Student Name: Sal Rahimi **Date:** 4/23/24	**Patient Age:** 14mo **Patient Weight:** 12 kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 10 x 100 = 1,000 2 x 50 = 100 1,100 mL ÷ $\frac{1,100}{24}$ = 45.83 mL/hr **Actual Pt MIVF Rate:** 45 mL/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** NO **If Yes, Why is There a Discrepency?**	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 12 x 1 x 24 12 mL/hr **Actual Urine Output During Your Shift (mL/hr):** 34 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

1. Slowly trusting me more throughout the shift

2. Looks at parents for comfort

Piaget Stage: Sensorimotor

1. Constantly looking around observing

2. Messing with pulse ox / BP cuff

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

N/A

IM5 Clinical Worksheet – Pediatric Floor

Student Name: ~~Abigail Mishkin~~ Sal Rahioui **Date:** 4/23/2024	**Patient Age:** ~~2yr~~ 14mo **Patient Weight:** 12.7kg
1. Admitting Diagnosis: ~~Cellulitis~~ Otitis Media ~~Abscess~~ Possible Osteomyletis ~~Left Hip~~ Left Hip	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** ~~Hip assessment related to~~ - Otoscopic ear exam - Osteo = Circulatory Assesment
3.Signs and Symptoms: ~~Irritability~~ - Ear Pain / Drainage - Fever - Inflammation	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** Otoscopic Exam
5. Lab Values That May Be Affected: - ECR - CRP	**6. Current Treatment (Include Procedures):** PRN - Ibuprofen 100mg/5mL "Not Given" Ceftriaxone 1,000mg in 10mL sterile Clindamycin in dextrose 132mg of 12mg/mL
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. Distracting Toys 2. Parents/child life	**8. Patient/Caregiver Teaching:** 1. Warm Moist cloth on ear 2. Complete Antibiotics Regiment 3. Commonly occur after a cold or the flu **Any Safety Issues identified:**

Pediatric Floor Patient #1

378

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 5 Left 5

Pushes: Right 5 Left 5

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 NA

Consistency NA

Suction: ☐ Yes ☑No Type NA

Pulse Ox Site Finger L. Index

Oxygen Saturation: 99%

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: WNL

Stool Appearance: WNL

☐ Diarrhea ☐ Constipation ☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☑Soft ☐ Firm ☐ Flat ☐ Distended ☐ Guarded

Bowel Sounds: ☑Present X 4 quads ☑Active ☐ Hypo ☐ Hyper ☐ Absent

Nausea: ☐Yes ☑No SR

Vomiting: ☐Yes ☑No

Passing Flatus: ☐ Yes ☑No

Tube: ☐ Yes ☑No Type _____

Location _____ Inserted to _____cm

☑Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular

Amount/Schedule: NA

Chewing/Swallowing difficulties: ☐ Yes ☑No

MUSCULOSKELETAL

SR

☐Pain ☐ Joint Stiffness ☐ Swelling ☐ Contracted ☐Weakness ☐ Cramping ☐Spasms ☐ Tremors SR

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: L Forearm ☐ INT ☐ None

☐ Central Line

Type/Location: Peri, IV 22g

Appearance: ☑No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return

Dressing Intact: ☑Yes ☐ No

Fluids: D5 1/2 NS 25 Meq KCl 45 mL/hr

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: WNL ☑Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces

Location: NA

Type: NA

Pain Score: 0

0800 0 1200 0 1600 0

WOUND/INCISION

☑**None**

Type: _____

Location: _____

Description: _____

Dressing: _____

TUBES/DRAINS

☑None

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount: _____

Drainage color: _____

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake					0		90	150	120				360
Intake – PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water													0

IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	45	45	45	45	100mL	45	45	45	45				460
IV Meds/Flush		5mL							10mL				15

OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine		252mL			0				585				837
# of immeasurable													0
Stool													0
Urine/Stool mix													0
Emesis													0
Other													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
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) 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

Pediatric Floor Patient #2

~~376~~ 377

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 5 Left 5
Pushes: Right 5 Left 5
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 NA
Consistency NA

Suction: ☐ Yes ☑ No Type _____

Pulse Ox Site Finger

Oxygen Saturation: 99 %

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: WNL

Stool Appearance: WNL
☐ 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: 20%

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: L Clavicle ☐ INT ☐ None
☐ Central Line
Type/Location: Port

Appearance: ☑ No Redness/Swelling ☐ Red ☐ Swollen ☑ Patent ☐ Blood return

Dressing Intact: ☑ Yes ☐ No

Fluids: D5 1/2 NS 20meq KCl 70 ml/hr

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: WNL
☑ Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☐ FLACC ☑ Faces

Location: NA

Type: NA

Pain Score: 0
0800 0 1200 0 1600 0

WOUND/INCISION

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

TUBES/DRAINS

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

Pediatric Floor Patient #2

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake								60		60			120
Intake – PO Meds													0
Enteral Tube Feeding													0
Enteral Flush													0
Free Water							60						60
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid								10					10
IV Meds/Flush													0
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine										350			350
# of immeasurable													1
Stool													0
Urine/Stool mix													0
Emesis													0
Other													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
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) 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

Student Name: Sal Rahjani Unit: PEDI Pt. Initials: _____ Date: 4/23/24

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

Allergies: NKDA

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.)
Cefepime	cephalosporin	Treat Bacterial Infection	1,512mg IV	Yes		SOB	1. Resp Assessment 2. LOC 3. Report any dizziness 4. Don't take w/ diarrhea med
							1. 2. 3. 4.
Ceftriaxone	cephalosporin	Treat Infection	100mg/kg IV	Yes		Sore Throat	1. Report any burning in eyes 2. Report Flank pain 3. Monitor Urine output 4. Finish regimen
Miralax		Stool softener	PO PRN 8.5g	Y			1. Mix w/ water 2. Bowel sounds 3. Drink plenty of fluids 4. Ambulate PT
							1. 2. 3. 4.

Adopted: August 2016