Urine/Stool mix	0	0	0	0	0								0
Emesis	0	0	0	0	0								0
Other	0	0	0	0	0								0

100
0000

pt said she wasn't able to observe and measure

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	0
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3	0
Respiratory	Circle the appropriate score for this category: 0 1 2 3	0
Staff Concern	1 pt - Concerned	
Family Concern	1 pt - Concerned or absent	

CHEWS Total Score	
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

#52

Pediatric Floor Patient #1

pt-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 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>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 checked="" 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" 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 _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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>yellow</u> Stool Appearance: <u>brown soft</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>per pt.</u> <u>(unobserved)</u>	Site: <u>② AC</u> <input checked="" type="checkbox"/> ANT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: <u>② AC</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: <u>Passive</u> <u>passive chloride in NaCl 0-9%</u>
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 checked="" 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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>none</u> Consistency <u>none</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>finger</u> Oxygen Saturation: <u>97</u>	Abdomen: <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <u>4</u> quads <input checked="" 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 type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" 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 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>regular</u> Amount/Schedule: <u>regular</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>throat</u> Type: <u>aching</u> Pain Score: 0800 <u>1</u> 1200 <u>1</u> 1600 <u>1</u>
	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 checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Drain/Tube Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

Pt 1/Pt 2

Student Name: Shayla Brown

Unit: Pedi. Med. Surg.

Pt. Initials:

Date:

Allergies: NEPA / NEPA

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours
 - primary fluid - potassium chloride in 0.9% NaCl
 - hypertonic
 - pt had low potassium and low sodium - K: 3.0 Na: 130

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP - List solution to dilute and rate to push.	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
ampicillin/sulbactam unasyn	penicillin antibiotic	my pt was admitted w/ tonsillitis/abscess. This will be staying on antibiotic for 10 days	IVP/IV 200mg/100mg q6h day	200mg/kg/day 300mg/kg/day una syn. com	yes	IVPB - 200mg in 0.9% NS RATE: 39ml/hr	can cause diarrhea parotid IV site	1. pt should report any signs of injury 2. pt should report any signs of bleeding 3. pt should report any signs of rash 4. monitor vs. preexisting signs or new
gabapentin gabap	antispasmodic anal antacid	my pt was admitted with tonsillitis/abscess and the gabapentin is for the pain.	IV 300mg qday	300mg/kg/day or 300mg/kg/day if needed. 1200mg/day reference: medscape.com	yes	IVP: OVER 5 minutes w/ saline flush OVER 2 minutes	can cause anemia, dizziness, can cause constipation	1. keto/rbic contraindicated in pts with impaired renal function 2. pt should report any recent bleeding injuries 3. pts with hypofasthima are contraindicated 4. contraindicated in pts with renal failure
gabapentin gabap	antispasmodic anal antacid	my pt underwent a dialysis treatment. Surgery for a perforated appendix. This is a preop. This is a preop. This is a preop.	IV 300mg qday	300mg/kg/day or 300mg/kg/day if needed. 1200mg/day reference: medscape.com	yes	IVP - OVER 2 minutes with a saline flush OVER 2 minutes.	can cause lack of appetite can cause constipation	1. pts with hypofasthima are contraindicated 2. pts with hypofasthima are contraindicated 3. pts with hypofasthima are contraindicated 4. pt should report sudden dark urine
penicillin antibiotic	antibiotic	my pt underwent surgery and this antibiotic was being used prophylactically	IVP/IV 100mg q6h day	100mg/kg/day 8 hours	yes	IVPB - 3.375g in 0.9% of NS RATE: OVER 30 minutes	can cause low potassium can cause severe stomach pain	1. pts with hx of allergic reaction to penicillin/antibiotic are contraindicated 2. pts with any bleeding clotting disorders are contraindicated 3. pt level should be evaluated before administration 4. pt should report watery bloody diarrhea

352,379
biana

3.375g in
0.9% of NS

primary fluid: potassium chloride 0.9% NaCl	pharm. class: electrolyte supplement	DDP: volume, structure	major range: 2mg/kg/day access after 48 hrs	IVP - primary fluid	adverse effects: high K, low Na, hypotension, weakness
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Adopted: August 2016

pt 2

Student Name: Shayla B.

