IM5 Clinical Worksheet – Pediatric Floor

50lb weight loss in the past year

Student Name: Vinette Martinez **Date:** 4/30/24	**Patient Age:** 14yr **Patient Weight:** kg 24.4
1. Admitting Diagnosis: Hematochezia 	**2. Priority Focused Assessment You Will Perform Related to the Diagnosis:** Neuro → Severe neurological delay Seizures Abdomen → GT
3.Signs and Symptoms: pain) unable to localize pain weak	**4. Diagnostic Tests Pertinent to or Confirming of Diagnosis:** procedure scheduled to look at his stomach but not sure which!
5. Lab Values That May Be Affected: RBC ↓ 3.98 BUN ↑ 21 NA ↑ 155 CA ↓ 8.9 K ↓ 3.3 Chloride ↑ 114	**6. Current Treatment (Include Procedures):** Working on it Unexpected weight change Blood in stool/diarrhea Seizures
7. Pain & Discomfort Management: **List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.** 1. ~~Ten~~ Turn TV on to distract him 2. play some music to calm him down	**8. Patient/Caregiver Teaching:** 1. more teaching on how to clean the NG tube 2. make sure he gets his calories in 3. try to move him around since he **Any Safety Issues identified:** Seizure precautions - fall - suction - O2 - padding

NPO mom - at beside
Seizure precautions!
Non-verbal

Student Name: Date:	Patient Age: Patient Weight: kg
9. Calculate the Maintenance Fluid Requirement (Show Your Work): 24.4kg 10 x 100 = 1000 10 x 50 = 500 4 x 20 = 80 1,580 65ml **Actual Pt MIVF Rate:** 50ml/hr **Is There a Significant Discrepancy Between Calculated and Actual Rate?** yes **If Yes, Why is There a Discrepency?** 15ml in difference	**10. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):** 24.4 x .5 12.2 **Actual Urine Output During Your Shift (mL/hr):** 1 diaper (wet) Didn't see measurement :/

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:

1. Industry vs Inferiority

2. It was hard to figure this out because he is developmentally delayed.

Piaget Stage: preoperational to concrete

1. The child was having a hard time activities, he looked scared.

2. It's hard to know how he felt due to him being nonverbal

Breckthrough meds (

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

Clonazepam
fosphenytoin

Mother didn't bring anti seizure meds so until tomorrow they will provide them, in the meantime they gave him Breckthrough seizure meds

- Clonidine 3 vials on pharmacy to give us suspension

Pediatric Floor Patient #1

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 1mm
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed
Extremities:
☐ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically
Grips: Right W Left N
Pushes: Right N Left N
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 (R) hand
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 +1 L +1
Lower R +1 L +1
4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____
Stool Appearance: Not observed
☑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 NG
Location LUQ 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: (L) AC ☐ INT ☐ None ☐ Central Line
Type/Location: _____
Appearance: ☑No Redness/Swelling ☐ Red ☐ Swollen ☐ Patent ☐ Blood return
Dressing Intact: ☑Yes ☐ No
Fluids: D5 1/2 NS + KCl 20 55ml/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: _____
☐ Moist ☑Dry ☐ Ulceration

PAIN

Scale Used: ☐ Numeric ☑FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800_____ 1200_____ 1600 _____

WOUND/INCISION

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

TUBES/DRAINS

☑**None**
☑**Drain/Tube**
Site: LUQ
Type: NG tube
Dressing: 4x0
Suction: _____
Drainage amount:_____
Drainage color: _____

Pediatric Floor Patient #1

pt
WCS
NPO

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													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							50 ml →						
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine									1 wet diaper				
# of immeasurable													
Stool / Diarrhea													
Urine/Stool mix													
~~Emesis~~													
~~Other~~													

NOT observed

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) 4
	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 3mm

Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat ☐ Bulging ☐ Sunken ☐ Closed

Extremities: ☑ Able to move all extremities ☐ Symmetrically ☐ Asymmetrically

Grips: Right W Left S

Pushes: Right W 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: ____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 +3 L +3

Lower R +3 L +3

4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None

ELIMINATION

Urine Appearance: clear

Stool Appearance: Not observed

☐ 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: _____

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: Peripheral IV ☐ INT ☐ None ☐ Central Line

Type/Location: Lt posterior

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: rt CVM

Type: _____

Pain Score: 4

0800____ 1200____ 1600 ____

WOUND/INCISION

☐ **None**

Type: wound

Location: Right Clavicle

Description: _____

Dressing: _____

TUBES/DRAINS

☑ **None**

☐ **Drain/Tube**

Site: _____

Type: _____

Dressing: _____

Suction: _____

Drainage amount:_____

Drainage color: _____

Pediatric Floor Patient #2

Pt WC's NPO

Not observe

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													
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								600					
# of immeasurable													
Stool N/A													
Urine/Stool mix N/A													
~~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) 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

