

## IM5 Clinical Worksheet – Pediatric Floor

<p><b>Student Name:</b> Cindy Lou Who <b>Date:</b> Today</p>	<p><b>Patient Age:</b> 4 years <b>Patient Weight:</b> 17.7 kg</p>
<p><b>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</b> Asthma exacerbation – (give patho in your own words)</p>	<p><b>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</b> Respiratory</p>
<p><b>3. Identify the most likely and worst possible complications.</b> Respiratory failure could occur if patient does not respond to treatment</p>	<p><b>4. What interventions can prevent the listed complications from developing?</b> Bronchodilators, steroids, oxygen therapy</p>
<p><b>5. What clinical data/assessments are needed to identify these complications early?</b> Monitor VS – HR, RR, O2 sats Assess breath sounds, work of breathing, neurological status</p>	<p><b>6. What nursing interventions will the nurse implement if the anticipated complication develops?</b> Allow position of comfort for patient, alert physician/RT/charge nurse – call for rapid response,</p>
<p><b>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</b></p> <p>1. iPad/tablet games</p> <p>2. toys – patient likes hot wheels</p>	<p><b>8. Patient/Caregiver Teaching:</b></p> <p>1. Recognize/avoid triggers</p> <p>2. Good handwashing</p> <p>3. Difference between controller medications and quick relief medications and when to use each</p> <p><b>Any Safety Issues identified:</b> * Multiple extension tubings on oxygen – trip hazard * Parent smoking in the room</p>

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Abnormal Relevant Lab Tests	Current	Clinical Significance
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Complete Blood Count (CBC) Labs		
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Metabolic Panel Labs		
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Misc. Labs		
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Absolute Neutrophil Count (ANC) (if applicable)		

Lab TRENDS concerning to Nurse?
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**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:** Initiative vs. Guilt