Unit: Pedimed. SWG. Pt. Initials: _____

Date: _____

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

Allergies: NEOA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
POTASSIUM CHLORIDE IN NAD 0.9%.	Isotonic/Hypotonic/ <u>Hypertonic</u>	pt had been omitting for 3 days before admision	POTASSIUM. K-3.3	hypertalemia cpts shouldnt get KCl fluids.

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?			
amoxicillin and antacid	amoxicillin and antacid	My pt underwent a drainage for a surgentora perforated appendix. This prevent a ruptured periton.	IV 20mg IXA DAY	10mg/1day homox/day yes	N/A	IVP - over 2 minutes with a saline flush over 2 minutes.	can cause IAC of appt h/c can cause instability	1. pts with h/o of long qt syndrome are contraindicated 2. pts allergic to penicillin/amoxicillin 3. pts should report feelings of rest 4. pts should report sudden dizziness
penicillin antibiotic	penicillin antibiotic	my pt underwent surgery and this antibiotic is being used prophylactically	IVB/IV IX d day 3.375g IN 93	solimox 1g - penicillin 101mg/kg - 1000mg	N/A	IVPB - 3.375g in 0.9% NS IAC: over 30 minutes	can cause low potassium - can cause severe stomach pain	1. pts with allergies to any other penicillin antibiotics are contraindicated 2. pts with bleeding or clotting disorders are contraindicated 3. pt levels should be evaluated before administration 4. pts should report sudden laryngopathy
								1. 2. 3. 4.
								1. 2. 3. 4.

Shayla Brown

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 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>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 checked="" type="checkbox"/> Quiet <input checked="" 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 checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" 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 _____ Fontanel: (Pt < 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input checked="" type="checkbox"/> Closed Extremities: <input checked="" type="checkbox"/> Able to move all extremities <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right <u>S</u> Left <u>S</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>yellow</u> Stool Appearance: <u>brown firm</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <u>per pts</u> <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>parent</u> <u>(unobserved)</u>	Site: <u>MAC</u> <input checked="" type="checkbox"/> INT <input 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 checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return Dressing Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fluids: parent <u>potassium chloride 0.9% NS</u>
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 checked="" 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 checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Oxygen Delivery: <input type="checkbox"/> Nasal Cannula: _____ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive Secretions: Color <u>none</u> Consistency <u>none</u> Suction: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Pulse Ox Site: <u>finger</u> Oxygen Saturation: <u>98</u>	Abdomen: <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input checked="" type="checkbox"/> Guarded Bowel Sounds: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tube: <input type="checkbox"/> Yes <input checked="" 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 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: <u>surrounding on RLQ</u> Mucous Membranes: Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
NUTRITIONAL	MUSCULOSKELETAL	PAIN
Diet/Formula: <u>regular</u> Amount/Schedule: <u>regular</u> Chewing/Swallowing difficulties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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: _____	Scale Used: <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces Location: <u>right abdomen (insus)</u> Type: <u>achy</u> Pain Score: 0800 <u>3</u> 1200 _____ 1600 _____
TUBES/DRAINS	WOUND/INCISION	MOBILITY
<input type="checkbox"/> None <input checked="" type="checkbox"/> Drain/Tube Site: <u>abd</u> Type: <u>spdrain</u> Dressing: <u>MA</u> Suction: <u>MA</u> Drainage amount: <u>5ml</u> Drainage color: <u>light yellow</u>	<input type="checkbox"/> None Type: <u>incision</u> Location: <u>abd</u> Description: <u>appendicitis</u> Dressing: <u>slit gauze dressing w/ tape</u>	<input checked="" 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