The patient looked fine

CHEWS Scoring and Escalation Algorithm

	0	1	2	3
Behavior/Neuro	- Playing/sleeping appropriately OR - Alert, at patient's baseline	- Sleepy, somnolent when not disturbed	- Irritable, difficult to console OR - Increase in patient's baseline seizure activity	- Lethargic, confused, floppy OR - Reduced response to pain OR - Prolonged or frequent seizures OR - Pupils asymmetrical or sluggish
Cardiovascular	- Skin tone appropriate for patient - Capillary refill ≤ 2 seconds	- Pale OR - Capillary refill 3-4 seconds OR - Mild tachycardia OR - Intermittent ectopy or irregular HR (not new)	- Grey OR - Capillary refill 4-5 seconds OR - Moderate tachycardia	- Grey and mottled OR - Capillary refill > 5 seconds OR - Severe tachycardia OR - New onset bradycardia OR - New onset/increase in ectopy, irregular HR or heart block
Respiratory	- Within normal parameters - No retractions	- Mild tachypnea/ increased WOB (flaring, retracting) OR - Up to 40% supplemental oxygen OR - Up to 1L NC > patient's baseline need OR - Mild desaturations < patient's baseline OR - Intermittent apnea self-resolving	- Moderate tachypnea/ increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) OR - 40-60% oxygen via mask OR - 1-2 L NC > patient's baseline need OR - Nebs Q 1-2 hour OR - Moderate desaturations < patient's baseline OR - Apnea requiring repositioning or stimulation	- Severe tachypnea OR - RR < normal for age OR - Severe increased WOB (i.e. head bobbing, paradoxical breathing) OR - > 60% oxygen via mask OR - > 2 L NC more than patient's baseline need OR - Nebs Q 30 minutes – 1 hour OR - Severe desaturations < patient's baseline OR - Apnea requiring interventions other than repositioning or stimulation
Staff Concern		- Concerned		
Family Concern		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
- Continue Routine Assessments	- 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	- 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

A PEDIATRIC CODE CAN BE ACTIVATED AT ANYTIME BY ANYONE
Use SBAR communication

Reference: McLellan, M.C., et al., Validation of the Children's Hospital Early Warning System for Critical Deterioration Recognition, Journal of Pediatric Nursing (2016), http://dx.doi.org/10.1016/j.pedn.2016.10.005

Student Name: Vonette Morin Unit: _____ Pt. Initials: _____ Date: 4/30/24

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

Allergies: NKDA (D5 1/2 NS + KCL 20) 50ml/hr

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule PO x3	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.) Hard to do pt teaching since child is developmentally delayed
Clonazepam	Benzodiazepines	-treat seizures	0.1mg/ml Suspension 0.5mg	0.05 to 0.2 mg/kg/day Yes!		Dizziness hyperventilation Drowsiness	1. This med will make the pt sleepy and is normal. 2. Be careful getting up from bed too fast 3. Do not take larger doses than recommended. 4. It can be hard to concentrate "think"
~~Fosphent~~							1. 2. 3. 4.
fosphenytoin		-Treat Seizures	61mg IVP	NO! 4-6hrs Initially	IVP – 61mg PE in Sodium Chloride 9% IV syringe	Back pain Dizziness Blurred vision	1. Be careful getting up from bed too fast 2. you can apply ice if back pain happens 3. Do not take more than order 4. follow directions from direction Guide
Clonodine		- HTN	0.1mg tablet	Yes!		Dizziness Anxiety Constipation	1. Do not take more than prescribed 2. Do not crush the tablet 3. Get up slowly from bed since it can make you dizzy. 4. Drink fluids to prevent constipation
							1. 2. 3. 4.

- mom didn't bring seizure med
- They Gave him Breakthrough seizure meds
- pharmacy did not have exact med he takes at home.

V/S 96%
HR 92
T 99.1
108/72 (85)
RR 18

Vanette

Pediatric ED Reflection Questions

1. What types of patients (diagnoses) did you see in the PED?
   A pt w/ pneumonia
2. The majority of the patients who came in to the PED were from which age group? Was this what you expected? School Age
   Yes, since they are a lot of respiratory infections going on for this Age Group
3. Was your overall experience different than what you expected? Please give examples.
   My experience was what I expected it to be, slow. I would of assumed that there would be more busy since it is the ER PICU was more busy.
4. How did growth and development come into play when caring for patients (both in triage and in treatment rooms)? Using none scary words
   having the parents help make them feel comfortable
   Holding their legs before IV insertion
5. What types of procedures did you observe or assist with?
   Helped w/ an IV. Heard wheezing on my patient. I went w/ child life to the MRI
6. What community acquired diseases are trending currently?
7. What community mental health trends are being seen in the pediatric population?
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?