1. Patient wanted to take the blood pressure cuff off his leg after vital signs. He stated "I'll do it!"
  
2. Patient would interrupt conversations when the RT was speaking to his parents.

**Piaget Stage:** Preoperational

1. Patient pretended that his stuffed animal was talking
  
2. Patient acted like he was shooting webs from his hands and stated "I'm spiderman"

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

Administered PO acetaminophen and discontinued a PIV

<p align="center"><b>GENERAL APPEARANCE</b></p> <p><b>Appearance:</b> <input type="checkbox"/> Healthy/Well Nourished  <input type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept  <b>Developmental age:</b>  <input type="checkbox"/> Normal <input type="checkbox"/> Delayed</p>	<p align="center"><b>CARDIOVASCULAR</b></p> <p><b>Pulse:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular  <input type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready  <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____  <b>Edema:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____  <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+  <b>Capillary Refill:</b> <input type="checkbox"/> &lt; 2 sec <input type="checkbox"/> &gt; 2 sec  <b>Pulses:</b>  Upper R _____ L _____  Lower R _____ L _____  4+ Bounding 3+ Strong 2+ Weak  1+ Intermittent 0 None</p>	<p align="center"><b>PSYCHOSOCIAL</b></p> <p><b>Social Status:</b> <input type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet  <input 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  <b>Social/emotional bonding with family:</b>  <input type="checkbox"/> Present <input type="checkbox"/> Absent</p>
<p align="center"><b>NEUROLOGICAL</b></p> <p><b>LOC:</b> <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless  <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive  <b>Oriented to:</b>  <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event  <input type="checkbox"/> Appropriate for Age  <b>Pupil Response:</b> <input type="checkbox"/> Equal <input type="checkbox"/> Unequal  <input type="checkbox"/> Reactive to Light <input type="checkbox"/> Size _____  <b>Fontanel:</b> (Pt &lt; 2 years) <input type="checkbox"/> Soft <input type="checkbox"/> Flat  <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed  <b>Extremities:</b>  <input type="checkbox"/> Able to move all extremities  <input type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically  Grips: Right _____ Left _____  Pushes: Right _____ Left _____  S=Strong W=Weak N=None  <b>EVD Drain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Level _____  <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><b>ELIMINATION</b></p> <p><b>Urine Appearance:</b> _____  <b>Stool Appearance:</b> _____  <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation  <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy</p>	<p align="center"><b>IV ACCESS</b></p> <p><b>Site:</b> _____ <input type="checkbox"/> INT <input type="checkbox"/> None  <input type="checkbox"/> Central Line  Type/Location: _____  <b>Appearance:</b> <input type="checkbox"/> No Redness/Swelling  <input type="checkbox"/> Red <input type="checkbox"/> Swollen  <input type="checkbox"/> Patent <input type="checkbox"/> Blood return  <b>Dressing Intact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Fluids:</b> _____</p>
<p align="center"><b>RESPIRATORY</b></p> <p><b>Respirations:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular  <input type="checkbox"/> Retractions (type) _____  <input type="checkbox"/> Labored  <b>Breath Sounds:</b>  Clear <input type="checkbox"/> Right <input 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 type="checkbox"/> Room Air <input type="checkbox"/> Oxygen  <b>Oxygen Delivery:</b>  <input type="checkbox"/> Nasal Cannula: _____ L/min  <input type="checkbox"/> BiPap/CPAP: _____  <input type="checkbox"/> Vent: ETT size _____ @ _____ cm  <input type="checkbox"/> Other: _____  <b>Trach:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Size _____ Type _____  Obturator at Bedside <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Cough:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive  <b>Secretions:</b> Color _____  Consistency _____  <b>Suction:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____  <b>Pulse Ox Site</b> _____  <b>Oxygen Saturation:</b> _____</p>	<p align="center"><b>GASTROINTESTINAL</b></p> <p><b>Abdomen:</b> <input type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat  <input type="checkbox"/> Distended <input type="checkbox"/> Guarded  <b>Bowel Sounds:</b> <input type="checkbox"/> Present X _____ quads  <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent  <b>Nausea:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Vomiting:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Passing Flatus:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Tube:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____  Location _____ Inserted to _____ cm  <input type="checkbox"/> Suction Type: _____</p>	<p align="center"><b>SKIN</b></p> <p><b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced  <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Natural for Pt  <b>Condition:</b> <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry  <input type="checkbox"/> Diaphoretic  <b>Turgor:</b> <input type="checkbox"/> &lt; 5 seconds <input type="checkbox"/> &gt; 5 seconds  <b>Skin:</b> <input 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: _____  <b>Mucous Membranes:</b> Color: _____  <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration</p>
	<p align="center"><b>NUTRITIONAL</b></p> <p><b>Diet/Formula:</b> _____  <b>Amount/Schedule:</b> _____  <b>Chewing/Swallowing difficulties:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><b>PAIN</b></p> <p><b>Scale Used:</b> <input type="checkbox"/> Numeric <input type="checkbox"/> FLACC <input type="checkbox"/> Faces  <b>Location:</b> _____  <b>Type:</b> _____  <b>Pain Score:</b>  0800 _____ 1200 _____ 1600 _____</p>
	<p align="center"><b>MUSCULOSKELETAL</b></p> <p><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  <b>Movement:</b>  <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input type="checkbox"/> All  <b>Brace/Appliances:</b> <input type="checkbox"/> None  Type: _____</p>	<p align="center"><b>WOUND/INCISION</b></p> <p><input type="checkbox"/> None  <b>Type:</b> _____  <b>Location:</b> _____  <b>Description:</b> _____  <b>Dressing:</b> _____</p>
	<p align="center"><b>MOBILITY</b></p> <p><input 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</p>	<p align="center"><b>TUBES/DRAINS</b></p> <p><input type="checkbox"/> None  <input type="checkbox"/> Drain/Tube  Site: _____  Type: _____  Dressing: _____  Suction: _____  Drainage amount: _____  Drainage color: _____</p>

INTAKE/OUTPUT													
<b>PO/Enteral Intake</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed		120				120							240
Intake - PO Meds													
<b>IV INTAKE</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	30	30	30	30	30	30							180
IV Meds/Flush													
<b>Calculate Maintenance Fluid Requirement (Show Work)</b> 10x100=1000 7.7x50=385 1000+385=1385mL/24hr=57.7mL/hr							<b>Actual Pt IV Rate</b> 30 mL/hr <b>Rationale for Discrepancy (if applicable)</b> Pt is receiving some fluid PO						
<b>OUTPUT</b>	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper	110				90								
Stool													
Emesis													
Other													
<b>Calculate Minimum Acceptable Urine Output</b> 0.5mL/kg/hr = 0.5x17.7=8.85 mL/hr							<b>Average Urine Output During Your Shift</b> 110+90=200mL 200mL/6hr=33.3 mL/hr						

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
<b>CHEWS Total Score</b>	
CHEWS Total Score	Total Score (points) <u>2</u>
	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 Scoring and Escalation Algorithm

	0	1	2	3
<b>Behavior/Neuro</b>	<ul style="list-style-type: none"> <li>- Playing/sleeping appropriately <b>OR</b></li> <li>- Alert, at patient's baseline</li> </ul>	<ul style="list-style-type: none"> <li>- Sleepy, somnolent when not disturbed</li> </ul>	<ul style="list-style-type: none"> <li>- Irritable, difficult to console <b>OR</b></li> <li>- Increase in patient's baseline seizure activity</li> </ul>	<ul style="list-style-type: none"> <li>- Lethargic, confused, floppy <b>OR</b></li> <li>- Reduced response to pain <b>OR</b></li> <li>- Prolonged or frequent seizures <b>OR</b></li> <li>- Pupils asymmetrical or sluggish</li> </ul>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>- Skin tone appropriate for patient</li> <li>- Capillary refill <math>\leq</math> 2 seconds</li> </ul>	<ul style="list-style-type: none"> <li>- Pale <b>OR</b></li> <li>- Capillary refill 3-4 seconds <b>OR</b></li> <li>- Mild tachycardia <b>OR</b></li> <li>- Intermittent ectopy or irregular HR (not new)</li> </ul>	<ul style="list-style-type: none"> <li>- Grey <b>OR</b></li> <li>- Capillary refill 4-5 seconds <b>OR</b></li> <li>- Moderate tachycardia</li> </ul>	<ul style="list-style-type: none"> <li>- Grey and mottled <b>OR</b></li> <li>- Capillary refill <math>&gt;</math> 5 seconds <b>OR</b></li> <li>- Severe tachycardia <b>OR</b></li> <li>- New onset bradycardia <b>OR</b></li> <li>- New onset/increase in ectopy, irregular HR or heart block</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>- Within normal parameters</li> <li>- No retractions</li> </ul>	<ul style="list-style-type: none"> <li>- Mild tachypnea/increased WOB (flaring, retracting) <b>OR</b></li> <li>- Up to 40% supplemental oxygen <b>OR</b></li> <li>- Up to 1L NC <math>&gt;</math> patient's baseline need <b>OR</b></li> <li>- Mild desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Intermittent apnea self-resolving</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate tachypnea/increased WOB (i.e. flaring, retracting, grunting, use of accessory muscles) <b>OR</b></li> <li>- 40-60% oxygen via mask <b>OR</b></li> <li>- 1-2 L NC <math>&gt;</math> patient's baseline need <b>OR</b></li> <li>- Nebs Q 1-2 hour <b>OR</b></li> <li>- Moderate desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Apnea requiring repositioning or stimulation</li> </ul>	<ul style="list-style-type: none"> <li>- Severe tachypnea <b>OR</b></li> <li>- RR <math>&lt;</math> normal for age <b>OR</b></li> <li>- Severe increased WOB (i.e. head bobbing, paradoxical breathing) <b>OR</b></li> <li>- <math>&gt;</math> 60% oxygen via mask <b>OR</b></li> <li>- <math>&gt;</math> 2 L NC more than patient's baseline need <b>OR</b></li> <li>- Nebs Q 30 minutes – 1 hour <b>OR</b></li> <li>- Severe desaturations <math>&lt;</math> patient's baseline <b>OR</b></li> <li>- Apnea requiring interventions other than repositioning or stimulation</li> </ul>
<b>Staff Concern</b>		- Concerned		
<b>Family Concern</b>		- Concerned or absent		

Green = Score 0-2	Yellow = Score 3-4	Red = Score 5-11
<ul style="list-style-type: none"> <li>- Continue Routine Assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Notify charge nurse or LIP</li> <li>- Discuss treatment plan with team</li> <li>- Consider higher level of care</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation</li> <li>- Notify attending physician</li> <li>- Discuss treatment plan with team</li> <li>- Increase frequency of vital signs / CHEWS / assessments</li> <li>- Document interventions and notifications</li> </ul>

**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>